

Turkish validity and reliability study of the Menopausal Spousal Support Questionnaire

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Abstract

Objective: The main purpose of the research is to demonstrate the scientific validity and reliability of the Turkish translation of the Menopausal Spousal Support Questionnaire (MSSQ).

Methods: A total of 176 women participated in this methodological study. Research data were gathered through the MSSQ and a personal information form. Following the confirmation of language and content validity, analyses such as exploratory and confirmatory factor analysis, item-total correlation, calculation of Cronbach alpha reliability coefficient, test-retest (time invariance), split-half reliability, and comparison of the top and bottom 27% groups were conducted on the data.

Results: Factor analyses confirmed the original four-factor structure of the MSSQ. The total explained variance was 70.824%, and factor loadings ranged between 0.65 and 0.84. Confirmatory factor analysis yielded excellent fit indices ($\chi^2/df = 1.60$; Goodness of Fit Index = 0.99; Adjusted Goodness of Fit Index = 0.99; Comparative Fit Index = 1.00; Root Mean Square Error of Approximation = 0.059; Standardized Root Mean Square Residual = 0.050), indicating a good model fit without any modifications. The overall Cronbach alpha coefficient was 0.933, and all item-total correlations were above 0.40. The average total MSSQ score was 109.24 ± 33.56 .

Conclusions: The Turkish version of the MSSQ is a valid and highly reliable instrument for measuring spousal support in postmenopausal women and is appropriate for use within the cultural context of Turkish society.

Key Words: Measurement tool, Menopause, Spousal Support, Turkish form, Validity, Reliability.

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The stages of women's life consist of childhood, adolescence, sexual maturity, menopause, and old age. Each stage has its own hormonal, psychological and physical differences.¹ Although there are similar physiopathological processes in the physiological, psychological and biological changes that occur during menopause, it has been reported that different complaints may occur due to reasons such as ethnic structure, age at menopause, gender roles and women's readiness for this period of life.² Symptoms begin to appear between the ages of 48 and 55, and the transition period can last between 4 and 8 years.³ During menopause, women have to cope with many negative situations such as sleep disorders, psychological symptoms, sexual problems, joint pain, weight change, fatigue, skin changes, shock, stress, fear, anger, sadness, feeling of aging, and feeling that womanhood is over.⁴ If emotional changes are supported by positive coping methods, women can overcome the menopause period with easier acceptance and minimal loss.⁵ One of these coping methods is spouse support. Since menopause is a period when women need emotional and social support, spousal support is an important factor for the protection of physical and mental health. Literature indicates that individuals within the family interpret menopause in diverse ways, and their responses—either positive or negative—are influenced by their perceptions of this transition. Therefore, family members' perception of menopause significantly affects women's well-being during menopause.^{6,7} Recent research reports that men's perception of menopause is important for understanding its impact on marriage and is particularly important for supporting women's well-being during menopause.^{8,9} The negative effects of menopause also affect the woman and her family, spouse and social environment.¹⁰ If the emotional, biological and physical changes that occur during the menopause transition period are known by spouses and children, there will be a positive change in the menopausal complaints of women who experience this process.¹¹

In the literature, spousal support scales targeting the general population have generally been developed or

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validated. Some of these scales are: Spousal Support Scale,¹² Perceived Family Relatives Support Scale,¹³ Multidimensional Scale of Perceived Social Support,¹⁴ and Menopause Knowledge Scale.¹⁵ These measurement tools are generally aimed at diagnosing a single problem. Reliable and valid measurement tools are needed to capture the important components of partner support in menopause. We aimed to evaluate the validity and reliability of the Turkish Menopausal Spousal Support Questionnaire (MSSQ) for assessing spousal support during menopause.

METHODS

The purpose of this methodological study was to evaluate the reliability and validity of the Turkish version of the Menopause Spouse Support Questionnaire (MSSQ) for menopausal women, originally developed by İdiana et al.¹⁶

ChatGPT (OpenAI) was used for English language editing purposes. The authors reviewed and refined all suggestions manually.

Study population and sample

This study targeted women aged 45-65 who had been diagnosed with menopause and were receiving care at the gynecology and obstetrics outpatient clinic of a hospital. In cross-cultural scale adaptation studies, it is generally advised to include a sample size approximately 10 times the number of items.¹⁷ Since the instrument used in this study contained 17 items, data were collected from 176 participants.

