



Published in final edited form as:

J Pediatr Adolesc Gynecol. 2012 June ; 25(3): 201–207. doi:10.1016/j.jpag.2012.02.003.

Depression during Pregnancy among Young Couples: The Effect of Personal and Partner Experiences of Stressors and the Buffering Effects of Social Relationships

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Abstract

Study Objective—To assess the relationship between personal and romantic partner’s experiences of stressful life events and depression during pregnancy, and the social moderators of this relationship among 296 young couples with low incomes from urban areas.

Participants and Setting—We recruited couples who were expecting a baby from four OB/GYN and ultrasound clinics in lower CT; women were ages 14-21 and male partners were 14+.

Design and Outcome Measures—We analyzed self-reports of stressful events in the previous six months, depression in the past week and current interpersonal social supports. To determine the influence of personal and partner experiences of stressful events on depression, we used multilevel dyadic models and incorporated interaction terms. We also used this model to determine whether social support, family functioning and relationship satisfaction moderated the association between stressful events and depression.

Results—Experiences of stressful life events were common; 91.2% of couples had at least one member report an event. Money, employment problems and moving were the most common events. Personal experiences of stressful life events had the strongest association with depression among men and women; although partner experiences of stressful life events were also significantly associated with depression among women. Social support, family functioning and romantic relationship satisfaction significantly buffered the association between personal and partner stressful events and depression.

Conclusion—Interventions that improve relationships, support systems, and family functioning may reduce the negative impact of stressors, experienced both personally and by a romantic partner, on the emotional well-being of young expectant parents.

Keywords

Stressful Life Events; Interpersonal Relationships; Depression; Pregnancy; Adolescents

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Conflicts of Interest: The authors of this paper have no conflicts of interest to report.

Introduction

Adolescents and young adults with low incomes experience more stressful life events compared to their higher income peers.^{1,2} These stressors include violence, death or illness of a relative or friend, financial issues, relationship separation, and disruptions to employment and education. The accumulation of life stressors can result in negative psychological and physical health outcomes.^{1,3} The disproportionate accumulation of life stressors among disadvantaged populations may help explain disparities in health across socioeconomic status.^{4,5}

The effects of stressful life events are particularly important during pregnancy. Women's experiences of stressful life events are associated with increased depression during pregnancy,⁶ which has been associated with poor birth outcomes^{7,8} and postpartum depression.⁹ If left untreated, postpartum depression among both parents can negatively affect parent-infant bonding and subsequent child development.¹⁰⁻¹⁴ The influence of stressful life events on depression is of particular importance among expecting adolescents and young adults, who are still cognitively and socially developing, and may have not yet developed effective coping skills and resources.¹⁵ Expecting adolescents may, therefore, be more susceptible to depression as a result of experiences of stressful life events. Targeting factors that protect against the depressive symptoms that result from experiences of stressors may help improve the health and well-being of young mothers, fathers and their children.

Social relationships have been associated with depression in both negative and positive ways.¹⁶⁻²¹ Relationships with a partner, friend or family member may cause stress and increase depressive symptoms.^{19,22} On the other hand, social relationships may buffer the effects of stressful life events on depression by providing resources, support and strength.^{18,20} Bronfenbrenner's ecological model, which describes multiple levels of influence (eg. community, family, dyadic), is useful in exploring the factors that contribute to and buffer against the risk for depression.²³ Extensive research shows that high social support,^{24,25} positive family functioning,^{26,27} and positive romantic relationship functioning²⁸ are associated with less depression among adolescents and young adults.

Despite increasing evidence demonstrating that social relationships affect health,^{29,30} few studies have assessed how a person's or their romantic partner's experiences of stressful life events influences depression. Given the importance of interpersonal relationships, experiences of stressful life events by a partner may indirectly influence a person's mental well-being. Expecting fathers have been neglected in research on experiences during pregnancy. In particular, few studies have obtained direct report of stressors and depression from both members of an expecting couple. Moreover, the literature lacks in an ecological understanding of the influences of stressful life events on depression among young expecting parents.

