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Prediction of Sexual Function in Married Women Based on Sexual Attitudes: The Mediating Role of Sexual Self-Esteem

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Study Design and Participants paragraph, the sentence “The required sample size was estimated using GPower software, and a total of 251 eligible women were ultimately recruited” is insufficiently reproducible. The authors should report the exact GPower procedure used, including the statistical test family, model specification, assumed effect size, α level, desired statistical power, and number of predictors. Because the primary analysis was PLS-SEM, the rationale for using G*Power should also be explained in relation to the most complex regression equation in the structural model. Reporting only the final sample size does not allow readers to evaluate whether 251 participants were adequate for estimating the proposed higher-order measurement and mediation model.

In the participant description, the manuscript states that the population consisted of “married women residing in Kermanshah, Iran, who attended counseling, psychology, or psychiatric clinics.” The authors should clarify whether the target population is all married women in Kermanshah or specifically treatment-seeking married women attending these clinical centers. These are not equivalent populations. Recruiting exclusively from counseling, psychology, and psychiatric settings may produce systematic differences in psychological distress, marital conflict, sexual concerns, or help-seeking behavior

compared with community-dwelling married women. The title, abstract, methods, and generalization of findings should therefore accurately reflect the sampled population.

The sentence "Participants were selected according to the predefined eligibility criteria" requires substantial elaboration because no actual inclusion or exclusion criteria are reported. The authors should specify criteria such as minimum age, duration of marriage, current cohabitation status, sexual activity within a defined recent period, literacy required to complete questionnaires, pregnancy or postpartum status, menopause where relevant, major gynecological or medical disorders, use of medications affecting sexual function, diagnosed psychiatric disorders, and current couple or sex therapy. These characteristics can substantially affect female sexual functioning and are therefore important for both reproducibility and control of confounding.

There is a serious inconsistency between the correlation results and the reported structural path for sexual attitudes. The manuscript reports a positive Pearson correlation between sexual attitudes and sexual function, "$r = .494$, $p < .01$," whereas the abstract reports a negative direct structural effect, "$\beta = -0.516$, $p < .01$." Such a reversal may occur in multivariable models because of suppression, coding direction, or mediation, but the magnitude of the reversal requires explicit investigation. The authors should verify item coding, reverse-scored items, latent-variable orientation in SmartPLS, and the inclusion of sexual self-esteem as a mediator. If the sign reversal is genuine, the Discussion must explain it statistically and theoretically; if not, one of the reported coefficients is likely incorrect.

The mediation findings are currently internally inconsistent and must be corrected before the article can be evaluated. The abstract states that "the indirect effects also indicated a significant mediating effect … ($\beta = 0.182$, $p < .01$)" and then reports that "sexual self-esteem mediated the relationship between sexual attitudes and sexual function ($\beta = -0.086$, $p < .01$)," followed by the statement that its mediating role was not statistically significant. These three statements cannot simultaneously represent the same indirect pathway. The authors should provide a dedicated hypothesis-testing table reporting each direct path, the constituent mediation paths, the specific indirect effect, total effect, bootstrap standard error, t value, p value, and preferably bias-corrected 95% confidence interval. The nature of mediation—partial, full, complementary, competitive, or nonsignificant—should then be interpreted from these verified estimates.

The structural-model reporting is incomplete despite the study's central reliance on PLS-SEM. Table 3 reports R^2, Q^2, f^2, and VIF values, but the manuscript does not provide a complete table of standardized path coefficients for the hypothesized structural relationships. At minimum, the authors should report sexual attitudes → sexual self-esteem, sexual attitudes → sexual function, and sexual self-esteem → sexual function, together with bootstrap inferential statistics. The mediation analysis also requires the indirect pathway sexual attitudes → sexual self-esteem → sexual function. Because these coefficients constitute the principal tests of the hypotheses, they should be presented prominently rather than only summarized in prose or the abstract.