Inclusion and exclusion criteria: Participants were required to be Turkish-speaking, married women between the ages of 45 and 65, living with their spouses and diagnosed with menopause. Those with a psychiatric diagnosis (depression, anxiety, psychosis, etc.), chronic systemic diseases and those receiving hormone therapy were excluded from the study.

Data collection

Face-to-face interviews were conducted between May and November 2024 to collect data using the MSSQ and the Personal Information Form.

Personal Information Form

Nine questions in this form focus on assessing specific sociodemographic attributes of women (women's and their husbands' ages, educational status and occupation of the woman and her husband, employment status, income status, age at menopause and evaluation of her relationship with her husband).

Menopausal Spouse Support Questionnaire (MSSQ)

The MSSQ for menopausal women developed by Hassan and colleagues consists of 17 items with 4 subscales. Each item is evaluated between 1 and 10 points. The scale has no cut-off score, with a higher score indicating a higher level of support. The subdimensions of

the scale are as follows: emotional support (items 1, 2, 3, 4, and 5); instrumental/helpful support (items 6, 7, and 8); valuing/praise support (items 9, 10, 11, 12, 13, and 14); sexual intimacy support (items 15, 16, and 17). Scores between 17 and 170 can be obtained from the scale. The scale had no reverse-coded items.

The internal consistency (Cronbach alpha) values for each subscale of the instrument were as follows: emotional support: 0.87, instrumental support: 0.79, sexual intimacy support: 0.82, and valuing support: 0.90. The Cronbach alpha coefficient for the MSSQ was reported as 0.93.¹⁶ This scale enables the evaluation of the support received from spouses by menopausal women within the study sample. A high scale score indicates that women receive support from their husbands in four subdimensions during menopause.¹⁶

Language validity

To establish the linguistic validity of the scale, a standard translation and back-translation procedure was followed. Initially, two professional translators with proficiency in English translated the original scale into Turkish. The translated version was then evaluated by an English-speaking faculty member to reach a consensus on the most accurate phrasing for each item. A linguist subsequently translated the Turkish version back into English, and the resulting back-translation was compared with the original to verify semantic equivalence.

Scope validity

To assess the content validity of the MSSQ, including its cultural appropriateness, feedback was obtained from five experts. The Davis technique was used to evaluate their content validity. The Content Validity Index (CVI) score of the items of the MSSQ was found to be 1.0. Therefore, since content validity was ensured, we did not remove any items from the scale.

Structure validity

To determine whether the data were appropriate for factor analysis, the Kaiser-Meyer-Olkin (KMO) and Bartlett test of sphericity measures were applied beforehand. The KMO value was found to be 0.916, suggesting that the sample size was sufficient and the data were suitable for principal component analysis. Bartlett test of sphericity ($\chi^2 = 1873.780$, $P < 0.001$) showed that the data were sufficiently correlated, justifying the application of factor analysis.

Data evaluation

Statistical analyses were performed using the SPSS 27.0 and LISREL 8.80 software programs. In addition to percentages, numbers, mean and SDs, minimum and maximum values, Davis Technique for Content Validity, KMO, and Bartlett coefficients, Principal Component Analysis, Varimax Rotation Method for explanatory factor analysis. For confirmatory factor analysis, Chi-square/Degrees of Freedom ratio (χ^2/SD) value, Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Root Mean Square Error of Approximation (RMSEA), Adjusted

Goodness of Fit Index (AGFI), Standardized Root Mean Square Residual (SRMR) fit indices and Path diagram; for internal consistency, Cronbach α coefficient, item total correlation, parallel form equivalence, halving, time invariance were used.

Ethical dimension of the research

For the adaptation of the scale into Turkish, the responsible author of the scale was contacted, and permission was obtained via e-mail. The study received ethical clearance from the relevant ethics committee with decision number 2024-01, dated July 2, 2024. We adhered to the principles of the Declaration of Helsinki throughout the conduct of this study. Informed consent was also secured from all participants.

