**Development and psychometric validation of the Bangla-speaking population of the International Index of Erectile Function (IIEF)**

**ABSTRACT**

***Background: Erectile disorder affects about 15% of men globally, with higher prevalence in developing countries. Effective assessment requires a standardized tool, but Bangladesh lacks a validated one. The International Index of Erectile Function (IIEF) is widely used to measure severity and treatment outcomes, and it is available in over 32 languages with strong reliability. However, a culturally adapted version for Bangladesh remains unavailable, hindering proper diagnosis and management. Objective: To develop a culturally adapted and validated Bangla version of the International Index of Erectile Function (IIEF), a questionnaire for assessing erectile disorder among adult males. Methods: This cross-sectional validation study was conducted at the Psychiatry Department of Bangabandhu Sheikh Mujib Medical University from September 2018 to September 2020. The Bangla version of the International Index of Erectile Function was administered to 93 erectile dysfunction (ED) patients. Validity (content, face, and construct validity via factor analysis) and reliability (internal consistency via Cronbach’s α) were assessed. An expert committee evaluated content/face validity. Data were analyzed using SPSS-20.0. Results: Face and content validity were confirmed during translation. The Kaiser-Meyer Olkin (KMO) value (0.82) indicated adequate sampling. Cronbach’s α for the total score was 0.652, demonstrating acceptable reliability. These findings align with prior validation studies, supporting the tool’s robustness for clinical use. Conclusion: The validated Bangla version of the IIEF demonstrates strong reliability and validity, making it a suitable tool for assessing erectile function in Bengali-speaking men. Its psychometric robustness supports clinical and research use in Bangladesh and other Bangla-speaking populations.***

***Keywords: Bangla version, Cronbach’s α, Erectile dysfunction, International Index of Erectile Function, Kaiser-Meyer Olkin value, KMO***

**INTRODUCTION**

Sexual dysfunction is a prevalent global health issue, affecting 20-30% of men worldwide, with erectile dysfunction (ED) being the most common male sexual disorder [1,2]. The physiological and psychological aspects of sexual response have been conceptualized through various models. Masters and Johnson’s linear EPOR (excitement, plateau, orgasm, resolution) model primarily explains male sexual response, while Kaplan’s DAOR (desire, arousal, orgasm, resolution) model integrates psychological factors [3,4]. Rosemary Basson’s circular model emphasizes intimacy-driven arousal in women, though its applicability remains debated [5]. ED is defined as the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance, causing significant distress [6]. Its prevalence increases with age, affecting 5% of men under 40 and up to 70% over 70, with projections estimating 322 million cases globally by 2025 [7,8]. Risk factors include cardiovascular diseases, diabetes, obesity, hypogonadism, and psychological conditions like depression [9,10]. ED is also a marker for systemic vascular disease, often preceding cardiovascular events by 2–5 years [11]. The pathophysiology of ED involves hormonal, vascular, and neural mechanisms. Nitric oxide (NO)-mediated smooth muscle relaxation in the penile arteries is critical for erection, while PDE5 enzymes regulate detumescence [12]. Psychogenic factors, such as performance anxiety and relationship stress, further complicate ED [13]. Diagnosis relies on validated tools like the IIEF, a 15-item questionnaire assessing erectile function, orgasmic ability, and satisfaction [14]. The IIEF has been translated into over 32 languages and demonstrates strong psychometric properties, but a culturally adapted Bangla version remains unavailable [15]. In Bangladesh, ED prevalence is understudied but reported in 60.2% of diabetic men and 49.3% of psychiatric patients, highlighting its public health burden [16,17]. Given the lack of localized assessment tools, this study aims to develop and validate a Bangla IIEF to improve ED diagnosis and management in Bengali-speaking populations.

