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Representations of reproductive difficulties in women participating in support groups

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Introduction: Women with reproductive difficulties often feel stigmatized and isolated. Information concerning their specific experience can help plan psychosocial interventions.

Objectives: The study aims to analyze reproductive difficulties representations in women with different coping orientations.

Methods: Participants: 48 women (aged 24-43) from support groups arranged by the “You Are Not Alone” non-profit organization for women with reproductive issues. Based on the questionnaire “Types of Orientations in Difficult Situation”, participants were divided into three groups: approach coping (N=16), avoidance coping (N=9), ambivalent coping (N=23). Content analysis was conducted based on stories about reproduction difficulties experiences.

Results:

Table 1

Categories	Groups		
	Approach coping	Ambivalent coping	Avoidance coping
1. Emotions			
Negative emotions	31%	43%	
Hope	31%		
Mobilization to solve the problem		48%	
Severe emotional state		9%	67%
No emotion	38%		33%
2. Goals			
Birth of a child	81%	61%	44%
Acceptance/inner harmony	13%	26%	
Understanding the cause of difficulties	7%	13%	
Maintaining the integrity of the body			56%
3. Worst-case scenario			
No child	56%	70%	33%
Illness/depression/insanity		13%	44%
Own death	13%	4%	22%
Denial of the possibility of the worst-case scenario	19%	9%	
4. Best-case scenario			
Having a child	100%	91%	67%
Accepting infertility		6%	
Improving own health			33%
Objective indicator: perinatal losses	6%	27%	14%

Conclusions: We identified three types of representation of reproductive difficulties in women: approaching the goal of having a child; avoidance (fear of own death/illness/insanity or not having a child); ambivalent coping (alternating approach/avoidance). Funding: The study was funded by RFBR, project number 20-013-00838.

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Keywords: approach coping; avoidance coping; representation of difficulties

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Structural gender inequalities and symptoms of postpartum depression in 40 countries

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Introduction: The extent to which structural gender inequality contributes to macro-level differences in postpartum depression (PPD) remains largely unknown.

Objectives: To examine the association of structural gender inequalities with national-level prevalence estimates of PPD symptoms.

Methods: Meta-analytically derived national-level estimates for the prevalence of PPD symptoms – based on the Edinburgh Postnatal Depression Scale (EPDS) – were combined with economic (e.g., income inequality), health (e.g., infant mortality rate), sociodemographic (e.g., urban population), and structural gender inequality variables (e.g., abortion policies) for 40 countries (276 primary studies). Data came from a prior meta-analysis on PPD prevalence and international agencies (e.g., UNICEF). Meta-regression techniques and traditional p-value based stepwise procedures, complemented with a Bayesian model averaging approach, were used for a robust selection of variables associated with national-level PPD symptom prevalence. Sensitivity analyses excluded primary studies with small sample sizes or countries lacking evidence for psychometric properties of the EPDS.

Results: Income inequality ($\beta = 0.04$, 95% CI = 0.02 to 0.07) and abortion policies ($\beta = 0.02$, 95% CI = 0.00 to 0.03) were the only variables included in the final, adjusted model, accounting for 60.7% of the variance in PPD symptoms across countries. Gradual liberalizations of abortion policies were associated with a 2% decrease in national-level PPD symptom prevalence. Results were robust to sensitivity analyses.

Conclusions: Structural gender inequalities might be social determinants of PPD, as the liberalization of abortion policies seem to impact women’s perinatal mental health on a population level. More research on structural gender inequality is needed to guide policy and practice.

Disclosure: No significant relationships.

Keywords: postpartum depression; Gender inequality; Abortion Policies; Meta-regression