

## Uses of the “Comfort with Sexual Matters for Young Adolescents” scale: A measure of erotophobia-erotophilia for youth

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**Abstract:** The need to assess erotophobia-erotophilia with young adolescents arose during the evaluation of *Girl Time: Healthy Sexuality Program for Grade 7/8 Girls* (Brunk et al., 2008; Rye et al., 2008). Program participation and achievement of desired outcomes depended on a level of comfort with sexuality. The Sexual Opinion Survey (SOS) (Fisher, Byrne, White, & Kelley 1988; Rye, Meaney, & Fisher, 2011) was not appropriate and a shorter, 6-item measure, the Comfort with Sexual Matters for Young Adolescents scale (CWSMYA) was developed. Based on the SOS, the CWSMYA scale used simpler language and excluded content that might not be understood by younger adolescents. This article presents data about the CWSMYA scale from the outcome evaluation of *Girl Time* and from a survey completed by university students that contained both the CWSMYA scale and the SOS. Results indicated that the CWSMYA scale is a sufficiently reliable measure of erotophobia-erotophilia that correlates well with the SOS. The CWSMYA scale is recommended for assessing erotophobia-erotophilia with younger adolescents. Practical problems include the difficulty young participants had understanding some terms and community concerns about using an explicit instrument in schools.

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### Introduction

Erotophobia-erotophilia is a disposition to respond to sexual stimuli with negative-to-positive affect and evaluation and is believed to determine approach or avoidance with regard to sexual stimuli. The Sexual Opinion Survey (SOS) (Fisher, Byrne, White, & Kelley, 1988; Rye, Meaney, & Fisher, 2011) was designed to measure erotophobia-erotophilia in response to a variety of sexual stimuli (i.e., autosexual, homosexual, heterosexual behaviour; sexual fantasy; visual sexual stimuli). Previous research using the SOS has shown that

erotophobia-erotophilia is predictive of a variety of sexual attitudes and behaviours, including subjective sexual arousal (Nobre et al., 2004), sexual arousal and anxiety and, indirectly, sexual self-schema (Cyranowski & Anderson, 1998), self-reported sexual behaviour, i.e., masturbation, multiple partners, unprotected sex (Durant, Carey, & Schroder, 2002), and implicit sexual attitudes (Geer & Robertson, 2005) (for an extensive review see Rye et al., 2011). There are many sexual health consequences of erotophobia-erotophilia, including impact on condom use (Saunders et al., 2006) and learning and teaching about sexuality (Fisher, Grenier, Watters,

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Lamont, Cohen, & Askwith, 1988; Gerrard, Kurylo, & Reis, 1991; Herbenick, Reece, & Hollub, 2009). Erotophobia-erotophilia is thought to function at both the cognitively deliberate level and the subconsciously automatic levels (e.g., Macapagal & Janssen, 2011). In general, men tend to report higher levels of erotophilia than women although relatively erotophobic or erotophilic women and men generally respond to sexual content in a similar manner (Rye et al., 2011). In other words, the gender difference in erotophobia-erotophilia is one of degree, not one of kind. It should be noted that practically all research involving the SOS has been conducted with emerging adult or adult participants.

During development of an outcome evaluation for *Girl Time: Healthy Sexuality Program for Grade 7/8 Girls* (Rye et al., 2008), it became apparent that a measure of erotophobia-erotophilia for young adolescents was needed for such an evaluation. *Girl Time* is an intensive sexual health education program that aims to “[encourage] young girls to (a) delay sexual activity until they are mature enough, and (b) practice safer sex when they engage in sexual activity” (Rye et al., 2008, p. 16). A measure of erotophobia-erotophilia was needed because: (a) sexual topics were discussed frankly throughout the program; and (b) it was intended that program participants would deal with their sexuality in a positive manner following program completion (for further details about *Girl Time* see Brunk et al., 2008). Because erotophobia-erotophilia is a sex-related affective and evaluative personality dimension, we anticipated that a measure comparable to the SOS would be a useful in determining the responses of *Girl Time* participants to the program content and in reinforcing a longer-lasting effect of the lessons learned. However, we concluded that the language and ideas conveyed in the SOS were age-inappropriate for Grade 7 and Grade 8 girls and that the 21-item SOS was simply too long to include in a large questionnaire for *Girl Time* evaluation. Instead, we developed the 6-item Comfort With Sexual Matters for Young Adults scale (CWSMYA) using simplified language and less complex content while remaining conceptually based on the SOS.

