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VALIDITY AND RELIABILITY TEST OF THE INDONESIAN VERSION OF THE MULTIDIMENSIONAL SEXUAL SELF-CONCEPT QUESTIONNAIRE

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Abstract

Background: One comprehensive instrument for assessing different facets of sexual self-concept is the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ). Its adaptation into different languages and cultural contexts is essential for cross-cultural research.

Objectives: To assess the reliability and validity of the MSSCQ's Indonesian version in gauging sexual self-concept.

Design: Observational research with a cross-sectional design.

Methods: The study began with a two-stage translation process of the MSSCQ questionnaire into the Indonesian version. Subsequently, validity and reliability tests were conducted on 30 diabetes mellitus outpatients at Tanjungpura University Hospital using purposive sampling techniques. Data were analyzed using Pearson Correlation with statistical software.

Results: All items across the 20 subscales demonstrated validity with r calculated $> r$ table and p -values < 0.05 . The Cronbach's Alpha values for all subscales were > 0.70 , indicating good internal consistency.

Conclusion: The Indonesian version of the MSSCQ is a valid and reliable instrument for measuring sexual self-concept.

Keywords: *Indonesian version, MSSCQ, Reliability, Sexual Self-Concept, Validity.*

INTRODUCTION

An individual's sexual life quality is greatly influenced by their sexual self-concept. Sexual self-concept comprises a person's view of themselves as sexual beings, influenced by various psychological, social, and biological factors. One factor that can impact sexual self-concept is health conditions, such as diabetes, which often leads to sexual dysfunction and affects an individual's sexual self-image. In this regard, it is important to understand how patients manage and adapt to changes in their

body and sexual function, and how these conditions may affect their sexual self-concept (Potki et al., 2017).

The process of adaptation to external and internal stimuli that affect an individual's physical and psychological conditions, as described by Roy & Andrews (1999), shows that the response to changes in health status, such as sexual dysfunction due to diabetes, plays a role in shaping sexual self-concept. Roy suggests that individuals strive to cope with changes in their health status through adaptive

or maladaptive coping mechanisms. In the context of sexual dysfunction in diabetic patients, this adaptation response depends on how individuals process cognitive and emotional information about their condition, which can shape their sexual self-image (Roy & Andrews, 1999).

The notion of sexual self-concept also suggests that a person's view of themselves as a sexual individual is influenced by social and cultural influences (Schaller et al., 2023). The cognitive processing of physical changes due to diabetes, which often causes anxiety or feelings of low self-worth, can alter or shape the patient's sexual self-concept (Calabro & Cacciola, 2019). Finding the validity of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) in Bahasa Indonesia is crucial for this study since it will assist researchers better understand how diabetes patients view their sexual selves and deal with the sexual dysfunction they encounter.

MSSCQ is an instrument used to measure various dimensions of sexual self-concept, including sexuality's emotional, social, and physical dimensions. The validity of this instrument in the Indonesian cultural context is crucial because there are unique cultural factors that influence an individual's perception of sexuality and how they face worsening health conditions such as diabetes (Rye & Hertz, 2022).

By understanding the validity of MSSCQ within the local cultural context, this study can provide valuable insights into the care of diabetic patients, particularly in helping them manage changes in their sexuality, improving emotional well-being, and facilitating more appropriate interventions to enhance their quality of life (Utomo, 2015).

Objective(s): to assess the validity of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) in Indonesian, ensuring that the instrument is both accurate and suitable for evaluating sexual self-concept within the Indonesian population, particularly among individuals at risk of sexual dysfunction

due to various triggering factors, with an emphasis on patients with diabetes mellitus.

METHODS

Methodology

Examining the validity and reliability of the Indonesian version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ), this study uses a cross-sectional, observational methodology.

The translation process of the MSSCQ was carried out in two stages by certified translators. In the first stage, a professional translator fluent in both English and Indonesian translated the questionnaire from English to Indonesian. The second stage involved a second translator who reviewed and refined the translation to ensure that the meaning, phrases, and cultural nuances of the original version were accurately preserved.

