Research

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Sex Positivity Scale: Turkish Adaptation, Validity, and Reliability Study

Seks Pozitiflik Ölçeği: Türkçe'ye Uyarlama, Geçerlik ve Güvenirlik Çalışması

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ABSTRACT

Objective: The present study aimed to adapt the Sex Positivity Scale, developed by Belous and Schulz into Turkish and evaluate its psychometric properties.

Method: A total of 505 participants were included in the study. To examine construct validity, Exploratory Factor Analysis (EFA) was conducted using data from 300 participants, while Confirmatory Factor Analysis (CFA) was performed on an independent sample of 205 participants. Internal consistency was assessed using Cronbach's alpha and McDonald's omega; convergent validity was evaluated using Composite Reliability (CR) and Average Variance Extracted (AVE); and discriminant validity was examined using the Fornell–Larcker criterion and the Heterotrait–Monotrait ratio (HTMT).

Results: EFA revealed a three-factor structure explaining 62.74% of the total variance, which was supported by CFA ($\chi^2(296) = 485.24$, $\chi^2/df = 1.64$, CFI = .965, TLI = .958, RMSEA = .048, SRMR = .042). Standardized factor loadings ranged from .35 to .98. For the total scale score, Cronbach's alpha was .955 and McDonald's omega was .952, while the corresponding coefficients for the subscales ranged from .894 to .920 and from .891 to .913, respectively. CR values ranged from .852 to .915, AVE values from .536 to .683, and HTMT values from .436 to .592.

Conclusion: The Turkish version of the scale is considered a valid and reliable instrument for assessing sex positivity in the Turkish context.

Keywords: Sexuality, sex positivity, gender, scale adaptation, validity, reliability, factor analysis

ÖZ

Amaç: Bu çalışmada, Belous ve Schulz tarafından geliştirilen Seks Pozitiflik Ölçeği'nin Türkçeye uyarlanması ve psikometrik özelliklerinin değerlendirilmesi amaçlanmıştır.

Yöntem: Araştırmaya 505 katılımcı dahil edilmiştir. Yapı geçerliğini incelemek amacıyla 300 katılımcının verileriyle Açımlayıcı Faktör Analizi (AFA), bağımsız 205 katılımcının verileriyle Doğrulayıcı Faktör Analizi (DFA) gerçekleştirilmiştir. İç tutarlılık Cronbach alfa ve McDonald's omega; yakınsak geçerlik Bileşik Güvenirlik (CR) ve Ortalama Açıklanan Varyans (AVE); ayrışma geçerliği ise Fornell–Larcker ölçütü ve Heterotrait–Monotrait oranı (HTMT) ile değerlendirilmiştir.

Bulgular: AFA sonucunda elde edilen üç faktörlü yapı toplam varyansın %62,74'ünü açıklamış ve DFA ile desteklenmiştir ($\chi^2(296) = 485,24$, $\chi^2/sd = 1,64$, CFI = .965, TLI = .958, RMSEA = .048, SRMR = .042). Standartlaştırılmış faktör yükleri .35–.98 arasında değişmiştir. Toplam puan için Cronbach alfa .955, McDonald's omega .952; alt boyutlar için bu katsayılar sırasıyla .894–.920 ve .891–.913 arasında bulunmuştur. CR değerleri .852–.915, AVE değerleri .536–.683 ve HTMT değerleri .436–.592 arasında değişmiştir.

Sonuç: Ölçeğin Türkçe formunun, seks pozitifliğin Türkiye bağlamında araştırılmasında kullanılabilecek geçerli ve güvenilir bir ölçme aracı olduğu düşünülmektedir.

Anahtar sözcükler: Cinsellik, seks pozitiflik, toplumsal cinsiyet, ölçek uyarlama, geçerlik, güvenirlik, faktör analizi

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Introduction

Sexuality is a fundamental aspect of human life that encompasses biological, psychological, social, cultural, and interpersonal dimensions and is relevant to all stages of human development (Macleod and McCabe 2020). Sexuality is not limited to reproductive organs and sexual behaviors; rather, it reflects individuals' emotions, values, beliefs, personality traits, attitudes, and the social structures in which they live (Bozdemir and Özcan 2011, Yılmaz Esencan and Kızılkaya Beji 2015). Encompassing dimensions such as sexual identity, gender roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction, sexuality is experienced through emotions, thoughts, desires, and fantasies, as well as within social roles and relationships (World Health Organization [WHO] 2006). Therefore, sexuality is recognized as an integral component of an individual's physical, psychological, and social well-being (Dodd 2020).

The relationship between sexuality and holistic well-being extends the concept of sexual health beyond the mere absence of disease or dysfunction. Sexual health requires that individuals be able to engage in safe, respectful, and pleasurable sexual experiences free from violence, coercion, and discrimination, and that their sexual rights be protected (WHO 2010). Impairments in sexual health may adversely affect not only individuals' physical and psychological health but also family and community health (Zeren and Gürsoy 2018). Furthermore, attitudes toward and experiences of sexuality are shaped not only by individual characteristics but also by religion, traditions, social norms, and cultural beliefs. Particularly in conservative societies, restricting sexuality to marriage may lead to the association of issues such as masturbation, contraception, homosexuality, and premarital or extramarital sexual relationships with guilt, shame, sin, and moral impropriety (McCarthy 2015, Heinemann et al. 2016).

The suppression of sexuality or its treatment as a subject that cannot be openly discussed may be reproduced through social institutions such as the family, schools, and religion (Titov 2018). In Türkiye, sexuality is also predominantly regarded as a private and taboo subject, and traditional restrictions on openly discussing sexuality persist within families, educational settings, and various social environments (Civil and Yıldız 2010, Torun et al. 2011). Sexuality is often viewed as an area in which individuals are expected to acquire knowledge independently, making access to reliable information and open communication about sexuality more difficult (Kahraman et al. 2021, Koca Özdemir and Buran 2023). In cultural contexts characterized by strong collective expectations of individuals, attitudes toward sexuality may be reproduced through discourses of shame, indecency, violations of privacy, or disrespect for sacred values (Kağıtçıbaşı 2010). These considerations highlight the importance of evaluating sexuality not solely in terms of risk, disease, or dysfunction, but also through the dimensions of autonomy, rights, pleasure, communication, and diversity.

In response to this need, the sex-positive approach provides an inclusive theoretical framework that recognizes sexuality as a natural and valuable dimension of human diversity. In addition to acknowledging diverse sexual identities, sexual orientations, gender expressions, and sexual behaviors, the sex-positive approach encompasses areas such as access to sexual health services, awareness of sexually transmitted infections, and sexual and reproductive health education. At the core of sex positivity is the recognition that every individual has the right to make decisions about their own body and that bodily autonomy must be unconditionally respected (Nagoski 2019). Furthermore, the concept encompasses not only individuals' attitudes toward their own sexuality but also their approaches to others' sexual preferences and characteristics, their ability to communicate about sexuality, and their knowledge and responsibilities regarding sexual health (Belous and Schulz 2024).

Sex positivity refers to the adoption of open, communicative, and accepting attitudes toward diversity in sexuality and sexual behaviors (Williams et al. 2013). By acknowledging the diversity of personal and cultural meanings and sexual preferences, this approach examines sexuality from a multidimensional perspective that incorporates both individual and social dimensions (Popovic 2006). The sex-positive approach has been suggested to help individuals critically examine their beliefs and myths about sexuality, safely explore their own sexuality, access accurate information, and develop sexual autonomy. In this respect, the approach offers an important framework for protecting psychological, biological, and medical

health at the individual level and promoting sexual health and public health at the societal level (Popovic 2006, Belous and Schulz 2024).