### ***The present study***

This article presents normative and psychometric data for the CWSMYA scale obtained from Grade 7 and Grade 8 girls who participated in the *Girl Time* outcome evaluation. Additionally, we present psychometric data from a survey in which a sample of younger university students completed both the CWSMYA scale and the SOS to help validate the former as a measure of erotophobia-erotophilia. Although establishing the validity of the CWSMYA scale as a measure of erotophobia-erotophilia was beyond the scope of the *Girl Time* evaluation, it was expected that the CWSMYA scale would provide a reliable test of the construct that correlated strongly with the SOS.

### **Methods**

Data for the current report were obtained from two separate sources: (1) the original use of the CWSMYA scale in the outcome evaluation of *Girl Time*; and (2) a later survey completed by students enrolled in a first-year psychology course. Methods for the two groups are presented separately.

#### ***Girl-Time sample***

##### *Participants*

Participants were 883 girls, 274 of whom took part in the *Girl Time* program (“program girls”) and 609 of whom served as a non-intervention control group (“comparison girls”) for the outcome evaluation of *Girl Time* (Rye et al., 2008). Mean age of participants was 12.5 years at program commencement.

##### *Procedure*

Participants completed a questionnaire containing a variety of measures—the last of which was the CWSMYA scale—at four time points: Time 1: Baseline measures were taken immediately prior to *Girl Time* commencement; Time 2: Two to three months post-baseline after *Girl Time* delivery; Time 3: Ten to 12 months post-baseline; and Time 4: 13-14 months post-baseline. Further details concerning the sample, evaluation procedure, and results can be found in Rye, et al. (2008). This study received approval from three ethical review boards: a university ethics board, the school board ethics review committee, and the public health ethics review board.

### *Instrument*

The CWSMYA scale is a six-item measure conceptually based on the SOS. Ideally, we would have liked to have created a large pool of items and to have chosen the psychometrically best of those items. However, the time line of the project necessitated few items and immediate scale development. Consequently, the research team crafted six items based on a conceptual understanding of erotophobia-erotophilia and on experience and expertise with adolescents and adolescent sexuality. The items were: (1) “It is not OK for a person to have more than one sex partner during their lifetime.”; (2) “It is OK for a person to masturbate if it makes him/her feel good.”; (3) “It is OK for two men to have sex with each other or two women to have sex with each other.”; (4) “It is not OK for people to have sexual intercourse unless they are in a committed relationship.”; (5) “It is OK to enjoy being sexually aroused (turned on) by a sexy story, picture or movie.”; and (6) “Oral sex is disgusting to me.” Participants indicated agreement/disagreement with each item on a 5-point Likert-type scale ranging from strongly disagree to strongly agree. Some items were reverse scored so that higher scores on all items indicated higher erotophilia. The Girl-Time participants also completed a large number of measures pertaining (directly or indirectly) to sexual health (see Rye et al., 2008, for a full description of each measure); these additional measures were used to assess construct validity in the current study.

### **University student sample**

#### *Participants*

Participants were 55 students (39 female, 11 male, 5 gender unreported) enrolled in an Introductory Psychology course at a small university in southern Ontario. All university student participants were between 18 and 20 years of age ( $M = 18$  years,  $SD < 1$  year); mean ages of men and women were not significantly different ( $t(48) = 1.15, ns$ ).

#### *Procedure*

An investigator presented the study at the beginning of a class and asked for volunteers to complete a short survey of attitudes toward a variety of sexual matters. It was explained that participation was voluntary, no compensation would be given, completion of the survey implied informed consent, and that participation (or lack of participation) would

have no influence on course evaluation. Those who volunteered were given a survey to complete, with the stipulation that participants were no older than 20 years. No identifying information was recorded on the survey and all data were collected in a manner to ensure the anonymity of participants. This survey received ethical approval from the university ethics review board.

