Validation of the Sexual Desire Inventory in Colombia

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Abstract

Sexual desire is a cognitive and affective state that motivates an individual to engage in sexual activity. There are no validated measures to assess this construct in Colombia. The present study aimed to validate the Sexual Desire Inventory (SDI) and explore sex-and age-based differences in sexual desire in Colombian population. The sample was composed of 2,125 men and women, who answered the Colombian version. Results indicated strict invariance between genders, a three-dimension model, and acceptable validity and reliability indicators. Gender-based and age-based differences were observed in the three types of sexual desire. Implications and conclusions of these findings are presented.

Keywords: sexual desire; SDI; Colombia; Spanish; dyadic sexual desire-partner; dyadic sexual desire-attractive person; solitary sexual desire; men; women.

Sexual Desire Analysis and Validation of the Sexual Desire Inventory in Colombia

Early research showed that people conceived sexual desire as a psychological or subjective experience of interest to engage in sexual activity (Regan & Berscheid, 1996). Spector, Carey, and Steinberg (1996) defined sexual desire as an "interest in sexual activity that can be measured through the amount and strength of thought directed toward approaching or being responsive to sexual stimuli" (p.178); these authors emphasize that sexual desire is a cognitive state rather than a physiological or behavioral sexual event. However, more recent approaches have argued that sexual desire has a multidimensional nature involving not only a subjective appraisal of interest but also emotional states, neurophysiological activation, and behavioral efforts to obtain sexual rewards (Ortega, Sierra, & Zubeidat, 2004; Pfaus, 2009; Toledano & Pfaus, 2006; van Anders, 2012; Zubeidat, Ortega, Del Villar, & Sierra, 2003). Moreover, the multifaceted orientation of sexual desire includes variables such as intimacy, control, power, and thrill-seeking, beyond a solely erotic orientation (Chadwick, Burke, Goldey, Bell, & van Anders, 2017). There seems to be a consensus in that sexual desire is influenced by different variables and experienced as a cognitive and affective state that motivates an individual to seek out or be receptive to sexual activity.

Research has shown an association between sexual desire and relationships (Mark, 2012; Willoughby & Vitas, 2012). Sexual desire plays an important role in assessing relationship compatibility across all stages, contributing to the development and permanence of relationships (Birnbaum, 2017). Also, it has been argued that sexual desire has an impact on aspects such as passion, quality of relationships, sexual satisfaction, and frequency of thoughts about ending a relationship and starting a new one (Regan, 2000). Moreover, problems associated with sexual

desire such as sexual aversion, hypoactive-hyperactive sexual desire, and inability to experience sexual desire can negatively impact relationships and general well-being (Levine, 2003).

Different self-report questionnaires are used to measure sexual desire. The most common are The Hulbert Index of Sexual Desire (Apt & Hurlbert, 1992), Wilson's Sexual Fantasy Questionnaire (Wilson, 1988), the Sexual Interest and Desire Inventory–Female (Clayton et al., 2006), the Female Sexual Desire Questionnaire (FSDQ; Goldhammer & McCabe, 2011), and the Sexual Desire Inventory–SDI (Spector et al., 1996). The SDI is one of the most commonly used measures of sexual desire. It evaluates sexual desire by measuring the amount and strength of thought directed toward sexual stimuli. It consists of 13 items distributed into two dimensions: Solitary sexual desire and dyadic sexual desire. Solitary sexual desire refers to activity with oneself (autoerotic behavior), which also involves the lack of intimacy with another person and the individual can focus on their individual needs instead of on the other's. Dyadic desire refers to the interest to engage in sexual activity with another person, which involves intimacy and emotionality. The original two-dimension version of the SDI showed an internal consistency (Cronbach's Alpha) of .86 for dyadic sexual desire and .96 for solitary sexual desire (Spector et al., 1996). The scale has been validated in different populations such as lesbian, gay, bisexual, trans, and queer (Mark, Toland, Rosenkrantz, Brown, & Hong, 2018), and in patients with schizophrenia (Hsiu-Hui, Yuan-Hsiang, Fang-Fu, Dong-Sheng, & For-Wey, 2007). Studies on the psychometric properties of the SDI have been conducted in different countries such as Portugal (Peixoto & Gomes, 2017), Germany (Kuhn, Koenig, Donoghue, Hillecke, & Warth, 2014) and Spain (Ortega, Zubeidat, & Sierra, 2006). Recently, Moyano, Vallejo-Medina, and Sierra (2017) identified that, besides solitary desire, there are two components of dyadic sexual desire; in one of them, the partner is the object of desire, and in the other, the object is a different