Although sex positivity is theoretically conceptualized as a multidimensional construct, instruments designed to measure it remain limited. Accordingly, Belous and Schulz (2024) developed a three-factor measurement instrument to assess individuals' levels of sex positivity. The first dimension concerns individuals' affirmation of both their own sexual autonomy and that of others, as well as their attitudes toward the acceptability of diverse sexual behaviors. The second dimension encompasses individuals' comfort in communicating about sexuality with friends and family members. The third dimension focuses on how individuals evaluate and make sense of their knowledge, beliefs, and experiences related to sexuality.

Various measurement instruments are available in Türkiye to assess different dimensions of sexuality. These instruments focus on sexual and reproductive health knowledge (Esen and Siyez 2017, Evcili and Gölbaşı 2017, Çay and Kalaycı Kırlıoğlu 2021, Cirban Ekrem and Kurt 2023), knowledge of sexually transmitted infections and sexual health literacy (Üstgörül 2022, Yalnız Dilcen et al. 2023, Beyazgül et al. 2024), sexual experiences, satisfaction, and quality of life (Tuğrul et al. 1993, Tuğut and Gölbaşı 2010, Yassa et al. 2020), sexual interest, functioning, and avoidance (Aygın and Eti Aslan 2005, Öksüz and Malhan 2005, Turunç et al. 2007, Karatana et al. 2021, Karaçam Yılmaz and Keser Özcan 2024), as well as constructs such as sexual myths, self-consciousness, self-efficacy, and intrafamilial communication (Çelik 2013a, Çelik 2013b, Gölbaşı et al. 2016, Ebeoğlu and Karacan 2017, Artan et al. 2020). However, no measurement instrument was identified in the Turkish literature that simultaneously assesses individuals' acceptance of their own and others' sexual autonomy, attitudes toward sexual diversity, comfort in communicating about sexuality, and ways of making sense of sexual experiences. Given that sexuality in Türkiye is predominantly addressed within the frameworks of taboo, privacy, and normative boundaries, adapting a culturally sensitive construct such as sex positivity requires not only linguistic translation but also a reassessment of conceptual equivalence, factor structure, and psychometric properties.

The aim of this study is to adapt the Sex Positivity Scale developed by Belous and Schulz (2024) into Turkish and examine the validity and reliability of its Turkish version. Accordingly, the Turkish version is expected to confirm the three-factor structure proposed in the original scale and demonstrate adequate construct validity, internal consistency, and temporal stability. The adaptation of the scale into Turkish is expected to contribute to research on sex positivity in the Turkish context and facilitate the development of studies that examine sexuality beyond risk- and dysfunction-oriented approaches, incorporating the dimensions of autonomy, acceptance, communication, and meaning-making. Accordingly, the research hypotheses were formulated as follows:

H1: The Turkish version of the Sex Positivity Scale will confirm the three-factor structure proposed in the original scale.

H2: The Turkish version of the Sex Positivity Scale will demonstrate adequate internal consistency.

H3: The Turkish version of the Sex Positivity Scale will demonstrate adequate temporal stability.

Method

Sample

The study sample consisted of adults aged 18 years and older residing in Türkiye. Convenience sampling, a non-probability sampling method, was employed. The inclusion criteria were being 18 years of age or older, residing in Türkiye, and voluntarily agreeing to participate in the study. No upper age limit was established because the original scale did not specify an upper age restriction and sexuality was considered a lifelong process. The exclusion criteria were being younger than 18 years of age; having a serious psychological or cognitive condition that could prevent participation in the study (e.g., severe mental disorders or advanced cognitive impairment); having severe communication difficulties or significant sensory impairments that could substantially hinder the provision of valid and reliable data; and not providing voluntary consent to

participate. Data were collected face-to-face from individuals who were accessible to the researchers and voluntarily agreed to participate in the study. Data collection took place in various settings across different provinces of Türkiye, including universities, nursing homes, shopping centers, and public parks.

Data were obtained from a total of 505 participants. To examine the construct validity of the scale, Exploratory Factor Analysis (EFA) was initially conducted using data from 300 participants recruited during the first phase of data collection. Subsequently, data collection continued, and Confirmatory Factor Analysis (CFA) was performed using data from an additional 205 participants. Thus, EFA and CFA were conducted on two independent samples. To assess the temporal stability of the scale, it was readministered to 158 participants from the total sample of 505 individuals 21 days after the initial administration. Reliability was evaluated by analyzing the relationship between the two measurements obtained from the same participants.

Language and Cultural Adaptation Process

Ethical approval for conducting this study was obtained from the Bartın University Social Sciences and Humanities Ethics Committee on May 7, 2025 (Decision No: 2025-SBB-0411). The necessary permissions to use and adapt the scale into Turkish were obtained from the scale developers via email.

As the Sex Positivity Scale had not previously been adapted into Turkish, the first phase of the study involved its linguistic and cultural adaptation. The adaptation process was based on the international guidelines for cross-cultural adaptation of measurement instruments proposed by Beaton et al. (2000). First, the original English version of the scale was translated into Turkish by the researchers. The resulting translations were reviewed for semantic equivalence, conceptual appropriateness, and cultural relevance by an expert panel consisting of three language specialists with advanced proficiency in English and Turkish and four practitioners working in the fields of sexual health and gender. Based on expert feedback, the necessary revisions were made, and a consolidated Turkish version was developed.

Following the expert evaluation, the Turkish version was back-translated into English by two independent translators with advanced proficiency in English. The back-translations were compared with the original scale to identify potential shifts in meaning and conceptual discrepancies, and revisions were made to relevant items where necessary. This process established the linguistic and conceptual equivalence of the Turkish version of the scale.

Although the term “Sex Positivity” is used in the original name of the scale, the Turkish equivalent of “sexuality” (cinsellik) was preferred in the scale items because the word “sex” in Turkish has a narrower meaning and is generally associated primarily with sexual behavior. Nevertheless, the original scale title was retained in Turkish as "Seks Pozitiflik Ölçeği" to preserve its original identity.

The final Turkish version was pilot-tested with 15 adults from different socioeconomic backgrounds. During the pilot study, feedback regarding item comprehensibility, completion time, and the administration process was evaluated. The necessary final revisions were made based on participants' feedback, resulting in the finalized Turkish version of the scale.

Procedure

Data collection was conducted between July and September 2025. Data were obtained from a total of 505 participants. To evaluate the construct validity of the scale, Exploratory Factor Analysis and Confirmatory Factor Analysis were conducted on two independent samples.

In determining the sample size, the criterion recommended for scale adaptation studies, which suggests that the sample size should be at least 5 to 20 times the number of items, was taken into consideration (Anthoine et al. 2014).

Data were collected face-to-face by members of the research team in various settings across different geographical regions of Türkiye, including universities, nursing homes, shopping centers, and parks. Data collection was carried out by the researchers following a standardized administration procedure. Before

administration, participants were provided with standardized explanations regarding the purpose of the study, the voluntary nature of participation, and instructions for completing the scales. To prevent missing data, all completed scale forms were checked by the researchers immediately after administration. Participants were given the opportunity to voluntarily complete any unanswered items before the data collection process was concluded.

The printed data collection forms were stored in a locked cabinet accessible only to the research team. Following electronic data entry, the data were coded to prevent direct identification of participants and stored on password-protected computers. Access to the research data was restricted to members of the research team. Thus, confidentiality and data security were maintained throughout the processes of data collection, verification, entry, and storage.

