Author's response to reviews

Title: The Sexual Quality of Life-Female (SQOL-F) Questionnaire: translation and psychometric properties of the Iranian version

Authors:

Raziyeh Maasoumi (r.maasoumi@yahoo.com)
Minoor Lamyian (Lamyianm@modares.ac.ir)
Ali Montazeri (montazeri@acecr.ac.ir)
Seyed Ali Azin (saliazin@gmail.com)
Maria E Aguilar-Vafaie (vafaiesm@modares.ac.ir)
Ebrahim Hajizadeh (hajizadeh@modares.ac.ir)

Version: 2 Date: 22 April 2013

Author's response to reviews: see over
Dear Dr. Belizan,

MS: 1506486759037325
The Sexual Quality of Life-Female (SQOL-F) Questionnaire: translation and psychometric properties of the Iranian version

Thank you for your kind e-mail. We found the reviewers’ comments helpful and thus revised the manuscript accordingly. Please find the following point-by-point responses as requested:

Reviewer: Dr. Tara Symonds

A study to validate the Persian version of the SQOL-F. Good to see the rigor with which the translation was carried out.
Major Compulsory Revisions
1. Have someone re-read the manuscript for grammatical accuracy and for mistakes e.g. missing words. First sentence of the Background should have ‘his or her’ referring to reproductive life, especially since this is about women’s quality of life.
   Thank you. This was corrected. The manuscript was copy edited again for English.
2. CVI and CVR need references and further explanation. I am not familiar with these assessments. The statement ‘scores equal or greater than 1.5 were considered acceptable’ requires a reference and is this relating to CVI/CVR above or some other assessment method?
   a. The references were provided as requested (ref. 13, ref. 14, ref 15, and 16).
   b. The following explanations were added to the Methods (Validity section): CVI assesses the relevancy, simplicity and clarity of an item to the content represented in an instrument [13,14]. For calculating the CVI a Likert-type, ordinal scale with four possible responses was used. The responses include a rating from 1=not relevant, not simple and not clear to 4=very relevant, very simple and very clear. CVI was calculated as the proportion of items that received a rating of 3 or 4 by the experts [15]. CVR examines the essentiality of an item in an instrument. For calculating this index the experts rate each item as essential, useful but not essential, or not essential [16].
   c. The reference was provided for impact score (ref 17).
   d. Impact score is a quantitative method for face validity and it is not relating to CVI and CVR. Thus the following explanations were added to face validity section:
      In the quantitative phase, we calculated the impact score (frequency × importance) to indicate the percentage of women who identified the item was
important or quite important. Those items associated with an impact score equal or greater than 1.5 (which corresponds to a mean frequency of 50% and a mean importance of 3 on the 5-point Likert scale) were considered appropriate [17].

3. You cannot use the Ratcliffe et al publication to support your sub-scales because they simply took one or two items to cover the 3 concepts that were implicitly built into the measure by the original developers - confidence, emotional impact and sexual relationship. Ratcliffe et al did not 'identify' them. The argument and the reference were deleted.

4. Table 4, do not reproduce the items - summarise each item e.g. 'When I think about my sexual life, I feel frustrated' change to 'Frustrated' - to simplify the table and also because you would need to get permission from the original developer to reproduce.

Items in Table 4 were summarized as recommended.

5. Discussion - need to discuss the domains you found more fully and why they are different from those built into the measure by the original developers i.e. confidence, emotional impact, relationships - are yours similar? If not, why do you think this is the case?

The Discussion was amended as recommended: The four factors that we found were: 1. Psychosexual Feelings representing women’s feelings related to sexual experiences. 2. Sexual and Relationship Satisfaction indicating the concept of quantity and quality of sexual relationship and also, positive feelings about oneself and interpersonal relationship such as closeness. 3. Self-Worthlessness construct assessing negative feelings such as losing confidence and feeling of guilt. 4. Sexual Repression measuring loss of pleasure, embarrassment, and avoiding sexual activity. There might be several explanations for such different findings. For instance one might argue that different socio-cultural conditions might lead women to respond differently to sexuality issues and thus difference on factor structure of the questionnaire in Iran and the UK in fact relates to women’s perspectives on sexuality and femininity. In Iran after a certain age most women should marry and thus sexual relationship outside of marriage is prohibited while in western culture a woman could remain single and thus having several sex partners might be allowed. In addition in countries such as Iran talking about sexual relationship or sexual problems by a woman might be seemed as rudeness while in western culture most women usually speak about these issues at ease. Another explanation for such observations might be related to labeling choice for the domains. For example the domains that built into the measure by the original developers are confidence, emotional impact and relationships and these are very similar in concept with worthlessness, psychosexual feelings, and relationship satisfaction, respectively. However, for determining definitive difference between constructs of the Iranian version and original scale of the SQOL-F, conducting the known-groups comparison, convergent validity and sensitivity analysis are suggested.