(attractive) person. These three dimensions have also been observed by recent studies. Peixoto and Gomes (2017) presented empirical support for the classification of dyadic sexual desire into partner-related and attractive person-related desire and solitary sexual desire. Similarly, Mark et al. (2018) evaluated the internal structure of the SDI in LGBTQ adults by comparing the two-dimension scale proposed by Spector et al. (1996) and the three-dimension structure proposed by Moyano et al. (2017); the authors concluded that the three-dimension SDI is adequate to be used with these populations.

The importance of evaluation instruments that allow for the assessment of specific constructs have been highlighted by multiple authors (Muñiz, Elosua, & Hambleton, 2013; Muñiz & Fonseca, 2019). Specifically, measuring sexual desire using reliable instruments is essential in both clinical and research settings. To guarantee accuracy, when evaluating sexual aspects, instruments should be validated in the specific population where they are to be used. That is because there are cultural aspects that influence the experience of sexuality. Cultural sexual scripts, for instance, instruct people how to understand and act in sexual situations, constituting norms for sexual behavior (Masters, Casey, Wells & Morrison, 2012). In Western societies, it has been observed that social expectations about women's sexual behaviors are more conservative and stricter than those for men (Peterson & Hyde, 2011). This tendency to give a different assessment to women compared to men when exhibiting the same sexual behavior can potentially affect the experience of sexual desire among women (Álvarez-Muelas, Gómez-Berrocal, & Sierra, 2019). Culturally imposed gender roles may also affect men, who, for example, feel pressure to fit in the cultural stereotype to avoid accusations of being less masculine and not virile (Peterson & Hyde, 2011). Among the cultural factors, many studies have observed associations between different aspects of religiosity and general sexual attitudes,

showing that sexual beliefs (and therefore sexual behaviors) are influenced by the religion which one identifies with and the level of commitment to it (Abbott, Harris & Mollen, 2016; Lefkowitz, Gillen, Shearer & Boone, 2004; Moyano & Sierra, 2014).

In Colombia, research on sexual desire has been scarce, in fact, there are no validated instruments to assess this construct. Although the SDI has been already translated into Spanish and validated in Spain, it is critical to validate the scale in Colombian population as these two countries have numerous cultural differences. Aiming to fill this gap in Colombia, the present study had two objectives. On the one hand, we aimed to validate the SDI for Colombian population, including testing for invariant structure by sex. On the other hand, we aimed to study sex- and age-based differences in a sample of Colombian participants.

Method

Sample

A total of 2,125 individuals took part in the study (1,125 women and 1,000 men). Inclusion criteria included (a) being 18 years of age or older, (b) being able to read and write, and (c) being Colombian and currently living in the country. The majority of participants resided in Bogotá (47.2%), Medellín (9.2%), Cali (4.3%), and Barranquilla (3.2%). The rest of the participants resided in more than 30 other cities in the country. Ages ranged from 18 to 73 years (M = 32.94; SD = 12.12). For the sex-and age-based analysis, participants were distributed by sex and three age ranges: men from 18 to 30 years old *(n=530*), men from 31 to 44 years old (*n=228*), men 45 years old or older (*n=236*), women from 18 to 30 years old *(n=569*), women from 31 to 44 years old (*n=316*), and women 45 years old or older (*n=187*). Demographic characteristics organized by sex and age ranges are shown in Table 1. It is to be noted that most women (57.10%) and most men (60.10%) reported to be single. However, the majority of them

also reported being involved in a relationship with a duration of at least 6 months (70.20% and 61.10%, respectively). This is because selecting “single”, “divorced” or “widow(er)” as marital status, does not necessarily mean the respondents are not in a current romantic relationship. For example, a person can be involved in a relationship but if he/she is not married or cohabitating with his/her partner, he/she will select “single” as marital status.