To assess the temporal stability of the scale, it was readministered to 158 participants from the total sample of 505 individuals 21 days after the initial administration. The relationship between the two measurements was evaluated to determine test–retest reliability.

Measures

The Personal Information Form and the Sex Positivity Scale were used to collect data in this study.

Personal Information Form

The Personal Information Form was developed by the researchers based on a literature review and included questions designed to identify participants' sociodemographic characteristics. The form collected information on participants' gender, age, educational level, marital status, and the type of place where they had spent most of their lives.

Sex Positivity Scale

The Sex Positivity Scale was developed by Belous and Schulz (2024) to assess individuals' affirmative attitudes toward sexuality. The scale consists of a three-factor structure, with an overall Cronbach's alpha coefficient of .865. The internal consistency coefficients for the subscales were reported as .832 for Sexual Behaviors and Attitudes, .832 for Talking and Communicating About Sexuality, and .788 for Personal Beliefs, Knowledge, and Experiences. The scale comprises 27 items, including one screening item that is not included in the scoring. The remaining 26 items are grouped into three subscales: (1) Sexual Behaviors and Attitudes, (2) Talking and Communicating About Sexuality, and (3) Personal Beliefs, Knowledge, and Experiences. The scale is rated on a five-point Likert scale (1 = Strongly disagree, 5 = Strongly agree), with items 3, 7, and 15 reverse-scored. Both subscale scores and a total score can be calculated. Higher scores indicate higher levels of sex-positive attitudes.

Statistical Analysis

IBM SPSS Statistics 22, IBM SPSS AMOS 24, and R software were used to analyze the data obtained from the study. Initially, the dataset was examined for missing data, outliers, and normality assumptions. The assumption of univariate normality was assessed using skewness and kurtosis values, and all variables were found to have skewness and kurtosis values ranging between –1.96 and +1.96 (Tabachnick and Fidell 2007). The assumption of multivariate normality was evaluated using the Henze–Zirkler, Mardia, and Doornik–Hansen tests through the mvn package in R. The results indicated that the dataset met the assumption of multivariate normality ($p > .05$).

To examine the construct validity of the scale, Exploratory Factor Analysis (EFA) was conducted in the first phase, followed by Confirmatory Factor Analysis (CFA) in the second phase. Before conducting EFA, the suitability of the data for factor analysis was assessed using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity. Principal Axis Factoring (PAF) was used for factor extraction, and Direct Oblimin rotation was selected based on the assumption that the factors might be correlated. The number of factors was determined using eigenvalues greater than 1, the scree plot, and Horn's parallel analysis. Parallel analysis was performed in R using the fa.parallel function from the psych

package, based on Principal Axis Factoring (PAF) and 1,000 Monte Carlo simulations. The eigenvalues obtained from the actual data were compared with the 95th percentile eigenvalues derived from randomly generated datasets with the same sample size (N = 300) and number of items (26 items).

The factor structure identified through EFA was subsequently tested using Confirmatory Factor Analysis (CFA) on an independent sample (n = 205). Given the five-point Likert response format and ordinal nature of the scale items, the Weighted Least Squares Mean and Variance Adjusted (WLSMV) estimation method was employed for CFA. WLSMV is considered an appropriate estimation method for confirmatory factor analyses involving ordinal categorical data, as it accounts for the ordinal measurement properties of the items. CFA was conducted using the lavaan package in R. Model fit was evaluated using the fit indices presented in Table 5, particularly the chi-square to degrees of freedom ratio (χ^2/df), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR).

To assess item discrimination, corrected item–total correlations were calculated, with .30 adopted as the minimum acceptable threshold (Clark and Watson 1995). The reliability of the scale was evaluated using Cronbach's alpha and McDonald's omega (ω) coefficients. Values of .70 or higher were considered indicative of acceptable internal consistency for both coefficients (Nunnally and Bernstein 1994, Hayes and Coutts 2020). Average Variance Extracted (AVE) and Composite Reliability (CR) values were calculated to assess convergent validity and composite reliability, respectively. AVE values of .50 or higher and CR values of .70 or higher were considered acceptable (Fornell and Larcker 1981, Hair et al. 2010). However, AVE values above .40 have also been reported as acceptable when CR values are adequate (Huang et al. 2013).

To evaluate the discriminant validity of the scale, the Fornell–Larcker criterion was applied by comparing the square roots of the AVE values for each factor with the correlations between factors (Fornell and Larcker 1981). Discriminant validity was also assessed by calculating the Heterotrait-Monotrait ratio (HTMT), using a threshold of .85 (Henseler et al. 2015). Finally, Pearson correlation analysis was conducted to examine the relationships among the subscales of the scale.

Results

The 505 participants in the study sample ranged in age from 18 to 65 years, with a mean age of 41.1 years. Of the participants, 20.8% (n = 105) were aged 18–30 years, 43.4% (n = 219) were aged 31–45 years, and 35.8% (n = 181) were aged 46–65 years.

Regarding gender, 48.9% (n = 247) of the participants identified as women, 43.4% (n = 219) as men, and 7.7% (n = 39) identified with a gender identity other than woman or man. The latter group included individuals identifying as non-binary, gender nonconforming, gender fluid, genderqueer, and transgender.

Regarding educational attainment, 3.6% (n = 18) of the participants had completed primary school, 5.5% (n = 28) middle school, 13.9% (n = 70) high school, 5.0% (n = 25) vocational college, 26.5% (n = 134) a bachelor's degree, 25.9% (n = 131) a master's degree, and 19.6% (n = 99) a doctoral degree. Regarding marital status, 51.5% (n = 260) of the participants were single, 44.3% (n = 224) were married, and 4.2% (n = 21) reported living with their partners without being legally married.

When examining the types of residential areas where participants had spent most of their lives, 41.6% (n = 210) reported living in a large city, 31.5% (n = 159) in a city, and 22.8% (n = 115) in a metropolitan area. Smaller proportions of participants reported having lived predominantly in villages (0.2%), towns (3.5%), and districts (0.4%).

The study sample was drawn from 12 cities representing all seven geographical regions of Türkiye. Of the participants, 20.8% were from the Mediterranean Region (Antalya, Adana), 20.2% from the Marmara Region (İstanbul, Bursa), 19.8% from the Central Anatolia Region (Ankara, Konya), 10.3% from the Black Sea Region (Sinop, Bartın), 10.1% from the Aegean Region (İzmir), 9.9% from the Eastern Anatolia Region (Erzurum, Van), and 8.9% from the Southeastern Anatolia Region (Gaziantep). This distribution indicates that the sample included participants from different geographical regions of Türkiye (Table 1).

