A cross-sectional analysis in order to validate the translation of FSFI-6 to Bahasa Indonesia [version 2; peer review: 1 approved with reservations, 1 not approved]

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Abstract

Background: Numerous tools have been developed to assess female sexual dysfunction. Several of them have also conducted validity tests. Female Sexual Function Index (FSFI) is one of these surveys that has been effectively translated into several different languages. The previous study on the translation and validation of the FSFI-6 questionnaire into Bahasa Indonesia used the original form (FSFI-19), which had many questions. Thus, this study was done to validate and translate a condensed version of the original questionnaire to make it more practicable for individuals to complete in a clinical context.

Methods: FSFI-6 was translated into Bahasa Indonesia. Then the data were collected via questionnaires by 72 women in Rumah Sakit Cipto Mangunkusumo (RSCM or Mangunkusumo National Central General Hospital) during the data collection period (January 2018 until April 2018). The data obtained were processed for validity and reliability using the SPSS software program 20. The tests conducted on the data included a normality test, a validity test, descriptive analysis, and reliability testing. The r-value and the value of Cronbach’s Alpha were the parameters used to determine the validity and reliability of the questionnaire.

Results: The r-value on each question in the translated FSFI-6 questionnaire was greater than 0.3, while the value of Cronbach’s Alpha of the questionnaire FSFI-6 was greater than 0.6, equal to 0.831.

Conclusions: The FSFI-6 questionnaire short version that has been translated into Bahasa Indonesia is valid and reliable.
Keywords
Women, sexual dysfunctions, surveys and questionnaires, reproducibility of results

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Introduction

Sexual dysfunction is a health problem that could potentially degrade quality of life. However, this problem is less discussed and treated, especially in women in Indonesia. This is because of the culture in Indonesia, which considers the topic of sexuality taboo. Therefore, anything that is related to sexuality is rarely discussed. There are only a few pieces of research about sexual dysfunction. Female sexual dysfunction (FSD) is a complex issue in the classification, diagnosis, or treatment. Studies related to the prevalence and incidence of sexual dysfunction in women are scarce. Lack of data and limited research methods make it difficult to interpret the data.

In recent decades, reproductive health has been a crucial component of quality of life, and it is now a program initiated by the World Health Organization (WHO). WHO defines FSD as the inability of a woman to participate in sexual intercourse. Sexual dysfunction can be grouped into four major groups, they are sexual arousal disorder, sexual desire disorder, pain disorder, and disorders on orgasm. Without proper management, sexual dysfunction can potentially influence interpersonal relationships with a spouse, reduce confidence, cause emotional disturbances, and finally affect quality of life.

The prevalence of FSD in western countries is known to be relatively high. Research has indicated that the numbers are between 43–88% in the US and 22% in Europe. Based on previous epidemiological research conducted by the Department of Urology of Rumah Sakit Cipto Mangunkusumo (RSCM or Mangunkusumo National Central General Hospital) in 2001, about 15.2% of the 560 female respondents had experienced sexual dysfunction, and its prevalence increased with age. Another study in Indonesia stated that the prevalence of FSD is 9.2%. The prevalence is relatively high; however, public and health professionals’ awareness is still deficient regarding this issue, especially in Indonesia, which embraces Eastern culture, so sexual problems are taboo topics to talk about. Sexual dysfunction in women is often not explored in high-risk groups.

There are many instruments designed to evaluate sexual dysfunction in women. Some of them also have tested validity. They are the Brief Index of Sexual Functioning for Women, Changes in Sexual Functioning Questionaire, Female Sexual Function Index (FSFI), and Golombok Rust Inventory of Sexual Satisfaction. The FSFI-6 questionnaire is a self-report questionnaire used as an instrument for assessing FSD. It is a short version of the FSFI-19, which has 19 items instead of six. FSFI-19 may took too much time for clinical studies, especially in Indonesian women, who do not talk openly about their sexual problems and get embarrassed quickly when talking about sexuality. It was also considered not suitable to be used in a crowded clinical settings in Indonesia. This questionnaire consists of six questions covering six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. The FSFI was developed and validated for the first time in 2000. This questionnaire has been successfully translated into many different languages, ranging from Mandarin, Arabic, Persian, Malay, Turkish, Korean, and Japanese. Based on a previous study, the FSFI questionnaire is easily understood and can measure all aspects of women’s sexual function. A previous study about translation and validation of the FSFI-6 questionnaire into Bahasa Indonesia was conducted on the original version of the FSFI-6, which consisted of many questions. Hence, this study was conducted to validate and translate the simpler version of the initial questionnaire to make it more understandable.