After translation, the questionnaire was randomly tested on five respondents who met the inclusion criteria at Tanjungpura Hospital. This pilot test aimed to assess the instrument's feasibility, focusing on the respondents' understanding of each item and the accuracy of the translation in conveying the original meaning. Considering the outcomes of the pilot test, an assessment of the instrument's feasibility was conducted, and a decision was made on whether the questionnaire was ready for further research or required revision.

The instrument's validity was tested using Pearson correlation (r), comparing the calculated r value for each item with the table r value at a significance level of 0,05. The reliability was assessed using Cronbach's Alpha to determine the internal consistency of each subscale, with the instrument considered reliable if the Cronbach's Alpha value exceeded 0,70. The validity and reliability testing of the instrument were conducted using statistical software.

Sample/ Participants

The participants in this study were diabetes mellitus patients attending outpatient

care at the Internal Medicine Clinic of Tanjungpura University Hospital. A total of 30 respondents were selected randomly, consisting of 15 females, who met the following inclusion criteria:

1. Diagnosed with diabetes mellitus.
2. Aged ≥ 19 years.
3. Married.
4. Able to communicate effectively.
5. Willing to participate as research subjects.

All participants voluntarily agreed to participate in the study and fulfilled the specified inclusion criteria.

Instrument

The Indonesian version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) includes 100 items aimed at evaluating different aspects of sexual self-concept. Each item represents a statement about sexuality, and respondents are requested to rate the extent to which the statement reflects their self-perception on a 5-point Likert scale.:

- 0 : Not at all reflective of me
- 1 : Slightly reflective of me
- 2 : Moderately reflective of me
- 3 : Mostly reflective of me
- 4 : Fully reflective of me

The score for each subscale is determined by calculating the average of the relevant items within that subscale. Higher scores reflect a stronger inclination towards the particular dimension of sexual self-concept being assessed.

The MSSCQ measures various aspects of sexual self-concept through 20 subscales, each represented by 5 items. According to Snell and Papini (1989), the subscales measured include:

1. Sexual Anxiety: The tendency to feel nervous, uneasy, or distressed about sexual matters in one's life.
2. Sexual Self-Efficacy: The belief in one's capability to effectively manage and handle sexual aspects of life.

3. Sexual Self-Consciousness: The inclination to overthink or reflect on one's sexual identity or behavior.
4. Motivation to Avoid Risky Sex: The drive to avoid engaging in sexual behaviors that may be harmful or risky, such as unprotected sex.
5. Sexual Control by Chance/Luck: The belief that sexual experiences are shaped by random events or luck rather than personal influence.
6. Sexual Preoccupation: The tendency to become overly fixated on or excessively think about sex.
7. Sexual Assertiveness: The ability to be confident, direct, and self-assured when it comes to one's sexual life.
8. Sexual Optimism: The expectation that one's sexual experiences will be fulfilling and rewarding in the future.
9. Sexual Self-Blame: The tendency to hold oneself responsible when sexual aspects of life are unsatisfactory or problematic.
10. Sexual Self-Monitoring: The awareness and attention one gives to how their sexuality is perceived by others.
11. Sexual Motivation: The drive and desire to engage in sexual activity.
12. Sexual Self-Management: The belief that one has the ability or skills to effectively address and handle sexual challenges or issues.
13. Sexual Self-Esteem: The positive evaluation of one's ability to engage in healthy sexual behavior and experience sexual satisfaction.
14. Sexual Satisfaction: The experience of positive emotions or contentment based on one's subjective assessment of their sexual life.
15. Sexual Control by Others: The belief that one's sexual life is influenced or controlled by others who hold more power or authority.
16. Sexual Self-Schema: The mental framework that organizes and influences

how one processes information about their sexual identity.

17. Sexual Fear/Anxiety: The fear or unease that arises when contemplating or engaging in sexual activity with another person.
18. Sexual Problem Prevention: The belief in one's ability to prevent or avoid the development of sexual problems or issues.
19. Sexual Depression: The feelings of sadness or emotional distress linked to one's sexual life or experiences.
20. Sexual Control by Personal: The belief that one's sexual experiences are governed by their own personal control or decisions.

