symptoms in perimenopause compared to those without a history of adolescent dysmenorrhea (RR = 1.35; 95% CI 1.21 to 1.42).
Conclusion: The occurrence of menstrual symptoms in perimenopause, especially dysmenorrhea, reported by most participants as severe pain, is associated with a history of dysmenorrhea during adolescence.
Implications: The findings highlight the importance of monitoring women with menstrual symptoms during perimenopause.
Keywords: Perimenopause, Dysmenorrhea, Menstrual Symptoms

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FEMALE SEXUALITY: TABOOS AND SOCIAL ASPECTS

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Background: Sexuality, even today, is marked by sexist manifestations and by taboos and myths that mainly influence female sexuality. Women's lack of knowledge about their own bodies and their sexual identity can lead them to accept certain situations as natural to sex, such as pain and lack of pleasure during sexual intercourse, which makes guidance and discussion on the subject relevant.
Objectives: To relate sociodemographic characteristics to female sexuality.
Methods: This is an exploratory-descriptive study with a quantitative-qualitative design. Data collection took place from September 2020 to January 2021, online, through a questionnaire made available through a Google Forms link. Women between 18 and 55 years old who were sexually active were included. The questionnaire covered questions regarding female sexuality and sociodemographic items, including identification, age, education, contraceptive methods, experiences in sexual relations, family and social influences, among others. After data collection, Excel® 2010 software was used to create tables, charts and graphs, in addition to the analysis generated by Google forms.
Results: The total sample consisted of 104 participants, with a minimum age of 18 and a maximum of 55 years, of whom the majority reported having an incomplete higher education level (56.73%). When questioned, the majority (66.40%) believed they had good knowledge about their own anatomy of the reproductive and sexual system, and 58.65% reported that their family members did not talk openly and respectfully about sexuality. In addition, it was possible to identify that the majority used some contraceptive method (84.62%), of which 37 people mentioned the use of more than one contraceptive method, with condoms being the most cited (n = 60). It is worth mentioning that 80.77% reported not feeling safe in not using contraceptive methods and 31 people stated that their partner had already refused to use contraceptive methods, in addition to 51 reporting having some traumatic experience during sexual intercourse and 19 having suffered some type of aggression during sexual intercourse.
Conclusion: It can be concluded that female sexuality is still a subject that needs to be discussed so that women have greater knowledge about their own bodies and can talk openly with their families about the subject. It is worth mentioning that most people reported using contraceptive methods and not feeling safe in not using them. However, there are alarming issues such as the fact that partners refuse to use contraceptive methods, the number of traumatic experiences and aggressions during sexual intercourse.
Implications: Understanding the sociodemographic profile and female sexuality allows the physiotherapist to establish the best approaches when serving this audience, especially with regard to health education.
Keywords: Sexual Health, Sexual Trauma, Contraception Behavior

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MOBILE APPLICATION FOR PELVIC FLOOR MUSCLE TRAINING IN URINARY INCONTINENCE: ADHERENCE, IMPACT, AND QUALITY OF LIFE

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Background: Urinary incontinence (UI) significantly affects women's quality of life, impacting physical, psychological, and social aspects. Pelvic floor muscle training (PFMT) is considered the first-line treatment for UI; however, long-term adherence remains a challenge. The use of mobile technologies has been proposed as an alternative to support treatment adherence.
Objectives: This study aimed to evaluate the effects of using a mobile application for pelvic floor muscle training in women with stress and mixed urinary incontinence, considering the reduction of urinary complaints, impact on quality of life, and participant satisfaction.
Methods: This was a randomized controlled trial following CONSORT guidelines. The sample consisted of 104 women diagnosed with stress or mixed urinary incontinence, randomly allocated into two groups: one receiving guidance through a mobile application (n = 52) and another through an educational booklet (n = 52). The training protocol lasted 12 weeks. Participants completed the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) and King's Health Questionnaire (KHQ) before and after the intervention. Treatment adherence was monitored, and satisfaction was assessed using a visual analog scale. The data were analyzed by intention to treat. The collected data were tabulated in a database of the EXCEL® program and analyzed using the SPSS statistical software (Statistical Package for the Social Sciences). A descriptive analysis of the data was performed, using simple frequency, mean, standard deviation, p-value, and effect size (D of Cohen) of the quantitative data.The normality of the data was verified using the Shapiro Wilk test. For the analysis of the data, the Two-way ANOVA test with Tukey post-hoc was used. A level significance of 5% was considered.