Table 1.

Instruments

- Sociodemographic Questionnaire. It included questions about sex, age, nationality, educational level, religiosity, and sexual orientation, among others.

- Spanish version of Sexual Desire Inventory (SDI; Spector et al., 1996; Moyano et al., 2017). This scale is intended to evaluate interest in sexual activity and consists of 13 items distributed into three dimensions: dyadic sexual desire-partner (SD-P), dyadic sexual desire-attractive person (SD-A), and solitary sexual desire (SD-S). The Three-dimension structure version presents good psychometric properties: its Cronbach alpha values range from .80 and .90 in men and between .89 and .93 in women. Higher scores represent higher sexual desire. See Supplementary Appendix 1 to consult the current Colombian Validation.

- Colombian Spanish version of Sexual Inhibition/Sexual Excitation Scales-Short Form (SIS/SES-SF; Carpenter, Janssen, Graham, Vorst, & Wicherts, 2010; Saavedra-Roa & Vallejo-Medina, 2019). This scale assesses individual propensity to become sexually excited or inhibited. It consists of 14 items distributed into three subscales: Sexual excitation (SES), Inhibition due to the threat of performance failure (SIS1), and Inhibition due to the threat of performance

consequences (SIS2). For the Colombian version, alphas were .80 (SES), .76 (SIS1), and .67 (SIS2) in men, and .81 (SES), .77 (SIS1), .70 (SIS2) in women. Higher scores indicate a higher proneness to sexual excitation/inhibition.

- Massachusetts General Hospital-Sexual Functioning Questionnaire (MGH-SFQ; Labbate & Lare, 2001). The present study used Marchal-Bertrand et al.'s (2016) adaptation, validated for Colombian respondents. It includes five items, centered on sexual functioning, with scores ranging from 0 to 4 (from significantly diminished to normal). Cronbach alphas for the Colombian version of the scale were .89 for men and .89 for women. Higher scores represent better sexual functioning.

Procedure

A team of two psychologists who have lived in both Colombia and Spain performed the adaptation process from Spanish from Spain to Colombian Spanish using guidelines published by Vallejo-Medina, Gómez-Lugo, Marchal-Bertrand, Saavedra-Roa, Soler, and Morales (2017), in addition to recommendations by Muñiz et al. (2013), and by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (2015). The scale was administered by means of the Typeform© platform, which allows respondents to access and respond the scale from any electronic device with an internet connection. Our institutional Lab Facebook© page (*name hidden for the review process*) was used to distribute the survey. The publication was boosted with 100USD to be showed to men and women above 45 years old. Rest of respondents were organic (no boosted post). Data duplicity was controlled by IP, gender, and age.

This research is associated with project that has been reviewed and approved by an ethical committee. All participants agreed with the informed consent and its participation was anonymous and voluntary.

Data analysis. The invariance results of the Colombian version SDI model were calculated using the EQS 6 software. We tested the three-dimension model across sex with one error covariance. Progressive invariance (configural, weak, strong, and strict invariance) was tested based on the polychoric matrix. The maximum likelihood robust (ML Robust) method was used for estimations. Root mean square error of approximation and its 90% confidence interval (RMSEA; Browne & Cudeck, 1993) and comparative fit index (CFI; Bentler, 1990) were used as fit indexes; a RMSEA $\leq .08$ and a CFI $\geq .95$ were considered proof of goodness of fit (Hu & Bentler, 1999).