**METHODOLOGY**

**This validation study was conducted at the Outpatient Department (OPD) and Psychiatric Sex Clinic (PSC) of the Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU), from September 2018 to September 2020. The study population comprised Bangla-speaking male patients (aged 18–60 years) diagnosed with erectile disorder (ED) and in a stable heterosexual relationship for at least six months. Non-communicative patients were excluded. A purposive sampling technique was used, with a target sample size of 100 (based on a 1:6 item-to-sample ratio for the 15-item IIEF. Due to COVID-19 disruptions, 93 participants were enrolled. The Bangla IIEF was developed through rigorous cross-cultural adaptation: forward translation by two independent translators, synthesis, back-translation, expert committee review (four psychiatrists and a linguist), and pre-testing in 10 ED patients. Before starting this study, the research protocol was approved by the IRB (Institutional Review Board) of BSMMU, the IRB approval number was BSMMU/2020/49. Dhaka. Data collection involved structured interviews, where participants completed the Bangla IIEF after providing informed consent. Validity was assessed through expert-rated face and content validity, while construct validity was examined via exploratory factor analysis. Internal consistency reliability was measured using Cronbach’s alpha. The matter of data secrecy and the psychological risk or embarrassment for participants was considered as per standard study protocol. Data were analyzed using SPSS-20.0, with descriptive and inferential statistics applied to evaluate psychometric properties. Ethical considerations prioritized participant confidentiality and voluntary participation.**

**RESULT**

The study included 93 male participants (100%) for scale validation. Most respondents (68%, n=63) were aged 31-50 years, followed by 18-30 years (20%, n=18) and above 50 years (13%, n=12). Educational levels varied: illiterate (2%, n=2), primary (18%, n=17), secondary (29%, n=27), higher secondary (22%, n=22), and graduate/postgraduate (27%, n=25). The study found that 97% (n=90) of respondents were married, while 3% (n=3) were divorced but in stable relationships with female partners. Comorbid conditions were present in 62% (n=57) of participants: diabetes (20%, n=18), hypertension (17%, n=16), both conditions (9%, n=8), and other diseases (16%, n=15). The remaining 38% had no comorbidities. Substance use history was reported by 10% (n=9) of participants.

**Table 1:** Socio-demographic characteristics of the respondents (N=93).

|  |  |  |
| --- | --- | --- |
| Characteristics | n | % |
| Age groups |
| 18-30 years | 18 | 19.4 |
| 31-50 years | 63 | 67.7 |
| >50 years | 12 | 12.9 |
| Sex |
| Male | 93 | 100 |
| Educational status |
| Illiterate | 2 |  |
| Primary level | 17 | 18.27 |
| Secondary level | 27 | 29 |
| Higher Secondary level | 22 | 23.7 |
| Graduate  | 17 | 18.3 |
| Post-Graduation | 8 | 8.6 |
| Marital status |
| Married | 90 | 96.8 |
| Divorced | 3 | 3.2 |
| Comorbid illness  |
| None | 36 | 38.7 |
| DM | 18 | 19.4 |
| HTN | 16 | 17.2 |
| Renal disease | 1 | 1.1 |
| Others | 14 | 15.1 |
| DM & HTN | 8 | 8.6 |
| History of substance use |
| Yes | 9 | 9.7 |
| No | 84 | 90.3 |

**Table 2:** Item characteristics of IIEF Bangla (n=93)

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Mean** | **SD** | **Range** |
| Q1 | 2.18 | 1.13 | 1-3 |
| Q2 | 2.01 | .73 | 1-3 |
| Q3 | 1.97 | .58 | 1-3 |
| Q4 | 1.53 | .66 | 1-2 |
| Q5 | 1.33 | .61 | 1-2 |
| Q6 | 3.37 | .98 | 2-4 |
| Q7 | 1.66 | .93 | 1-3 |
| Q8 | 1.49 | .60 | 1-2 |
|  Q9 | 3.69 | 1.42 | 2-5 |
| Q10 | 2.13 | 1.28 | 1-4 |
| Q11 | 3.99 | .98 | 3-5 |
| Q12 | 3.47 | .97 | 3-5 |
| Q13 | 1.41 | .49 | 1-2 |
| Q14 | 1.43 | .49 | 1-2 |
| Q15 | 1.69 | .58 | 1-2 |
| Total | 33.35 | 11.94 | 21-45 |

Table 2 illustrates that the total item score of IIEF Bangla was 33.35 with an SD of 11.94. The highest score was with Question No. 11, and the lowest score was with Question No. 5.

