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.

Disclosure of Interest: None Declared

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,

78.8% identified intimate partners as the primary perpetrators of violence. Regarding reporting procedures for suspected gender-based violence cases, 60% of residents believed local authorities should be alerted. However, 48.2% were unaware of Organic Law No. 58 of August 11, 2017, concerning the elimination of violence against women.

Regarding management, only 7.1% of residents felt confident in their ability to handle cases of GBV. The main obstacles identified were a lack of specific training (84.7%), absence of institutional support (67.1%), and lack of time (18.8%). The need for ongoing training in managing GBV was expressed by 64.7% of residents, highlighting the urgent need for improved awareness and skill enhancement in this area.

Conclusions: This study reveals significant gaps in the training and knowledge of medical residents in Tunisia regarding GBV. The lack of awareness of relevant legislation and resources, along with insecurity in case management, underscores the urgent need for targeted training and institutional support to improve medical responses to this critical issue.

Disclosure of Interest: None Declared

EPV2012

Reaching the Unreachable: Effectiveness of Psycho-Education for Improving Mental Health Awareness in Women with Gynecological/Obstetrical Issues in A Low Middle-Income Country

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Introduction: This research addresses the significant mental health challenges faced by women in Pakistan, where gynecological/obstetrical issues are prevalent, and mental health awareness is often lacking due to cultural stigmatization and misconceptions. Women with conditions such as infertility, and breast and ovarian cancer are at higher risk of psychiatric disorders, and there is a clear correlation between infertility and psychological comorbidity. Cultural beliefs and regional variations further complicate the perception and understanding of mental health in Pakistan.

Objectives: The primary objective of this research is to dispel myths and misconceptions surrounding mental health by providing group psychoeducation on major psychiatric illnesses. The goal is to raise awareness and promote psychiatric and psychological help-seeking behavior among women with gynecological issues.

Methods: This study employs a quantitative approach with a quasi-experimental design. A sample of 55 married female participants from the Gynecology Department of Services Hospital Lahore, underwent pre- and post- psychoeducation assessments. Only married females seeking treatment for gynecological conditions were included, while those already diagnosed or seeking treatment for mental disorders before the onset of gynecological issues were excluded. To assess the participants' knowledge and beliefs regarding mental illnesses, a self-developed Women Mental Health Checklist was used for pre-and post-assessment. A panel of mental health experts validated the content for the checklist. Psychoeducation material was developed based on established resources, and a panel of experts examined its content validity. A pre-psychoeducation assessment was conducted, followed by psychoeducation sessions that included information about mental disorders associated with gynecological issues. Post-assessment was conducted at a one-month follow-up. SPSS 21 was used to analyze the data.

Results: The repeated measure t-test analysis revealed a statistically significant difference in post-assessment ($t (49) = 14.6$, $p = 0.00$) which indicated a strong impact of psychoeducation on post-assessment.

Conclusions: These findings highlight the importance of psychoeducation in promoting help-seeking behavior. However, it is important to understand the study limitations and that future research should explore psychoeducation's role on a broader level. This research aims to bridge the gap in mental health awareness and help-seeking behavior among women in Pakistan facing gynecological and obstetrical issues, ultimately contributing to improved mental well-being and overall quality of life.

Disclosure of Interest: None Declared

EPV2014

Depression in military wives: the particularities of an understudied population

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Introduction: Military spouses often experience separation from their husbands and the risks associated with their deployment in difficult environments. Multiple studies have focused on depression in service members, but little has been done to understand how demographic and military-specific factors affect their wives.

Objectives: The goal of our study is to describe the demographic and military characteristics specific to women with a depressive disorder diagnosis, and are or were married to service men. We also aim to identify possible correlations between the beginning and evolution of the spousal depression and those characteristics.

Methods: This was a retrospective descriptive study. Data was obtained from the medical files of military spouses followed at the psychiatry department of the military hospital in Marrakech between May 2022 and August 2023. Demographic and military-specific information unavailable in the files was collected through phone calls. Inclusion criteria were: a DSM-5 depressive disorder diagnosis, presence at follow-ups, being or having been married to a service man, an available functioning phone number. The statistical analysis was done on the software tool Jamovi® version 2.3.28.

Results: All of the 25 women who were included in our study were diagnosed with major depressive disorder (MDD). Demographic factors related to MDD were noted in most spouses: 64% had a low educational level, 84% were housewives. Concerning the military factors related to service men: we observed that in the 24% of cases where the husband was deployed or lived apart from his family, there was either no or little improvement of depressive symptoms under treatment for the wife. Only 4% of service men had been diagnosed with a psychiatric disorder (MDD) at the time of our study. 44% of our patients reported conflicts with their husbands, out of these men 54% were still active in military forces. 54% of the