

Cross-Cultural Adaptation of the Male Genital Self-Image Scale in Iranian Men



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ABSTRACT

Introduction: Certain sexual health problems in men can be attributed to genital self-image. Therefore, a culturally adapted version of a Male Genital Self-Image Scale (MGSIS) could help health professionals understand this concept and its associated correlates.

Aim: To translate the original English version of the MGSIS into Persian and to assess the psychometric properties of this culturally adapted version (MGSIS-I) for use in Iranian men.

Methods: In total, 1,784 men were recruited for this cross-sectional study. Backward and forward translations of the MGSIS were used to produce the culturally adapted version. Reliability of the MGSIS-I was assessed using Cronbach α and intra-class correlation coefficients. Divergent and convergent validities were examined using Pearson correlation and known-group validity was assessed in subgroups of participants with different socio-demographic statuses. Factor validity of the scale was investigated using exploratory and confirmatory factor analyses.

Main Outcome Measures: Demographic information, the International Index of Erectile Function, the Body Appreciation Scale, the Rosenberg Self-Esteem Scale, and the MGSIS.

Results: Mean age of participants was 38.13 years (SD = 11.45) and all men were married. Cronbach α of the MGSIS-I was 0.89 and interclass correlation coefficients ranged from 0.70 to 0.94. Significant correlations were found between the MGSIS-I and the International Index of Erectile Function ($P < .01$), whereas correlation of the scale with non-similar scales was lower than with similar scale (confirming convergent and divergent validity). The scale could differentiate between subgroups in age, smoking status, and income (known-group validity). A single-factor solution that explained 70% variance of the scale was explored using exploratory factor analysis (confirming uni-dimensionality); confirmatory factor analysis indicated better fitness for the five-item version than the seven-item version of the MGSIS-I (root mean square error of approximation = 0.05, comparative fit index > 1.00 vs root mean square error of approximation = 0.10, comparative fit index > 0.97, respectively).

Conclusion: The MGSIS-I is a useful instrument to assess genital self-image in Iranian men, a concept that has been associated with sexual function. Further investigation is needed to identify the applicability of the scale in other cultures or populations.

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Key Words: Sexual Function; Genital Self-Image; Male Genital Self-Image Scale; Men; Iran

INTRODUCTION

According to recent research evidence, body image is a key concept that can positively or negatively affect sexual interest and confidence.^{1,2} Individuals reporting less concern with their overall body image and considering themselves as having a socially accepted physical appearance, and hence, a healthy self-concept, are more likely to engage in intimate relationships and sexual activities and to enjoy such activities with their partners.³ In addition, it has been recognized that a person's sexual self-concept is under the direct influence of that person's body image.⁴

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Genital self-image (GSI), an important component of body image and a core element of sexual health, describes attitudes and behaviors in relation to one's genitals.⁵ The subjective experience and enjoyment of sexuality has been shown to be affected by GSI.⁶ GSI also has been found to be a powerful predictor of sexual unresponsiveness and sexual dysfunction that can result from a negative GSI.⁷ Furthermore, genital identity is determined by genital self-image and seems to play a crucial role in the development of sexual orientation.⁸ Previous studies have repeatedly reported a positive association between a healthy GSI and frequency of sexual activities, orgasm, and relationship quality.^{9,10} Conversely, a negative GSI has been suggested to be related to problems such as sexual avoidance or shame, embarrassment, anxiety, and dissatisfaction with sexual activity.⁵ However, most of these studies have focused on women, whereas the importance of GSI in men has been less investigated.

Several instruments such as the Female Genital Self-Image Scale,¹¹ the Genital Perceptions Scale,¹² and the Genital Self-Image Scale⁹ are available for the assessment of GSI. Most of these scales have been designed for use in women, and therefore little is known regarding men's attitudes toward their genital appearance. Most studies on GSI in men have focused mainly on GSI as an outcome measurement of genital surgical interventions (eg, penile prosthesis or treatment of hypospadias).^{9,13} Therefore, healthy men's general attitudes regarding their genitalia have been completely neglected thus far. One of the first noteworthy attempts to address this knowledge gap was the development of an instrument to measure GSI in men, the Male Genital Image Scale.¹⁴ The initial scale relied mainly on the assessment of objective features such as length, size, and texture of the penis instead of focusing on subjective perceptions regarding the body's appearance and functionality. Moreover, the scale with its 15 items is generally considered too extensive to investigate an issue that might make informers reluctant. In addition, because the main body of this scale concerned general body image, the validity and reliability of the instrument have received limited support. These problems have been addressed in a newly developed scale, the Male Genital Self-Image Scale (MGSIS).¹⁵ This brief scale consisting of only seven items has been tested in a nationally representative sample of men and has produced promising results in reliability and validity.

AIM

GSI and perceptions of sexuality are influenced by numerous factors including cultural and societal norms. Hence, culturally adapted tools to assess GSI are needed that could help in the collection of comparative data of populations from different cultural backgrounds. To address this, the aim of the present study was the cultural adaption of a previously developed scale (MGSIS) for the assessment of GSI in a population sample of Iranian men.

METHODS

Participants and Study Design

The present study was conducted from July 2014 through February 2015. Participants were Iranian men living in Qazvin, a city near Tehran. Two thousand men were selected from 25 health posts across Qazvin to participate in this cross-sectional study. The optimal size of this convenience sample was calculated using Cohen tables to detect an r value equal to 0.1 by a two-tailed α value equal to 0.05 with 99% power. In Iran, health care services are provided through a nationwide network. The basic units of this nationwide network providing health care in urban areas are health posts. Each health post covers a population of approximately 12,000 individuals and keeps vital household records. To be eligible for participation in this study, participants had to be at least 18 years old, married, able to read and write Persian, and provide written consent. Participants were excluded if they had any psychiatric disorders such as psychosis, schizophrenia, or mental retardation. Eligible men ($n = 2,000$) were invited to participate in the study by face-to-face invitation when attending the health posts. Interested participants were interviewed ($n = 1,775$) in a private room located at these health posts. Interviews were performed by trained and experienced researchers who had attended two workshops to improve their interview skills before the start of this study. After the receipt of more in-depth information regarding the study, participants were asked to sign a written consent form. After providing consent, participants were instructed to complete a set of questionnaires asking about sociodemographic characteristics, erectile functioning, and GSI. A structured interview was conducted to decrease missing data as far as possible. Written informed consent was obtained from each participant's wife. The study was approved by the ethics committee of the Qazvin University of Medical Sciences (Qazvin, Iran) in January 2014. After this process, information and data on 1,764 men were available.

Measurements

Sociodemographic Characteristics

Sociodemographic information was collected using self-constructed questions about age, educational status, duration of marriage, family income, and smoking habits. Height (on a stadiometer without shoes) and body weight (to the nearest 0.1 kg using digital scales with participants wearing light clothing without shoes or coats) were measured on site.

Erectile Function

Erectile function in the past 4 weeks was assessed using the International Index of Erectile Function (IIEF). The IIEF is a 15-item scale covering five domains including erectile function (six items), orgasmic function (two items), sexual desire (two items), intercourse satisfaction (three items), and overall sexual

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