education during childhood (p = 0.009). Women who deemed sexual education essential showed lower consumption of pornography (p = 0.027).
Regarding sexual self-esteem, no statistically significant correlation was found between sexual self-esteem and pornography consumption, either for the global sexual self-esteem score (p = 0.809) or for the five spheres of sexual self-esteem assessed separately.
Conclusions: In conclusion, the influence of pornography on sexual self-esteem warrants careful examination, requiring a balanced perspective that addresses both its positive and negative effects on individuals' well-being.

Disclosure of Interest: None Declared

EPV1863

Sexual Dysfunction in Female Medical Residents: The Influence of Dispositional Mindfulness

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Introduction: Dispositional mindfulness (DM), also known as Trait mindfulness, refers to the inherent ability to focus on and sustain attention on present-moment experiences with an open and nonjudgmental attitude. Recent research has increasingly highlighted the positive impact of DM on mental health.
Objectives: To evaluate the association between DM and sexual dysfunction (SD) among female medical residents.
Methods: A cross-sectional online survey, designed using Google Forms, was distributed on social media platforms. We included married and sexually active medical residents. Female Sexual Function Index (FSFI) was used to evaluate female sexual dysfunction. We used the Mindfulness Attention Awareness Scale (M.A.A.S.) to measure the frequency of open and receptive attention and awareness of ongoing events and experiences and the Spielberger State-Trait Anxiety Inventory (STAI-Y-T) to assess anxiety traits.
Results: Sixty-five medical residents with an average age of 29.43 ± 1.95 years completed the online questionnaire. The average age at first sexual intercourse was 25.15 ± 2.34 years and the average frequency of sexual intercourse was 6.61 ± 4.18 times per month.
The mean scores for the M.A.A.S and STAI-Y-T were 26.25 ±5.61 and 45.85 ±9.36 respectively.
The anxiety assessment using the STAI-Y-T scale showed that 30 residents (46.4%) had moderate anxiety, and 8 (12.3%) had high to very high anxiety levels.
The mean total FSFI score was 26.25 ± 5.61 and SD was noted in 49.2% of the cases.
A positive correlation was found between the level of MAAS and the total FSFI score (p=0.003; r=0.35),"Desire" dimension (p=0.02; r=0.28), "Lubrication" domain (p=0.004; r=0.35), and the "Satisfaction" (p=0.006; r=0.33)
Anxiety levels were negatively correlated with the total FSFI score ($p<10^{-3}$; r=-0.42), the "Desire" dimension (p=0.008; r=-0.32), "Arousal" dimension (p=0.003; r=-0.36), "Lubrication" domain (p=0.002; r=-0.37) and "Satisfaction" domain (p=0.002; r=-0.38).
Conclusions: The results of this study revealed relatively high prevalence rates of SD among medical residents and highlighted several vulnerability factors. Therefore, several measures should be implemented to prevent and determine the factors correlated with SD.

Disclosure of Interest: None Declared

EPV1864

Female Sexual Dysfunction in Medical Residents: Relationships with sociodemographic and clinical Factors

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Introduction: Female sexual dysfunction (SD)has gained attention in recent years. Multiple factors contribute to women's sexual vulnerability, including neurobiological, sociocultural, psychological, and interpersonal factors.
Objectives: To assess the prevalence of SD and to determine sociodemographic and clinical factors related to this dysfunction.
Methods: We conducted a cross-sectional and descriptive study including married and sexually active female medical residents from different specialties.Data were collected using a self-questionnaire published by GOOGLE FORMS. The questionnaire included sociodemographic characteristics, substance use, marital life information, professional data, and information related to sexual life. Female Sexual Function Index (FSFI) was used to assess female sexual dysfunction.
Results: A total of 65 medical residents completed the online questionnaire. Four residents (6.20%) considered the work environment to be unfavorable, 3.1% were smokers and 55.4% had children. The average frequency of sexual intercourse was 6.61 ± 4.18 times per month. Nine participants (13.8%) reported having sexual intercourse under partner pressure. Sexual dysfunction was observed in 49.2% of the cases. The factors correlated with the total FSFI score were an unfavorable work environment (p=0.02), smoking (p=0.007) and high frequency of sexual activities (p=0.02; r=0.28).The factors correlated with the "Desire" dimension were: sexual intercourse under partner pressure (p=0.002) and high frequency of sexual activities (p=0.001; r=0.41).The factors correlated with the "Arousal" dimension were: an unfavorable work environment (p=0.01) and psychiatric history (p=0.05).The "Lubrication" domain was associated with an unfavorable work environment (p=0.006) and smoking (p=0.02). The "Satisfaction" domain was associated smoking (p=0.004), sexual intercourse under partner pressure (p=0.03) and high frequency of sexual activities (p=0.003; r=0.36). The "Orgasm" domain was inversely correlated with age (p=0.04; r=-2.47), and it was associated with a high frequency of sexual activities (p=0.04; r=0.24). The "Pain" domain was correlated with the presence of children (p=0.02).
Conclusions: The findings underscore the impact of various sociodemographic and clinical factors on sexual health and well-being. Addressing these underlying factors is essential for improving their sexual health and overall quality of life.

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