### *Instrument*

The questionnaire consisted of a 27-item survey called the Sexual Attitudes Survey, a composite of the 21-item SOS (sample item: “Engaging in group sex is an entertaining idea”) and the 6-item CWSMYA scale. The items were presented without any explicit division. Participants responded to items on both measures using a 7-point Likert-type scale ranging from *Strongly disagree* (1), *Moderately disagree* (2), *Slightly disagree* (3), *In between* (4), *Slightly agree* (5), *Moderately agree* (6), and *Strongly agree* (7); some items on each scale were reverse scored so that higher scores on all items indicated higher erotophilia. A final score for each scale was calculated by averaging scores on the individual items. Previous research has found high reliability for the SOS (Cronbach’s  $\alpha = .76$  to  $.89$ ; Rye et al., 2011).

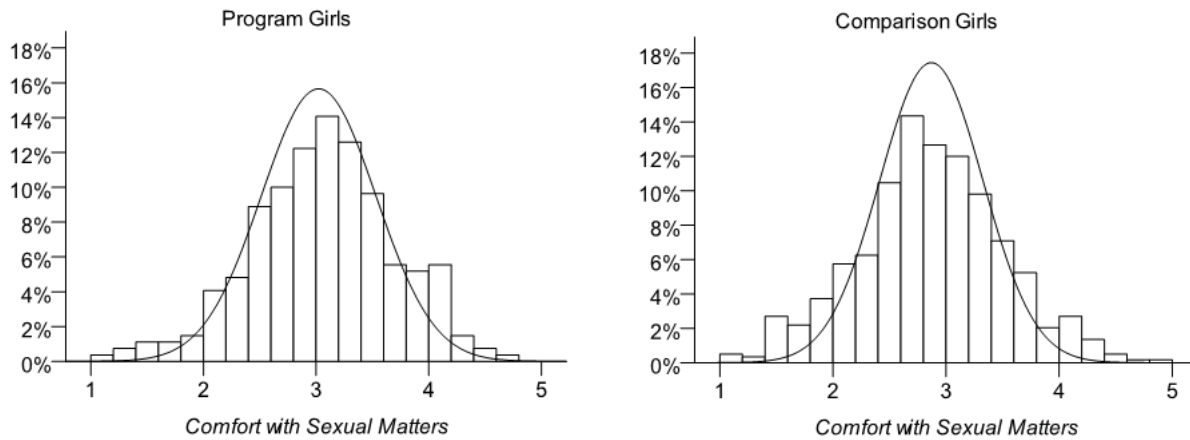
## **Results**

### ***Girl Time sample results***

#### *Frequency distribution*

The overall shape of the frequency distributions of CWSMYA scale scores was similar for program girls at all four time points and for comparison girls at all four time points. Figure 1 shows the frequency distributions collapsed across time points. Scores were distributed normally around the midpoint of the scale for both program girls (Kolmogorov-Smirnov test:  $df = 270$ , statistic =  $.04, ns$ ; Shapiro-Wilk:  $df = 270$ , statistic =  $1.00, ns$ ) and comparison girls (Kolmogorov-Smirnov test:  $df = 592$ , statistic =  $.04, p < .05$ ; Shapiro-Wilk:  $df = 592$ , statistic =  $1.00, ns$ ), suggesting that the CWSMYA scale provides a good spread of scores and is appropriate for use with statistical procedures that assume normally distributed data (i.e., most parametric tests).

Figure 1 Frequency distributions of the CWSMYA scale scores (Girl Time sample)



Note. 5-point scale. 1 = least comfortable. 5 = most comfortable.

*Normative data*

Means and standard deviations for the CWSMYA scale for program and comparison girls are shown in the upper portion of Table 1. Both program and comparison girls scored close to the midpoint of the scale at all time points, but tended to become more comfortable with sexual matters over time; this trend was somewhat more pronounced for program girls than for comparison girls as would be expected over the course of a sexual education program (see Rye et al., 2008 for statistical analysis). Standard deviations were consistent across time and groups, allowing for comparisons.

