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ORIGINAL ARTICLE

Adaptation, validation and reliability of the Massachusetts General Hospital-Sexual Functioning Questionnaire in a Colombian sample and factorial equivalence with the Spanish version☆

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Abstract Sexual dysfunctions are a highly prevalent problem. It is necessary to have instruments adapted to the Colombian population in order to evaluate their sexual functioning because to date none of them have been validated. The aim of this study was to adapt and validate the Massachusetts General Hospital-Sexual Functioning Questionnaire in Colombian population, and compare it with a similar sample from Spain. Two different samples were used in this study. On one hand, a sample of expert judges who performed the cultural adaptation and the evaluation of the scale, and on the other hand, a second end sample of 1117 participants -men and women of both nationalities- who answered the questionnaire -together with others- through a virtual platform. Some of the items were adjusted based on the initial results of the evaluation by the expert judges. Cronbach's alpha between .81 and .92 were obtained after the application of the test. The psychometric properties of the scale are adequate and this instrument properly correlates with other criterion variables. Construct validity was evaluated using factorial invariance. The unidimensional configural model for men (RMSEA = .000; CFI = 1) and for women (RMSEA = .048, CFI = .997) had an adequate fit, and a level of strict invariance was also reached. Screening can be performed with this first validated scale in order to evaluate the sexual difficulties of the Colombian population and compare them with the Spanish population.

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PALABRAS CLAVE
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Adaptación, validación y fiabilidad del Cuestionario de funcionamiento sexual del Hospital General de Massachusetts en una muestra colombiana y equivalencia factorial con la versión en español

Resumen Las disfunciones sexuales son un problema muy frecuente. Es necesario contar con instrumentos adaptados a la población colombiana con el fin de evaluar su funcionamiento sexual porque hasta la fecha ninguno de ellos se ha validado. El objetivo de este estudio fue adaptar y validar el Cuestionario de funcionamiento sexual del Hospital General de Massachusetts en la población colombiana y compararla con una muestra similar de España. Se utilizaron dos muestras diferentes en este estudio. Por una parte, una muestra de jueces expertos que realizaron la adaptación cultural y la evaluación de la escala, y por la otra, una segunda muestra final de 1.117 participantes - hombres y mujeres de ambas nacionalidades - que respondieron el cuestionario, junto con otros, a través de una plataforma virtual. Algunos de los elementos se ajustaron según los resultados iniciales de la evaluación realizada por jueces expertos. Se obtuvieron coeficientes alfa de Cronbach entre 0.81 y 0.92 después de la aplicación de la prueba. Las propiedades psicométricas de la escala son adecuadas y este instrumento se correlaciona debidamente con otras variables para el criterio. La validez del constructo se evaluó mediante invariancia factorial. El modelo configural unidimensional para los hombres (RMSEA = 0.000; CFI = 1) y para las mujeres (RMSEA = 0.048; CFI = 0.997) tenía un ajuste adecuado, y también se alcanzó un nivel de estricta invariancia. Puede realizarse un cribado con esta primera escala validada para evaluar las dificultades sexuales de la población colombiana y compararlas con las de la población española.

Sexual dysfunctions are a problem of great impact on the world's population (World Health Organization, 2000). Sexual functioning disorders may arise during different stages of the sexual response cycle. Thus, desire, arousal, orgasm and general sexual satisfaction can be affected. Pain in the genital area at some point during sexual intercourse is also considered as a sexual functioning disorder (American Psychiatric Association, 2000; Laumann, Paik, & Rosen, 1999). Patients who have sexual dysfunctions may be also have anxiety and depression disorders (Michael & O'Keane, 2000; Ozkan, Orhan, Aktas, & Coskuner, 2015; Rajkumar & Kumaran, 2015). The prevalence of sexual dysfunction in men is estimated between 20% and 30%, while in women it ranges between 40% and 45% (Lewis et al., 2004, 2010; Lewis, 2011; Nicolosi et al., 2004).

The Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM 5) presents the following prevalences: delayed ejaculation is less than 1%; erectile disorder between 13% and 50%; hypoactive sexual desire disorder between 6% and 41% and premature ejaculation between 20% and 30%. For women, female orgasmic disorder varies between 10% and 42%; data regarding the sexual interest/arousal disorder are not shown since it has recently been defined. Finally, 15% of women may have genito/pelvic pain disorder (American Psychiatric Association, 2013). Similar data have been found in other studies (DeRogatis & Burnett, 2008; Lewis et al., 2010).

As for prevalence in Colombia, only a few studies report the prevalence and incidence of sexual dysfunctions. A study by Acuña and Ceballos (2005) showed that 54.5% of the male population has sexual dysfunctions, and the most frequent ones are erectile dysfunction with 43.27% and premature ejaculation with 14.93%; another study reported a prevalence of 55.8% in women (García, Aponte, & Moreno, 2005). Desire and arousal-related problems are most prevalent in this sample. However, these are approximate data estimated based on small samples and unvalidated scales.

It is important to have validated instruments in order to evaluate sexual functioning thereby allowing to obtain reliable data. There are many instruments to evaluate sexual functioning (Fisher, Davis, Yarber, & Davis, 2013; Sierra, Santos-Iglesias, Vallejo-Medina, & Moyano, 2014). One of these tests is the Massachusetts General Hospital-Sexual Functioning Questionnaire (MGH-SFQ; Labbate & Lare, 2001), which was developed based on the Guided Interview Questionnaire and the Arizona Sexual Experience Scale (Fava, Rankin, Alpert, Nierenberg, & Worthington, 1998). This questionnaire consists of five different items which evaluate sexual interest, arousal, the ability to reach orgasms, the ability to reach and maintain an erection (for men only) and general satisfaction. Values were assigned to the Likert response scale as follows: 0 = *totally reduced*, 1 = *strongly reduced*, 2 = *moderately reduced*, 3 = *slightly reduced* and 4 = *normal*. The original study showed that the scale correlated significantly in each of its dimensions with the CSFQ scale (Labbate & Lare, 2001). In the validation study for Spain, this scale showed an internal consistency of .90 and .93 in men and in women (Sierra, Vallejo-Medina, Santos-Iglesias, & Fernandez, 2012).

The MGH-SFQ has proven to be reliable in identifying sexual dysfunctions in the target population; it has been applied to detect sexual dysfunction in patients under antidepressant treatment (Taylor et al., 2013), with psychological problems (Hoyer, Uhmann, Rambow, & Jacobi, 2009) or