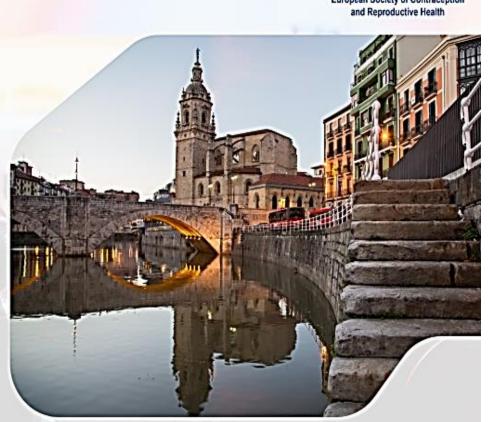
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17th ESC Congress

Sexual Rights and Contraception in a Turbulent World

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INTRODUCTION

Sexual assertiveness is a component of human sexuality, defined as the ability to initiate or reject sexual activity, to negotiate desired sexual behaviors and to use contraceptive methods.

Studies are needed in the Latin American population that explore sexual assertiveness

OBJECTIVE

To Identify if adolescence is a factor associated with sexual assertiveness in female university students

MATERIALS & METHODS

Cross-sectional study
DISEU project
[Psychosocial Dynamics in University
Students]

Approved by the ethics committee of the Universidad de Cartagena, Colombia Female students of medicine, nursing, dentistry and pharmaceutical sciences were included. It was applied brief-version of Sexual Assertiveness Scale [SAS] They participated with prior informed consent, without remuneration, anonymously, voluntarily and could withdraw at any time. SAS explores three domains

- Sexual assertiveness of initiation
- Sexual assertiveness of rejection
- sexual assertiveness of prevention of unwanted pregnancy and sexually transmitted infections
- Global evaluation [sexual assertiveness]
 Greater sexual assertiveness
 (score above the average)
 Low sexual assertiveness
 (Lower than average score)

Bivariate logistic regression was performed among adolescence [<20 years] with the domains and the global evaluation of sexual assertiveness

Possible association between sexual assertiveness with adolescence in female health students at a Colombian university

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RESULTS

Women participated: 911 Having sexual activity: 603 (66.2%)

n = 603	
Age, years, X±SD	21.3±2.6
Adolescents,%	21.5
Medical student,%	25.9
Dental student,%	34.0
Nursing student,%	19.6
Pharmaceutical science student	20.5
Use of contraceptives,%	76.6
Sexually Transmitted Disease,%	4.1

The SAS score was 32.9±7.2

Low sexual assertiveness at the beginning, %	22.1
Low sexual assertiveness of rejection, %	19.4
Low sexual assertiveness of prevention of unwanted pregnancy and sexually transmitted infections, %	30.3
Low sexual assertiveness, %	16.9

Associated with Adolescence OR [CI95%] 1.56 Low sexual assertiveness [1.00 - 2.43]at the beginning p = 0.041.49 Low sexual assertiveness [0.93 - 2.36]of rejection p = 0.09Low sexual assertiveness 1.02 of prevention of unwanted [0.98 - 1.07]pregnancy and sexually p = 0.24transmitted infections 1.22 Low sexual assertiveness [0.74 - 2.01]p = 0.42

CONCLUSION

Adolescence was associated with a 56% greater probability of low sexual assertiveness at the beginning. No significant association was observed with the other measurements of sexual assertiveness.