Table 1. Descriptive characteristics of the study sample	
Variable	**n (%)**
Age	
18-30	105 (20.8)
31-45	219 (43.4)
46-65	181 (35.8)
Gender	
Female	247 (48.9)
Male	219 (43.4)
Other	39 (7.7)
Educational Level	
Primary School	18 (3.6)
Secondary School	28 (5.5)
High School	70 (13.9)
Vocational College	25 (5.0)
Bachelor's Degree	134 (26.5)
Master's Degree	131 (25.9)
PhD	99 (19.6)
Marital Status	
Single	260 (51.5)
Married	224 (44.3)
Has a Partner	21 (4.2)
Place Where Most of Life Was Spent	
Village	1 (0.2)
Town	18 (3.5)
District	2 (0.4)
Province	159 (31.5)
Large City	210 (41.6)
Metropolitan Area	115 (22.8)
Geographical Region and City of Participation	
Marmara Region (İstanbul, Bursa)	102 (20.2)
Aegean Region (İzmir)	51 (10.1)
Central Anatolia Region (Ankara, Konya)	100 (19.8)
Mediterranean Region (Antalya, Adana)	105 (20.8)
Black Sea Region (Sinop, Bartın)	52 (10.3)
Southeastern Anatolia Region (Gaziantep)	45 (8.9)
Eastern Anatolia Region (Erzurum, Van)	50 (9.9)

Exploratory Factor Analysis

Exploratory Factor Analysis (EFA) was conducted to examine the factor structure of the Sex Positivity Scale. Before the analysis, the suitability of the dataset for factor analysis was assessed using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity. The KMO coefficient was .95, and Bartlett's Test of Sphericity was statistically significant ($\chi^2 = 9818.611$, df = 325, $p < .001$). These findings indicate that the dataset was suitable for factor analysis.

Table 2. Eigenvalues and explained variance			
Factor	**Eigenvalue**	**Explained Variance (%)**	**Cumulative Variance (%)**
Factor 1	12.874	49.51	49.51
Factor 2	1.940	7.46	56.97
Factor 3	1.501	5.77	62.74

Principal Axis Factoring (PAF) was employed to determine the factor structure, and Direct Oblimin rotation was applied to account for potential correlations among factors. The eigenvalue (>1) criterion and scree plot were evaluated together to determine the number of factors, and both methods supported the three-

factor structure of the scale. The resulting three-factor structure was consistent with the original version of the scale and explained 62.74% of the total variance (Table 2).

The first factor (Sexual Behaviors and Attitudes) consisted of 10 items, with an eigenvalue of 12.874, accounting for 49.51% of the variance. The second factor (Talking and Communicating About Sexuality) consisted of eight items, with an eigenvalue of 1.940, increasing the cumulative explained variance to 56.97%. The third factor (Personal Beliefs, Knowledge, and Experiences) consisted of eight items, with an eigenvalue of 1.501, bringing the total explained variance to 62.74%.

Horn's parallel analysis was also conducted to provide additional support for determining the number of factors. Parallel analysis was performed in R using the fa.parallel function from the psych package, based on the Principal Axis Factoring (PAF) method and 1,000 Monte Carlo simulations. The eigenvalues obtained from the actual dataset were compared with the 95th percentile eigenvalues derived from randomly generated datasets with the same sample size (N = 300) and number of items (26 items). For the first factor, the observed eigenvalue was 12.874, compared with a random-data eigenvalue of 1.425. For the second factor, the corresponding eigenvalues were 1.940 and 1.352, while for the third factor, they were 1.501 and 1.284, respectively. For the fourth factor, the observed eigenvalue was 0.950, whereas the random-data eigenvalue was 1.221. Accordingly, the observed eigenvalues of the first three factors exceeded those obtained from random data, while the fourth factor did not meet this criterion. The results of the parallel analysis supported the three-factor structure. Furthermore, the point of inflection observed in the scree plot was consistent with the three-factor structure (Figure 1).

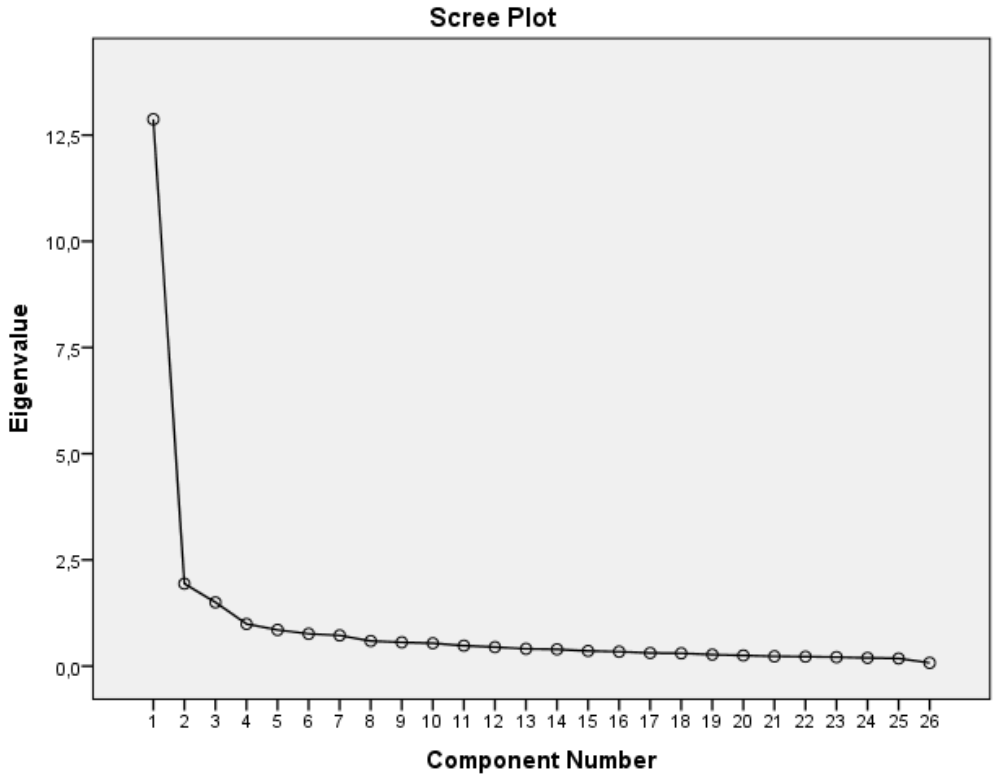


Figure 1. Scree plot obtained from exploratory factor analysis of the Sex Positivity Scale

As shown in Table 3, item factor loadings ranged from .713 to .912, while corrected item–total correlations ranged from .582 to .861. All factor loadings and corrected item–total correlations exceeded the accepted minimum threshold of .30. Furthermore, no items exhibited substantial cross-loadings on multiple factors, and no findings indicated the need to remove any items from the scale. These results suggest that the scale items strongly represent their respective factors and demonstrate adequate discriminative ability.

The reliability of the scale was evaluated using Cronbach's alpha and McDonald's omega (ω) coefficients (Table 4). Average Variance Extracted (AVE) values and Composite Reliability (CR) coefficients related to convergent validity are presented in Table 7.

Table 3. Exploratory factor analysis results and corrected ıtem–total correlations

Factors	Item Number	Factor Loading	Corrected Item–Total Correlation
Factor 1 (Sexual Behaviors and Attitudes)	1	.895	.821
	7	.881	.785
	5	.867	.774
	4	.847	.740
	2	.811	.694
	3	.789	.670
	10	.774	.663
	9	.764	.646
	8	.759	.639
	6	.713	.582
Factor 2 (Talking and Communicating About Sexuality)	14	.912	.861
	12	.898	.838
	13	.881	.812
	17	.828	.741
	18	.810	.737
	16	.790	.710
	11	.787	.702
	15	.769	.682
Factor 3 (Personal Beliefs, Knowledge, and Experiences)	23	.902	.842
	19	.891	.837
	24	.862	.797
	25	.838	.762
	26	.809	.728
	20	.789	.691
	21	.762	.673
	22	.741	.652

For the total scale score, Cronbach's alpha coefficient was .955, and McDonald's omega coefficient was .952. Cronbach's alpha coefficients for the subscales ranged from .894 to .920, while McDonald's omega coefficients ranged from .891 to .913. All reliability coefficients exceeded the recommended threshold values, providing evidence of high internal consistency at both the total scale and subscale levels.