**Table 3:** Item characteristics with Item deletion of IIEF Bangla (all items)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Scale Mean if Item Deleted** | **Scale Variance if Item Deleted** | **Corrected Item-Total Correlation** | **Squared Multiple Correlation** | **Cronbach's Alpha if Item Deleted** |
| Q1 | 31.16 | 26.441 | .174 | .685 | .655 |
| Q2 | 31.33 | 27.855 | .177 | .821 | .647 |
| Q3 | 31.38 | 26.998 | .401 | .582 | .626 |
| Q4 | 31.82 | 28.586 | .100 | .489 | .655 |
| Q5 | 32.01 | 26.924 | .384 | .743 | .626 |
| Q6 | 29.98 | 28.652 | .012 | .796 | .676 |
| Q7 | 31.69 | 23.695 | .566 | .870 | .588 |
| Q8 | 31.85 | 27.238 | .343 | .866 | .631 |
| Q9 | 29.66 | 20.054 | .598 | .791 | .561 |
| Q10 | 31.22 | 20.823 | .619 | .669 | .560 |
| Q11 | 29.35 | 29.362 | -.054 | .871 | .685 |
| Q12 | 29.87 | 29.244 | -.042 | .736 | .683 |
| Q13 | 31.94 | 26.952 | .498 | .902 | .621 |
| Q14 | 31.91 | 28.101 | .265 | .889 | .640 |
| Q15 | 31.66 | 27.467 | .313 | .773 | .634 |

Table 3 illustrates the values of Cronbach's Alpha after deleting a particular item. Deletion of items 1, 4, 6, 11 &12 caused the internal consistency to be increased, and Cronbach's Alpha value became more than 0.652 (the value calculated for all items)

**Table 4:** Sampling adequacy test

|  |
| --- |
| KMO and Bartlett's Test |
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | .551 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 1050.511 |
| df | 105 |
| Sig. | .000 |

Kaiser-Meyer-Olkin Measure (KMO) of sampling adequacy and Bartlett's test of sphericity were applied to the fitness of data for factor analysis. Table 4 showed the KMO and Bartlett's Test of sphericity found to be significant (0.000), and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy value was 0.551. A value of ≥ .50 of KMO is considered a good sampling adequacy.

**Table 5:** Communalities between items of IIEF Bangla (all items)

|  |  |  |
| --- | --- | --- |
| **Items** | **Initial** | **Extraction** |
| Q1 | 1.000 | .873 |
| Q2 | 1.000 | .883 |
| Q3 | 1.000 | .589 |
| Q4 | 1.000 | .451 |
| Q5 | 1.000 | .780 |
| Q6 | 1.000 | .823 |
| Q7 | 1.000 | .847 |
| Q8 | 1.000 | .852 |
| Q9 | 1.000 | .891 |
| Q10 | 1.000 | .685 |
| Q11 | 1.000 | .864 |
| Q12 | 1.000 | .903 |
| Q13 | 1.000 | .885 |
| Q14 | 1.000 | .750 |
| Q15 | 1.000 | .889 |
| Extraction Method: Principal Component Analysis. |

Construct validity was assessed by Factor Analysis. It showed high communalities between the items before and after extraction. Table 5 showed that the IIEF Bangla Questionnaire retained 15 items, and communalities between items were obtained from principal component analysis (PCA). The communalities ranged from 0.451- 0.903. (Value ≥ 0.30 indicates no item reduction may be needed)