Results

The three-factor structure showed good indicators at the structural level, and also a strict invariance between genders, which can be seen in Table 2. Table 3 shows the standardized weights obtained by the models.

Table 2

Table 3

Table 4 shows the psychometric properties of the three factors for both genders. People without a stable partner were excluded for the Sexual Desire for the Partner results.

Table 4

Correlations between scores from the scale and from the sexual functioning and sexual arousal/inhibition trait were conducted in order to verify for evidence of external validation of this scale (view table 5).

Table 5

Factorial ANOVA showed a significant effect for the variables of gender and age. We have included only people within a stable relationship for the SD-P sub-scales. We observed statistically significant gender-based differences in sexual desire for the partner (SD-P) ($F(1)=32,44$, $p < .001$; $\omega^2=.02$), dyadic sexual desire centered on attractive people (SD-A) ($F(1)=508.09$, $p < .001$; $\omega^2=.02$), and solitary sexual desire (SD-S) ($F(1)=120.51$, $p < .001$; $\omega^2=.06$). We also observed significant age-based differences in the three factors: SD-P ($F(2)=14.12$, $p < .001$; $\omega^2=.02$), SD-A ($F(2)=3.93$, $p < .05$; $\omega^2=.004$), and SD-S ($F(2)=5.54$, $p < .01$; $\omega^2=.006$). In addition, the interaction between gender and age had a significant effect in the factor SD-A $F(2) = 6.01$, $p < .01$; $\omega^2=.006$). Figure 1 shows the scores for the three dimensions of the SDI by age and gender.

Lastly, given the significant gender- and age-based differences observed, the percentile ranking scales of the Colombian version of the SDI were calculated by gender for different age ranges, as shown in table 6 (18-30; 31-44, and 45 or older). Once again, result here presented for the SD-P were included only for those within a stable relationship.

Table 6

Discussion

Muñiz et al. (2013) and Muñiz and Fonseca (2019) have highlighted the importance of evaluation instruments that allow for the assessment of specific constructs and whose scores can

be accurately compared. The present study validated the three-dimension structure of the SDI in Colombian population. We found adequate evidence of the internal consistency and external validity of the invariance between men and women. In addition, significant gender-based and age-based differences were observed when comparing the three types of desire identified by the model.

The strict level of invariance was achieved for the three dimensions of the inventory. Therefore, our comparisons between men and women were unbiased (Dimitrov, 2010). The structure of the Colombian version of the SDI corresponds with the three-dimension model proposed by Moyano et al. (2017), which focuses on the dimensions of SD-P, SD-A, and SD-S. Only items 6 and 9 were modified from the original inventory. These two items were previously grouped into the SD-P factor; however, these items were ambiguous because they failed to identify the target of the sexual desire, that is, whether it referred to a current partner or to a different, attractive person. With the aim of compensating for the SD-A dimension, which included only two items, the wording of this item indicated whether the participant referred to an attractive person other than their partner.

All the items in the inventory were found to have good psychometric properties. The correlated item-total correlation and Cronbach's alpha if an item was removed were adequate for both men and women. The internal consistency values observed in this study, are similar to those obtained in other studies, which range from .80 to .93 (Mark et al., 2018; Moyano et al., 2017; Peixoto & Gomes, 2017).

Concerning external validation, we observed that the SD-P factor was relatively independent of the SD-A and SD-S factors in men and women. However, the latter two factors are moderately correlated with one another. This tendency has previously been observed (Mark

et al., 2018), and it might indicate that each factor could be related to different problems or variables. Because of this, additional research is needed to isolate their individual effects.