Methods

FSFI-6 questionnaire translation into Bahasa Indonesia

This was a cross sectional study to understand the validity of the translated FSFI-6 questionnaire. The FSFI-6 questionnaire was translated into Bahasa Indonesia in two versions, one by clinicians (Prof. Rahardjo and Dr Elvira) who are fluent in both English and Bahasa Indonesia and the other by expert English translator from Indonesia Medical Education and Research Institute (IMERI) Writing Centre. The two versions then undergone review process by both clinicians and language experts for its content and grammar aspects. The final single Indonesian version was produced based on the review. The translation into Bahasa Indonesia aimed to facilitate the respondents in understanding the content of the question. Translation is also needed as one of the steps to test the validity of the translated FSFI-6 questionnaire. Researchers also added a question about the effects on quality of life to assess personal distress. The translated version of the questionnaire then was value-tested on 15 women with diverse socio-economic background using interview method and they were asked for feedback on the contents of the questionnaire independently.
**Backward translation**

The FSFI-6 questionnaire translated into Bahasa Indonesia was translated back into English by IMERI Writing Centre. This back-translation process aimed to compare the new version of the back-translated questionnaire and the original English version of the FSFI-6 questionnaire.

**Subjects and data collection**

The Ethics Committee of the Faculty of Medicine, University of Indonesia approved this study (No: 1023/UN2.F1/ETIK/2017) on 13 November 2017, and all participants provided written informed consent.

The outcome for this study was the FSFI-6 form filled by the respondents. Potential predictors, confounders, and effect modifiers included age, latest education status, occupation, geographical home region, times of marriage, length of marriage, number of children, communication problem with husband, use of contraception, and menopause.

The target population in this study was all women in RSCM including patients, family members, employees, up to general RSCM visitors during the retrieval of data (January 2018 until April 2018). All women aged >18 years old and married were eligible for this study. Sampling was conducted with a consecutive sampling method with a total sample of 422 respondents. All eligible respondents who visited RSCM during the data retrieval period were recruited through direct approachment by experienced clinicians and were asked if they wanted to participate in the study. Respondents data were given serial numbers in order of arrival to maintain confidentiality. Data were kept safely in a password-protected files in the Department of Urology, Faculty of Medicine, Universitas Indonesia. To test the validity of this questionnaire, the researcher used the first 132 samples collected. Sapsas and Zeller (2002) stated that 50 samples are sufficient to test the validity of the psychometric characteristics questionnaire. Hence, to make the data more representative, the authors decided to use more than 50 samples.

Before the data were collected, respondents filled out an informed consent form as part of the questionnaire. They were also provided with information sheets that included information on their right to withdraw. If the respondents wanted to withdraw, they could withdraw at this phase. Furthermore, respondents filled out a questionnaire containing two parts, one part on their background and FSFI-6, without writing their names on the questionnaire. The questionnaire can be found as Extended data. Respondents were asked to fill out all questionnaires with honesty. The respondents were asked to leave the question empty if they did not understand to avoid bias. If the respondent could not read or write, the researcher read the questions written in the questionnaire and noted the responses. Once the respondents completed the answers, the questionnaires collected were rechecked to determine whether they could be used as data.

**Data analysis**

The data obtained were processed using IBM SPSS Statistics version 20 (RRID:SCR_016479) by testing their validity and reliability. The confidence index used in this study was 0.95.

**Correlation analysis**

Pearson’s correlation test was used on each question on the questionnaire to ensure its validity. This test was chosen following the normal distribution result (p>0.05) of the normality test. Pearson’s coefficient of correlation quantifies the linear link between two variables. The correlation test was done by correlating each answer score to the overall questionnaire score to check if each answer score correlated strongly with the overall questionnaire score. If an answer score correlated strongly, the question was deemed to be valid. An answer score correlated strongly if the Pearson’s r value was more than 0.3, and an answer score was not considered to correlate strongly if the r value was less than 0.3.