Table 4. Reliability analysis results for the Sex Positivity Scale and its subscales

Scale and Subscales	Cronbach Alpha	McDonald's Omega
Sex Positivity Scale Total Score	.955	.952
Sexual Behaviors and Attitudes (Factor 1)	.894	.891
Talking and Communicating About Sexuality (Factor 2)	.920	.913
Personal Beliefs, Knowledge, and Experiences (Factor 3)	.902	.892

Confirmatory Factor Analysis

Confirmatory Factor Analysis (CFA) was conducted on an independent validation sample (n = 205) to confirm the three-factor structure identified through Exploratory Factor Analysis. Given the five-point Likert response format and ordinal nature of the scale items, the Weighted Least Squares Mean and Variance Adjusted (WLSMV) estimation method was employed. WLSMV is one of the recommended estimation methods for confirmatory factor analyses involving ordinal categorical data, as it accounts for the categorical and ordinal measurement properties of the items. Analyses were performed in R using the lavaan package. The standardized factor loadings for the tested three-factor model are presented in Figure 2 and Table 6.

The results of CFA indicated that the 26-item, three-factor model yielded the following fit indices: $\chi^2(296) = 485.24$, $\chi^2/df = 1.64$, CFI = .965, TLI = .958, RMSEA = .048 (90% CI [.041, .055]), and SRMR = .042 (Table 5). These fit indices suggest that the three-factor model demonstrated an acceptable level of model fit. The standardized factor loadings of the 26 items ranged from .35 to .98, and all factor loadings were statistically significant ($p < .001$). Standardized factor loadings ranged from .38 to .96 for Factor 1, from .47 to .96 for Factor 2, and from .35 to .98 for Factor 3. The factor loadings and corresponding parameter estimates for individual items are presented in Table 6.

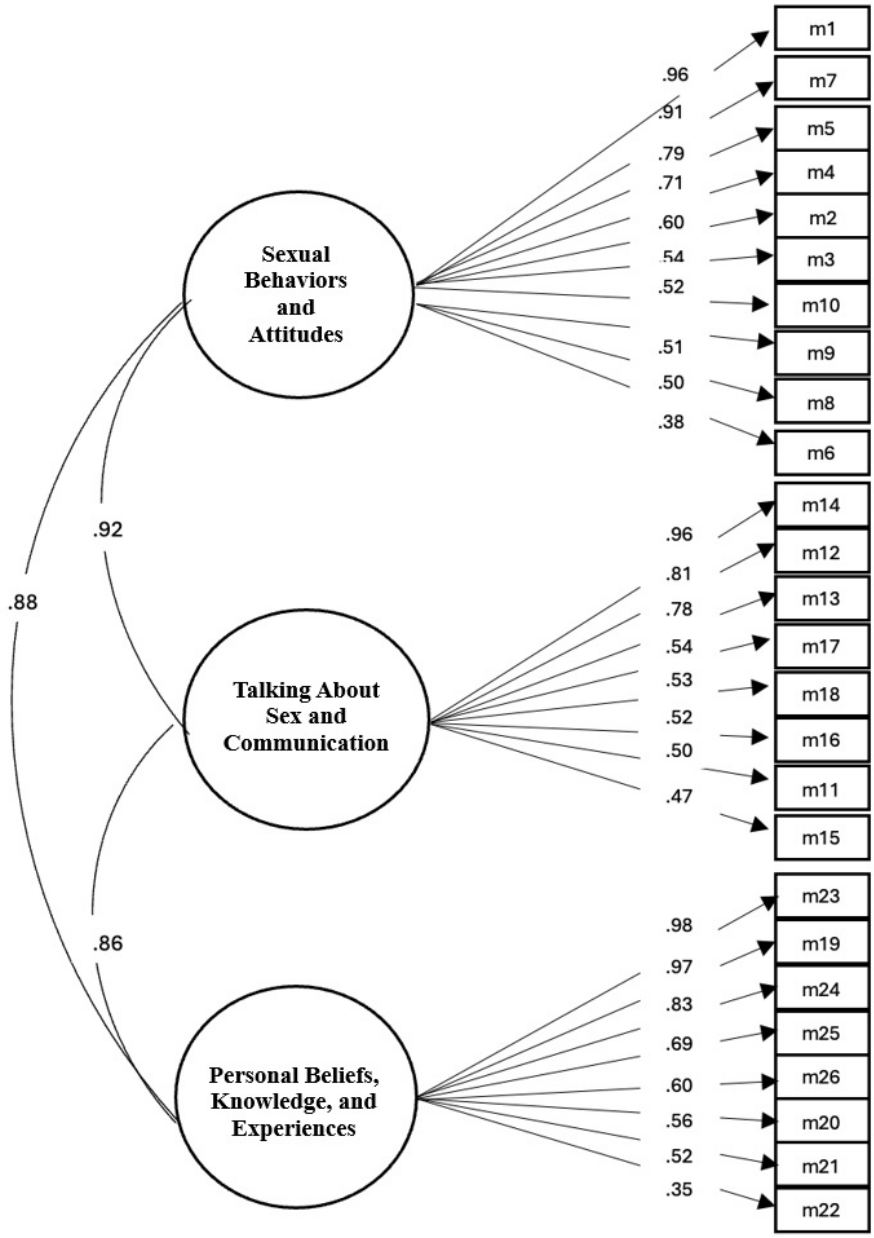


Figure 2. Confirmatory factor analysis model of the Sex Positivity Scale (standardized estimates)

Table 5. Model fit indices obtained from Confirmatory Factor Analysis (CFA)

χ2	df	χ2/df	RMSEA	GFI	AGFI	TLI	SRMR	CFI	NFI	IFI
485.24	296	1,64	.048	.96	.86	.95	.042	.96	.91	.95

χ2: chi square; df: Degrees of Freedom; RMSEA: Root Mean Square Error of Approximation; GFI: Goodness of Fit Index; AGFI: Adjusted Goodness of Fit Index; TLI:Tucker-Lewis Index; SRMR: Standardized Root Mean Square Residual; CFI: Comparative Fit Index; NFI: N ormed Fit Index); IFI: Incremental Fit Index

Table 6. Confirmatory factor analysis results: unstandardized and fully standardized factor loadings						
Factor	**Item**	**Unstandardized Factor Loading (B)**	**SE**	**z**	**p**	**Fully Standardized Factor Loading (λ)**
Factor 1: Sexual Behaviors and Attitudes	Item1	1.000	—	—	—	.96
	Item2	.834	.044	18.91	< .001	.60
	Item3	.721	.046	15.76	< .001	.54
	Item4	.893	.041	21.87	< .001	.71
	Item5	.945	.038	23.92	< .001	.79
	Item6	.511	.052	9.78	< .001	.38
	Item7	.992	.035	28.44	< .001	.91
	Item8	.697	.048	14.46	< .001	.50
	Item9	.709	.048	14.67	< .001	.51
	Item10	.718	.047	15.32	< .001	.52
Factor 2: Talking and Communicating About Sexuality	Item11	1.000	—	—	—	.50
	Item12	1.342	.037	36.17	< .001	.81
	Item13	1.274	.038	33.48	< .001	.78
	Item14	1.579	.031	50.91	< .001	.96
	Item15	1.014	.049	20.48	< .001	.47
	Item16	.915	.046	19.83	< .001	.52
	Item17	.991	.045	22.04	< .001	.54
	Item18	.982	.050	19.56	< .001	.53
Factor 3: Personal Beliefs, Knowledge, and Experiences	Item19	1.000	—	—	—	.97
	Item20	.721	.043	16.75	< .001	.56
	Item21	.695	.045	15.42	< .001	.52
	Item22	.466	.047	9.88	< .001	.35
	Item23	1.147	.029	39.52	< .001	.98
	Item24	.917	.036	25.41	< .001	.83
	Item25	.807	.041	19.57	< .001	.69
	Item26	.702	.053	13.22	< .001	.60

The B values presented in the table represent unstandardized factor loadings, whereas λ values indicate fully standardized factor loadings. SE and z values represent the standard errors and z-test statistics associated with the unstandardized parameter estimates. To establish the scale of each factor, the loading of the first item within each factor was fixed at 1.000; therefore, SE, z, and p values were not reported for these items. B: unstandardized factor loading; SE: standard error; z: z-test statistic; λ: fully standardized factor loading. All freely estimated factor loadings, excluding the fixed reference items, were statistically significant at $p < .001$.