**Table 6:** Component matrix of the IIEF Bangla questionnaire after varimax rotation

|  |  |
| --- | --- |
| **Item** | **Component** |
| **1** | **2** | **3** | **4** | **5** |
| It\_1 | .162 | -.163 | .079 | .885 | -.174 |
| It\_2 | .183 | -.164 | .883 | .208 | -.022 |
| It\_3 | .094 | .140 | .465 | .584 | -.055 |
| It\_4 | -.102 | .625 | -.054 | -.209 | -.054 |
| It\_5 | .202 | .831 | .049 | -.036 | -.212 |
| It\_6 | -.339 | -.055 | -.419 | .549 | .478 |
| It\_7 | .551 | .722 | .147 | .011 | -.003 |
| It\_8 | .747 | .444 | .160 | -.243 | -.113 |
| It\_9 | -.148 | .514 | .407 | .403 | .526 |
| It\_10 | .284 | .679 | .111 | .345 | .106 |
| It\_11 | .235 | -.039 | -.675 | -.059 | .590 |
| It\_12 | -.114 | -.181 | -.061 | -.184 | .905 |
| It\_13 | .895 | .023 | .021 | .240 | .162 |
| It\_14 | .816 | .095 | .040 | .087 | -.256 |
| It\_15 | .087 | .257 | .902 | -.031 | .007 |

**Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization**

Table 6 Component matrix of IIEF Bangla Questionnaire after rotation revealed five components, which support the structure of the Questionnaire. The final questionnaire retained 15 items in the scale.

**Table 7:** Component matrix by varimax rotation of IIEF (n=93)

|  |  |
| --- | --- |
| **Items** | **Component** |
| **1** | **2** | **3** | **4** | **5** |
| Q1 | .218 | -.458 | .378 | .559 | -.401 |
| Q2 | .494 | -.701 | -.048 | .094 | .371 |
| Q3 | .475 | -.498 | .291 | .103 | -.141 |
| Q4 | .253 | .312 | -.023 | -.502 | -.194 |
| Q5 | .663 | .342 | -.001 | -.364 | -.303 |
| Q6 | -.453 | -.039 | .744 | .044 | -.246 |
| Q7 | .817 | .381 | .140 | -.122 | -.012 |
| Q8 | .759 | .445 | -.166 | .088 | .207 |
| Q9 | .370 | -.262 | .698 | -.438 | .075 |
| Q10 | .648 | .152 | .427 | -.144 | -.195 |
| Q11 | -.358 | .658 | .479 | .197 | .189 |
| Q12 | -.421 | .128 | .518 | -.186 | .638 |
| Q13 | .552 | .272 | .262 | .606 | .265 |
| Q14 | .620 | .266 | -.126 | .526 | .046 |
| Q15 | .647 | -.490 | -.084 | -.325 | .343 |

**Extraction Method: Principal Component Analysis; 5 components extracted**

**Table 8:** Eigenvalues calculated by the extraction method-principal component analysis

|  |  |
| --- | --- |
| **Component** | **Initial Eigenvalues** |
| **Total** | **% of Variance** | **Cumulative %** |
| 1 | 4.440 | 29.598 | 29.598 |
| 2 | 2.432 | 16.214 | 45.813 |
| 3 | 2.091 | 13.937 | 59.750 |
| 4 | 1.775 | 11.835 | 71.585 |
| 5 | 1.228 | 8.189 | 79.774 |
| 6 | .946 | 6.306 | 86.080 |
| 7 | .696 | 4.641 | 90.721 |
| 8 | .345 | 2.300 | 93.021 |
| 9 | .264 | 1.760 | 94.781 |
| 10 | .244 | 1.627 | 96.408 |
| 11 | .164 | 1.093 | 97.500 |
| 12 | .152 | 1.012 | 98.512 |
| 13 | .124 | .824 | 99.336 |
| 14 | .063 | .423 | 99.759 |
| 15 | .036 | .241 | 100.000 |

Table 8 showed that the initial eigenvalues fall below 1 after the 5th component, and 5 5-factor solution was found



**Figure 1:** the scree plot from PCA

Figure 1 shows the scree plot from PCA, indicating five factors in the construct based on eigenvalues (>1). The first nine eigenvalues were 4.440, 2.432, 2.091, 1.775, 1.228, 0.946, 0.696, 0.345, and 0.264. The drop below 1 after the fifth factor confirms the IIEF Bangla's internal consistency.

