

IRR=10.68; adolescent-multiple: IRR=2.36) (partner single: IRR=11.73; partner-multiple: IRR=10.80) or reporting penile-vaginal sex (adolescent-single: IRR=16.11; adolescent-multiple: IRR=22.93; partner-single: IRR= 9.17; partner-multiple: IRR=16.74) increased orgasm odds. Reporting anal sex doubled the likelihood of perceiving their partner had multiple orgasms (IRR=2.35) and tripled the adolescent's own orgasm uncertainty (IRR=2.97).

Conclusions: Enjoying sex – including orgasms – is key to healthy sexual development. Inquiring and about adolescents' perceptions of and experiences with pleasure and orgasm could serve as a good starting place for encouraging open sexual communication. Such dialogue scaffolds healthy sexual development by encouraging the learning and experimentation key for both young people's understanding of what is enjoyable in their own/partner's sexual lives, as well as what the circumstances are most conducive to positive sexual interactions.

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213.

SEXUAL DESIRE IS NOT JUST A WOMEN'S ISSUE: AN EXPLORATORY STUDY ON SEXUAL DESIRE AMONG YOUNG ADULTS IN SWITZERLAND

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Purpose: Desire or libido issues are often discussed in a female perspective. The aim of this study was to assess the characteristics of both young males and females who reported poor sexual desire.

Methods: Data were drawn from the Swiss national survey on youth sexual behavior carried out in 2017. Out of 5175 participants (49.0% females; mean age 26.3) who completed the questionnaire, 5124 (99.0%; 48.9% females; mean age 26.3) answered a question about current sexual desire ("In the last 4 weeks, how would you rate your level of sexual desire or interest?"). Answers ranging from inexistent or very poor to very high were dichotomized into POOR (inexistent or very poor, poor) and NoPOOR (medium, high, very high). We compared both groups on sociodemographic status, education (tertiary/other), residence (urban/rural), social life and financial satisfaction, sexual orientation (heterosexual / non-heterosexual), current mental health (poor / good), partner-related and pornography experience variables. For the partner-related variables, we assessed the current relationship status (none / yes [casual or stable]) and current sexual life satisfaction (unsatisfied / other). We asked participants if they had ever watched pornography and we dichotomized the answers into yes (once, several times) and no (never). We first ran a bivariate analysis and all significant variables ($p < .05$) were included in a logistic regression using the NoPOOR group as the reference category. Results are presented as odds ratios (OR). We compared the groups separately by gender.

Results: Among males, 5.8% ($n=151$) reported poor sexual desire compared to 17.2% of females ($n=431$). At the bivariate level, for both gender, poor sexual desire was associated with poorer mental health (24.3% versus 14.2%), less social life (mean 7.0 versus 7.7 / 10) and sexual life satisfaction (30.0% unsatisfied versus 15.8%), no current relationship (43.3% versus 18.8%) and no pornography viewing (35.7% versus 18.1%). No associations were found for age, residence, education, sexual orientation and financial satisfaction. At the multivariate level, compared to the NoPOOR group, males in the POOR group were less likely to be satisfied with their social life (OR 0.89), to be in a

current relationship (OR 0.26) and to have watched pornography (OR 0.24). Compared to females in the NoPOOR group, those in the POOR group were less likely to be satisfied with their social (OR 0.88) and sexual life (OR 0.48), to be in a current relationship (OR 0.39) and to have watched pornography (OR 0.68).

Conclusions: Even though sexual desire was rated as low by more females than males, still 6% of young males reported inexistent or poor sexual desire. Regarding gender stereotypes about sexuality, this rate is not negligible and highlights that sexual desire must be discussed independently of gender. It seems that these young adults might be in a context of greater dissatisfaction, especially in their social life. Further longitudinal studies are needed to determine the direction of causality between sexual desire, relationship status, psychological well-being and pornography use.

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214.

CHARACTERISTICS OF YOUNG ADULT FEMALES WHO HAVE NEVER SEEN A GYNECOLOGIST

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Purpose: Swiss guidelines indicate that the first gynecological visit should take place when initiating sexual activity or, at the latest, at age 21 to perform a first pap smear. However, close to 5% of young adult females in our survey report never having seen a gynecologist by age 26. The aim of this study is to describe the characteristics of young adult females never having consulted a gynecologist.

Methods: Data were drawn from the Swiss national survey on youth sexual behavior carried out in 2017. Out of 5175 participants who answered all questions, 2534 (49%; mean age 26.3) were females and included in the study. They were distributed in two groups depending on whether they had ever seen a gynecologist (GYN group; 95.4%) or not (NOGYN group; 4.6%). Groups were compared on age, age at first sexual contact, having ever had oral, vaginal or anal sex, being a virgin, type of partner relationship they were in (none/other), and having a history of STI. We first ran a bivariate analysis and all significant variables ($p < .05$) were included in a logistic regression using the GYN group as the reference category. Results are expressed as odds ratios (OR) with [95% confidence intervals].

Results: At the bivariate level, NOGYN were older at first sexual contact (18.2 vs. 16.4 years), less likely to have ever had oral (88.5% vs. 97.4%) or vaginal sex (48.0% vs. 93.9%) or to have a history of STI (3.7% vs. 29.8%) and more likely to be a virgin (41.3% vs. 2.8%) and not being in a current relationship with a partner (52.5% vs. 16.1%). No difference was found for age or anal sex. At the multivariate level, NOGYN females were older at first sexual contact (1.19 [1.05:1.34]), less likely to have ever had vaginal sex (.07 [0.02:0.20]) and less likely to have a STI history (.53 [0.30:0.94]). We ran a second regression were we introduced being a virgin instead of oral or vaginal sex and NOGYN females were much more likely to be virgins (24.06 [15.91:36.38]).

Conclusions: The vast majority of our sample had seen a gynecologist at least once. However, one woman in twenty has never seen a gynecologist by age 26 despite recommendations. They seem to be women who may think not needing such a consultation because they do not have a partner or have a less intense sexual life or no sexual life at all. There is a need to better explain the importance for women