To that end, this paper aims to fill the gap in the current literature by describing an integrative model of stress, social resources and depression. First, we describe the experiences of stressful events among young, low income, and mostly minority couples expecting a baby. Consistent with epidemiological studies of the distribution of stressful life events among low income minority populations, we predict that recent stressful life events are common among the young couples, and that men and women experience similar total amounts of stressful life events. Second, we aim to determine whether the frequency of the partner's experiences of stressful life events correlates with the individual's depression. We hypothesize that both individual and partner experiences of stressful life events are associated with depression; however, their own experiences will have a stronger influence.

Third, we aim to identify social relationship factors that moderate the relationship between stressful life events and depression. From an ecological approach, we predict that greater social support, family functioning and relationship satisfaction would all buffer the effect of stressful life events on depression. We also hypothesize that the moderation effects will differ by gender.

Materials and Methods

Procedures

Data from this study come from baseline interviews of 296 expectant young couples (women ages 14-21 and their male partners ages 14+). Couples were recruited from obstetrics and gynecology clinics and an ultrasound clinic in four university-affiliated hospitals in urban areas in lower Connecticut. Between July 2007 and February 2011, young women attending a prenatal care visit were referred by a health care provider or approached directly by research staff. Potential participants were screened and, if eligible, research staff explained the study in detail and answered any questions. If their baby's father was not present at the time of screening, research staff asked for permission to contact their partner to explain the study. If willing, research staff provided informational materials for their partner and asked them to talk to their partner about the study. Research staff called them and their partner to answer any questions and, if interested, scheduled an appointment for their baseline interview.

Inclusion criteria included: (a) pregnant or partner is pregnant at greater than 23 weeks gestation; (b) women age 14-21 and men age greater than or equal to 14 at time of the interview; (c) both report being in a romantic relationship with each other; (d) both report being the biological parents of the unborn baby; (e) both agree to participate in the study and (f) both are able to speak English or Spanish. Participants were interviewed in their third trimester of pregnancy ($M = 29.1$ weeks gestational age). Because this was a longitudinal study we used an initial run-in period as eligibility criteria. Participants were ineligible if they could not be re-contacted after screening and before their due date.

Of the 413 eligible couples, 296 couples enrolled in the study (72.2% participation). Participants were more likely to be two weeks further along in pregnancy at screening compared to those who refused ($p < .03$). Participation did not vary by any other pre-screened demographic characteristic (all $p > .05$). Two men were missing data for stressful life events and therefore two couples were excluded from the analysis resulting in a final sample of 294 couples ($n = 588$).

At the baseline appointment a research assistant obtained informed consent. The couples completed interviews via separate audio computer assisted self interviews (audio-CASI). Audio-CASI allows respondents to listen to questions on headphones that are also displayed on the computer's screen. This technology helps participants who have lower reading skills complete the survey³¹ and elicits valid and more accurate responses.^{32,33} Participation was voluntary, confidential, and did not influence the provision of health care or social services. All procedures were approved by the Yale University Human Investigation Committee and by Institutional Review Boards at study clinics. Participants were paid \$25 for their time.

Measures

Stressful Life Events—Stressful life events in the participants' recent history were evaluated by means of an 11-item, adapted version of the Life Events Scale.³⁴ Participants responded yes-or-no to questions about whether they experienced each of 11 stressful life events in the previous 6 months, such as having a serious illness, having a death in the

family, or having money problems (Table 1). Summing responses to all items formed the total stressful life events score. Higher values correspond to more stressful life events. The checklist approach to measuring stressful life events is the most common approach to measuring variation in experiences of stress.³⁵ In this approach, the level of experience of stress is conceptualized as the cumulative amount of change or readjustment that results from experiencing negative life events.³⁵⁻³⁷ To avoid confounding of the stress exposure with the effects of stress, which can occur in stress inventories that allow subjective weighting of the impact of a stressor, this analysis independently assesses the participant's stress exposure (stressful life events scale) and response (depression) as suggested by Turner and Wheaton.³⁵ Items in this measure showed acceptable internal consistency ($\alpha = 0.69$). A slightly lower internal consistency compared to other measures in this study is not concerning because it is an index. Indices often have lower reliability scores since a participant's endorsement of one item should not necessarily be related to the endorsement of another item if the events are independent.³⁸