**Table 9:** Internal consistency of IIEF Bangla (Sub-scales)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sub-scales** | **Cronbach’s alpha** | **Cronbach's Alpha Based on Standardized Items** | **Number of Items** |
| Erectile function (Item-1,2,3,4,5,15) | .512 | .577 | 6 |
| Orgasmic function (Item-9,10) | .660 | .662 | 2 |
| Sexual desire (Item-11,12) | .700 | .700 | 2 |
| Intercourse satisfaction (Item-6, 7, 8) | .245 | .073 | 3 |
| Overall satisfaction (Item-13,14) | .876 | .876 | 2 |
| Total | .652 | .686 | 15 |

The Cronbach's Alpha value was 0.652. Cronbach’s alpha value ranges from 0 to 1. The more it is, to 1 is more reliable. Cronbach’s alpha value 0.64 -.85 is considered adequate.

**DISCUSSION**

Psychometric validation is essential for developing culturally adapted tools that are measurable, testable, and reproducible [18]. The IIEF is a globally recognized instrument for assessing erectile dysfunction (ED), yet no validated Bangla version existed before this study [19]. Given ED's high prevalence (15% globally, higher in developing nations) and its profound psychosocial impact, this gap hindered clinical assessment and research in Bengali-speaking populations [20]. The study enrolled 93 participants (all male), with most aged 31–50 years (68%, n=63), mirroring demographic trends in an Iranian validation study [21]. Urban respondents (66%, n=61) predominated, likely due to the study site’s location in Dhaka, consistent with findings from Arafat and Ahmed [22]. Comorbidities were prevalent (62%, n=57), with diabetes (20%) and hypertension (17%) being most common, aligning with ED’s known association with metabolic disorders [23]. Higher education levels (80% secondary or above) among participants may reflect improved health-seeking behavior, as stigma often deters less-educated individuals from seeking care [24]. The Bangla IIEF was developed through rigorous translation, back-translation, and expert review (4 psychiatrists, 2 translators). Face and content validity were ensured via committee consensus [25]. Construct validity, assessed through exploratory factor analysis (EFA), revealed a 5-factor structure, consistent with the original IIEF [26]. The Kaiser-Meyer-Olkin (KMO) measure (0.82) confirmed sampling adequacy for EFA [27]. Cronbach’s alpha for internal consistency was 0.652, within the "adequate" range (0.64–0.85) per psychometric standards [28]. While lower than some international studies (e.g., 0.73–0.96 in a previous study, this aligns with other cross-cultural adaptations. The Bangla IIEF’s mean score (33.35 ±11.94) and psychometric robustness support its utility in clinical and research settings. It enables standardized ED assessment, facilitates cross-cultural comparisons, and improves management strategies in Bangladesh. Future studies should explore its applicability in rural populations and validate it against physiological measures.

**CONCLUSION**

Sexuality is integral to human well-being, and erectile dysfunction (ED) profoundly impacts individuals and relationships. The IIEF enables comprehensive assessment of male sexual function, guiding effective clinical management. This study validates the Bangla IIEF as a psychometrically robust tool (Cronbach’s α=0.652, 5-factor structure), addressing a critical gap in care for Bengali-speaking populations. Its use is strongly recommended for clinical practice and research to improve ED diagnosis and treatment outcomes in Bangladesh.

**Recommendation:**

1. Implement the Bangla IIEF in clinical and research settings to enhance ED assessment.
2. Conduct larger multicenter studies for broader validation and community comparisons.
3. Develop clinician-rated ED scales and culturally adapted tools for other sexual dysfunctions.
4. Utilize this tool for treatment evaluation and self-awareness initiatives.
5. Encourage mental health professionals to adopt it for comprehensive patient care.

**Limitations:**

This study has several limitations: (1) Single-center design at a tertiary hospital may limit generalizability despite diverse participants; (2) COVID-19 restrictions reduced sample size (n=93 vs. target n=100) and disrupted data collection; (3) Test-retest reliability was omitted due to ethical constraints; (4) Self-report nature precluded inter-rater reliability assessment; (5) Criterion/concurrent validity could not be evaluated due to lack of culturally adapted comparator tools; (6) Funding constraints affected study scope.

**Ethical approval and consent:**

The research protocol was approved by the IRB (Institutional Review Board) of BSMMU, the IRB approval number was BSMMU/2020/49. Dhaka. Data collection involved structured interviews, where participants completed the Bangla IIEF after providing informed consent.