FINDINGS

Characteristics of women

The average age of the women was 58.04 ± 8.86 , while the average age of their husbands was 61.47 ± 10.36 . The average age at menopause in the women was 47.71 ± 4.07 . In total, 51.1% of the women were primary school graduates, 36.4% of their husbands were primary school graduates, 71.6% were not working, and 55.1% of their husbands were not working. The income of 44.9% of women was equal to their expenses. In total, 40.9% of women have a moderate relationship with their husbands, 49.4% have a good relationship with their husbands, and 9.7% have a poor relationship with their husbands.

Explanatory factor analysis

The Menopause Spousal Support Scale was analyzed with 4 factors as in the original structure. It was observed that all item factor loadings exceeded 0.40, with the explained variance accounting for 70.824%. Based on this result, no item was deleted from the scale during this phase, and the MSSQ was accepted as a four-subdimensional structure. These four subdimensions were named in accordance with the original scale. First subdimension: emotional support; second subdimension: instrumental/helpful support; third subdimension: valuing/praise support; fourth subdimension: sexual intimacy support (Table 1).

Confirmatory factor analysis

Confirmatory factor analysis and structural equation modeling were applied subsequent to exploratory factor analysis to reinforce the evidence for validity and reliability. Various indices were examined to assess the fit of the MSSQ model. Among these, χ^2/SD value is 1.60, GFI 0.99, AGFI 0.99, CFI 1.00, RMSEA 0.059 and SRMR 0.050. As reflected in the fit index results, we decided that the scale model could be accepted as it is (Table 2).

The scale model was upheld in its original form, with no modifications. The factor loadings spanned 0.65 to 0.84, and the t values for all items were above 1.96 (7.59-14.62). No adjustments were made to improve the model's fit (Fig. 1).

TABLE 1. Factor analysis results for the Menopause Spousal Support scale (four-factor original structure)

Article No	Articles	Factor load ^a			
		1	2	3	4
1.	My husband often listens to me when I share my problems with him.	0.195	0.730	0.306	0.239
2.	My husband makes time to chat with me.	0.222	0.635	0.489	0.184
3.	My husband takes care of my problems (health issues, personal problems, etc.).	0.270	0.787	0.147	0.218
4.	My husband comforts me when I have problems (he tells jokes, tells stories, etc.).	0.363	0.668	0.409	0.075
5.	My husband tolerates my behavior.	0.375	0.719	0.139	0.187
6.	My husband volunteers to help me around the house.	0.185	0.302	0.102	0.744
7.	My husband accompanies me when I go shopping.	0.225	0.232	0.060	0.716
8.	My husband takes care of his personal needs without my help (eg, ironing or preparing meals).	0.059	0.023	0.255	0.821
9.	My husband helps to alleviate my discomfort (by rubbing, massaging, etc.).	0.554	0.275	0.250	0.332
10.	My husband praises the way I handle household chores (cooking, taking care of the children, handling household chores, etc.).	0.795	0.276	0.085	0.036
11.	My husband agrees with me when I try to solve my problems.	0.761	0.340	0.101	0.206
12.	My husband compliments me with his behavior (eg, not with words but with actions such as smiling, showing increased appetite).	0.547	0.467	0.355	0.174
13.	My husband gives me advice when I have problems.	0.732	0.140	0.345	0.185
14.	My husband opens up topics of conversation with me (religious issues, health issues, etc.).	0.715	0.204	0.413	0.151
15.	My husband talks to me about issues in our sexual life (pain during intercourse, restlessness, tiredness, lack of sexual drive/desire, etc.).	0.214	0.314	0.672	0.179
16.	My husband openly shows closeness/affection to me (in front of family members, in a crowd, etc.)	0.221	0.150	0.812	0.149
17.	My husband shows his love by caressing and touching me (hugging, holding hands, kissing, embracing, etc.).	0.246	0.293	0.787	0.141
Variance explained (%)		20.825	20.109	16.749	13.142
Total variance explained (%)		70.824			

Values above 0.50 are bolded.

^aEmotional support (1-5), Instrumental/helpful support (6-8), Praise support (9-14) and Sexual intimacy support (15-17).

TABLE 2. Fit index values, normal and acceptable values for the menopause spouse support scale

Index	Normal value	Acceptable value	Value found
χ^2/SD	<2	<5	1.60
GFI	>0.95	>0.90	0.99
AGFI	>0.95	>0.90	0.99
CFI	>0.95	>0.90	1.00
RMSEA	<0.05	<0.08	0.059
SRMR	<0.05	<0.08	0.050

AGFI, Adjusted Goodness of Fit Index; CFI, Comparative Fit Index; GFI, Goodness of Fit Index; RMSEA, Root Mean Square Error of Approximation; SRMR, Standardized Root Mean Square Residual; χ^2/SD , Chi-square/Degrees of Freedom Ratio.

