Handbook of Sexuality-Related Measures

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Sexual Rights Instrument

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The purpose of the Sexual Rights Instrument is to assess the 11 sexual rights formulated and adopted by the World Association of Sexology (WAS; WAS, 1999) and listed in Table 1. The Sexual Rights Instrument can be used to assess all 11 sexual rights of WAS or a subset. The construction and psychometric properties of this instrument were originally discussed by Lottes and Adkins (2003).

Description

The Sexual Rights Instrument contains 94 Likert items where the response options to each item are one of five choices: (a) Strongly Agree, (b) Agree, (c) Neither Agree nor Disagree, (d) Disagree, and (e) Strongly Disagree. The 94 items are ordered in the questionnaire so that items assessing one sexual right are not all listed consecutively but rather placed throughout with measures of other rights. Each of the 11 sexual rights of WAS is assessed by a single scale except for the right to sexual equity, and for that right there are separate scales corresponding to groups of the population that are known for their lack of sexual equity. Thus, for the right to sexual equity there are five scales: one for each of the following groups: Poor People, Gays and Lesbians, Handicapped People, Adolescents, and Elderly People.

One of the fundamental principles of human rights, in general, and sexual rights, in particular, is their interconnectivity. Violation of one right often implies violation of another. Thus, it is not possible to assess multiple sexual rights using mutually exclusive items in all scales. From both theoretical and content perspectives, items could apply to more than one scale. For example, although the sexual health professionals who formulated the right to comprehensive sex education intended for this right to mean that sexuality information should be provided to people throughout their lifetime, these same professionals acknowledge that adolescence is a critical period when youth need to acquire sexual knowledge. Thus, items of the scale assessing the right to sexual equity for adolescents overlap with the items of the scale assessing the right to comprehensive sex education.

The Sexual Rights Instrument was administered to two samples of college students in the northeastern United States. Sample I included students from a human sexuality class and students who were not taking the human sexuality class but who were recruited by students in that class.

TABLE 1
Sexual Rights Formulated by the World Association of Sexology

| The right to sexual freedom—Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life. |
| The right to sexual autonomy, sexual integrity, and safety of the sexual body—This right involves the ability to make autonomous decisions about one’s sexual life within a context of one’s own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation, and violence of any sort. |
| The right to sexual privacy—This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others. |
| The right to sexual equity—This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability. |
| The right to sexual pleasure—Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual, and spiritual well-being. |
| The right to emotional sexual expression—Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communications, touch, emotional expression, and love. |
| The right to sexually associate freely—This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations. |
| The right to make free and responsible reproductive choices—This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation. |
| The right to sexual information based upon scientific inquiry—This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels. |
| The right to comprehensive sexuality education—This is a lifelong process from birth throughout the lifecycle and should involve all social institutions. |
| The right to sexual health care—Sexual health care should be available for prevention and treatment of all sexual concerns, problems, and disorders. |

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Students responded to the survey on their own time. This was part of a project that was enthusiastically supported by students in the human sexuality class. The final number of usable questionnaires was 388. This sample was 41% male and 59% female with a mean age of 26.5. The data collection method for Sample 2 was similar except that the class recruiting other students was a research methods class. Members of this class were later involved in analyzing the responses to the Sexual Rights Instrument. This sample included 175 students of whom 38% were male and 62% female. The mean age of this sample was 28.6. In general, the Sexual Rights Instrument would be appropriate to administer to adult samples.

Most of the Sexual Rights Instrument’s items were constructed by Lottes and Adkins (2003), with 19 items taken from previously published scales. The final list of items was sent to a sexuality researcher with expertise in sexual rights. Two items were revised according to this researcher’s suggestions. A list of the item numbers corresponding to each scale can be found in Table 2, which identifies the items that were reverse scored and the reference for the items used from previously constructed scales.

Response Mode and Timing
Two response modes are possible. If machine-scored sheets that can be scanned and then transferred to a dataset readable by a statistical data analysis program are used, respondents shade in the circle of the number indicating their agreement/disagreement with each item. If machine-scored sheets are not used, then the numbers 1 through 5 need to be included next to each item, and respondents should be instructed to circle the number indicating their agreement/disagreement with each item. The Sexual Rights Instrument requires an average of 40 minutes to complete.

Scoring
To determine the score for each scale, add the responses (coded 1 through 5) to the individual items of each scale. The reverse-scored items are indicated in *Table 2*, and these items need to be recoded before summing the responses to each item in a scale. For all scales, the higher the score, the more a respondent supports sexual rights.

Reliability
The reliability of each scale was estimated by computing Cronbach’s alpha. Table 2 lists the 15 sexual rights scales with their reliabilities.