Table 7. Convergent and discriminant validity results						
Dimension	**CR**	**AVE**	**√AVE**	**Factor 1**	**Factor 2**	**Factor 3**
1. Sexual Behaviors and Attitudes	.884	.605	.778	.778	.412	.528
2. Talking and Communicating About Sexuality	.852	.536	.732	.412	.732	.436
3. Personal Beliefs, Knowledge, and Experiences	.915	.683	.826	.528	.436	.826

CR = Composite Reliability; AVE = Average Variance Extracted; √AVE = square root of AVE. Diagonal values represent √AVE, whereas off-diagonal values represent the correlation coefficients between factors

Convergent and Discriminant Validity

Composite Reliability (CR) and Average Variance Extracted (AVE) values were calculated to assess convergent validity. The Fornell–Larcker criterion and Heterotrait–Monotrait ratio (HTMT) were used to evaluate discriminant validity.

According to the convergent and discriminant validity analyses presented in Table 7, Composite Reliability (CR) values ranged from .852 to .915, while Average Variance Extracted (AVE) values ranged from .536 to .683 across all subscales. All CR values exceeded .70, and all AVE values were greater than .50, supporting the convergent validity of the scale. Examination of the Fornell–Larcker criterion revealed that the square root of the AVE for each subscale exceeded its correlations with the other subscales. Furthermore, HTMT values ranged from .436 to .592, all falling below the recommended threshold of .85 (Table 8). These

findings provide supporting evidence that the subscales are sufficiently distinct from one another and that the scale demonstrates convergent and discriminant validity.

Table 8. HTMT Results	
Factor Pair	**HTMT**
Factor 1 – Factor 2	.478
Factor 1 – Factor 3	.592
Factor 2 – Factor 3	.436

HTMT = Heterotrait–Monotrait Ratio.

Test–Retest Reliability

To evaluate the temporal stability of the Sex Positivity Scale, the scale was administered twice, with a 21-day interval, to 158 participants drawn from the total sample of 505 individuals. Test–retest reliability was assessed using both Pearson's correlation coefficient and the Intraclass Correlation Coefficient (ICC). The results of the test–retest reliability analysis are presented in Table 9.

A strong, positive, and statistically significant correlation was found between the total scores obtained from the first and second administrations ($r = .79$, $p < .001$). Pearson correlation coefficients for the subscales ranged from .72 to .77. Furthermore, the ICC value for the total scale score was .88, while ICC values for the subscales ranged from .83 to .87. These findings provide supporting evidence that the Sex Positivity Scale and its subscales yield consistent measurements over time and demonstrate a high level of temporal stability.

Table 9. Test–retest reliability results				
Scale / Subscale	**n**	**Pearson r**	**ICC**	**p**
Sex Positivity Scale Total Score	158	.79	.88	< .001
Sexual Behaviors and Attitudes	158	.77	.87	< .001
Talking and Communicating About Sexuality	158	.75	.84	< .001
Personal Beliefs, Knowledge, and Experiences	158	.72	.83	< .001

ICC: Intraclass Correlation Coefficient

Discussion

In this study, the Sex Positivity Scale developed by Belous and Schulz (2024) was adapted into Turkish, and the psychometric properties of the Turkish version were examined in a sample from Türkiye. The findings provide supporting evidence for the scale's construct validity, internal consistency, convergent and discriminant validity, and temporal stability. The results of Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) demonstrated that the three-factor structure identified in the original study was retained in the Turkish sample. Nevertheless, the findings should be interpreted cautiously, considering that model fit was not equally strong across all indices and that criterion-related validity and measurement invariance were not examined in this study.

One of the key findings of this study was that the three-factor structure identified in the original scale was replicated in the Turkish sample without removing any items. Belous and Schulz (2024) conceptualized sex positivity across three dimensions: Sexual Behaviors and Attitudes, Talking and Communicating About Sexuality, and Personal Beliefs, Knowledge, and Experiences. The preservation of the same factor structure in the Turkish version suggests that the scale's underlying conceptual framework is also applicable in a different linguistic and cultural context. Given that attitudes toward sexuality in Türkiye may be associated with gender norms, perceptions of privacy, religious values, and cultural expectations, the preservation of the factor structure is a noteworthy finding. However, this result does not indicate that sex positivity is experienced in exactly the same way across cultures; rather, it provides more limited evidence that the existing measurement model is also supported in the Turkish sample.

Compared with the original study by Belous and Schulz (2024), the Turkish version retained the three-factor structure and generally exhibited a similar psychometric pattern. However, factor loadings and internal

consistency coefficients were higher in the Turkish version than in the original study. For example, Cronbach's alpha coefficient for the total scale was .865 in the original study, compared with .955 in the Turkish version. Although this difference indicates higher internal consistency in the Turkish version, it should not, in itself, be interpreted as evidence that the Turkish version is psychometrically superior to the original. Similarly, differences observed in factor loadings and inter-factor relationships should not be attributed solely to cultural differences. Sample characteristics, data collection conditions, and methodological differences may have contributed to this variability. The slightly higher correlations among factors in the Turkish version compared with the original study suggest that the subscales may be more closely related in the Turkish sample. Nevertheless, the acceptable Fornell–Larcker and HTMT results support the interpretation of the factors as distinguishable constructs.

The international psychometric literature highlights the importance of reassessing measures of sexual attitudes across different cultural and social contexts. In the Colombian adaptation of the Sexual Opinion Survey, strong measurement invariance was established between Spanish and Colombian samples, demonstrating that scores obtained from the two countries were comparable (Vallejo-Medina et al. 2016). Similarly, a study examining the Spanish SOS-6 among 1,500 adults found that the scale demonstrated factorial invariance across gender, age, relationship status, and educational level (Arcos-Romero et al. 2020). However, Muñoz-García et al. (2023) reported that the Sexual Opinion Survey demonstrated only weak measurement invariance across different sexual orientation groups and did not meet more stringent invariance criteria. These varying findings suggest that constructs associated with social norms, such as sexual attitudes and sex positivity, may not exhibit identical psychometric patterns across different cultural and demographic groups. From this perspective, the preservation of the three-factor structure in the present study represents an important psychometric similarity. However, differences in factor loadings and inter-factor relationships should be evaluated by jointly considering cultural context, sample characteristics, and methodological conditions.