*Internal consistency*

Internal consistency was adequate at each of the four time points for both program girls and comparison girls (see Table 2; average Cronbach’s  $\alpha = .66$ ; average inter-item correlation = .25). Test-retest reliability was modest across time periods (see Table 3; average test-retest  $r = .57$ ). Additionally, the *Girl Time* evaluation found that both program and comparison girls became more comfortable with sexual matters over time (an expected effect of maturation) and that program girls were more comfortable with sexual matters than comparison girls at every time point post-baseline (Rye et al., 2008)—

Table 1 Descriptive statistics for erotophobia–erotophilia

Sample	Girl Time sample <sup>a</sup> (CWSMYA scale)											
	<i>n</i>	Time 1 <i>M</i>	<i>SD</i>	<i>n</i>	Time 2 <i>M</i>	<i>SD</i>	<i>n</i>	Time 3 <i>M</i>	<i>SD</i>	<i>n</i>	Time 4 <i>M</i>	<i>SD</i>
Program Girls	236	2.82	.71	250	3.02	.75	222	3.18	.87	237	3.21	.80
Comparison Girls	508	2.75	.75	540	2.80	.74	512	2.93	.78	527	3.00	.80
Total	744	2.77	.73	790	2.28	.75	734	3.01	.81	764	3.06	.80

Sample	University student sample <sup>b</sup>					
	CWSMYA Scale			Sexual Opinion Survey		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>
Men	11	6.11	.65	11	5.15	.68
Women	39	5.78	1.05	39	4.40	.88
Total	55	5.70	1.18	55	4.45	.97

<sup>a</sup>5-point scale. Higher scores indicate greater comfort

<sup>b</sup>7-point scale. Higher scores indicate greater comfort

*n* = number of respondents to this item

**Table 2** Internal consistency for the CWSMYA scale (Girl Time sample)

Sample	Time 1	Time 2	Time 3	Time 4
	Cronbach's $\alpha$ ( <i>n</i> )			
Program Girls	.56 (236)	.61 (236)	.76 (211)	.71 (227)
Comparison Girls	.65 (508)	.64 (501)	.66 (478)	.67 (498)
Total	.62 (744)	.64 (737)	.70 (689)	.69 (725)
Average Inter-Item Correlation ( <i>n</i> )				
Program Girls	.17 (236)	.21 (236)	.35 (211)	.29 (227)
Comparison Girls	.24 (508)	.23 (501)	.25 (478)	.25 (498)
Total	.22 (744)	.23 (737)	.28 (689)	.27 (725)

*n* = number of respondents to this item

**Table 3** Test-retest reliability for the CWSMYA scale (Girl Time sample)

	Time 1	Time 2	Time 3	Time 4
	<i>r</i> ( <i>n</i> ) : Program girls above the diagonal; Comparison girls below			
Time 1	--	.57 (219)	.45 (192)	.42 (204)
Time 2	.63 (464)	--	.66 (205)	.60 (217)
Time 3	.53 (432)	.59 (460)	--	.70 (196)
Time 4	.50 (446)	.53 (473)	.63 (453)	--

Note. All correlations significant at  $p < .001$

again, demonstrating that the scale is sensitive to an intervention that should affect erotophobia-erotophilia.

#### External validity

Correlations between the CWSMYA scale and other constructs used in the *Girl Time* evaluation tended to fall in the low-to-moderate range for both program girls and comparison girls (see Table 4). Weak-to-moderate correlations (e.g.,  $r = .20-.30$  is a weak-to-moderate correlation; such as the correlation between the CWSMYA and sexual attitudes) were generally found between the CWSMYA scale and measures of constructs more directly related to sexuality (e.g., behavioural intentions, costs of intercourse, benefits of intercourse), although there were some notable exceptions (e.g., sexual health knowledge). Very weak correlations (i.e.,  $r < .20$  is a weak-to-negligible correlation; such as the correlation between the CWSMYA and self-esteem) were found between the CWSMYA scale and constructs less directly related to sexuality (e.g., parent communication,

family functioning, sense of school membership). In general, correlations did not differ between program and comparison girls; nor did they differ over time periods. These results provide some initial evidence for the construct validity of the CWSMYA scale as a measure of erotophobia-erotophilia.

#### University student sample results

##### Frequency distribution

Frequency distributions for the CWSMYA scale as completed by university students are shown in Figure 2. Scores were normally distributed around the mean for men (Kolmogorov-Smirnov test:  $df = 11$ , statistic = .14, *ns*; Shapiro-Wilk:  $df = 11$ , statistic = .95, *ns*) and for women (Kolmogorov-Smirnov:  $df = 39$ , statistic = .14, *ns*; Shapiro-Wilk:  $df = 39$ , statistic = .89,  $p < .001$ ). However, a restricted range was apparent for both men (range = 5.00 to 7.00) and women (range = 3.00 to 7.00). These results suggest that the CWSMYA scale is appropriate for use with statistical tests that assume normally distributed data (i.e., most parametric tests), but may not be an ideal measure of erotophobia-erotophilia for university students (i.e., the range of scores is too small).