Depression—We measured **Depression** using 15 of the 20-items in the Center of Epidemiological Studies-Depression Scale (CES-D).³⁹ The CES-D has been used extensively in community settings and among pregnant populations.^{6,39-41} The CES-D has also been shown to be reliable and valid among men and women, adolescents and racially and ethnically diverse populations.^{39,42,43} The five somatic manifestations of depression items were removed because they were potentially confounded by symptoms of pregnancy, including the items “did not feel like eating,” “trouble keeping mind on what I was doing,” “everything I did was an effort,” “my sleep was restless,” and “could not get going.”⁴⁴ A recent study shows that removing these five somatic items does not affect the psychometric properties or predictive capacity of the scale among pregnant women.⁴⁵ For each symptom of depression, participants indicated how often they felt or behaved in the previous week, ranging from 0 = “Less than 1 day a week” to 3 = “Most of the time (5-7 days a week).” Summing responses to all items formed the depression score, with higher scores indicating more depressive symptoms. Reliability for this measure was very good ($\alpha = 0.82$).

Moderators—Social support was measured using an 9-item scale adapted from the MOS Social Support Survey.⁴⁶ Participants indicated how often, on a 5-point scale, others were available to them for companionship, assistance, and other forms of support. Responses ranged from 0 = “None of the time” to 4 = “All of the time.” Summing responses to all items formed the social support score. Higher values correspond to more social support. Reliability for this measure was very good ($\alpha = 0.95$).

Family functioning was assessed using a 12-item scale adapted from the Family Functioning Scale (FFS). Participants responded to statements concerning 5 general dimensions of family functioning: positive family affect, family communication family conflicts, family worries, and family rituals/supports. Participants indicated how accurate the statements were in describing their family on a 7-point scale and a total family functioning score was calculated by summing responses to all items.⁴⁷ Higher scores correspond to greater family functioning. Reliability for this measure was very good ($\alpha = 0.81$).

Relationship satisfaction was measured using the 32-item Dyadic Adjustment Scale (DAS). Sample items include, “How often do you or your partner leave the house after a fight,” and “Do you kiss your partner?” A total relationship satisfaction score was computed by summing responses to all items and higher scores indicate greater relationship satisfaction.⁴⁸ Reliability for this measure was very good ($\alpha = 0.92$).

Analysis

We generated descriptive statistics using frequencies and means to describe demographic characteristics of our sample population and the main outcome variable, depression. We then examined bivariate correlations of the demographic characteristics with total stressful life events and depression. Next, we described the stress experiences of men, women and couples by generating frequencies for each stressful life event and generating the means for our composite score. McNemar's test was used to compare the frequencies of each life event between men and women and a paired t-test was used to examine differences for our overall composite score.