Respondents provide answers to the 100 items using an answer sheet that can be scanned automatically. The completion time for the questionnaire typically ranges from 45 to 60 minutes.

After reversing certain items (Items 27, 47, 68, 77, 88, and 97), the scoring for the items within each subscale is as follows: A = 0; B = 1; C = 2; D = 3; E = 4.

The score for each subscale is calculated by averaging the values of the items relevant to that subscale. Higher scores reflect a stronger inclination toward the specific dimension of sexual self-concept being evaluated.

Ethical Consideration

This study follows ethical guidelines by offering participants detailed information regarding the purpose, procedures, and possible risks and benefits. All participants provided voluntary informed consent, and the collected data will be kept confidential. The study has been approved by the ethics committee and conducted in accordance with ethical principles that protect participants' welfare and privacy.

RESULTS

The majority of respondents were elderly (46.7%) and pre-elderly (43.3%), with an

equal gender distribution (50% female and 50% male). A significant portion had diabetes for more than 5 years (66.7%). In terms of general health status, 60% of respondents had a good GDS, 70% engaged in sufficient physical activity, and 53.3% experienced normal stress levels. Regarding BMI, 36.7% were classified as obese (class I), 26.7% had normal body weight, and 16.7% were overweight with risk, while 20% were classified as obese (class II).

Table 1. Characteristics of Respondent

Characteristics	Result
Age	
Adult	3 (10%)
Pre-elderly	13 (43,3%)
Elderly	14 (46,7%)
Gender	
Female	15 (50%)
Male	15 (50%)
Duration of Diabetes	
<5 years	10 (33,3%)
≥5 years	20 (66,7%)
Random Blood Glucose	
Good	18 (60%)
Moderate	1 (3,3%)
Poor	11 (36,7%)
Physical Activity	
Adequate	21 (70%)
Inadequate	9 (30%)
Stress	
Normal	16 (53,3%)
Mild	11 (36,7%)
Severe	3 (10%)
Body Mass Index	
Normal weight	8 (26,7%)
Overweight with risk	5 (16,7%)
Obesity I	11 (36,7%)
Obesity II	6 (20%)

The results of the validity test for the MSSCQ Indonesian version will be presented in the following Table 2:

Table 2. Validity Test Results for the MSSCQ Indonesian Version

Sexual Self-Concept Subscale	Item Number	r count	Sig.	Validity Result
Sexual Anxiety	1	0,992	0,000	Valid
	21	0,967	0,000	Valid
	41	0,978	0,000	Valid
	61	0,979	0,000	Valid
	81	0,985	0,000	Valid
Sexual Self-Efficacy	2	0,888	0,000	Valid
	22	0,883	0,000	Valid
	42	0,889	0,000	Valid
	62	0,889	0,000	Valid
	82	0,791	0,000	Valid
Sexual Self-Consciousness	3	0,871	0,000	Valid
	23	0,761	0,000	Valid
	43	0,756	0,000	Valid
	63	0,806	0,000	Valid
	83	0,486	0,007	Valid
Motivation to Avoid Risky Sex	4	0,860	0,000	Valid
	24	0,984	0,000	Valid
	44	0,910	0,000	Valid
	64	0,984	0,000	Valid
	84	0,984	0,000	Valid
Sexual Control by Chance/Luck	5	0,858	0,000	Valid
	25	0,829	0,000	Valid
	45	0,821	0,000	Valid
	65	0,851	0,000	Valid
	85	0,780	0,000	Valid
Sexual Preoccupation	6	0,932	0,000	Valid
	26	0,810	0,000	Valid
	46	0,571	0,001	Valid
	66	0,791	0,000	Valid
	86	0,809	0,000	Valid
Sexual Assertiveness	7	0,633	0,000	Valid
	27	0,832	0,000	Valid
	47	0,751	0,000	Valid
	67	0,515	0,004	Valid
	87	0,673	0,000	Valid
Sexual Optimism	8	0,613	0,000	Valid
	28	0,843	0,000	Valid
	48	0,754	0,000	Valid
	68	0,701	0,000	Valid
	88	0,646	0,000	Valid
Sexual Self-Blame	9	0,957	0,000	Valid
	29	0,929	0,000	Valid
	49	0,937	0,000	Valid
	69	0,949	0,000	Valid
	89	0,970	0,000	Valid
Sexual Self-Monitoring	10	0,983	0,000	Valid
	30	0,972	0,000	Valid
	50	0,996	0,000	Valid
	70	0,956	0,000	Valid
	90	0,987	0,000	Valid
Sexual Motivation	11	0,997	0,000	Valid
	31	0,997	0,000	Valid
	51	0,997	0,000	Valid
	71	0,944	0,000	Valid
	91	0,997	0,000	Valid
Sexual Self-Management	12	0,930	0,000	Valid
	32	0,996	0,000	Valid
	52	0,996	0,000	Valid
	72	0,996	0,000	Valid
	92	0,996	0,000	Valid
Sexual Self-Esteem	13	0,894	0,000	Valid
	33	0,894	0,000	Valid
	53	0,896	0,000	Valid
	73	0,956	0,000	Valid
	93	0,940	0,000	Valid
Sexual Satisfaction	14	0,975	0,000	Valid
	34	0,970	0,000	Valid
	54	0,949	0,000	Valid
	74	0,839	0,000	Valid
	94	0,975	0,000	Valid
Sexual Control by Others	15	0,713	0,000	Valid
	35	0,923	0,000	Valid
	55	0,929	0,000	Valid
	75	0,837	0,000	Valid
	95	0,907	0,000	Valid
Sexual Self-Schema	16	0,849	0,000	Valid
	36	0,585	0,000	Valid
	56	0,891	0,000	Valid
	76	0,954	0,000	Valid
	96	0,889	0,000	Valid
	17	0,750	0,000	Valid

