

ORIGINAL RESEARCH—OUTCOMES ASSESSMENT

Development and Validation of Chinese Version of Female Sexual Function Index in a Chinese Population—A Pilot Study

Xiaoguang Sun, MD,* Chunying Li, MD,* Lina Jin, MD,* Yangjun Fan, BS,† and Dongmei Wang, PhD‡

*Department of Obstetrics and Gynecology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China; †Department of Psychology, Peking University, Beijing, China; ‡Department of Medicine, Peking Union Medical College, Tsinghua University, Beijing, China

DOI: 10.1111/j.1743-6109.2010.02171.x

ABSTRACT

Introduction. Female sexual dysfunction (FSD) is a prevalent problem that has been continuously overlooked in mainland China. An assessment instrument for FSD is urgently needed.

Aim. To develop and validate the Chinese version of the Female Sexual Function Index (CVFSFI) to assess FSD in China.

Methods. A total of 328 women (20–65 years old) participated in this study. The CVFSFI was developed through the procedures of translation, back translation, revision by research team, and pilot study. After an interview for clinical diagnosis of FSD based on Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) criteria, all participants completed the CVFSFI for a validation study. Eighty-three women completed CVFSFI again 3–4 weeks after the first visit. Test–retest reliability was determined by Pearson product–moment correlations. Internal consistency reliability was estimated with Cronbach’s alpha coefficient. Construct validity was evaluated by principal component analysis using varimax rotation. Discriminant validity was assessed with between-groups analysis of variance.

Main Outcome Measures. Including the reliability and the validity of the CVFSFI and its domains.

Results. A total of 172 women (52.4%) met the DSM-IV-TR criteria for diagnosis of sexual dysfunction and were included in the FSD group, while 156 (47.6%) women without FSD were included in the control group. We showed that the overall test–retest reliability coefficients were high for total CVFSFI and each domain (r at least 0.69) and the internal consistency reliability of CVFSFI was within the acceptable range (Cronbach’s alpha values: from 0.69 to 0.94). Moreover, the principal component analysis with varimax rotation produced six-factor structure similar to the original FSFI. We found significant differences in both total and domain scores between FSD and control groups, demonstrating a good discriminant validity of CVFSFI.

Conclusion. The CVFSFI is a reliable and valid questionnaire, which can be used in the assessment of FSD among Chinese women. **Sun X, Li C, Jin L, Fan Y, and Wang D. Development and validation of Chinese version of Female Sexual Function Index in a Chinese population—A pilot study. J Sex Med 2011;8:1101–1111.**

Key Words. FSFI; Chinese Version; Validation Studies; Female; Sexual Dysfunction, Psychological

Introduction

Institution where this work is attributed: Department of Obstetrics and Gynecology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China.

Female sexual dysfunction (FSD) is a serious problem that reduces a woman’s quality of life and interpersonal relationships. A high degree of prevalence has been reported, ranging from 26.6%

Table 1 Diagnostic systems of female sexual dysfunction

Diagnostic systems	Definitions of sexual dysfunctions	Main categories of sexual dysfunction
ICD-10 (WHO [5])	The various ways in which an individual is unable to participate in a sexual relationship as he or she would wish.	A lack or loss of sexual desire (F52.0), Sexual aversion disorder (F52.1) Failure of genital response (F52.2) Orgasmic dysfunction (F52.3) Nonorganic vaginismus (F52.5) Nonorganic dyspareunia (F52.6) Excessive sexual drive (F52.7)
DSM-IV-TR (American Psychiatric Association [6])	Disturbances in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty	Desire disorder (including hypoactive sexual desire disorder and sexual aversion disorder) Arousal disorder Orgasmic disorder Pain disorder Sexual dysfunction due to general medical condition Substance-induced sexual dysfunction Sexual dysfunction not otherwise specified
Consensus classification system (AFUD, 1999 [7])		Desire disorders: Arousal disorder Orgasmic disorder Pain disorder

to 53.8% worldwide [1,2] and 30% in Asia [3]. In the 1960s, Masters and Johnson first described a four-stage model of sexual response which they called human sexual response cycle [4]. This model suggests that human sexual response involves four phases, including sexual desire (libido), arousal (excitement), orgasm, and resolution. Heavily based on this model, three important diagnostic systems were developed and published during the past decade [5–7]. Each diagnostic system has its own definitions and classifications of FSD, and Table 1 summarizes these systems. The three diagnostic systems, although varying in some categories, maintain four major categories of dysfunction, including desire, arousal, orgasm, and sexual pain disorders. Recent new evidence has suggested that there are some problems with the existing definitions of sexual desire, arousal, and orgasmic disorders in women, and presented alternative criteria for these individual disorders. The opinions on modifying the current criteria may be considered in the upcoming publication of DSM-V in 2012 [8], but no evidence suggests that the general definition and major categories of sexual disorder need to be modified.

Recently, there has been an increased recognition of high-prevalence FSD and rapid expansion of research on pharmacologic treatments for FSD. Additionally, numerous new measures of FSD have been developed. These inventories are self-reporting, easy to use, and can quantify sexual functioning status in a concise and reliable manner [9]. Among these inventories, Female Sexual Function Index (FSFI) is broadly used. Initially

developed by Rosen et al. in 2000 [10], FSFI is a 19-item multidimensional self-reporting measure, which quantifies six domains of FSD, including desire, arousal, lubrication, orgasm, satisfaction, and pain. Several validation studies have shown that FSFI is highly reliable and valid. In addition, FSFI has appropriate wording, clear scale structure, and an ability to replicate in other languages [11–15]. So far, FSFI has been translated into more than 20 languages, and it is referenced in a total of 211 original publications [16]. It has become the *de facto* “gold standard” in the assessment of female sexual function and an indispensable tool in clinical research of FSD.

In contrast to active research of FSD in other countries, the advancement of FSD research is somewhat delayed in mainland China. With the influence of oriental conservative culture in China, the topic about sexuality has been a taboo until the 1970s. Since the 1980s, China initiated a full-scale reform and began to open gradually to the outside world, the sexuality has begun to be openly discussed, and a series of studies concerning the popularization of sexual knowledge, sexual health education, sexual research, as well as clinical treatment has been initiated. The first academic organization “Chinese Association of Sexuality” was founded in 1994; and its journal “The Journal of Human Sexuality” was first issued in 2003. In 2009, The Clinical Service Center of Female Sexual Medicine was established in the Department of Obstetrics and Gynecology, The First Hospital of Peking University, Beijing, China. This center focuses on medical counseling, diagnosis, and treat-

Download English Version:

<https://daneshyari.com/en/article/4271341>

Download Persian Version:

<https://daneshyari.com/article/4271341>

[Daneshyari.com](https://daneshyari.com)