To examine the relationships between stressful life events and depression, we used multilevel modeling to account for the correlated nature of the data. To assess the influence of both the person (actor) and the partner (partner effect), the Actor-Partner Independence Model was used. Actor effects refer to whether a person's score on a predictor variable influences the person's own outcome (e.g. woman's stressful life experiences relates to her own depression). Partner effects refer to whether a partner's score on the predictor variable influences another person's outcome (e.g., male partner's stressful life events influences woman's depression). The Actor-Partner Independence Model incorporates responses from both members of a dyad into a single analysis. Multilevel modeling (or hierarchical linear modeling) to estimate Actor-Partner Independence Model treats the members of a dyad as nested scores within the same group.⁴⁹ A detailed description on how to conduct APIM analyses using multilevel modeling programs has been previously outlined (e.g., Kenny, Kashy, & Cook, 2006) and served as the guide for our analysis plan. To assess whether gender moderated the influence of stressful life events on depression, gender by stressful life events interaction terms were tested. All modeling controlled for age, education, income and race/ethnicity. Modeling also controlled for whether the participant reported s/he was trying to get pregnant (yes or no) for this pregnancy, as pregnancy intentions have been related to depression among expecting adolescents and young adults.^{6,50} As suggested by Turner and Wheaton, the analyses also controlled for role occupancy as defined in this analysis as whether they have other children and whether they were working or going to school.³⁵ Participants with more roles may be more at risk for some stressful life events in the inventory (ie. working participants are more likely to have experienced problems at work). Participants with more roles may have also developed better coping skills or social competence to allow them to function in an expanded number of roles, which, unaccounted for, would mute the association between stressful life events and depression.³⁵

To determine whether the relationship between stressful life events and depression was moderated by social factors, we included 3-way interaction terms with stressful life events, gender, and our proposed moderators (social support, family functioning and relationship satisfaction) plus their lower order terms in our multilevel models. A complete case analysis was conducted due to the small number of missing data. PASW Statistics 20 was used for all analyses.

Results

Demographics

Demographic characteristics of the sample and mean depression scores for men and women are displayed in Table 2. This table also shows the bivariate correlations of the demographic variables with total stressful life events and depression.

Prevalence of stressful life events among men, women and couples

Stressful life events in the previous six months were common with 75.2% of women, 76.4% of men and 91.2% of couples experiencing at least one stressful life event in the previous 6 months (Table 1). The two most common stressful life events were related to money problems and employment. Men were more likely to report employment problems ($p=.041$) and were more likely to report problems with the police ($p<.001$).

Personal and partner effects of stressful life events on depression (see Table 3)

In a multilevel regression model adjusted for age, education, income, race/ethnicity, whether this was their first child, whether they were in school or working and whether they were trying to get pregnant, there was a significant relationship between personal total stressful life events and depression, with more total stressful life events predicting more depression ($B=.769$, $SE=.136$, $t=5.673$, $p<.001$). There was also a significant relationship between *partner* stressful life events and depression ($B=.336$, $SE=.136$, $t=2.484$, $p=.013$), with more total stressful life events of the partner relating to more depression for the person.

Gender as a moderator

Gender did not interact with the relationship between personal total stressful life events and depression ($t=-1.374$, $p=.170$). However, gender did interact with the relationship between *partner's* total stressful life events and depression ($t=1.972$, $p=.049$). Partner's increased stressful life events related to increased depression among women ($B=.600$, $SE=.189$, $t=3.169$, $p=.002$), however, this relationship did not exist among men ($B=0.060$, $SE=.195$, $t=0.309$, $p=.758$).

Social support as a moderator

Gender did not have a 3-way interaction with the relationship between own stressful life events, social support and depression ($t=.292$, $p=.770$), nor did it have a 3-way interaction with the relationship between partner's stressful life events, own social support and own depression ($t=0.581$, $p=.561$). However, in the entire sample, social support moderated the relationship between own stressful life events and depression ($t=-2.686$, $p=.007$). To explore the nature of this interaction we estimated the simple effects by examining the equations at the mean and one standard deviation above and below the mean. Among the highest tertile of social support, stressful life events was not associated with depression ($B=.346$, $SE=.209$, $t=1.654$, $p=.099$). As social support decreased, the relationship between stressful life events and depression became stronger. Among the middle tertile of social support, more total stressful life events was associated with more depression ($B=.701$, $SE=.130$, $t=5.377$, $p<.001$). Among the lowest tertile of social support, more total stressful life events were even more strongly associated with more depression ($B=1.056$, $SE=.159$, $t=6.651$, $p<.001$). In the entire sample, social support did not moderate the relationship between partner's stressful life events and depression ($t=-0.739$, $p=.460$).

