



Depression and Contraception: A Qualitative Study

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Background/Introduction

Forty-nine percent of all U.S. pregnancies, and with disparities in unintended pregnancies among women ages 18-24¹. Additionally, women experience depression at twice the rate of men². Despite little research on the link between depression and contraception, there exists reasoning to believe that inconsistent use of contraception due to depression and other mental illnesses may lead to unintended pregnancy, that have negative outcomes for both women and children. Given the high percentage of unintended pregnancies among women at reproductive age this project intends to explore the extent to which depression may influence contraceptive behaviors among women who utilize reproductive services, and to examine the extent to which depression influences contraceptive behaviors.

Methods

Forty Nine women were enrolled to participate in this study; and data collection occurred at three different locations: a counseling clinic, and two family planning clinics in the DC Metropolitan Area.

3 Phases of the Interview Process

1. Participants were asked to fill out a Recruit and Consent Form.
2. Research staff reviewed the forms, and once this occurred, a brief 5-15 minute screening interview was conducted with the participants.
3. A final 30-60 minute, in-depth interview was conducted with the participants, and received a \$50 cash incentive, a letter focused on the nature of the study, and mental health resources in the area if requested.

Methods cont.

What were the women asked during the interviews?

- Demographics such as age, marital status, employment status, income, etc.
- Questions regarding **thoughts, feelings, attitudes and experiences around pregnancy and motherhood; thoughts, beliefs, experiences and attitudes about contraception; information about intimate partner relationships, relationship dynamics and feelings about the intimate partner; intimate partner relationships and dynamics around contraceptives; parenthood, intimate partner relationships, contraceptives and depression; and questions on life aspirations.**
- Women were also asked to complete specific tests, such as the PHQ-9 and the BDI questionnaire, which are tests that are commonly used as diagnostics for common mental disorders.

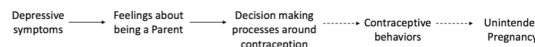


Figure 1. This flow chart demonstrates the expected results from our experimental procedure.

Results

The specific code that I have been analyzing from the interviews is “Feelings about Being a Parent”, which allowed for specific analysis of factors that may affect a woman's choice to become a parent, and therefore, contraceptive behavior. Most women had definitive feelings about becoming a parent and were able to clearly explain their feelings about either being ready to be a parent, or not being ready to be a parent. Those who were ready to be a parent cited stable partner dynamics, financial stability, career stability, the desire to leave a legacy/intergenerational support, and sheer love/utter joy with their desire to be a parent. – For example, Subject 51 named “Julianne”, said *“the sheer love and joy that comes with being a parent would be the biggest plus-..”*

Results cont.

On the contrary, those who were not ready to be a parent associated their unease about being a parent with their current predicaments, such as fear of postpartum depression, heightened responsibility and/or stress, loss of individuality/identity/freedom, financial vulnerability, wrong timing due to a woman's current career developments or educational status, or partner dynamics. – For example, regarding post partum depression, Subject 14 named “Katherine” said *“... I don't know the statistics on how- how often women who like have chronic depression experience post-partum depression, so I don't know how likely that is, but that does scare me as a possibility-...”*

In terms of depression, women associated their current depressive feelings as a limitation regarding parenting – For example, Subject 50 named “Molly”, said *“And I think that having gone through um, depression really young.. I need to be in a really stable place. Um, in my life for me to then be able to give something”*

Conclusion/ Future Work

Understanding the extent to which depression influences contraceptive behaviors is demonstrated through the mechanism of women's feelings about being a parent. Future work on exploring the relationship between depressive symptoms and feelings about having children and feelings about pregnant would provide further insight into this very important topic.

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References

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