Internal consistency

A Cronbach alpha of 0.933 confirmed the MSSQ's excellent internal consistency. All items showed item total correlations >0.40, and the overall Cronbach alpha did not improve significantly with the removal of any item. As such, no items were discarded from the scale at this step. The Emotional Support Subscale exhibited a Cronbach α of 0.899, the Instrumental/Helpful Support Subscale had a Cronbach α of 0.747, the Praiseworthy Support Subscale showed a Cronbach α of 0.893, and the Sexual Intimacy Support Subscale had a Cronbach α of 0.826 (Table 3).

Participants scored 32.24 ± 11.44 on the Emotional Support Subscale, 18.23 ± 7.92 on the Instrumental/Helpful Support Subscale, 40.52 ± 12.87 on the Praise Support Subscale, 18.26 ± 7.63 on the Sexual Intimacy Support Subscale, and 109.24 ± 33.56 on the Menopause Spousal Support Scale (Table 4).

DISCUSSION

This study sought to establish the validity and reliability of the Turkish MSSQ. When adapting a scale from one culture to another, international methods typically involve ensuring the linguistic equivalence, validating and testing reliability, and analyzing intercultural differences.¹⁸ The Turkish form of the MSSQ was deemed appropriate for language validity, and no items were excluded from the scale.

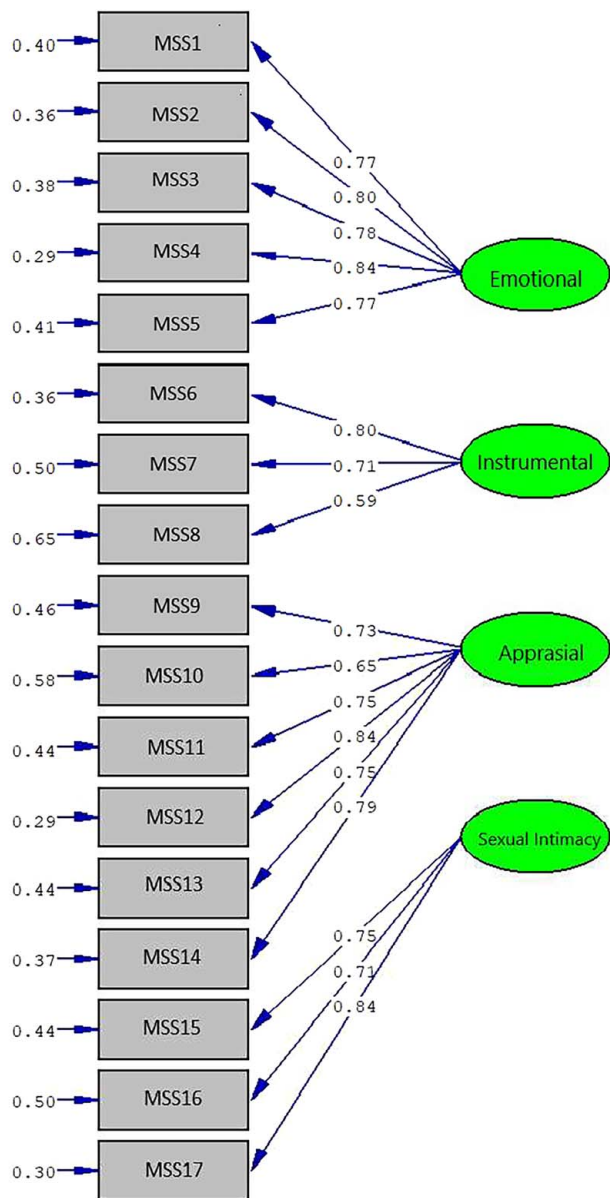
In the adaptation of scales into Turkish, content validity should be ensured to evaluate the expressions and concepts in the original scale in terms of their suitability for Turkish society and cultural characteristics and to make the necessary arrangements.¹⁹ The literature indicates that the CVI for the Davis method should be above 0.80.²⁰ The overall CVI value for the MSSQ was reported to be 1.0. Accordingly, it was concluded that the MSSQ had adequate content validity. The MSSQ's high CVI (1.0) reflects its cultural appropriateness for Turkish society, where familial support systems significantly influence women's health behaviors. This adaptation paves the way for studies exploring how patriarchal norms modulate spousal support dynamics during menopause.