SES was observed to correlate moderately with solitary sexual desire and desire toward an attractive person, both in men and women; however, it had a low correlation with sexual desire towards a current partner. Although these findings are in line with the dual control model (Bancroft, Graham, Jassen, & Sanders, 2009; Pfaus, 2009), they also have certain nuances. Thus, the different types of SD can act in an independent and different way. For example, in women, higher sexual desire is negatively correlated with inhibition, whereas in men, the relation between SIS due to fear of performance and sexual desire toward an attractive person and solitary sexual desire is positive, which means that inhibition due to fear of performance would translate into lower sexual desire only toward attractive persons and masturbatory behaviors. Inhibition due to fear of performance is related to sexual response failure, considered as an intrinsic threat (Bancroft & Janssen, 2000; Janssen, Vorst, Finn, & Bancroft, 2000). This trait might be expressed with greater intensity toward an attractive person who is not the individual's partner because of the novelty, but in the case of the partner, sexual response failure does not represent a threat, perhaps because of trust. Lastly, sexual functioning correlated positively with SD-P for both genders. In women, sexual functioning also correlated positively with SD-S. While it is true that, in general, sexual desire has been correlated with different dimensions of sexual functioning (Jackson et al., 2019; Moreira, Glasser, & Gingell, 2005; Moyano et al., 2017), it is also true that, when using this model, different patterns of association are observed, both by gender and by dimension. On the one hand, the desire toward the partner is a moderate indicator of sexual functioning for both men and women. Previous studies have demonstrated the role played by sexual desire in romantic relationships (Birnbaum, 2017) and its predictive power

in the perception of intimacy, desire, and sexual arousal (Jong, Reis, Peters, DeHaan, & Birnbaum, 2019). On the other hand, in the case of women, sexual functioning is also slightly correlated with solitary sexual desire. The benefits of masturbation in sexual functioning have been highlighted by clinical research (Zamboni & Crawford, 2003). On the contrary, in a systematic revision about the predictors of female sexual dysfunction, the protecting role of masturbation is not clear (McCool-Myers, Theurich, Zuelke, Knuettel, & Apfelbacher, 2018), which might explain why the observed relation was modest.

Statistically significant differences by gender were observed in the three dimensions of the inventory. Men obtained higher scores than women in all dimensions, which has also been observed in previous studies (Dawson & Chivers, 2014; Meana, 2010; Mitchell et al., 2013; Schmitt, 2003; Regan & Atkins, 2006). Statistical differences were also observed when comparing for age. Scores were observed to decrease since the age of 45 years and older, which indicates that older people experience less sexual desire in both genders; this trend has also been previously reported (Purifoy, Grodsky, & Giambra, 1992; Schiavi, Schreiner-Engel, Mandeli, Schanzer, & Cohen, 1990). The interaction between gender and age implied differences in dimension of the dyadic sexual desire-attractive person. The SD-A dimension, an increase in sexual desire was identified in the group of younger participants (18-30 years) for both genders. In men, this form of sexual desire tended to stabilize after the age of 31, whereas in women, a pattern of decreasing sexual desire was observed since the age of 45 years. The lower self-reported levels of sexual desire among women compared to men could be explained as an effect of gendered cultural scripts, which encourage women to limit their sexual desire and pleasure (Armstrong, England, & Fogarty, 2012; McCabe, Tanner, & Heiman, 2010; Muehlenhard & Shippee, 2010). Attitudes in favor of the double sexual standard (greater sexual freedom for men

than for women) could hinder the experience of sexual desire among women (Álvarez-Muelas, Gómez-Berrocal, & Sierra, 2019). It has been argued that these attitudes act as a strong predictor of low sexual desire in women (specifically, penile-vaginal intercourse), whereas prioritizing one's sexual desire and pleasure entails a greater desire for sexual experiences (Rubin et al., 2019). Lastly, solitary sexual desire was found to decrease with age in men, whereas in women, SD-S increased from 18 to 44 years of age and decreased thereafter. This delay of autoerotic sexual desire among women until the age of 45 could be explained by the fact that men often start to masturbate at a younger age than women (Robbins et al., 2011). In addition, the positive aspects of masturbation are emphasized for men while the negative aspects are emphasized for women during people's youth (Hogarth & Ingham, 2009; Kaestle & Allen, 2011). The strength of these attitudes could decrease with age, explaining why women tend to report a higher level of solitary sexual desire as they age.

