

## Final Oral/Poster Number

## 1 INFLUENCE OF DEPRESSION ON CONTRACEPTIVE USE AMONG ADOLESCENTS

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**Aim** Despite the extensive health promotion interventions to improve contraceptive uptake among sexually active adolescents, well-informed adolescents may still undertake poor contraceptive choices due to poor mental health. This study primarily sought to examine the effect of depression in adolescence on future use of modern contraception in young adulthood.

**Methods** We used three (i.e. 2002, 2005 and 2007) waves of the Cebu Longitudinal Health and Nutrition Survey, which used multi-stage sample of mother-child dyads from a metropolitan area in the Philippines.

In our analysis, we included a total of 453 male and non-pregnant female index children (IC) who ever had sexual activity and were not using any modern contraceptives at 18 years of age. Depression was measured when IC were approximately 18, 21 and 24 years old using the 16-item Center for Epidemiologic Studies-Depression (CES-D) Scale.

We employed a series of multivariate logistic regression analyses to examine the longitudinal effect of depression on contraceptive use. All estimates obtained were adjusted for sex, age at first intercourse, family planning awareness, religiosity, number of past pregnancies for adolescent girls or times impregnated someone for adolescent boys, number of sexual partners, and school enrolment.

**Results** Approximately one out of three sexually active adolescents exhibited depressive symptoms at 18 years old (CES-D $\geq$ 10). High proportion of non-users at 21 years were observed among those with depression (91.06%) unlike those without (79.29%) at 18 years.

Adjusted analyses showed a strong link between depressive symptoms and non-use of contraception. Adolescents with depressive symptoms at 18 years were approximately 3 times more likely not to use modern contraception at 21 years of age [adjusted odds ratio (AOR)=3.01; 95% Confidence Interval (95% CI)= 1.44-6.23] and to consistently not use contraception at 21 and 24 years (AOR=2.91; 95% CI=1.03-8.22). Persistent depression at 21 years increased the risk of contraceptive non-use at 21 years by 3.36 times (Adjusted Risk Ratio=3.36; 95% CI=1.04-10.84).

**Conclusion** Depressive symptoms strongly predicts young people's decision to use modern contraception. Our study highlights the importance of early detection of depression and of addressing mental health issues to assure non-altered cognition in making contraceptive choices particularly during education and family planning counselling activities.

## 2 FOOD INSECURITY AND HEALTH OUTCOMES IN YOUNG ADULTS

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**Background** Food insecurity, or the limited or uncertain access to food resulting from inadequate financial resources, is associated with poor health outcomes in adulthood. Little is known about these associations specifically in young adulthood.

**Aim** To determine the association between food insecurity and health outcomes including chronic diseases and mental health in a nationally representative sample of US young adults.

**Methods** Cross-sectional nationally representative data of US young adults ages 24-32 years old from Wave IV (2008) of the National Longitudinal Study of Adolescent to Adult Health were analyzed. Multiple logistic regression analysis was conducted with food insecurity as the independent variable and self-reported poor general health, chronic diseases (diabetes, hypertension, hyperlipidemia, obesity, obstructive airway disease, migraine) and mental health (depression, anxiety, suicidality, and poor sleep) outcomes as the dependent variables.

**Results** Of the 14,800 young adults in the sample, 11% were food insecure. Food insecure young adults had greater odds of self-reported poor general health (2.65, 95% Confidence interval [CI] 1.62-4.35) and chronic disease including diabetes (1.67, 95% CI 1.19-2.40), hypertension (1.50, 95% CI 1.22-1.84), 'very overweight' (1.21, 95% CI 1.01 - 1.45), obesity (1.14, 95% CI 0.99-1.31), obstructive airway disease (1.44, 95% CI 1.18-1.74), and migraine (1.68, 95% CI 1.39-2.04) compared to young adults who were food secure in models adjusted for age, sex, race/ethnicity, education, income, household size, smoking, and alcohol. Food-insecure young adults had greater odds of mental health problems including depression (1.86, 95% CI 1.55-2.23), anxiety or panic disorder (1.60, 95% CI 1.26-2.02), suicidal ideation in the past 12 months (2.90, 95% CI 2.27-3.71), suicide attempts in the past 12 months (1.69, 95% CI 0.95-2.99), trouble falling asleep (1.69, 95% CI 1.43-2.00), and trouble staying asleep (1.81, 95% CI 1.55-2.11) in adjusted models.

**Conclusions** Food insecurity is a significant social determinant of poor physical and mental health in young adulthood. Health care providers should screen for food insecurity in young adults and provide referrals when appropriate. Future research should examine the association between food insecurity and health outcomes over the life course, and develop early food insecurity interventions to prevent downstream effects on health in later adulthood.