The most commonly used methods for construct validity are factor analysis, similar scale validity, and structural equation modeling.²¹ According to the results

obtained from CFA, the fit between the original scale and the data is high. The χ^2/SD value of 1.60 indicates that there is a model-data fit in the study. The SRMR value of 0.050, which shows the data compatibility for the standardized errors of the model, again proves that there is model-data fit. In addition, the RMSEA value of 0.059 indicates that the data are highly acceptable. In the original scale, the RMSEA value was 0.075. In addition to these results, GFI 0.99, AGFI 0.99 and CFI 1.00 were calculated. All of these values are within the expected fit index range. In the original scale, GFI was calculated as 0.906, and CFI was calculated as 0.942. The overall assessment of fit indices revealed that the Turkish version of the MSSQ demonstrated a strong consistency with the original scale's factor structure, thereby supporting its structural validity. When the explanatory factor analysis of the MSSQ was evaluated, it was seen that it had 4 subdimensions as in the original scale. The factor loadings of the variables that make up the subdimensions of the MSSQ are between 0.554 and 0.821, that is, they are above 0.5. At this stage, no item was removed from the scale, and the Menopause Spousal Support Scale was accepted as a four-subdimensional structure. The retention of the original four-factor structure (emotional, instrumental, eudaimonic, and sexual) confirms cross-cultural relevance. Clinicians can use these subscales to pinpoint specific support deficits—for example, low sexual scores may indicate unmet intimacy needs requiring counseling.

A Path diagram visually summarizes a model by displaying the variables, *t* values, selected fit indices, factor loadings, and unexplained variance after fit indices have been calculated.²² In our study, factor loadings generally ranged from 0.65 to 0.84, and all item *t* values exceeded the critical value of 1.96, ranging from 7.59 to 14.62. These findings support maintaining the original model structure without modification. As a result, no model adjustments were deemed necessary to improve fit. The MSSQ demonstrated excellent internal consistency ($\alpha = 0.933$), exceeding the threshold ($\alpha > 0.70$) for clinical use. All item total correlations were >0.40, confirming scale homogeneity. As Cronbach alpha value approaches 1, the reliability level increases and indicates that the items measure the same dimension.²³ The Cronbach alpha coefficient value should be at least 0.7.²⁴ The MSSQ showed a Cronbach alpha of 0.933, and all item total correlations were greater than 0.40. Since eliminating any item did not result in a meaningful increase in the Cronbach alpha, no items were excluded from the scale at this point. Unlike generic support scales (eg, ENRICH Social Support Instrument [ESSI]), the MSSQ is menopause-specific, capturing nuances like eudaimonic support (eg, shared meaning-making during life transitions)—a dimension overlooked in prior tools.

To assess the internal consistency reliability of the MSSQ, the scale was divided into two equal parts.²⁵ The Cronbach alpha values were calculated as 0.881 for the first half and 0.897 for the second half. The correlation coefficient between these two halves was found to be 0.784. In addition, the Guttman Split-Half Coefficient was



Chi-Square=180.72, df=113, P-value=0.00005, RMSEA=0.059

FIG. 1. Path diagram of Menopause Spouse Support (MMS) Scale Turkish Version. RMSEA, Root Mean Square Error of Approximation.

0.976, while the Spearman-Brown Coefficient reached 0.979. These results indicate a strong level of internal consistency and confirm the reliability of the MSSQ.

In this study, 109.24 ± 33.56 points were obtained from the total scale. Considering that the highest possible score was 169, it is clear that postmenopausal women perceive a moderate level of spousal support. In a qualitative study, it was reported that the majority of postmenopausal women perceived the support provided by their husbands as negative rather than the positive support they expected. These results suggest the need for a training

program in which husbands will take part as a supportive person to ensure that women spend the menopause period with a more meaningful life.²⁶ In our study, the average age was determined as 58, and it is thought that most of them are in the long-term postmenopause period (60-65 y). The validity of this scale may be different in the early years of postmenopause, when the symptoms are more intense. Therefore, it is recommended that studies be conducted to examine the validity of the scale in the early postmenopause period. This situation should be considered a limitation of our study.

