

and loss of sensation below the affected lesion level, bladder and bowel incontinence, and hydrocephalus. The functional limitations present can lead to restriction of participation of these children, which includes the frequency and involvement of an individual in a life situation. There are few studies about the participation of these children under 6 years of age in the home, preschool and community environments.

Methods: A descriptive observational study was carried out with children diagnosed with myelomeningocele, between 6 months and 5 years of age, submitted to pre or postnatal surgical correction, regardless of the neurological level, who are followed up by a service of the complex of a university hospital, using the Young Children's Participation Environment Measure (YC-PEM) questionnaire.

Results: Sixty-four children and their families (mean age 28.21 (± 17.31) months) participated in the study. Children were more frequently involved in the home environment, mainly in activities related to history and music (mean = 6.51 ± 1.28 ; 4.33 ± 1.50 respectively) and involving the use of electronics (mean = 6.42 ± 1.48 ; 4.26 ± 1.51). Most parents reported that the children's relationship with family members (90.63%), the social aspects of communication and interaction (87.50%), the availability of resources (87.50%) and having enough time (78.13%) supported their children's participation at home. In preschool, the highest frequency and involvement were related to activities involving groups of colleagues (mean = 6.33 ± 0.77 ; 4.33 ± 1.16) and socializing with friends (mean = 5.89 ± 1.59 ; 3.36 ± 2.21). On the other hand, children participated little in activities involving outings and events (mean = 2.10 ± 2.07 ; 1.36 ± 1.94). A large number of parents considered that the school environment has more facilitators than barriers. Within the community environment, children were more likely to participate in appointments, and purchases or services. The frequency of children's participation in community activities such as classes and courses were zero. Parents identified characteristics and resources in the community environment that mostly support their children's participation (70.58%), but also recognize aspects that restrict their participation (17.64%).

Conclusion: The participation of young children with myelomeningocele is relatively high in the home environment. However, in the preschool and community setting, it is significantly restricted. These children's participation is influenced in all settings by environmental factors.

Implications.

Implications: These findings provide a foundation for an improved understanding of the participation of children with myelomeningocele, and this information which can assist families and service providers in planning activities that fit with their child's preferences and ensure active participation.

Keywords: Spina bifida, Social participation, Social environment

Conflict of interest: The authors declare no conflict of interest.

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SYMPTOMS OF SEXUAL DYSFUNCTION IN FEMALE DISABLED ATHLETES: A CROSS-SECTIONAL PILOT STUDY OF PREVALENCE IN THE NORTHERN REGION

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Background: Adapted sport is aimed at people with disabilities. The dedication and engagement during sports practices end up exposing this population to the emergence of various health problems related to sports. Female sexual dysfunction is a disorder that can culminate in personal distress and interfere with interpersonal relationships due to anatomical, physiological, psychological, and sociocultural problems.

Objectives: To verify the prevalence of symptoms of sexual dysfunction in female athletes with disabilities.

Methods: Observational epidemiological research of quantitative and descriptive cross-sectional character, carried out with female para-athletes. Data collection was performed using the Google-Forms tool, divided into sections: presentation of the research in video and Informed Consent Form (ICF), sociodemographic data, obstetric data and the Sexual Function Index (FSFI) questionnaire; initially as a pilot study, tested in the North region, in Belém do Pará. The data were transferred from the platform to Excel 2019, tabulated, and analyzed.

Results: The pilot research had 3 participants, aged 32 ± 11 years, self-declared black (black and brown), heterosexual, all of them women with physical disabilities, practitioners of 2 different modalities of adapted sport (fencing and wheelchair dancing). Regarding obstetric history, only one reported 1 pregnancy, which evolved into abortion. The FSFI, in the desire domain, participant 1 (P1), participant 2 (P2) and participant 3 (P3) respectively presented scores of 3.6, 3.6 and 2.4 points, in the excitation domain, P1- 0.9, P2- 0.6 and P3- 4.2 points, in the lubrication domain, P1- 2.7, P2- 0 and P3- 6 points, in the orgasm domain, P1- 2.4, P2- 0 and P3- 6 points, in the satisfaction domain, P1- 0, P2- 0 and P3- 4.8, and in the pain domain, P1- 1.6, P2- 0 and P3- 6 points. According to each domain, there was a lower score in the satisfaction score, with a maximum score of 4.8 points. The total score per participant was: P1- 11.2 points, P2- 8.4 points, and P3- 29.4 points. At the end of the application, final results the scores of each domain multiplied by a factor that homogenizes the influence of each domain on the total score, it is possible to discriminate between the populations with higher and lower risk of presenting sexual dysfunction, with a cutoff point defined as 26 for the population of origin of the instrument, where values equal to or below this point would indicate sexual dysfunction. Thus, two participants had scores below 26 points, which may indicate symptoms of sexual dysfunction.

Conclusion: It is noteworthy that the data presented, even with the reduced n, point to the need to describe these symptoms in this population, outline their profile and epidemiological data.

Implications: the number of athletes of high-performance Paralympic sport from the North region has been growing, standing out in the national and international scenario, making this research a great stimulus for prevention actions.

Keywords: Sports for People with Disabilities, Sexual dysfunctions, Interpersonal Relations