Family functioning as a moderator

Gender did not have a 3-way interaction with the relationship between partner's stressful life events, own family functioning and own depression ($t=.164$, $p=.869$). In the entire sample, family functioning did not moderate the relationship between partner's stressful life events and depression ($t=-.097$, $p=.923$). Gender did have a 3-way interaction with the relationship between family functioning, own stressful life events and depression ($t=2.067$, $p=.039$). To explore the nature of this interaction we estimated the simple effects among men and women separately by examining the equations at the mean and one standard deviation above and below the mean. Among women, as family functioning increased, the relationship between stressful life events and depression weakened. Among women in the highest tertile of family

functioning, stressful life events were not associated with depression ($B=.030$, $SE=.345$, $t=0.088$, $p=.930$). Among women in the middle tertile of family functioning, more stressful life events was associated with more depression ($B=.498$, $SE=.232$, $t=2.142$, $p=.033$) and the strongest relationship between stressful life events and depression was found among women in the lowest tertile of family functioning ($B=.965$, $SE=.255$, $t=3.783$, $p<.001$). Among men in all groups, as family functioning increased, the relationship between stressful life events and depression slightly increased, but did not vary as significantly across levels of family functioning compared to women. Men with the highest tertile of family functioning had the strongest relationship with stressful life events and depression ($B=.581$, $SE=.281$, $t=2.068$, $p=.040$). This relationship between stressful life events and depression was slightly weaker among men in the middle tertile of family functioning ($B=.490$, $SE=.177$, $t=2.767$, $p=.006$) and was weakest for men among the lowest tertile of family functioning ($B=.400$, $SE=.198$, $t=2.018$, $p=.045$).

Relationship Satisfaction as a moderator

Gender did not have a 3-way interaction with the relationship between own stressful life events, relationship satisfaction and depression ($t=.857$, $p=.392$) nor partner stressful life events, relationship satisfaction and depression ($t=-.132$, $p=.895$). In the entire sample, relationship satisfaction did not moderate the relationship between own stressful life events and depression ($t=1.098$, $p=.273$). There was a trend toward significant moderation of the relationship between partner's stressful life events and depression by relationship satisfaction ($t=-1.906$, $p=.057$). To explore the nature of this interaction we estimated the simple effects by examining the equations at the mean and one standard deviation above and below the mean. Among the highest tertile of relationship satisfaction, partner stressful life events were not associated with depression ($B=.091$, $SE=.172$, $t=0.530$, $p=.597$). The association between partner stressful life events and depression increased as relationship satisfaction decreased. Among those in the middle tertile of relationship satisfaction, more partner stressful life events was associated with more depression ($B=.283$, $SE=.113$, $t=2.515$, $p=.012$) and the strongest relationship between partner's stressful life events and depression was found among those in the lowest tertile of relationship satisfaction ($B=.477$, $SE=.163$, $t=2.923$, $p=.004$).

Discussion

Consistent with previous research,^{1,2} stressful life events were very common among young men and women and even more common when considered as a couple. Over 90% of couples had a member report a stressful life event in the previous 6 months. The distribution of individual stressful life events varied by gender; men had more problems with unemployment and police. Because women were younger and pregnant, they may have been less likely to work or seek work and less likely to engage in activities that may involve the police. Money problems were the leading stressful life events reported overall. Couples may be grappling with how they will financially support their new baby in an already economically strained situation.