Validity
The construct validity of the 15 scales was supported by examining (a) correlations of the scales with measures of conservative political views, religiosity, support for femi-
nist causes, and personal value of sex and (b) differences between scale means for those who had only heterosexual sex partners and those who had at least one same-sex partner. Nearly all the correlations and mean differences were highly significant, supporting predictions that more support for sexual rights is given by less conservative and less religious people, people with more rather than less feminist views, people who place a high value on sex in their personal lives, and people who have had at least one same-sex partner.

References

Exhibit

**Sexual Rights Instrument**

*Directions:* Circle the response that best corresponds to your view about each statement using the following choices:

<table>
<thead>
<tr>
<th>Strongly Agree (SA)</th>
<th>Agree (A)</th>
<th>Neither Agree nor Disagree (N)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (SD)</th>
</tr>
</thead>
</table>

1. There should be no laws prohibiting sexual acts between consenting adults.
   - SA A N D SD
2. Candidates for public office should be willing to disclose their sexual histories to the public.
   - SA A N D SD
3. The federal government has done enough already to eliminate discrimination against gay men.
   - SA A N D SD
4. A pleasurable sex life is very important to the vast majority of men’s overall sense of well-being.
   - SA A N D SD
5. Homosexual couples should have the same legal rights as married couples.
   - SA A N D SD
6. Women do NOT need to be educated about the most up to date means of fertility regulation/contraception.
   - SA A N D SD
7. It is a responsibility of the media, including TV and the Internet, to inform people about scientific research relating to contraception/birth control.
   - SA A N D SD
8. Sex education courses in public high schools should discuss issues related to sexual orientation.
   - SA A N D SD
9. It is unreasonable to try to provide ways for physically handicapped people to enjoy their sexuality.
   - SA A N D SD
10. High school students should be taught negotiating skills enabling them to avoid unwanted sexual activities.
    - SA A N D SD
11. It is still important to investigate the sexual orientation (that is, finding out if they are gay, lesbian, or bisexual) of those people working in any branch of the armed forces.
    - SA A N D SD
12. Laws should make it financially difficult for married couples with children to get divorced.
    - SA A N D SD
13. It is perfectly normal to have sexual fantasies.
    - SA A N D SD
14. A pleasurable sex life is very important to the vast majority of women’s overall sense of well-being.
    - SA A N D SD
15. National policy has successfully protected lesbians from discrimination.
    - SA A N D SD
16. What two consenting adults do together sexually is their business.
    - SA A N D SD
17. Men should be educated about the most up to date means of fertility regulation/contraception.
    - SA A N D SD
18. It is NOT the obligation of the media to inform the public about the harmful effects and treatment of sexually transmitted diseases.
    - SA A N D SD
19. Teenagers should be given up-to-date information on how to avoid becoming a parent before they are ready.
    - SA A N D SD
20. Health insurance companies should routinely cover the majority of costs to treat the most common and curable sexually transmitted diseases. SA A N D SD
21. It is acceptable to put pressure on someone to participate in a sexual activity that was initially refused. SA A N D SD
22. Health care professionals should have to get parental consent before treating an adolescent (<18) for a sexually transmitted disease. SA A N D SD
23. It should be acceptable for gay men to hold hands in public. SA A N D SD
24. The media, including TV and the Internet, should take a major role in educating people about the harmful effects of sexual abuse on its victims. SA A N D SD
25. It should be socially acceptable for two people to live together without being married. SA A N D SD
26. Low-income women should be given financial assistance for the purchase of contraception. SA A N D SD
27. There should be a place where uninsured people with low incomes can get immediate treatment for curable sexually transmitted diseases. SA A N D SD
28. Young children (<12) need to be taught ways to help them minimize their risk of being sexually abused. SA A N D SD
29. It is wrong to psychologically pressure someone to engage in sexual activity. SA A N D SD
30. Laws giving cohabiting couples the same legal opportunities as married couples, with respect to health insurance, need to be enacted. SA A N D SD
31. If a non-married couple conceives a child, they should get married. SA A N D SD
32. Safe and legal abortions should be available to all women, before the 4th month of pregnancy. SA A N D SD
33. Sex education courses in high school should help adolescents understand how different ethnic and cultural groups vary in sexual beliefs and behaviors. SA A N D SD
34. Affordable health services should be available to help victims recovering from sexual abuse. SA A N D SD
35. Public high schools should provide programs to try to eliminate forms of non-consensual sexual activity. SA A N D SD
36. The media should provide examples demonstrating to young people how to say ‘No’ to unwanted sexual activity. SA A N D SD
37. Sexual activity for senior citizens should be discouraged. SA A N D SD
38. Sex education should be restricted to the home. SA A N D SD
39. It is much too easy to get a divorce in the United States. SA A N D SD
40. Teenage girls should be educated in high school about how sexually transmitted diseases influence their ability to get pregnant. SA A N D SD
41. Policies in the United States should enable health providers to offer all people affordable diagnosis and treatment of sexually transmitted diseases. SA A N D SD
42. I approve of state laws which make anal sex illegal. SA A N D SD
43. A person should be able to stop a sexual interaction at any point, no matter how far that sexual interaction has gone. SA A N D SD
44. Sexuality instructors should have training in the health, social, cultural, and biological aspects of sexuality. SA A N D SD
45. Sexual activity is often psychologically beneficial for older (>65) people. SA A N D SD
46. For most people, emotional expression is of little value to their long-term sexual relationships. SA A N D SD
47. The union of homosexual couples deserves some form of public recognition. SA A N D SD
48. Sex education should only be given to people ready for marriage. SA A N D SD
49. The government already contributes enough for the health care of its citizens. SA A N D SD
50. Sexual activity is typically a lifelong need. SA A N D SD
51. It should be easy for teenagers to get contraceptives. SA A N D SD
52. Teenage girls should be educated in high school about the harmful effects of a mother’s sexually transmitted disease or her drug use on her baby. SA A N D SD
53. The media should be able to report on the sexuality of any person. SA A N D SD
54. Nursing homes should restrict the sexual activities of their residents. SA A N D SD
55. Sexual intimacy provides a way for many people to express their love for their partner. SA A N D SD
56. Self-masturbation as an adult is juvenile and immature. SA A N D SD
57. Teenagers should be taught ways to reduce their risk for getting a sexually transmitted disease. SA A N D SD
58. Physicians should be educated on how illnesses and their treatments affect a patient’s sexual response. SA A N D SD
59. The government should NOT help small businesses provide health insurance for their employees. SA A N D SD
60. It is wrong to investigate the sexual activities of two consenting adults. SA A N D SD
61. I would sign my name to a petition asking the government to protect gay men from physical violence. SA A N D SD
62. Parents should be informed if their children (<18) have been to a health professional to obtain a contraceptive device. SA A N D SD
63. Heterosexual men have more positive characteristics than gay men. SA A N D SD
64. Women who emphasize sexual pleasure in their lives overlook life’s more important pursuits. 

