



Original article

Intimate Relationships and Sexual Behavior in Young Women with Depression

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ABSTRACT

Purpose: To better understand links between depressive symptoms and high-risk sexual behavior in young women.

Methods: We conducted semistructured interviews with young women from three primary care clinics who reported clinically significant depressive symptoms, had penile-vaginal sexual intercourse within the past 6 months, and met at least one sexual risk criterion (N = 16, age 16–23 years, racially/ethnically diverse). We transcribed the interview recordings, organized and coded the data, and conducted a directed content analysis.

Results: Participants described a complex interrelation between depression and intimate relationships and sexual behavior. Depression had negative effects on relationships, sexual motives and experiences (including safety), and feelings about oneself in sexual situations. Participants reported difficulty in developing and maintaining intimate relationships. Although many participants reported less interest in and emotional energy for sex, several were having sex frequently to manage depressive symptoms. Generally, the young women described sex as unsafe (e.g., no condom) owing to impaired judgment, increased impulsivity, apathy, and alcohol. As a result, sometimes their efforts to feel better by having sex led them to feeling worse (e.g., ashamed and worthless).

Conclusions: Depressed young women may limit intimate relationships, yet engage in frequent and unsafe sex to cope with their symptoms. Their efforts to feel better may provide only temporary relief or result in feeling worse. Depressed young women would benefit from tailored interventions that identify and counter unhealthy thoughts, attitudes, behaviors, and patterns related to sexual relationships and behavior; minimize factors that impair healthy decision-making; and foster development of alternative affect regulation strategies.

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IMPLICATIONS AND CONTRIBUTION

This study revealed the complex interrelation between depression and sexual risk/relationships. Tailored interventions are needed to help high-risk young women manage the effects of depression on sexual decision-making and of sexual relationships on mood.

Female adolescents and young adults (aged 15–24 years, i.e., “young women”) disproportionately bear the burden of adverse sexual health outcomes. Rates of chlamydia and gonorrhea are highest in young women, compared to other age-sex groups, and have been increasing in recent years [1]. Young women also have the highest rates of unintended pregnancy and unintended first

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birth, compared to older women [2,3]. Among several factors affecting risk for adverse sexual and reproductive health outcomes for young women, depression has been garnering increasing attention [4–6].

Depressive symptoms disproportionately affect young women. In the U.S., 12-month prevalence of major depressive episodes increased from 2005 to 2014 for both female and male adolescents (8.7%–11.3%) and young adults (8.8%–9.6%), but primarily for females in the age 12–20 year range [7]. During 2015, the 12-month prevalence rate of major depressive episodes among adolescents ages 12–17 years was 19.5% for females compared to 5.8% for males [8]. Nearly twice as many female versus male high school students reported feeling such a high level of sadness or hopelessness almost every day for two or more consecutive weeks during the past 12 months that they stopped doing usual activities (39.3% vs. 20.3%, respectively) [9]. Efforts to cope with psychological distress (including substance use) and cognitive impairment in depression can affect decision-making related to sexual behavior and intimate relationships, rendering depressed young women more vulnerable to sexual risk-taking. Emotionally distressed young women are more likely than nondistressed young women to engage in high-risk sexual behavior, including not using condoms, using substances before sex, having multiple and older sexual partners [10–19], and reporting a history of sexually transmitted infections (STIs) [20,21].

Although previous research has shown associations among depression, high risk sexual behaviors, and adverse reproductive health outcomes among young women, few studies have included the voices of young women themselves. The purpose of this qualitative study was to better understand links between depressive symptoms and high-risk sexual behavior by eliciting the perspectives of depressed young women on their sexual relationships and behavior. Findings from this research can inform interventions to effectively engage depressed young women, respond to their unique combination of emotional and sexual health needs, and reduce their risk of unplanned pregnancy and STIs.

Methods

As part of formative research to develop a pregnancy and STI risk reduction intervention, we conducted a descriptive qualitative study [22,23] to explore the relationships between depression and sexual behavior in young women. Between May 2013 and March 2016, young women ages 15–23 years, were recruited from three primary care clinics affiliated with an urban pediatric hospital in New England. Inclusion criteria included reporting clinically significant depressive symptoms (Beck Depression Inventory-II [24] {BDI-II} score ≥ 14), having had penile-vaginal sexual intercourse within the past 6 months, and meeting at least one criterion for increased sexual risk (past/current STI or, in the past 6 months, at least one of the following: inconsistent or no condom use, two or more sexual partners, sex under the influence of alcohol/other drugs, and penile-anal intercourse). Clinic providers identified age-eligible patients who were clinically depressed and sexually active; the research assistant confirmed eligibility using an audio computer-assisted self-interview. Patients were excluded if they were unable to read or understand English, or were currently in emotional crisis (as determined by the referring provider).

Each participant was interviewed in person in a private location in or near the referring clinic; interviews lasted approximately 40 minutes. One research team member conducted the interviews using a semistructured interview guide and a second research

team member audio-recorded the interviews and took notes. Participants answered questions about how they felt their depression affected their life in general, their intimate relationships, and their sexual behavior, including condom use and decisions about when and with whom to have sex.

Informed consent was obtained from all participants prior to participation, and the hospital institutional review board approved the study protocol with a waiver of parental permission for adolescent girls under age 18 years. Upon completion of their interview, participants were offered a \$10 gift card from a choice of vendors and transportation reimbursement.

We interviewed 16 young women, ages 16–23 years (mean 19.6 years) and of diverse race/ethnicity (six white non-Hispanic, four black non-Hispanic, and six Hispanic). Mean BDI-II score was 23.25 (range: 14–44), consistent with moderate depressive symptomatology [24]. Reported sexual risk behaviors included no condom use (75%), sex while intoxicated (56%), 2 or more partners in the past 6 months (50%), history of STIs (44%), and penile-anal intercourse (31%). Over half (56%) reported more than one risk behavior.

Audio-recorded interviews were transcribed verbatim by a member of the research team; notes taken during the interviews were used to complement the transcription by ensuring affective tone and gestures associated with participants' statements were captured. Data analysis occurred on an ongoing basis to determine saturation (i.e., the point at which no new themes are identified, defined in this study a priori to be three consecutive interviews with no new themes). Data were organized and coded using NVivo (version 11, QSR International).

The authors used a directed content analysis approach [25] to analyze the data. Two of the authors identified the initial codes and categories based on the interview questions. After further review of the transcripts and discussion among all of the authors, consensus was reached about five primary themes.

Results

We identified five primary themes: (1) *depression and intimate relationships*, (2) *depression and sexual desire and experience*, (3) *depression and reasons for sex*, (4) *depression and safety of sexual behavior*, and (5) *depression and feelings about oneself related to sex*.

Depression and intimate relationships

Young women described difficulty developing and maintaining intimate relationships, which they attributed to depression. Some young women described having less interest or desire to be intimate (“I was just kind of shut off from it”), feeling too busy, not being in the mood, or feeling like they had too many problems already, which led to not pursuing romantic relationships. For others, not being in a relationship was due to lack of motivation (“[Depression] definitely makes it harder to try with someone. Makes me kind of build a little wall”). As one Hispanic woman, age 21 said:

‘Cause you don’t like to open up ‘cause you’re already in that stage that you have so much problems that you’re second guessing like, ‘Should I even give it a chance?’ So, to me, I tend to stay more towards myself than actually going forward and dating or doing anything.

Some participants described not being in a relationship as a choice, out of concern for the effect of their depression on the

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