**Reliability test**

After determining its validity, the next test performed was the reliability test. A reliability test was used to determine how reliable the questionnaire was in the long term. The parameter used to assess the reliability of this questionnaire was Cronbach’s Alpha value. Cronbach’s alpha is a measure of internal consistency, or how closely a collection of objects is connected to one another as a group. If the Cronbach’s Alpha value obtained was less than 0.6, the questionnaire was considered to be less reliable. However, if the value of Cronbach’s Alpha received was greater than 0.6, the questionnaire was considered to be more reliable. The comparison of FSFI-6 in English and Bahasa Indonesia is provided in Table 1. These questions represent each item, which are desire (question one), arousal (question two), lubrication (question three), orgasm (question four), satisfaction (question five), and pain (question six).
Table 1. FSFI-6 English and Bahasa Indonesia.

<table>
<thead>
<tr>
<th>Question number</th>
<th>FSFI-6 English</th>
<th>FSFI-6 Bahasa Indonesia</th>
<th>FSFI-6 Back Translated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How would you rate your level (degree) of sexual desire or interest?</td>
<td>Bagaimana Anda mengukur hasrat/minat seksual Anda?</td>
<td>How would you rate your sexual desire/interest?</td>
</tr>
<tr>
<td>2</td>
<td>How would you rate your level of sexual arousal (&quot;turn on&quot;) during sexual activity or intercourse?</td>
<td>Seberapa sering Anda merasa terangsang selama aktivitas seksual/senggama? Contoh: keluar cairan vagina, puting mengeras, dll</td>
<td>How often you feel aroused during sexual activity/intercourse? Example: vaginal discharge, hardened nipples, etc.</td>
</tr>
<tr>
<td>3</td>
<td>How often did you become lubricated (&quot;wet&quot;) during sexual activity or intercourse?</td>
<td>Seberapa sering Anda merasa basah di daerah vagina selama aktivitas seksual/senggama?</td>
<td>How often do you feel wet in the vaginal area during sexual activity/intercourse?</td>
</tr>
<tr>
<td>4</td>
<td>When you had sexual stimulation or intercourse, how often did you reach orgasm?</td>
<td>Seberapa sering Anda mengalami orgasme (klimaks) selama aktivitas seksual/senggama?</td>
<td>How often do you have an orgasm (climax) during sexual activity/intercourse?</td>
</tr>
<tr>
<td>5</td>
<td>How satisfied have you been with your overall sexual life?</td>
<td>Seberapa puas Anda dengan kehidupan seksual Anda secara keseluruhan?</td>
<td>How satisfied are you with your sex life as a whole?</td>
</tr>
<tr>
<td>6</td>
<td>How often did you experience discomfort or pain during vaginal penetration?</td>
<td>Seberapa sering Anda mengalami nyeri/asa tidak nyaman selama senggama/penetrasi vagina?</td>
<td>How often do you experience pain/discomfort during intercourse/vaginal penetration?</td>
</tr>
</tbody>
</table>

FSFI-6, Female Sexual Function Index.

Results
The subjects filling out the questionnaire were categorised based on demographic status. This study’s subject demography data included age, latest education status, occupation, and geographical region. Subject demography data are listed in Table 2.19

Table 2. Demographic characteristics of subjects.

<table>
<thead>
<tr>
<th>Subject demography</th>
<th>Characteristics</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years (n=72)</td>
<td>&lt;43</td>
<td>70.8</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>≥43*</td>
<td>26.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not answering</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Mean=42.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latest education status (n=72)</td>
<td>Graduated from Junior High School</td>
<td>1.4</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Graduated from Senior High School</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduated from Diplomatic Study</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduated with bachelor’s degree</td>
<td>70.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postgraduate/Doctoral</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not answering</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Occupation (n=72)</td>
<td>Healthcare provider</td>
<td>13.9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Academician</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee</td>
<td>61.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housewife</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Entrepreneur</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not answering</td>
<td>5.6</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 shows the percentage of each demographic status. Women under 43 years old (70.8%) were the majority subjects in this study. Most of the women who filled this questionnaire graduated with a bachelor’s degree (70.8%). Most of the subjects who filled out this questionnaire worked as employees (61.1%). For geographical region, 79.2% of the subjects lived in an urban area, 5.6% lived in a rural area, and 15.3% did not answer.

