Results: The mean±standard deviation age of mothers with GD children and controls was 53.95±9.44 and 53.00±7.28 years, respectively. 20 of the GD children were born with the female sex. Overall, TCI scores were statistically different between the two groups (p=0.03); however, this difference was only observed among Character scores (p=0.01) and was not significant in Temperament scores (p=0.33). We found significantly higher mean Cooperativeness (CO) and Self-Transcendence (ST) scores in the case group (p=0.007 and 0.031, respectively). We also identified significantly more individuals with a high CO score amongst mothers of GD individuals (Odds Ratio: 5.0, 95% Confidence Interval 1.2-21.0, p=0.028).

characteristics	Group	Mean	Std. Deviation	P-value
CO	GD Control	20.2963 17.6786	2.28397 4.29516	**0.007**
SD	GD Control	16.7407 15.7500	3.49277 6.25167	0.474
ST	GD Control	9.7407 8.0000	2.98190 2.84149	**0.031**
HA	GD Control	7.7778 6.7143	4.50071 4.51218	0.386
NS	GD Control	7.0370 7.2143	2.99334 3.40324	0.839
P	GD Control	3.5926 3.2857	1.11835 2.07020	0.499
RD	GD Control	8.8519 7.7857	2.56760 1.93136	0.087

Conclusions: By showing more mature, understanding, and kind personalities, the mothers of GD cases who have obtained licenses for gender affirmation surgery, have likely provided a positive atmosphere for the gender identity development and transition of their children. Additionally, their personalities were possibly better suited to deal with their child's condition through having better compensatory adaptive traits.

Disclosure of Interest: None Declared

EPP1063

Sexual dysfunction among pregnant Tunisian women

A. Zouari[1]*, F. Guermazi[1], B. Amamou[2], R. Masmoudi[1], I. Feki[1], I. Baati[1], J. Masmoudi[1] and L. Gaha[2]

[1]Psychiatry A, Hedi Chaker Hospital, sfax and [2]Psychiatry, EPS Fattouma Bourguiba, monastir, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1337

Introduction: Sexual life is affected by physiological, psychological and social changes during pregnancy. Therefore, pregnancy is considered as a stressor affecting sexual lives of women and as a period when sexual dysfunctions can easly appear.
Objectives: The aim of our study was to explore the prevalence of sexual dysfunctions among pregnant womens.
Methods: we conducted a cross-sectional and descriptive study among Tunisian pregnant women. The questionnaire used was performed with Google Forms and posted on social media. It contained questions concerning personal and sociodemographic aspects and questions concerning obstetrical data such as parity, gestational age and complications during the current pregnancy. We used the Female Sexual Function Index to examine Sexual dysfunction. Total scores of 26.55 or less characterize deficiency of female sexual function.
Results: Fifteen women (44.1%) were primiparous and 19 (55.9%) were multiparous with 29% being in the first trimester, 27% in the second, and 44% in the third. Half had at least one child. Most of participants reported better satisfaction with their sexuality before pregnancy than during pregnancy (76.5% vs. 26.5%). This difference in satisfaction was statistically significant (p=0.004). A sexual dysfunction was found in 70.6% of cases and we did not identify any correlations between the presence of sexual dysfunction and socio-demographic or clinical data of the current pregnancy.
Conclusions: The prevalence of sexual dysfunction among Tunisian pregnant women was high and not related tosocio-demographic characteristics.

Disclosure of Interest: None Declared

EPP1064

Common beliefs about sexuality: a Tunisian survey among pregnant women

A. Zouari[1]*, F. Guermazi[1], B. Amamou[2], S. Hentati[1], I. Feki[1], I. Baati[1], L. Gaha[2] and J. Masmoudi[1]

[1]Psychiatry A, Hedi Chaker Hospital, sfax and [2]Psychiatry, EPS Fattouma Bourguiba, monastir, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1338

Introduction: Sexual relationship is affected by the emotional factors, changes in women's body, sexual dysfunctionsand also common beliefs about sex in pregnancy. Couples might tend to avoid sexual intercourse in pregnancy due to different beliefs.
Objectives: Our objective was the evaluation of sexual related and common beliefs among pregnant womens.
Methods: We conducted a cross-sectional and descriptive study. We targeted Tunisian pregnant women whatever the term of pregnancy. We collected data using a self-questionnaire performed with Google Forms and posted regularly on social networks over a period of six months. In order to assess the most common beliefs, we used a panel of questions inspired by the literature.
Results: 34 pregnant women participated to the study. Mean age was 31,56 years (SD =3,25). All the participants had a secondry or university education (5.9% and 94.1% respectively). Ninteen women (55.9%) were multiparous with 44% in the third trimester. Among participants, 20.6% believe that sexual intercourse can be harmful to the baby, 41.2% believe that the number of intercourse should be limited during pregnancy and 17.6% thought that sexual intercourse should be stopped in the first three months.
In relation to body image, 11.8% of women approve that pregnancy takes women's all beauty and 8.8% thought that their bodies weren't attractives as before for spouses. About a quarter of our population (23.5%) agreed that pregnant women lose sexual desires and 14.7% approved that intercourse satisfies only men. Only one women (2.9%) reported that intercourse during pregnancy is considered a sin.