Analyzing the results alongside the gendered cultural scripts, the double sexual standard and the attitudes towards masturbation in men and women provide a useful insight and shows the importance of considering cultural factors when examining the experience of sexual desire. That is why, even though the SDI had been already translated into Spanish and validated in different countries, it was crucial to conduct a specific validation for Colombia.

When using an instrument, it is also vital to have standardized scores of it, so that professionals are able to understand their scores and get an accurate evaluation of the construct (Arcos-Romero & Sierra, 2019). Therefore, given the differing results observed in terms of sex and age ranges, the scores of the SDI dimensions were standardized by age and sex providing a useful tool for the evaluation of sexual desire in both research and clinical settings.

In conclusion, the present study found sufficient evidence of the reliability, external validity, and adequate psychometric properties of the Colombian version of the SDI. This tool allows for the evaluation of sexual desire among men and women equally. The study emphasized the three-dimensionality of the sexual desire model used by the SDI. Consequently, the SDI was structured according to the following three factors: dyadic sexual desire (partner), dyadic sexual desire (attractive person), and solitary sexual desire. Our results provide initial insights on the differences and nuances of each dimension when considering gender and age and on the different outcomes of the associations between dimensions. The most recent studies using the SDI have systematically found that the scale has a three-dimension structure, and the present study reports on new cultural-based evidence for such structure. Thus, given this psychometric endorsement, future research on sexual desire using a three-factor approach should try to validate the model. By all appearances, SD-P is the dimension most clearly associated with clinical problems involving low desire. If this were so, it would be possible to approach a clinical cut-off point for this scale. On the other hand, SD-A could be related to infidelity, jealously, or marital satisfaction, although no evidence has proven this yet. Finally, SD-S could be related to the double sexual standard, attitudes towards masturbation, erotophobia, or compulsions associated with pornography and masturbation, although there is no evidence for this either. Therefore, this line of research focused on sexual desire is still the source of multiple opportunities. Among their limitations, it was adapted to Colombian population, and it must be used in combinations with other instruments to provide information on the etiology or prognosis of the sexual desire problem.

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Declaration of interest statement

No potential conflict of interest was reported by the authors.

References

Abbott, D. M., Harris, J. E., & Mollen, D. (2016). The impact of religious commitment on women's sexual self-esteem. *Sexuality & Culture, 20*, 1063-1082. doi: 10.1007/s12119-016-9374-x

Álvarez-Muelas, A., Gómez-Berrocal, C., & Sierra, J. C. (2019). *Relación del Doble Estándar Sexual con el Funcionamiento Sexual y las Conductas Sexuales de Riesgo: Revisión Sistemática. [Relationship of Sexual Double Standard with Sexual Funcioning and Sexual Risk Behaviors: A Sistematic Review]*. Manuscript submitted for publication.

American Educational Research Association, American Psychological Association, National Council on Measurement in Education, Joint Committee on Standards for Educational, & Psychological Testing (US). (2015). *Standards for educational and psychological tests*. Washington DC: American Educational Research Association.

Apt, C. V., & Hurlbert, D. F. (1992). Motherhood and female sexuality beyond one year postpartum: A study of military wives. *Journal of Sex Education and Therapy, 18,* 104-114. doi:10.1080/01614576.1992.11074044

Arcos-Romero, A. I., & Sierra, J. C. (2019). Factorial invariance, differential item functioning, and norms of the Orgasm Rating Scale. *International Journal of Clinical and Health Psychology*, 57-66. doi: 10.1016/j.ijchp.2018.11.001