Minor Essential Revisions
1. I would argue that the interviews conducted with patients to assess face validity is actually an assessment of content validity. Indeed, these are the most important assessors of content validity more so than the health care professionals.
Thank you. In general we agree but by definition interview with lay people is known as face validity and interview with professionals is known as content validity.

2. Report the Exploratory Factor Analysis results first because then the results for the sub-domains make sense since the original measure is only a total score and does not have sub-domains.
   Done.

3. For ICC results, also state the sub-domains results e.g. 'and for the sub-scales, ICC ranged from 0.50-0.88 - good to excellent.
   Done.

4. Not sure why you have the paragraph about the original SQOL-F's validity seems out of place and more an introduction paragraph...a major limitation of your research is that you have not tested convergent or known-groups validity - perhaps you should move this paragraph to the limitations section and state something like '...although assessing these psychometric properties were not assessed, the original validation study showed the SQOL-F to have strong convergent and known-groups validity and we would expect the same for the Persian version, especially given the solid results given above...' or something like this?
   Thank you. We removed the sentence from the Background and the following sentences were added to the Discussion (Limitations section) as suggested: Secondly, a major limitation of our research is that we have not tested convergent or known-groups validity. However, the original validation study showed that the SQOL-F to have strong convergent and known-groups validity [3] and we would expect the same for the Persian version, especially given the solid results given above.

5. Results section - Study Sample - '...reason for refusal was dislike' – please elaborate, what do you mean by this? They didn't like the idea of reporting about their sexual life?
   Yes, they did not like to present their sexual experiences. The following sentence was added to the Results (Study sample) as recommended: The main reason for refusal was that 28 women did not like reporting their idea about their sexual life.

Reviewer: Dr. Azita Goshtasebi

This was a report on psychometric properties of the Persian version of SQOL-F. Given to young population of Iran and increasing recognition of sexual and reproductive health from academic and medical system, such questionnaire could be of use in health care settings. However there are some points that should be addressed.

1- The introduction is too long and focused on sexuality and FSD rather than sexual quality of life and measurement tools.
   The Background was shortened and now we feel is more focused as recommended.

2. According to authors, the SQOL-F has some subscales, which need to be explained. What items make every sub-scale? Sexual quality of life would be reported as an overall scale or its subscales are important as well?
   The following amendments were considered to comply with the recommendations:
a. The subscales are indicated in the Results:
The factor loadings were as follows:
i) Factor 1 (Psychosexual Feelings) including 7 items (item 2, 3, 7, 8, 10, 16, and 17).
ii) Factor 2 (Sexual and Relationship Satisfaction) including 5 items (item 1, 5, 9, 13, and 18).
iii) Factor 3 (Self-Worthlessness) including 3 items (item 4, 6, and 15).
iv) Factor 4 (Sexual Repression) including 3 items (item 11, 12, and 14).
b. The following sentences were added to the Discussion (before Limitations):
Finally, we think reporting overall sexual quality of life score instead of reporting each subscale would be better. Although scores for subscales could help to identify the area of concern in sexual relationship but since subscales are derived from the current study they could not be generalized. Similarly the instrument developers suggested that all inherent concepts of the instrument are heavily interrelated and should be assessed in an overall total score rather than as separate domains [3].
3. In table 1, authors reported age at marriage and gravid. Why are you reporting them while they have not been used in your following analysis? These were deleted.
4. In discussion it is reported:“For instance one might argue that different sociocultural conditions might led women to respond differently to sexuality issues and thus difference on factor structure of the questionnaire in Iran and the UK in fact relates to women’s perspectives on sexuality and femininity”. What are these differences and how they influence woman’s responses? Is there any chance that these differences might affect the utility of this questionnaire in Iranian population (considering that known groups comparison, convergent validity and sensitivity analysis are not applied? Please see: Floyd, Frank J.; Widaman, Keith F. Factor analysis in the development and refinement of clinical assessment instruments. Psychological Assessment, Vol 7(3), Sep 1995, 286-299.
The following explanations were added to the Discussion:
In Iran after a certain age most women should marry and thus sexual relationship outside of marriage is prohibited while in western culture a woman could remain single and thus having several sex partners might be allowed. In addition in countries such as Iran talking about sexual relationship or sexual problems by a woman might be seemed as rudeness while in western culture most women usually speak about these issues at ease. Another explanation for such observations might be related to labeling choice for the domains. For example the domains that built into the measure by the original developers are confidence, emotional impact and relationships and these are very similar in concept with worthlessness, psychosexual feelings, and relationship satisfaction, respectively. However, for determining definitive difference between constructs of the Iranian version and original scale of the SQOL-F, conducting the known-groups comparison, convergent validity and sensitivity analysis are suggested.
5. There are some typos that should be corrected.
Thank you. The manuscript was edited again.
Again we are grateful to both reviewers and hope you find the revisions satisfactory.
I wish you all the best.
Kind regards
Ali Montazeri