The results of the Pearson’s correlation test in this study, along with the mean and standard deviation, can be seen in Table 3.

Table 3 shows that there were 69 valid data from 72 respondents. The first question had r value 0.837, second 0.676, third 0.808, fourth 0.813, fifth 0.623, and sixth 0.846.

The FSFI-6 questionnaire translated into Bahasa Indonesia had a value of Cronbach’s Alpha of 0.831. The results of the reliability test on each question if it was deleted can be seen on Table 4.

Table 4 shows reliability test result of FSFI-6 questionnaire translated into Bahasa Indonesia.

<table>
<thead>
<tr>
<th>Subject demography</th>
<th>Characteristics</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical region (n=72)</td>
<td>Urban</td>
<td>79.2</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>Times of marriage (n=72)</td>
<td>1</td>
<td>97.2</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Length of marriage in months (n=72)</td>
<td>&lt;99</td>
<td>50.0</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>≥99*</td>
<td>48.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer*</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Number of children (n=72)</td>
<td>0</td>
<td>5.6</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>29.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td>Problems with the husband or family (n=72)</td>
<td>Yes</td>
<td>1.4</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>97.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Communication problems with the husband (n=72)</td>
<td>Yes</td>
<td>6.9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>91.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Use of contraception (n=72)</td>
<td>Yes</td>
<td>38.9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>56.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Menopause (n=72)</td>
<td>Yes</td>
<td>5.6</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>88.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Sexual education while in school (n=72)</td>
<td>Yes</td>
<td>38.9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>59.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1.4</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Descriptive analysis and validity test.

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount of data</th>
<th>r value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passion</td>
<td>70</td>
<td>0.837</td>
<td>0.000</td>
</tr>
<tr>
<td>Stimulus</td>
<td>71</td>
<td>0.676</td>
<td>0.000</td>
</tr>
<tr>
<td>Lubrication</td>
<td>71</td>
<td>0.808</td>
<td>0.000</td>
</tr>
<tr>
<td>Orgasm</td>
<td>69</td>
<td>0.813</td>
<td>0.000</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>72</td>
<td>0.623</td>
<td>0.000</td>
</tr>
<tr>
<td>Painful</td>
<td>71</td>
<td>0.846</td>
<td>0.000</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>1.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Valid N</td>
<td></td>
<td></td>
<td>69</td>
</tr>
</tbody>
</table>

Table 4. Reliability test.

<table>
<thead>
<tr>
<th>Question</th>
<th>Cronbach’s Alpha if variable is deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passion</td>
<td>0.786</td>
</tr>
<tr>
<td>Stimulus</td>
<td>0.823</td>
</tr>
<tr>
<td>Lubrication</td>
<td>0.804</td>
</tr>
<tr>
<td>Orgasm</td>
<td>0.812</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>0.811</td>
</tr>
<tr>
<td>Painful</td>
<td>0.783</td>
</tr>
</tbody>
</table>

Discussion

FSD is a widespread health problem with complex pathogenesis (organic, relational, sociocultural, and psychogenic). In Indonesia, it is often not reported by patients. This problem exists because the topic of sexuality is often avoided. It is embarrassing for people in Indonesia to talk openly about their sexuality because sexuality is a social taboo. This social taboo also means that sexual health education in Indonesia is rarely given. The lack of sexual health education also means that people do not understand FSD and rarely complain about it.20,21 Another reason is that the psychosocial aspect of FSD is overlooked in Indonesia. Public knowledge about mental health in Indonesia is still low, and there are not many schools that implement education about mental health. There is a stigma in Indonesia about going to a psychologist, and because of that, there are not many people who go to a psychologist, even for a consultation. Four factors affect someone’s sexual function according to the biopsychosocial model. The biopsychosocial model states that biology, psychology, sociocultural, and interpersonal factors affect an individual’s sexual function. Any distress in one or more of these factors can cause sexual dysfunction.22 Therefore, the lack of knowledge in mental health and the social taboo about sexuality make FSD undertreated and under-recognized. Because of this, doctors play a big part in discovering and diagnosing FSD with diagnostic tools such as the FSFI.23