Sexual Fear/Anxiety	37	0,902	0,000	Valid
	57	0,910	0,000	Valid
	77	0,923	0,000	Valid
	97	0,959	0,000	Valid
Sexual Problem Prevention	18	0,762	0,000	Valid
	38	0,924	0,000	Valid
	58	0,787	0,000	Valid
	78	0,909	0,000	Valid
	98	0,833	0,000	Valid
Sexual Depression	19	0,852	0,000	Valid
	39	0,901	0,000	Valid
	59	0,872	0,000	Valid
	79	0,891	0,000	Valid
	99	0,624	0,000	Valid
Sexual Control by Personal	20	0,823	0,000	Valid
	40	0,922	0,000	Valid
	60	0,877	0,000	Valid
	80	0,791	0,000	Valid
	100	0,898	0,000	Valid

Source: Primary data 2024

The validity test results for the Indonesian version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) indicate that all items across the 20 subscales are valid. This conclusion is based on comparing the calculated *r* value of each item with the critical *r* value (0,361) at a significance level of 0,05. All items showed *r*-count values higher than the critical *r* value, with *p*-values <0,05, confirming their validity. The subscales, including Sexual Anxiety, Sexual Self-Efficacy, Sexual Self-Consciousness, Motivation to Avoid Risky Sex, and others, all showed high correlation values (*r* ranging from 0,571 to 0,997) and statistically significant results ($p < 0,05$), confirming that the questionnaire is valid for assessing various dimensions of sexual self-concept.

The reliability test results for the Indonesian version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) show that all subscales have a Cronbach's Alpha value greater than 0.70, indicating that this measurement tool is reliable. The highest Cronbach's Alpha value is for the Sexual

Motivation subscale (0,993), while the lowest value is for the Sexual Assertiveness subscale (0,719).