A greater range of scores was found on the SOS for both men (range = 3.71 to 6.14) and women (range = 1.81 to 6.14; see Figure 3). Scores were normally distributed around the mean for both men (Kolmogorov-Smirnov test:  $df = 11$ , statistic = .14, *ns*; Shapiro-Wilk:  $df = 11$ , statistic = .96, *ns*) and women (Kolmogorov-Smirnov test:  $df = 39$ , statistic = .11, *ns*; Shapiro-Wilk:  $df = 39$ , statistic = .97, *ns*). This suggests that the SOS resulted in a wider range of scores with university students than did the CWSMYA scale. While both tests resulted in normally distributed data, the SOS is probably a more appropriate instrument for use with university students.

##### Descriptive statistics

Descriptive statistics for the university student sample on individual items of the CWSMYA scale are shown in Table 5; men tended to be strongly erotophilic on individual items, while women tended to be moderately erotophilic on individual items. Means and standard deviations for the CWSMYA scale and the SOS are shown in Table 1. University students tended to be somewhat erotophilic on both scales, but scored significantly higher (i.e., more erotophilic) on the CWSMYA scale than on the SOS (paired samples *t* test:  $t(54) = 11.77$ ,  $p < .001$ ).

Table 4 Correlations between the CWSMYA scale and other constructs used in the Girl Time outcome evaluation

	All Girls Combined <sup>a</sup>				Average <i>r</i>
	Time 1 <i>r</i> ( <i>n</i> )	Time 2 <i>r</i> ( <i>n</i> )	Time 3 <i>r</i> ( <i>n</i> )	Time 4 <i>r</i> ( <i>n</i> )	
Behavioral intentions	-.23 (684)	-.27 (786)	-.31 (729)	-.27 (760)	-.27
Sexual attitudes	-.25 (710)	-.24 (786)	-.28 (727)	-.26 (763)	-.26
Costs of intercourse	-.24 (702)	-.24 (709)	-.31 (647)	-.23 (689)	-.26
Sexual behaviour	-.11 (744)	-.17 (787)	-.29 (727)	-.33 (756)	-.23
Parent communication	-.17 (684)	-.17 (756)	-.23 (702)	-.25 (733)	-.21
Benefits of intercourse	-.21 (698)	-.20 (669)	-.24 (702)	-.20 (676)	-.21
Sexual beliefs	-.13 (652)	-.18 (698)	-.24 (658)	-.23 (711)	-.20
Social desirability	-.22 (636)	-.09 (777)	-.22 (641)	-.23 (755)	-.19
Family functioning: mother	-.15 (684)	-.16 (756)	-.21 (702)	-.24 (732)	-.19
Family functioning: father	-.16 (684)	-.17 (754)	-.21 (701)	-.21 (733)	-.19
Sense of school membership	-.09 (668)	-.07 (708)	-.07 (650)	-.10 (700)	-.18
Subjective norms	-.20 (620)	-.10 (772)	-.13 (723)	-.24 (754)	-.17
Self-esteem	-.10 (695)	-.14 (712)	-.19 (647)	-.26 (716)	-.17
Behavioral skills	-.17 (699)	-.16 (783)	-.15 (727)	-.17 (761)	-.16
Sexual health knowledge	.16 (703)	.13 (789)	.14 (733)	.07 (764)	.13
Self-efficacy	-.10 (693)	.02 (785)	-.05 (729)	-.08 (761)	-.06

