0% had no postpartum depression, 50% had self-managed depression, and 50% had postpartum depression.
Among 41 women with their first child, 2.4% did not have postpartum depression, 17.1% had self-correcting depression, and 80.5% had postpartum depression. Among 28 women with second birth, 0% did not have postpartum depression, 17.9% had self-correcting depression, and 82.1% had postpartum depression. Among 22 women with their third child, 4.5% did not have postpartum depression, 4.5% had self-correcting depression, and 90.9% had postpartum depression. Of the 9 women with four or more births, 0% did not have postpartum depression, 22.2% had self-correcting depression, and 77.8% had postpartum depression.
Conclusions: Postpartum depression is very high among the women who gave birth in the study. According to the results of the study, there is a weak positive correlation between the number of births and the stress of the mother. Stress and insomnia are strongly related. Postpartum depression and insomnia are strongly correlated in Edinburgh. Therefore, there is a need to increase the diagnosis and treatment of postpartum depression.

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EPV2008

Determining the level of insomnia in postpartum women, comparing their age and child's age

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Introduction: Studies have shown that postpartum women are more affected by sleep disorders than women who have not given birth. Reasons for sleep disturbances include insufficient sleep time, poor sleep quality, and postpartum depression. Having a sleep disorder has a negative effect on the formation of a close relationship between mother and child.
Objectives: To determine the level of insomnia in postpartum women and study the correlation.
Methods: The study will be conducted by women who agreed to sleep disorder detection questionnaires specially prepared by the World Health Organization for doctors in primary health care institutions. The results of the research parameters were statistically processed using Microsoft Word 2016, Microsoft Excel 2016, and SPSS 26 programs.
Results: Of the 100 women who participated in the study, 25% had no insomnia, 48% had mild sleep disorders, 27% had sleep disturbances, 23% had no stress, 42% had moderate stress, and 35% had high stress. 16% of women aged 20-24 have no insomnia, 72% have mild sleep disorders, and 12% have sleep disorders. 23.8% of women aged 25-29 have no insomnia, 47.6% have mild sleep disorders, and 28.6% have sleep disorders. 25% of women aged 30-34 have no insomnia, 40% have mild sleep disorders, and 35% have sleep disorders. 45% of women aged 35-39 have no insomnia, 20% have mild sleep disorders, and 35% have sleep disorders. 0% of women aged 40-44 have no insomnia, 70% have mild sleep disorders, and 30% have sleep disorders. 50% of women aged 45-49 have no insomnia, 25% have mild sleep disorders, and 25% have sleep disorders. 35% of women with children aged 0-3 months have no insomnia, 35% have mild sleep disorders, and 30% have sleep disorders. 15% of women with children aged 4-6 months have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 35% of women with children aged 7-9 months have no insomnia, 45% have mild sleep disorders, and 20% have sleep disorders. 15% of women with children aged 10 months to 1 year have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 25% of women with 2-year-old children have no insomnia, 60% have mild sleep disorders, and 15% have sleep disturbances.
Conclusions: As mothers age, insomnia rates increase, stress levels decrease, and postpartum depression rates increase. As children age, sleep deprivation rates decrease, stress levels decrease, and postpartum depression rates decrease. As maternal fertility increases, insomnia rates decrease, stress levels decrease, and postpartum depression rates decrease. Insomnia, stress, and postpartum depression are also affected by living conditions.

Disclosure of Interest: None Declared

EPV2009

Perceptions, Attitudes, and Challenges: Are Tunisian Medical Residents Prepared to Address Gender-Based Violence?

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Introduction: Violence against women is a worldwide critical public health issue. Despite the introduction of legal frameworks in Tunisia, there remains a need for effective medical intervention and support. Tunisian Medical residents often serve as frontline responders to cases of violence, making their training and awareness crucial in addressing this public health concern.
Objectives: This study aimed to evaluate the knowledge and attitudes of medical residents in Tunisia concerning the management of gender based violence (GBV).
Methods: A cross-sectional survey was conducted using an online questionnaire distributed via social media, completed by 85 medical residents from various specialties. The study included residents from psychiatry, family medicine, medical, and surgical specialties, providing a comprehensive overview of perceptions across disciplines.
Results: We included 85 medical residents. The preliminary results showed that 73% were aged 26 to 29 years, and 75% were women. Specialties included 38.8% in psychiatry or child psychiatry, followed by family medicine (25.9%), medical specialties (24.7%), surgical specialties (3.5%), and medico-surgical (7.1%).
Only 21.2% of residents had received specific training on managing GBV during their studies (Courses, Masterclass, brief training). Regarding prevalence, only 12.9% of participants believed that over 80% of Tunisian women had experienced violence at least once in their lifetime.
In terms of violence types, 35.5% and 17.6% were respectively unaware of economic and political violence.
For 60% of residents, psychological violence was seen as the most prevalent in Tunisia, followed by physical violence (25.9%) and significantly underestimated sexual violence (8.2%). Additionally,