More experiences of stressful life events in the previous 6 months related to increased depression among both men and women. Among women, her partner's experiences of stressful life events related to her increased depression in addition to her own experiences of stressors. Understanding the contribution of one's own and partner's experiences of stressors to the health of pregnant women is of great importance as depression is associated with maternal and child health.^{10,12}

This study shows that social relationships can positively affect the health of young expecting couples. Among both young men and women, the relationship between stressful life events

and depression disappeared among those with the highest amount of social support, while those with the least social support reported the strongest association between stressors and depression. Family functioning also buffered the association between stressful life events and depression among young women. Unexpectedly, family functioning did not buffer the association between stressful life events and depression among young men. For men with the most family functioning, stressful life events had the strongest association with increased depression, although the trend across levels of family functioning was slight and less dramatic compared to women. This finding suggests that family functioning may operate differently among young men compared to women. A better understanding of masculine identity and independence among young expecting men may help explain this finding.

Relationship satisfaction also moderated the association between partner's stressful life events and depression among both men and women, although the trend was not significant. Among those with the greatest relationship satisfaction, partner stressful life events did not influence depression. Among those with the lowest relationship satisfaction, partner stressful life events had a strong significant effect on depression. Evidence from this study shows that romantic partners can have both positive and negative effects on the health of young expecting adults. Men are often a forgotten group in research and programs in reproductive and child health; however, this study demonstrates that men's experiences and support influences the health of pregnant women.

While this study advances our understanding of the influence of stressful life events on depression and the social buffers of this influence, it does have limitations. First, because this analysis is cross-sectional, we are unable to determine causality between stressful life events and depression. The analysis is temporally feasible, however, as stressors were reported for the previous 6 months while depression was ascertained related to feelings in the previous week. Future longitudinal studies focused on the accumulation of stressors from pregnancy to postpartum may help us better understand the direction of the pathways between stress and health across generations. In addition, because stressful life events and depression were self-reported in this study, the measures are subject to recall-bias, which may lead to misestimation of the associations. ACASI, however, has been shown to allow for more accurate reporting of sensitive topics³² and has been useful in obtaining psychosocial risk information during pregnancy.³³ Stress is also a complex construct and its relationship with depression may vary along different dimensions, including the type and timing of the stressful life event, which are not captured in this analysis. It is possible that the effects of the individual events may differ across individuals; however, we did not weight events by a subjective assessment of the event. Subjective weighting of the impact of a stressor may largely be a function of an individual's coping skills and resources,³⁵ which may be related to depression. This analysis independently assessed the individual's exposure (events) and response (depression). Future studies that identify the differential effects of stressors across type and timing will continue to clarify the relationship between stressors and depression during pregnancy. Last, the stressful life events scale could not have captured all of the potential stressors these young couples experienced during pregnancy, such as feelings of stigma or shame associated with being pregnant, which may also be related to emotional or psychological distress.^{51,52}

Many of the stressful life experiences the young couples reported likely stem from their social context, including problems related to money, unemployment and theft. In the absence of structural interventions that improve the social and environmental living conditions for low income populations, understanding the factors that buffer the effects of stressful life events on depression is important, particularly during pregnancy and early parenthood. This study demonstrates the importance of romantic partners during pregnancy in both contributing to and buffering against mental health risks. Incorporating discussions

of relationships, social supports and stress into prenatal care may help identify women in need of resources. Interventions that improve romantic relationships and social support systems may significantly reduce the negative impact of social stressors on the mental health of young expecting parents.

Acknowledgments

We would like to thank The National Institute of Mental Health (Grant #5R01MH075685) for funding this research.