Note. Behavioural intentions: motivation to delay sex/use condoms. Sexual attitudes: evaluation of sexual behaviours. Costs of intercourse: perceptions of “negative” reasons why “young people” have sex (Small, 1998). Sexual behaviour: Have you had intercourse? Parent communication: communication about sexual health topics. Benefits of intercourse: ratings of “positive” reasons why “young people” have sex (Small, 1998). Sexual beliefs: specific beliefs related to delaying sex/using condoms. Social desirability: Crowne-Marlowe Social Desirability Scale (Crowne & Marlowe, 1960; Paulhus, 1991). Family functioning: *Canada Youth and AIDS Study* (King et al., 1988) instrument assessing perceived parent/child relations. Sense of school membership: perceptions of belonging to the school community (Goodenow, 1993). Subjective norms: perceived social support to delay sex/use condoms. Self-esteem: Rosenberg Self-Esteem Scale (Blascovich & Tomaka, 1991). Behavioral skills: perceived effectiveness for enacting safer sex behaviors (Bandura, 1997). Sexual health knowledge: based loosely on the *Canada Youth and AIDS Study* (King et al., 1988). Self-efficacy: perceived effectiveness for engaging in sexual health behaviours (Basen-Enquist et al., 1998). Further information on each scale is available in Rye et al., 2008. *n* = number of respondents to this item. Significance levels are not reported because they may be misleading due to large sample.

<sup>a</sup>Fisher’s *z* tests for differences between program girls and comparison girls were conducted for each measure at each time period; only 7 of 64 possible differences were significant at  $p < .05$ ; these were probably Type I errors.

### Internal consistency

High internal consistency was found for both the SOS (Cronbach’s  $\alpha = .85$ ) and the CWSMYA scale (Cronbach’s  $\alpha = .85$ ). The two scales were strongly correlated ( $r = .74, p < .001, n = 55$ ), providing some evidence that they measure the same underlying construct. However, previous research using the SOS has found a consistent gender difference in erotophobia-erotophilia (see Rye et al., 2011); this difference was found in our study on the SOS ( $t(48) = 2.63, p < .01$ ), but not on the CWSMYA scale ( $t(48) = 1.00, ns$ ). However, the low *n* (particularly for men) needs to be kept in mind when interpreting these gender difference tests.

### Discussion

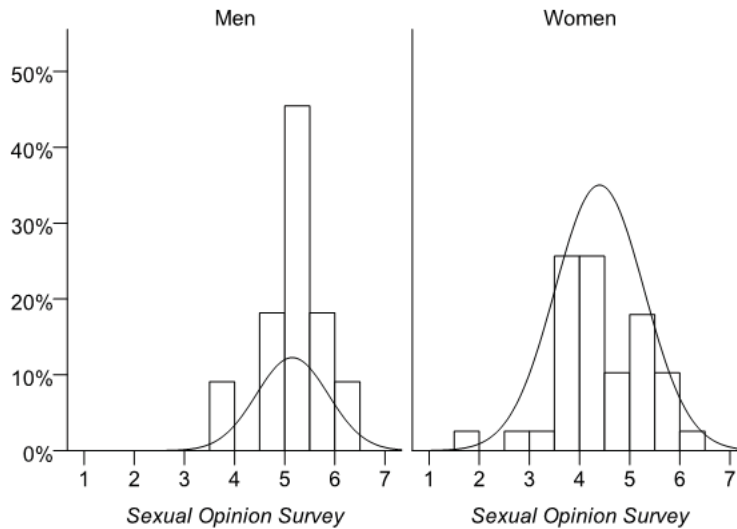
The findings of this study suggest that the CWSMYA scale is a moderately reliable measure of erotophobia-erotophilia that correlates sufficiently well with the SOS (the standard measure of the construct) and somewhat well with measures of other sexuality-related constructs. However, the correlation between the CWSMYA scale and the SOS is somewhat lower than would be expected with measures of the same construct; this may be due to the necessary simplification of the sexual concepts involved. Revising the SOS for use with young adolescents often required replacing very explicit scenarios (e.g., it would be emotionally upsetting to me to see someone exposing themselves publicly) with less explicit items (e.g., it is not OK for a person to have more than one sex partner during their lifetime). The

Figure 2 Frequency distributions of the CWSMYA scale scores (university student sample)



Note. 7-point scale. 1 = least comfortable. 7 = most comfortable.

Figure 3 Frequency distributions of the Sexual Opinion Survey (SOS) scores (university student sample)



Note. 7-point scale. 1 = least comfortable. 7 = most comfortable.

intent in rewording the items was to create an age-appropriate measure, but the meaning of the items may have changed along with the language.