The FSFI-19 has a 19-item self-reported measurement for FSD. Because of this, FSFI-19 is considered to take too much time for routine use in outpatient clinics. Long questionnaires do not work well with overcrowded clinical settings. For this reason, FSFI-6 was made to create a more straightforward diagnostic tool that may help with physical examination and taking a patient’s history in a clinical setting. Isidori et al., validated the English FSFI-6 and concluded that the FSFI-6 is a highly accurate, easy-to-administer, and quick questionnaire to detect FSD.23

The primary purpose of this study was the translation and validation of the FSFI-6 to Bahasa Indonesia so it may be used in overcrowded clinical practices in Indonesia. The FSFI-6 Bahasa Indonesia was developed through a series of stages, including translation (both forward and back translation), a validation test, and a reliability test.

This study showed a high reliability of 0.831 using Cronbach’s Alpha coefficient with the six questions of FSFI-6. This means that the sexual function defined by the six domains of FSFI-6 is comprehensible to Indonesian women. The procedure that includes backward and forward translation is aimed to make the questionnaire easily understood by Indonesian women. Issues of anonymity and confidentiality were clarified at the beginning of this study to ensure that women would feel free to express themselves.
Table 1 shows that there were 69 valid data from 72 respondents. On the first validity test, the first question had r value 0.837, second 0.676, third 0.808, fourth 0.813, fifth 0.623, and sixth 0.846. All the questions of the questionnaire had r value higher than 0.3 and the Cronbach’s Alpha higher than 0.7, hence it can be concluded that the six FSFI-6 questions that have been translated into Bahasa Indonesia are valid and reliable. Therefore, this questionnaire can be used for the assessment of FSD.

Compared to other studies that have validated and translated FSFI to other languages, this study shows a significant correlation in each question ($P<0.05$) and high reliability (Cronbach’s Alpha $>0.7$). Validation and translation of FSFI-6 in Japanese, Korean, Philippine, and Malaysian languages shows high reliability with Cronbach Alpha $>0.7$ in each study.\textsuperscript{15,17,24,25} The validity and significance values in Malaysian and Korean languages show significant correlation indicated by $P<0.05$ in each question of the translated questionnaire.\textsuperscript{15,24} However, the validity in both Japanese and Filipino populations were not significant ($P>0.05$).\textsuperscript{17,24} The study conducted by Nuring et al., about the validation and translation of the original version of the FSFI-6 to Bahasa Indonesia, which consists of 19 aspects, show high reliability (Cronbach’s Alpha 0.844) and was valid.\textsuperscript{26} These findings indicate that the translation of FSFI-6 into Bahasa Indonesia is valid and reliable enough compared to other studies.

The limitation of this study was that it didn’t analyse the questionnaire’s responsiveness on the subjects. The subjects of this study were also mainly healthcare workers who were already well-educated. Hence these subjects are less likely to represent Indonesian women in general. This questionnaire may need to be further evaluated in a group of Indonesian women with other social backgrounds.

Conclusions

Based on the data analysis that has been performed, it can be concluded that the translated FSFI-6 questionnaire is valid and reliable. Researchers suggest further questionnaire evaluation in a group of Indonesian women with other social backgrounds.

Data availability

Underlying data

Harvard Dataverse: FSFI Questionnaire Data. https://doi.org/10.7910/DVN/CAZUSL.\textsuperscript{19}

This project contains the following underlying data:

- FSFI Questionnaire Upload.tab (questionnaire answers; coding schemes: 1, Yes; 2, No)
- STROBE_checklist_cross-sectional.pdf
- FSFI Questionnaire (translated to english).pdf

Data are available under the terms of the Creative Commons Zero "No rights reserved" data waiver (CC0 1.0 Public domain dedication).