Reliability analyses demonstrated that the Turkish version had high internal consistency. Cronbach's alpha and McDonald's omega coefficients of .955 and .952, respectively, for the total scale provide strong evidence of consistency among items measuring the common construct. The high internal consistency coefficients obtained for the subscales also support the consistent measurement of each of the three factors. Nevertheless, high internal consistency coefficients should not be considered sufficient indicators of validity on their own. Because these coefficients may be influenced by characteristics such as the number of items and the magnitude of inter-item correlations, reliability findings should be interpreted alongside construct validity and other psychometric evidence. Furthermore, the higher coefficients obtained for the Turkish version compared with the original study do not necessarily imply that one version is superior to the other.

One aspect that distinguishes the present study from the original research is the broader scope of its psychometric evaluation. While the original study examined factor structure, internal consistency, and relationships with related constructs, the present study additionally assessed McDonald's omega, Composite Reliability (CR), Average Variance Extracted (AVE), the Fornell–Larcker criterion, the Heterotrait–Monotrait (HTMT) ratio, and test–retest reliability. In the Turkish version, CR values ranged from .852 to .915, AVE values from .536 to .683, and HTMT values from .436 to .592, supporting adequate relationships between factors and their respective indicators as well as sufficient differentiation among factors. This additional psychometric evidence allows the Turkish version to be evaluated not only in terms of the preservation of its factor structure but also regarding the convergent and discriminant properties of its constructs. However, because these indices were not reported in the original study, direct cross-cultural numerical comparisons of CR, AVE, and HTMT values cannot be made.

The CFA results indicated that the three-factor model demonstrated an acceptable level of fit. The RMSEA and SRMR values obtained using the WLSMV estimation method indicated a low level of residual error, while the CFI and TLI values supported an acceptable model fit. Although the high CFI (.96) and TLI (.95) values provide favorable evidence regarding the model's factor structure, model fit should not be evaluated based on a single index. In particular, given that fit indices may be affected by different sample and data

characteristics, the present results are more appropriately interpreted as part of multiple sources of evidence supporting the three-factor structure.

The three reverse-scored items also loaded onto their expected factors, consistent with the original scale. The possibility that reverse-scored items may introduce method-related variance and produce artificial factor structures in self-report measures has long been discussed (Marsh 1996, Podsakoff et al. 2003, Van Sonderen et al. 2013). Nevertheless, the loading of reverse-scored items onto their expected factors and the preservation of the three-factor structure without item removal suggest that no substantial disruption of the factor structure attributable to reverse-scored items was observed in this study. However, factor loadings alone are insufficient to conclude that reverse-scored items are free from method effects. Future research could further examine potential method effects associated with reverse-scored items using confirmatory method-factor models or multitrait–multimethod (MTMM) approaches.

The test–retest results also provided supporting evidence for the temporal stability of the scale. A Pearson correlation coefficient of .79 and an ICC value of .88 for the total scale indicate that scale scores remained relatively stable over the 21-day interval. The correlation and ICC values obtained for the subscales similarly indicate acceptable temporal consistency. Nevertheless, because the test–retest assessment was limited to two measurement points, definitive conclusions regarding the scale's stability over longer periods cannot be drawn. Studies incorporating longer follow-up intervals and multiple measurement points may provide additional evidence in this regard.

Sex positivity is a multidimensional construct encompassing individuals' behaviors and attitudes toward sexuality, their ways of communicating about sexuality, and their personal beliefs, knowledge, and experiences. Therefore, assessing sex positivity may contribute not only to sexuality research but also to research and assessment processes in psychological counseling, psychiatry, social work, public health, and sexual health. The fact that a substantial proportion of sexuality research in Türkiye focuses on areas such as risk behaviors, sexual functioning, and sexual health highlights the need for instruments that simultaneously assess individuals' positive attitudes toward sexuality, communication patterns, and personal meaning-making processes. The three-dimensional structure of the Turkish version may allow these domains to be examined both independently and in relation to one another.

The findings also suggest potential applications of the scale across different research and assessment contexts. In clinical psychology and psychiatry, the scale may support the assessment of attitudes toward sexuality and sexual communication among individuals seeking help for sexuality-related difficulties. In psychological counseling and couple studies, the Talking and Communicating About Sexuality dimension may be particularly useful for examining individuals' ability to express sexual concerns and negotiate sexual matters within relational contexts. In sexual health research, the scale may be used to examine changes in sex positivity levels before and after psychoeducational interventions or sexual health programs. In social work, the scale may serve as an assessment instrument in research addressing attitudes toward sexuality within individual, relational, and social contexts. However, because criterion-related validity and measurement invariance were not examined in this study, the current findings are insufficient to support the use of the scale as a clinical diagnostic instrument or as a standalone tool for clinical decision-making.

Retaining the term "Seks Pozitiflik" in the scale's title is another consideration relevant to cultural adaptation. In everyday Turkish usage, the word "seks" primarily evokes sexual behavior or sexual intercourse, whereas the construct measured by the scale encompasses a broader range of dimensions. The scale addresses various domains, including sexual autonomy, attitudes toward sexual diversity, communication about sexuality, and personal beliefs, knowledge, and experiences. Therefore, using the term "cinsellik" (sexuality) in the scale items helps preserve the conceptual scope of the construct, while retaining the original terminology in the scale's title maintains comparability with the original instrument. Nevertheless, the possibility that the connotations of the word "seks" in the Turkish context may influence participants' perceptions of the scale's title and the construct it measures should not be overlooked. Future qualitative studies could examine how the concepts of "seks pozitiflik" (sex positivity) and "cinsellik"

(sexuality) are understood in the Turkish context, thereby providing more detailed evidence regarding the cultural implications of this terminological choice.

Several limitations should be considered when interpreting the findings of this study. First, a non-probability sampling method was employed. Because this may limit the representativeness of the sample, caution is warranted when generalizing the findings to the entire adult population of Türkiye. Although conducting EFA and CFA on separate samples strengthens the validation of the factor structure, the similar sociodemographic characteristics of the two samples may limit the generalizability of the findings to different populations. Furthermore, the fact that a large proportion of the sample had undergraduate or postgraduate education may have resulted in the underrepresentation of individuals with lower educational attainment. Given that educational level may influence knowledge, attitudes, and expressions related to sexuality, future studies involving samples with more diverse educational and sociodemographic characteristics may provide stronger evidence regarding the external validity of the scale.

Another limitation concerns the assessment of a culturally sensitive construct such as sexuality through self-report measures administered face-to-face. Because attitudes toward and experiences of sexuality may be influenced by social desirability bias, concerns about stigmatization, and the presence of the researcher, participants may have been inclined to provide responses perceived as more culturally acceptable (Hewett et al. 2008, Kelly et al. 2013, King 2022). Future studies could examine this potential influence in greater detail by employing anonymous online data collection methods or measures that directly assess social desirability bias.

The assessment of test–retest reliability at only two measurement points represents another limitation. In addition, although participants with diverse gender identities and sexual orientations were included in the study, measurement invariance analyses across groups could not be performed because of the limited number of participants in certain subgroups. Measurement invariance is an important psychometric property for determining whether scale scores reflect equivalent measurement of the same construct across different groups and for ensuring the validity of group comparisons (Putnick and Bornstein 2016). International research has also examined whether instruments assessing sexual attitudes demonstrate equivalent psychometric structures across different groups. For example, Muñoz-García et al. (2023) examined the measurement invariance of the Sexual Opinion Survey across sexual orientation groups among 2,293 Spanish adults and reported that the scale demonstrated only weak measurement invariance. Therefore, future studies should examine measurement invariance across gender identity, sexual orientation, age, educational level, and marital status using larger and more demographically balanced samples.