65. Self-masturbation in childhood can help a person develop a natural and healthy attitude toward sex. 

66. It is the duty of parents and NOT the schools to provide sex education for their children. 

67. Physically handicapped people should NOT have sex. 

68. Too much social approval has been given to gay men. 

69. Self-masturbation by a person who is married is NOT healthy. 

70. Sexuality courses should be provided for those who are disabled. 

71. Abortion is wrong, no matter what the circumstances are. 

72. Sex education courses in high school should help adolescents express their desire NOT to be involved sexually if they do NOT wish to be. 

73. The government should provide more financial assistance to hospitals and doctors to help cover the cost of the health care of poor people. 

74. Care takers of the aged should be educated about the sexual needs of their patients. 

75. Homosexual men are treated unjustly in our society. 

76. Sex education courses in high school should help adolescents use protection (condom/birth control) if they plan to have intercourse. 

77. Physicians should communicate to patients how illnesses and their treatments affect sexual response. 

78. Nursing homes have no obligation to provide privacy for residents who wish to express their sexuality, either alone or with their partner. 

79. Self-masturbation in private should be considered a normal and healthy activity for adolescents. 

80. The Supreme Court should make abortion illegal in the United States. 

81. Care takers of the disabled should be educated about the sexual needs of their patients. 

82. I believe contraceptive use is a responsibility for both men and women. 

83. Heterosexual women have more positive characteristics than lesbians. 

84. Sex education courses in high school should help adolescents deal with the negative aspects of peer pressure. 

85. Artificial insemination should be available to lesbians. 

86. Nursing homes should provide condoms for their residents. 

87. Men who emphasize sexual pleasure in their lives overlook life’s more important pursuits. 

88. Adults who self-masturbate in private should be considered normal and healthy. 

89. Adolescents in high school should be taught skills to reduce guilt and fear about sexual issues. 

90. The final decision to have an abortion should be up to the pregnant woman. 

91. Sexual relationships provide an important and fulfilling part of life for most people. 

92. Gay men should NOT be able to adopt children. 

93. Institutions for the physically disabled should provide privacy to allow residents to engage in sexual activities. 

94. The government does NOT need to provide family planning services to low-income women. 

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**Sexual Polarity Scale**

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Sexual polarity is defined as a sexual ideology (a) consisting of a more or less organized set of ideas about sexuality that orders information about the ideals and aspirations in a sexual world view; (b) polarizing into a left-wing (*naturalist*) and a right-wing (*jehovanist*) set of ideas; and (c) serving as a script, often shared by a community of believers, to interpret, to predict, to explain, to evaluate, or to control past, present, and future sexual scenes. The concepts of *jehovanist* and *naturalist*, introduced by Davis (1983), suggested the content of the items. Jehovanists believe that sex is dirty and aside from moderate intensity—marital coitus—threatens the dissolution of the individual’s self

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