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Table 1

Frequencies of stressful life events among young men, women, and couples

Type of stressful life event	Men	Women	p-value	Couples
money problems	133 (45.2%)	132 (44.6%)	0.922	184 (62.6%)
became unemployed or seeking work unsuccessfully	98 (33.1%)	77 (26.0%)	0.041	140 (47.6%)
moved	86 (29.1%)	106 (35.8%)	0.067	144 (48.6%)
family or friend die	77 (26.2%)	71 (24.0%)	0.637	130 (44.2%)
something valued was lost or stolen	66 (22.4%)	49 (16.6%)	0.089	102 (34.7%)
serious problem with a friend, neighbor, or relative	48 (16.3%)	51 (17.2%)	0.818	87 (29.6%)
relative suffered a serious illness, injury, or assault	49 (16.6%)	52 (17.6%)	0.813	86 (29.3%)
problems at work or school	36 (12.2%)	35 (13.4%)	0.801	69 (23.5%)
problems with the police	41 (13.9%)	14 (4.7%)	<0.001	54 (18.4%)
suffered a serious illness, injury, or assault	27 (9.2%)	14 (4.7%)	0.053	40 (13.6%)
broke off a steady relationship	21 (7.1%)	10 (3.4%)	0.108	30 (9.7%)
Total with at least one stressful life event reported in the past 6 months	221 (75.2%)	226 (76.4%)	.136	268 (91.2%)
	Mean ± SD	Mean ± SD	p-value	Mean ± SD
Total stressful life events	2.3 ± 2.24	2.1 ± 1.93	.132	3.6 ± 2.48

Table 2
Demographic characteristics and bivariate correlations with total stressful life events and depression.

	Female		Male		P-value	Total Stressful Life Events		Depression	
	N (%)	N (%)	N (%)	N (%)		r	r		
Gender ^a	296 (50.0%)	296 (50.0%)	---	---	---	0.058	---	---	-0.118**
Race/Ethnicity									
Non-Hispanic black	117 (39.5%)	144 (48.6%)				0.069			0.014
Hispanic	117 (39.5%)	108 (36.5%)	0.001		0.001	-0.115**			0.003
Non-Hispanic white	50 (16.9%)	31 (10.5%)				REF			REF
Other	12 (4.1%)	13 (4.4%)				-0.004			0.043
First child	233 (79.0%)	221 (75.7%)	0.308		0.308	-0.024			-0.060
Trying to get pregnant	97 (32.8%)	113 (38.8%)	<0.001		<0.001	-0.019			-0.017
Currently employed	84 (28.4%)	178 (60.5%)	<0.001		<0.001	-0.164***			-0.083*
Currently in school	117 (39.5%)	79 (26.9%)	<0.001		<0.001	0.074			0.045
	Mean ± SD	Mean ± SD				r			r
Age (years)	18.7 ± 1.63	21.3 ± 4.06	<0.001		<0.001	0.001			-0.024
Years in school	11.7 ± 1.82	11.8 11.7 ± 1.89	0.456		0.456	0.005			0.002
Personal income	\$5,846 ± \$7,458	\$10,927 ± \$11,878	<0.001		<0.001	-0.069			-0.086*
Relationship Length (months)	26.5 ± 19.5	27.2 ± 20.0	0.070		0.070	-0.024			-0.015
Depression	10.55 ± 7.39	8.88 ± 6.62	0.002		0.002	0.249***			---

* P<.05

** P<.01

*** P<.001

^aGender coded as female=0, male=1

Table 3

Regression model examining relationship between stressful life events (own and partner's) and Depression.

	Depression			
	B	SE	t	p
Total stressful life events (Actor)	.765	.135	5.683	<.001
Total stressful life events (Partner)	.334	.135	2.475	.014
Gender				
Female	-2.362	.593	-3.982	<.001
Male	REF	REF	REF	
Age	.122	.102	1.190	.235
Years in school	.071	.162	.438	.661
Personal income	-.039	.029	-1.306	.192
Race/ethnicity				
Non-Hispanic black	1.245	.930	1.339	.181
Hispanic	1.960	.937	2.092	.037
Non-Hispanic white	REF	REF	REF	REF
Other	3.419	1.559	2.193	.029
First Child	-.573	.683	-.838	.402
Trying to get pregnant	.031	.588	.052	.958
Currently employed	.652	.621	1.050	.294
Currently in school	-.201	.640	-.313	.754