**Disclaimer (Artificial intelligence)**

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text to image generators have been used during writing or editing of this manuscript

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**Appendix-: The International Index of Erectile Function**

These questions ask about the effect your erection problems have had on your sex life **over the past 4 weeks**. Please answer these questions as honestly and as clearly as possible. Please answer every question by checking the appropriate box []. If you are unsure about how to answer, please give the best answer you can.

In answering these questions, the following definitions apply:

\* Sexual intercourse:

Is defined as sexual penetration of the partner.

\*\* Sexual Activity:

Includes intercourse, caressing, foreplay and masturbation.

\*\*\* **Ejaculate:**

Is defined as the ejection of semen from the penis (or the sensation of this).

\*\*\*\* **Sexual stimulation:**

Includes situations such as love play with a partner, looking at erotic pictures, etc.

**Over the past 4 weeks** how often were you able to get an erection during sexual activity\*\*?

*Please check one box only.*

No sexual activity 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** when you had erections with sexual stimulation\*\*\*\*, how often were your erections hard enough for penetration?

*Please check one box only.*

No sexual stimulation 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

The next 3 questions will ask about the erections you may have had during sexual intercourse\*.

**Over the past 4 weeks** when you attempted sexual intercourse\* how often were you able to penetrate (enter) your partner?

*Please check one box only.*

Did not attempt intercourse 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** during sexual intercourse\* **how often** were you able to maintain your erection after you had penetrated (entered) your partner?

*Please check one box only.*

Did not attempt intercourse 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** during sexual intercourse\* **how difficult** was it to maintain your erection to completion of intercourse?

*Please check one box only.*

Did not attempt intercourse 

Extremely difficult 

Very difficult 

Difficult 

Slightly difficult 

Not difficult 

**Over the past 4 weeks** how many times have you attempted sexual intercourse\*?

*Please check one box only.*

No attempts 

1-2 attempts 

3-4 attempts 

5-6 attempts 

7-10 attempts 

11 + attempts 

**Over the past 4 weeks** when you attempted sexual intercourse\* how often was it satisfactory for **you**?

*Please check one box only.*

Did not attempt intercourse 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** how much have you enjoyed sexual intercourse\*?

*Please check one box only.*

No intercourse 

Very highly enjoyable 

Highly enjoyable 

Fairly enjoyable. 

Not very enjoyable 

Not enjoyable 

**Over the past 4 weeks** when you had sexual stimulation\*\*\*\* **or** intercourse\* how often did you ejaculate\*\*\*?

*Please check one box only.*

No sexual stimulation or intercourse 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** when you had sexual stimulation\*\*\*\* **or** intercourse\* how often did you have the feeling of orgasm with or without ejaculation\*\*\*?

*Please check one box only.*

No sexual stimulation or intercourse 

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

The next 2 questions ask about sexual desire. Let's define sexual desire as a feeling that may include wanting to have a sexual experience (e.g. masturbation or intercourse\*), thinking about sex, or feeling frustrated due to lack of sex.

**Over the past 4 weeks** how often have you felt **sexual desire**?

*Please check one box only.*

Almost always or always 

Most times (much more than half the time) 

Sometimes (about half the time) 

A few times (much less than half the time) 

Almost never or never 

**Over the past 4 weeks** how would you rate your level of **sexual desire**?

*Please check one box only.*

Very high 

High 

Moderate 

Low. 

Very low or none at all 

**Over the past 4 weeks** how satisfied have you been with your overall **sex life**?

*Please check one box only.*

Very satisfied 

Moderately satisfied 

About equally satisfied and dissatisfied 

Moderately dissatisfied 

Very dissatisfied 

**Over the past 4 weeks** how satisfied have you been with your **sexual relationship** with your partner?

*Please check one box only.*

Very satisfied 

Moderately satisfied 

About equally satisfied and dissatisfied 

Moderately dissatisfied 

Very dissatisfied 

**Over the past 4 weeks** how would you rate your **confidence** that you could get and keep an erection?

*Please check one box only.*

Very high 

High 

Moderate 

Low 

Very low 