References


Open Peer Review

Current Peer Review Status:  

Version 2

Reviewer Report 20 July 2023

https://doi.org/10.5256/f1000research.152370.r183933

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Hatta Sidi
Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Thank you for allowing me to review this manuscript again.

There were some improvements in the current revision, but I am still puzzled why concurrent validity was not measured in this study. Please give your reasons. This means that if a researcher is going to study female sexual dysfunction in Indonesia using this FSFI-6, a cut-off point cannot be determined to check on the "cases" vs. "non-cases" or "sexual dysfunction" vs. "non-sexual dysfunction."

The articulation of reasons why concurrent validity is not performed should be included in the limitation of the study.

I also would like to see an attachment of the Bahasa Indonesia version of FSFI-6. It can be attached as an appendix.

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: General psychiatry

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Version 1

Reviewer Report 03 March 2023

https://doi.org/10.5256/f1000research.121864.r162753
Hatta Sidi
1 Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2 Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Title: A cross-sectional analysis in order to validate the translation of FSFI-6 to Bahasa Indonesia

Overall comments:

This study was brief and does not address the study's objective, i.e., the validity of FSFI-6-Bahasa Indonesia. The study mainly focuses on the reliability of the FSFI-6 Bahasa Indonesia. The study should cover many validation areas, i.e., face, content, concurrent and factorial validity. Nothing was mentioned about this process, i.e., the face value of the questionnaire in Bahasa Indonesia after the translation (validated across the group of women – such as in the group of the high-income and low-income – rural and urban settings – professional (nurses) and non-professional (janitors) and etc., content expert validation of a panel of specialists (their specialty and years of clinical training in the panel group), the cut-off point for the rating scale (concurrent validity) to determine the positive cases [sexual dysfunction] vs. non-cases [no sexual dysfunction], and factorial validity to examine and determine that the factor-structure of the scale is actually similar from the West with the concept of sexual functioning (sexual desire, arousal, orgasm, satisfaction) among the Indonesian population.

Regarding abstract:

As per the above comments, the abstract is absent with the validation of the FSFI-6 Bahasa Indonesia.

Regarding the introduction:

The statement, “FSFI-19 may be too long for clinical studies, especially in Indonesian women, who do not talk openly about their sexual problems and get embarrassed quickly when talking about sexuality” is very confusing. Is FSFI too long to take for an assessment? Is the content (i.e., face validity) of FSFI intimate and explicit (which other studies, for example, FSFI-19-Malay, were found to be acceptable culturally in Malaysian norm)?

Regarding methods and results:

It is unclear how the respondents were recruited and what validation was performed.

The discussion was not addressing the objective of the study.

Is the work clearly and accurately presented and does it cite the current literature? No
Is the study design appropriate and is the work technically sound?
No

Are sufficient details of methods and analysis provided to allow replication by others?
Yes

If applicable, is the statistical analysis and its interpretation appropriate?
No

Are all the source data underlying the results available to ensure full reproducibility?
Partly

Are the conclusions drawn adequately supported by the results?
No

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** General psychiatry

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

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**Author Response 30 Jun 2023**

**Saras Serani Sesari**

Dear Hatta Sidi,

We are pleased to submit the revised draft of our manuscript, “A Cross-Sectional Analysis In Order To Validate The Translation Of FSFI-6 to Bahasa Indonesia”, We appreciate the time and effort dedicated by the editorial staff and reviewers. The comments provided were valuable and helped us refine our paper. As such, we have made several revisions to the manuscript based on the suggestions given. Changes to the manuscript are highlighted. Below are our point-by-point responses to the reviewers’ comments.

Thank you for your insightful comments and suggestions. Please find the answers to each of your questions below.

1. **The study should cover many validation areas, i.e., face, content, concurrent and factorial validity**

   **Response:** Thank you for this observation. We had done face validation and pilot testing for the questionnaire and has added some more about the details on method section. [Page 4, Line 2 – 4]

2. **The abstract is absent with the validation of the FSFI-6 Bahasa Indonesia.**
Response: We apologize for this error. We have added more details of the validity test on the abstract.