Differences in the content of the two scales, however, may explain why we found no gender differences in the CWSMYA scale, while we did find a gender difference in the SOS. Of the 21 items on the SOS,

7 of them deal with sexually explicit material, exotic dancers, or explicit public exposition. Women tend to find sexually explicit materials more offensive than men (e.g., Cowan & Dunn, 1994; Glascock, 2005); similarly, questions about exotic dancers and “someone exposing themselves publicly” may be more offensive or threatening to women than sexual in nature. In some ways, the SOS may present a more

**Table 5** Item statistics for the CWMSYA scale (University student sample)

	<i>N</i>		<i>M (SD)</i>		Median		Mode	
	Men	Women	Men	Women	Men	Women	Men	Women
1. It is not OK for a person to have more than one sex partner during their lifetime.	10	39	6.30 (1.25)	6.41 (1.30)	7	7	7	7
2. It is OK for a person to masturbate if it makes him/her feel good	10	39	6.50 (.71)	5.85 (1.39)	7	6	7	7
3. It is OK for two men to have sex with each other or two women to have sex with each other	11	39	4.73 (2.30)	5.56 (1.70)	5	6	7	7
4. It is not OK for people to have sexual intercourse unless they are in a committed relationship	11	39	5.91 (1.51)	5.31 (1.85)	6	6	7	7
5. It is OK to enjoy being sexually aroused (turned on) by a sexy story, picture, or movie	11	39	6.55 (.52)	5.82 (1.05)	7	6	7	6
6. Oral sex is disgusting to me	11	39	6.82 (.60)	5.72 (1.75)	7	6	7	7

**Note.** Responses scored on a Likert-type scale (7-point scale recommended) ranging from “I strongly disagree” to “I strongly agree.” Items 1, 4, and 6 reverse coded; average scores based on all 6 items. Higher scores indicate greater comfort. Missing data can be ignored provided participants complete at least half of the items.  
*n* = number of respondents to this item

masculine view of sexuality; it is not surprising, then, that consistent gender differences are found when using this scale. In contrast, the CWMSYA scale contains only a single item about sexually explicit materials and does not address exotic dancers or public exhibition and, therefore, may present a less masculine view of sexuality. The gender difference traditionally found in erotophobia–erotophilia may reflect the masculine nature of the questions on the SOS rather than a genuine difference in erotophobia–erotophilia. Alternatively, the SOS may simply be more sensitive to gender differences than the CWMSYA scale, and that, coupled with the low number of male participants ( $n=11$ ) in the current study, may account for no significant gender differences in CWMSYA scores.

Despite some differences with the SOS, the CWMSYA scale appears to be a psychometrically sound measure of erotophobia-erotophilia that is sensitive to an intervention (*Girl Time*) that was expected to influence the construct. This effect is also apparent in the distribution of scores for each scale: Grade 7 and Grade 8 girls tended to have scores near the midpoint of the distribution, while university students tended to be more erotophilic (As testimony: there were not enough surveys available for all of the university students who volunteered to complete them! – despite a lack of compensation for completing the scale). Our data did not allow for

a direct comparison of Grade 7 and Grade 8 girls with university students, but they do suggest that the CWMSYA scale reflects the expected developmental trends in erotophobia-erotophilia.

While it is psychometrically sound, using the CWMSYA scale in practice may present some unique challenges. For example, while the *Girl Time* outcome evaluation received ethics clearance through three separate ethical review boards, inclusion of the CWMSYA scale was the cause of some controversy and opposition to the program among community members. Also, Grade 7 girls evidenced some difficulty understanding the concepts on the scale (e.g., reactions similar to “ewww...in your mouth?”). This problem can be remedied by having well-trained facilitators available to provide additional explanation where necessary. Further research is needed with the CWMSYA scale in order to demonstrate construct validity; for example, it could be correlated with measures of sexual orthodoxy (e.g., Mosher’s Sex Guilt Scale; Mosher, 1998 or the (non-) Acceptance of Sexuality Scale; Bryan, Aiken, & West, 1997) and other established adolescent sexuality measures (e.g., the Adolescent Sexual Activity Index; Hansen, Paskett, & Carter, 1999). In spite of these difficulties, the benefits of having a scale to measure erotophobia-erotophilia in the evaluation of youth sexual health education programs outweigh the challenges.



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