Another limitation of the study is that criterion-related validity analyses could not be conducted. The absence of a validated instrument directly assessing sex positivity in Türkiye limited the ability to obtain validity evidence using a Turkish-language criterion measure directly related to this construct. Future studies incorporating instruments assessing sexual attitudes, sexual well-being, sexual autonomy, or related psychosocial constructs may provide additional evidence regarding the criterion-related and convergent validity of the Turkish version.

Finally, the psychometric evaluations in this study were conducted primarily within the framework of Classical Test Theory. Although this approach is widely used in scale adaptation studies, future analyses employing modern psychometric methods, such as Item Response Theory or the Rasch model, may provide more detailed evidence regarding item-level performance and the measurement properties of the scale across different samples (Embretson and Reise 2000). Cross-validation and measurement invariance studies conducted with different samples may also expand the psychometric evidence supporting the use of the Turkish version.

Conclusion

This study provides supporting psychometric evidence for the construct validity, internal consistency, and temporal stability of the Turkish version of the Sex Positivity Scale. The preservation of the original three-

factor structure in EFA and CFA, high internal consistency coefficients, findings related to convergent and discriminant validity, and test–retest results provide favorable evidence supporting the use of the Turkish version in studies investigating sex positivity in Türkiye. The CFA results obtained using the WLSMV estimation method further supported the three-factor model while accounting for the ordinal nature of the data. Nevertheless, the generalizability of the findings should be considered limited because criterion-related validity and measurement invariance were not evaluated, convenience sampling was employed, and modern psychometric analyses were not conducted. Within this framework, the Turkish version may be considered a measurement instrument suitable for use in various research and assessment contexts. However, validation studies involving different samples, measurement invariance analyses, and modern psychometric investigations would further strengthen the evidence supporting its use.

Future research should aim to expand the psychometric evidence for the Turkish version of the Sex Positivity Scale across different samples and research designs. In particular, examining measurement invariance across gender identity, sexual orientation, age, educational level, and relationship status in larger and more sociodemographically balanced samples would provide important evidence regarding the comparability of scale scores across different groups. Furthermore, examining the scale in relation to associated constructs, such as sexual well-being, sexual autonomy, sexual attitudes, and sexual communication, may provide additional evidence of criterion-related and convergent validity. Studies employing modern psychometric approaches, such as Item Response Theory or the Rasch model, may allow researchers to examine how items function among individuals with different characteristics and to assess differential item functioning (DIF). Finally, studies incorporating longer follow-up periods and multiple measurement points, as well as those comparing different data collection methods, may strengthen the evidence regarding the scale's temporal stability and potential sources of bias, such as social desirability.

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Addendum 1. Sex Positivity Scale (Turkish Version)

Instruction

Please answer all questions as honestly as possible. Consider your views, thoughts, beliefs, and/or behaviors regarding sexuality and sex when responding. Select the answer that first comes to mind.

Lütfen öncelikle bu maddeyi yanıtlayınız. "Kendimi seks pozitif bir birey olarak görüyorum."	**Kesinlikle Katılmıyorum** ☐	**Katılmıyorum** ☐	**Ne Katılıyorum Ne Katılmıyorum** ☐	**Katılıyorum** ☐	**Kesinlikle Katılıyorum** ☒

		Kesinlikle Katılmıyorum	Katılmıyorum	Ne Katılıyorum Ne Katılmıyorum	Katılıyorum	Kesinlikle Katılıyorum
1	Bir kişinin kaç cinsel partneri olduğu, onun namuslu biri olup olmadığını göstermez.	1	2	3	4	5
2	Erotik içerikler (video, ses, yazılı, sözlü, performans gibi) kabul edilebilir bir cinsel ifade biçimidir.	1	2	3	4	5
3	Cinsel aktivite, yalnızca ciddi ve romantik bir ilişki içindeki kişilerle sınırlı olmalıdır.	1	2	3	4	5
4	Başkalarını cinsel davranışları ya da arzuları nedeniyle yargılamam.	1	2	3	4	5
5	Başkalarını cinsel yönelimleri nedeniyle yargılamam.	1	2	3	4	5
6	Belirli bir cinsel aktivitenin beni heyecanlandırmaması, o aktivitenin "yanlış" olduğu anlamına gelmez.	1	2	3	4	5
7	Genellikle cinsel olarak ilgi duymadığım cinsiyetten bir kişi bana cinsel yakınlık teklif etse rahatsız olurdum.	1	2	3	4	5
8	Cinsel ilişki deneyimlemenin tek bir "doğru" yolu yoktur.	1	2	3	4	5
9	"Cinsellik" kavramının tanımı, her birey için kişiseldir.	1	2	3	4	5
10	Cinsel sağlık, temel bir insan hakkıdır.	1	2	3	4	5
11	Arkadaşlarımla cinsellik hakkında rahatça konuşabilirim.	1	2	3	4	5
12	Kamuya açık alanlarda cinsellik hakkında rahatça konuşabilirim.	1	2	3	4	5
13	Cinsellikle ile ilgili bir sorum olduğunda birine rahatça sorabilirim.	1	2	3	4	5
14	Ailemle cinsellik hakkında rahatça konuşabilirim.	1	2	3	4	5
15	Kiminle konuşursam konuşayım, cinsellik hakkında konuşmanın tuhaf bir deneyim olduğunu düşünüyorum.	1	2	3	4	5
16	Cinsellikle ilgili konuları doktorumla konuşmaktan utanmam.	1	2	3	4	5
17	Cinsellik, konuşulması tabu olan bir konu değildir.	1	2	3	4	5
18	Özel bir ortamda cinsellik hakkında rahatça konuşabilirim.	1	2	3	4	5
19	Sağlıklı bir cinsel yaşamın herkes için önemli olduğuna inanıyorum.	1	2	3	4	5
20	Cinsellikle ilgili yeni şeyler öğrenmeyi severim.	1	2	3	4	5
21	Cinsellikte hoşlandığım şeyler hakkında yeni şeyler öğrenmeyi severim.	1	2	3	4	5
22	Yasal olduğu sürece, cinsel anlamda yeni şeyler denemeye istekliyim.	1	2	3	4	5
23	Cinselliğin olumlu bir şey olduğuna inanıyorum.	1	2	3	4	5
24	Cinsellik herkes tarafından keyifle yaşanmalıdır.	1	2	3	4	5
25	Partnerimin cinsel aktivitelerle ilgili inançlarını ve düşüncelerini bilmenin önemli olduğuna inanıyorum.	1	2	3	4	5
26	Cinsel aktivite öncesinde her zaman partnerimin rızasının olduğundan emin olurum.	1	2	3	4	5

Scoring

The scale consists of 27 items, including one screening item that is not included in the scoring.

The 26 scored items are grouped into three subscales:

(1) Sexual Behaviors and Attitudes,

(2) Talking and Communicating About Sexuality,

and (3) Personal Beliefs, Knowledge, and Experiences.

The distribution of items across the subscales is as follows:

(1) Sexual Behaviors and Attitudes: Items 1–10

(2) Talking and Communicating About Sexuality: Items 11–18

(3) Personal Beliefs, Knowledge, and Experiences: Items 19–26

The scale is rated on a five-point Likert scale (1 = Strongly disagree, 5 = Strongly agree), with items 3, 7, and 15 reverse-scored.

Both subscale scores and a total score can be calculated.

Higher scores indicate more positive attitudes toward sexuality.

The total score ranges from a minimum of 26 to a maximum of 130.