Table 3. Reliability Test Results for the MSSCQ Indonesian Version

Sexual Self-Concept Subscale	Cronbach's Alpha	N of Items	Reliability Result
Sexual Anxiety	0,989	5	Reliabel
Sexual Self-Efficacy	0,918	5	Reliabel
Sexual Self-Consciousness	0,780	5	Reliabel
Motivation to Avoid Risky Sex	0,966	5	Reliabel
Sexual Control by Chance/Luck	0,877	5	Reliabel
Sexual Preoccupation	0,840	5	Reliabel
Sexual Assertiveness	0,719	5	Reliabel
Sexual Optimism	0,735	5	Reliabel
Sexual Self-Blame	0,972	5	Reliabel
Sexual Self-Monitoring	0,986	5	Reliabel
Sexual Motivation	0,993	5	Reliabel
Sexual Self-Management	0,991	5	Reliabel
Sexual Self-Esteem	0,952	5	Reliabel
Sexual Satisfaction	0,962	5	Reliabel
Sexual Control by Others	0,910	5	Reliabel
Sexual Self-Schema	0,892	5	Reliabel
Sexual Fear/Anxiety	0,930	5	Reliabel
Sexual Problem Prevention	0,892	5	Reliabel
Sexual Depression	0,867	5	Reliabel
Sexual Control by Personal	0,909	5	Reliabel

Source: Primary data 2024

DISCUSSION

Diabetes mellitus is a long-term condition that can impact overall quality of life, including sexual health. Individuals with diabetes frequently experience sexual dysfunction, affecting both men and women. In men, diabetes is commonly associated with erectile dysfunction, while in women, sexual dysfunction typically manifests as reduced sexual desire, arousal, and difficulty reaching orgasm (Asefa, 2019; Getie, 2021; Silva et al., 2022).

Sexual dysfunction in individuals with diabetes mellitus is influenced by not only physical factors but also psychological and social factors. An important psychological factor contributing to this is sexual self-concept. Sexual self-concept describes how an individual perceives themselves as a sexual being, involving positive, negative, and situational aspects related to their sexual experiences (Bois et al., 2013).

In patients with diabetes mellitus, physical changes caused by the condition, such as erectile dysfunction in men or reduced vaginal lubrication in women, can impact their self-perception in sexual situations. Individuals with diabetes mellitus often experience anxiety or negative feelings about their bodies, which leads to a decline in their overall sexual self-concept. This, in turn, can worsen their sexual relationships and potentially lead to more severe sexual dysfunction (Mohan, 2023; Saraswati, 2019; Djrolo F, 2021).

Sexual self-concept is categorized into three main aspects: positive, negative, and situational. The positive aspect encompasses positive feelings about sex, sexual self-efficacy, and sexual satisfaction. The negative aspect involves anxiety about sex, sexual depression, and fear of sex. The situational aspect includes sexual desire, sexual motivation, and individual sexual patterns (Bois et al., 2013).

To measure sexual self-concept in diabetes mellitus patients, a valid and reliable instrument is needed. The Multidimensional Sexual Self-Concept Questionnaire (MSSCQ),

originally developed by Snell and Papini in 1989, is one tool designed to evaluate various dimensions of sexual self-concept. In this study, the first version of the MSSCQ in Bahasa Indonesia was tested for validity and reliability in the diabetes mellitus patient population.

The analysis results showed that all 20 subscales of this questionnaire were valid and reliable. This means that the MSSCQ in Bahasa Indonesia can accurately measure sexual self-concept in diabetes mellitus patients, both in terms of positive, negative, and situational aspects.

CONCLUSION

The validity and reliability tests of the Indonesian version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) demonstrated that all items across the 20 subscales of sexual self-concept are valid. As a result, the Indonesian version of the MSSCQ can be regarded as a valid and reliable tool for assessing sexual self-concept in patients with diabetes mellitus, and it holds potential for further use in research related to psychology and sexual health in Indonesia.

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DECLARATION OF CONFLICTING INTEREST

The researchers declare no conflicts of interest regarding the research or publication of this manuscript. The study was conducted impartially, with no external factors influencing the results or interpretations.

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AUTHOR CONTRIBUTION

Tiara Amalia Mentari: Led the conceptualization and design of the study, conducted data collection, analyzed the data, and wrote the manuscript. Responsible for the overall coordination of the research.

Haryanto: Contributed to the study design, supervised the data analysis, provided critical revisions to the manuscript, and offered methodological expertise throughout the research process.

Lidia Hastuti: Assisted in data collection, contributed to the data analysis, and reviewed the manuscript. Provided feedback and revisions to improve the clarity and quality of the final version.

Imran: Assisted with data collection, contributed to the data analysis, and supported the manuscript writing process. Provided additional revisions to enhance the quality of the research.

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