

gender dysphoria should be conducted in accordance with current version of the World Professional Association of Transgender Health standards.

Disclosure of Interest: None Declared

EPV1884

Assessment of Women's Sexual Function and Contributing Factors in Tunisia

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Introduction: Sexual function is essential to women's health, impacting psychological well-being and relationships. In Tunisia, cultural norms may influence how sexual dysfunction is reported and perceived. This study examines the prevalence of sexual dysfunction and its psychological consequences.

Objectives: To evaluate sexual function in Tunisian women and assess its correlation with psychological distress.

Methods: This cross-sectional descriptive study was conducted in March 2023 with 80 Tunisian women, aged 24-50, using a self-administered online questionnaire. Data collection involved the Female Sexual Function Index (FSFI) to assess sexual dysfunction and the Depression Anxiety and Stress Scale (DASS-21) for psychological well-being. Key sociodemographic variables, including marital status, number of children, and socio environmental context were also collected.

Results: We gathered data from 80 women out of 500 distributed questionnaires (16%).

Participants had a mean age of 33.35 years. A majority (63.7%) had children, and 93.8% resided in urban areas. Notably, the majority of women who responded to the questionnaire (74%) were married. Among the study population, the median FSFI score was 23.65, with 61.3% scoring below the threshold of 26.55, indicating sexual dysfunction. For married women (n=59), the mean FSFI score was 23.7 ± 7.9 . The detailed FSFI scores for the entire population and married women are presented in Table I, indicating that the most affected domains of sexual function were excitation and desire. Severe depression, anxiety, and stress were reported by 6.3%, 12.5%, and 6.3% of participants, respectively.

Sexual dysfunction was significantly associated with depression ($p=0.02$). However, no statistically significant associations were found between anxiety, stress, and sexual dysfunction.

Table I: FSFI Scores among the Study Population

FSFI Domain	Overall Score Mean \pm SD	Married Women Score Mean \pm SD
Desire	3.5 \pm 1.31	3.7 \pm 1.10
Excitation	3.8 \pm 2.10	4.1 \pm 1.56
Lubrication	3.6 \pm 2.12	4.4 \pm 1.48
Orgasm	3.38 \pm 2.12	4.2 \pm 1.80
Satisfaction	3.38 \pm 2.26	4.2 \pm 1.80
Pain	2.5 \pm 1.51	3.0 \pm 1.10
Total FSFI	19.79 \pm 10.66	23.7 \pm 7.9

Conclusions: The study shows a high prevalence of sexual dysfunction among Tunisian women, tied to psychological distress, mainly depression. Enhancing sexual health and mental well-being is key to improving overall quality of life and addressing marital issues. Future research should explore culturally sensitive interventions to enhance sexual health and support women's mental well-being.

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Sexual Life in the Postpartum Period of Tunisian Women Following Episiotomy

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Introduction: The postpartum period can significantly affect sexual life, particularly for women who have undergone an episiotomy. This study examines the impact of episiotomy on sexual activity during the postpartum period.

Objectives: To evaluate the sexual life of Tunisian women following episiotomy in the postpartum period.

Methods: We conducted a prospective cohort study at the Gynecology and Obstetrics Department of Farhat Hached University Hospital in Sousse. The study included women who delivered vaginally with an episiotomy in 2020. Data were collected from medical records and delivery reports. Nine months postpartum, participants were contacted by phone to complete a questionnaire assessing their experiences with episiotomy and sexual satisfaction.

Results: The final sample comprised 66 women with a mean age of 27 ± 2.8 years (range: 20-34 years).

Regarding sexual function, 84% of women were very or moderately satisfied with their sexual life before pregnancy, and 74% were satisfied during pregnancy. Most women resumed sexual activity between 7 and 8 weeks postpartum (78%), with 22% resuming before 8 weeks. Compared to pre-birth satisfaction, 54% of women reported no change in sexual satisfaction after childbirth, while 29% reported a decrease and 17% an increase.

Sexual satisfaction was statistically related to the mode of delivery, with 55% of women who had forceps delivery being dissatisfied or equally satisfied as dissatisfied ($p=0.01$).

Factors affecting postpartum sexual activity included fear of pain (32%), fear of another pregnancy (13%), perceived loss of body desirability (37%), body changes (31%), and excessive fatigue (24%).

Conclusions: This study demonstrates that episiotomy can have a notable impact on postpartum sexual life. Several factors, including the type of suture used during delivery and the mode of delivery, influence women's sexual satisfaction. These findings underline the importance of considering both physical and emotional aspects of postpartum recovery to improve the overall sexual health and well-being of women after childbirth.

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