TABLE 3. Item total correlations and Cronbach α coefficients of the Menopause Spousal Support scale

Article No	Articles	n	mean	Standard deviation	Item total correlation	If the item is deleted Cronbach α
1.	My husband often listens to me when I share my problems with him	176	6.40	2.67	0.711	0.928
2.	My husband makes time to chat with me	176	5.89	2.81	0.739	0.928
3.	My husband takes care of my problems (health issues, personal problems, etc.)	176	7.14	2.63	0.696	0.929
4.	My husband comforts me when I have problems (he tells jokes, tells stories, etc.).	176	6.07	2.86	0.754	0.927
5.	My husband tolerates my behavior.	176	6.74	2.57	0.701	0.929
6.	My husband volunteers to help me around the house.	176	5.72	3.36	0.560	0.932
7.	My husband accompanies me when I go shopping.	176	7.16	3.02	0.511	0.933
8.	My husband takes care of his personal needs without my help (eg, ironing or preparing meals).	176	5.35	3.33	0.437	0.936
9.	My husband helps to alleviate my discomfort (by rubbing, massaging, etc.).	176	6.35	2.83	0.663	0.929
10.	My husband praises the way I handle household chores (cooking, taking care of the children, handling household chores, etc.).	176	7.57	2.56	0.594	0.931
11.	My husband agrees with me when I try to solve my problems.	176	6.46	2.54	0.693	0.929
12.	My husband compliments me with his behavior (eg, not with words but with actions such as smiling, showing increased appetite)	176	6.53	2.66	0.761	0.927
13.	My husband gives me advice when I have problems.	176	6.95	2.57	0.676	0.929
14.	My husband opens up topics of conversation with me (religious issues, health issues, etc.).	176	6.66	2.77	0.723	0.928
15.	My husband talks to me about issues in our sexual life (pain during intercourse, restlessness, tiredness, lack of sexual drive/desire, etc.).	176	6.08	3.02	0.640	0.930
16.	My husband openly shows closeness/affection to me (in front of family members, in a crowd, etc.)	176	6.05	2.88	0.607	0.931
17.	My husband shows his love by caressing and touching me (hugging, holding hands, kissing, embracing, etc.).	176	6.13	2.95	0.688	0.929
Emotional support subdimension Cronbach α						0.899
Instrumental/auxiliary Support Subdimension Cronbach α						0.747
Praiseworthy support subdimension Cronbach α						0.893
Sexual intimacy support subscale Cronbach α						0.826
Menopause peer support total Cronbach α						0.933

Values above 0.50 are bolded.

The MSSQ fills a critical gap in menopause research by quantifying spousal support—a psychosocial factor increasingly linked to women's mental and physical health during menopause. Prior studies report that inadequate spousal support exacerbates symptoms like depression, insomnia, and reduced quality of life.^{27,28} The MSSQ's validation in Turkish enables health care providers to systematically identify women at risk due to low support, facilitating targeted interventions.

It is thought that this scale study adapted to Turkish will contribute to the measurement of the perception of spousal support of women in menopause, as well as guide

health professionals working in the profession of gynecology and obstetrics nursing/midwifery in preparing training programs to increase the motivation of women in menopause.

CONCLUSIONS

It was concluded that the MSSQ, consisting of four subdimensions, is a valid and reliable tool adapted appropriately for Turkish culture. It is recommended to use this scale to assess spousal support among menopausal women, to examine its relationships with other menopause-related instruments, to evaluate its reliability in populations such as postmenopausal women with chronic illnesses, and to apply it in experimental research focusing on spousal support during menopause.

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TABLE 4. Distribution of scores from the Menopause Spouse Support scale

	n	Min	Max	mean	Standard deviation
Emotional support subdimension	176	5.00	50.00	32.24	11.44
Instrumental/auxiliary support subdimension	176	3.00	30.00	18.23	7.92
Praiseworthy support subdimension	176	6.00	60.00	40.52	12.87
Sexual intimacy support subdimension	176	3.00	30.00	18.26	7.63
Menopause spousal support scale	176	24.00	169.00	109.24	33.56

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