3. The statement, “FSFI-19 may be too long for clinical studies, especially in Indonesian women, who do not talk openly about their sexual problems and get embarrassed quickly when talking about sexuality” is very confusing. Is FSFI too long to take for an assessment? Is the content (i.e., face validity) of FSFI intimate and explicit (which other studies, for example, FSFI-19-Malay, were found to be acceptable culturally in Malaysian norm)?

Response: We apologize for the confusing statement. We revised the sentence as follows: “FSFI-19 may took too much time for clinical studies, especially in Indonesian women, who do not talk openly about their sexual problems and get embarrassed quickly when talking about sexuality. It was also considered not suitable to be used in a crowded clinical settings in Indonesia.” [Page 2, Line 23 – 26]

4. It is unclear how the respondents were recruited and what validation was performed

Response: Thank you for your close reading of our paper. This is an important point, so we have added more details about the respondent recruitment and face validation on method section. [Page 4, Line 21 – 24]

5. The discussion was not addressing the objective of the study.

Response: Thank you for this observation. We have added some highlighted details of the result and its correlation with the study objective. [Page 10, Line 20 – 21, 30 – 35]

Competing Interests: No competing interests were disclosed.
1. Permission needs to first be obtained from the original English developers of the FSFI-6 before translation to another language, although we can overlook this.

2. The forward and backward translations should be done by expert bilingual translators, not by clinicians.

3. The questionnaire was not piloted after translation which is very important to hear feedback from others and then perform peer debriefing.

4. There was no mention of measuring content and face validity.

5. You should also have measured at least the concurrent validity and test-retest reliability of the questionnaire, not just computing Chronbach's alpha.

6. Was the normality of the data checked before conducting Pearson's product-moment correlation analysis?

7. You have not performed responsiveness analysis but have yet to fail to include it in your limitations. Addressing the above issues would add value to your study. I am afraid to tell you that your study is flawed but if you can those issues, I will be happy to review it again.

Is the work clearly and accurately presented and does it cite the current literature?
Partly

Is the study design appropriate and is the work technically sound?
Partly

Are sufficient details of methods and analysis provided to allow replication by others?
Partly

If applicable, is the statistical analysis and its interpretation appropriate?
Partly

Are all the source data underlying the results available to ensure full reproducibility?
Partly

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Musculoskeletal physiotherapy

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.
We are pleased to submit the revised draft of our manuscript, “A Cross-Sectional Analysis In Order To Validate The Translation Of FSFI-6 to Bahasa Indonesia”, We appreciate the time and effort dedicated by the editorial staff and reviewers. The comments provided were valuable and helped us refine our paper. As such, we have made several revisions to the manuscript based on the suggestions given. Changes to the manuscript are highlighted.

We appreciate your careful review of our paper. Our answers are as follows.

1. **The forward and backward translations should be done by expert bilingual translators, not by clinicians.**

   **Response:** We apologize for this error. The forward translation process was initially done by both clinicians and expert translators to ensure the questionnaire's grammar and content were correct. However, the final version of the questionnaire was mainly reviewed by the clinicians mentioned in the paper. We have added details regarding the forward translation process on the method section [Page 3, Line 39 – 43], we sincerely apologize for not giving further details on the previous version.

2. **The questionnaire was not piloted after translation which is very important to hear feedback from others and then perform peer debriefing. There was no mention of measuring content and face validity.**

   **Response:** Thank you for this observation. We had done face validation and pilot testing for the questionnaire and has added some more about the details on method section. [Page 4, Line 2 – 4]

3. **You should also have measured at least the concurrent validity and test-retest reliability of the questionnaire, not just computing Cronbach’s alpha.**

   **Response:** Thank you for your suggestion. We have added the result of test-retest reliability on Table 4.

4. **Was the normality of the data checked before conducting Pearson’s product-moment correlation analysis?**

   **Response:** Yes, it was checked using the Kolmogorov-Smirnov test and the result shows normal distribution of the data (p>0.05).

5. **You have not performed responsiveness analysis but have yet to fail to include it in your limitations.**

   **Response:** We apologize for this error. We have added this issue as our study limitations.
All authors have read and approved the changes made to the manuscript. We hope that the revised paper is now suitable.

**Competing Interests:** No competing interests were disclosed.

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