The interpretation of R^2 values requires moderation. The manuscript states that $R^2 = .337$ for sexual self-esteem and $R^2 = .374$ for sexual function indicate that the endogenous variables are explained at a "very satisfactory" level. Such qualitative classifications should be justified using discipline-appropriate benchmarks rather than asserted categorically. In behavioral and psychological research, R^2 values around .34–.37 may certainly be meaningful, but their practical interpretation depends on model complexity and prior evidence. The authors should report the exact percentages of explained variance—33.7% and 37.4%—and describe them more neutrally as moderate or meaningful unless a clearly cited PLS-SEM criterion supports stronger terminology.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The manuscript states that participants provided "informed consent," but the Methods section does not provide sufficient ethical information for research involving sensitive sexual-health data. The authors should report approval by an institutional ethics committee, including the ethics approval code, and describe procedures used to ensure privacy, voluntary participation,

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confidentiality, secure data handling, and the right to withdraw without consequences. Because participants were recruited from clinical settings and were asked about sexual functioning, the authors should also indicate whether questionnaires were completed privately and whether clinic personnel had access to individual responses.

In the Data Collection Tools section, the paragraph describing the Female Sexual Function Index states that "different score ranges have been used to distinguish varying levels of sexual dysfunction, including severe, moderate, and mild dysfunction." This scoring description should be verified against the validated scoring system of the FSFI. The FSFI is typically interpreted using weighted domain scores and a total score, and diagnostic cutoffs must correspond precisely to the validated version used. The source Persian text presents thresholds that appear potentially inconsistent with standard FSFI scoring. The authors should therefore verify the scoring algorithm, range of possible total scores, direction of scoring, clinical cutoff, and domain multipliers against the original and validated Persian versions before publication.

The manuscript identifies the instrument as the "Sexual Attitudes Questionnaire developed by Ozgoli, Tork Zahrani, and Khoshabi (2000)," but insufficient psychometric and scoring information is given for readers to understand the meaning of higher scores. The authors should explicitly state the possible total score range and whether higher scores indicate more positive, permissive, restrictive, or otherwise defined sexual attitudes. This issue is particularly important because the reported structural coefficient for sexual attitudes is negative in the abstract, whereas the Pearson correlations reported in the Findings section are positive. Without a clear explanation of score direction, it is impossible to determine whether these apparently contradictory results are theoretically coherent or reflect a scoring or reporting error.

In the Sexual Self-Esteem Inventory paragraph, the manuscript states that the SSEI-W-SF assesses "moral judgment, adaptiveness, experience and skill, control, and attractiveness," but the measurement model treats sexual self-esteem as a second-order construct without describing how this hierarchical model was specified. The authors should report whether the second-order construct was estimated using a repeated-indicator approach, two-stage approach, or another higher-order component method in SmartPLS. They should also provide the outer loadings or weights for first-order dimensions and explain whether the construct was modeled reflectively or formatively at each level. Without this information, the validity of the hierarchical measurement model cannot be evaluated adequately.

The first Findings paragraph reports statistically significant Kolmogorov–Smirnov tests for all three main variables and concludes that the distributions were non-normal. This is acceptable descriptively, but the authors should avoid implying that this finding alone justifies the use of PLS-SEM. PLS-SEM may be useful for prediction-oriented models and is less dependent on multivariate normality than covariance-based SEM, but method selection should primarily follow the research objective, model characteristics, measurement specification, and inferential requirements. The manuscript should therefore provide skewness and kurtosis or graphical distributional information if distributional shape is substantively important, and should frame non-normality as one consideration rather than the sole methodological justification.

The correlation results require major clarification. The Findings section states, "Additional coefficients reported in the initial correlation matrix included r = −.097, r = .042, r = −.010, r = .213, r = .495, r = .229, and r = .349; however, the source matrix did not provide identifiable labels for the additional variables." A manuscript cannot report an incomplete or internally uninterpretable correlation matrix. The authors should return to the original dataset and reconstruct Table 2 correctly, ensuring that every row and column has a clearly identified variable label, the matrix is symmetric, diagonal values equal 1.00, and significance markers correspond to the correct coefficients. Unidentified coefficients should not remain in the final article.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.

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