Armstrong, E. A., England, P., & Fogarty, A. C. K. (2012). Accounting for women's orgasm and sexual enjoyment in college hookups and relationships. *American Sociological Review, 77*, 435–462. doi:10.1177/0003122412445802

Bancroft, J., Graham, C. A., Janssen, E., & Sanders, S. A. (2009). The dual control model: Current status and future directions. *Journal of Sex Research, 46,* 121–142. doi:10.1080/00224490902747222

Bancroft, J., & Janssen, E. (2000). The dual control model of male sexual response: A theoretical approach to centrally mediated erectile dysfunction. *Neuroscience and Biobehavioral Review, 24,* 571-57. doi: 10.1016/s0149-7634(00)00024-5

Bentler, P. M. (1990). Comparative fit indexes in structural models. *Psychological Bulletin, 107,* 238-246. doi: 10.1037/0033-2909.107.2.238

Birnbaum, G. E. (2017). The fragile spell of desire: A functional perspective on changes in sexual desire across relationship development. *Personality and Social Psychology Review, 22,* 101–127. doi: 10.1177/1088868317715350

Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. A. Bollen and J. S. Long (Eds.), *Testing structural equation models* (pp. 136-162). Newbury Park, CA: Sage.

Carpenter, D. L., Janssen, E., Graham, C. A., Vorst, H., & Wicherts, J. (2010). The Sexual Inhibition/Sexual Excitation Scales-Short Form (SIS/SES-SF). In T.D. Fisher, C.M. Davis, W.L. Yarber y S.L. Davis (Eds.), *Handbook of Sexuality-Related Measures* (pp. 236-239). London, UK: Routledge.

Chadwick, S. B., Burke, S. M., Goldey, K. L., Bell, S. N., & van Anders, S. M. (2017). Sexual desire in sexual minority and majority women and men: The Multifaceted Sexual Desire Questionnaire. *Archives of Sexual Behavior, 46,* 2465-2484. doi: 10.1007/s10508-016-0895-z

Clayton, A. H., Segraves, R. T., Leiblum, S., Basson, R., Pyke, R., Cotton, D., ... & Wunderlich, G. R. (2006). Reliability and validity of the Sexual Interest and Desire Inventory–Female (SIDI-F), a scale designed to measure severity of female hypoactive sexual desire disorder. *Journal of Sex & Marital Therapy, 32*, 115-135. doi:10.1080/00926230500442300

Dawson, S. J., & Chivers, M. L. (2014). Gender differences and similarities in sexual desire. *Current Sexual Health Reports, 6*, 211–219. doi:10.1007/s11930-014-0027-5

Dimitrov, D. M. (2010). Testing for factorial invariance in the context of construct validation. *Measurement and Evaluation in Counseling and Development, 43*, 121-149. doi: 10.1177/0748175610373459

Goldhammer, D. L., & McCabe, M. P. (2011). Development and psychometric properties of the Female Sexual Desire Questionnaire (FSDQ). *The journal of Sexual Medicine, 8*, 2512-2521. doi: 10.1111/j.1743-6109.2011.02334.x

Hogarth, H., & Ingham, R. (2009). Masturbation among young women and associations with sexual health: An exploratory study. *Journal of Sex Research, 46*, 558–567. doi:10.1080/00224490902878993

Hsiu-Hui L., Yuan-Hsiang C., Fang-Fu R., Dong-Sheng T., & For-Wey L. (2007). Confirmatory factor analysis of Sexual Desire Inventory in patients with schizophrenia. *Taiwanese Journal of Psychiatry, 21*, 176-185.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*, 1-55. doi: 10.1080/10705519909540118

Jackson, S. E., Firth, J., Veronese, N., Stubbs, B., Koyanagi, A., Yang, L., & Smith, L. (2019). Decline in sexuality and wellbeing in older adults: A population-base study. *Journal of Affective Disorders, 245,* 912-917. doi: 10.1016/j.jad.2018.11.091

Janssen, E., Vorst, H., Finn, P., & Bancroft, J. (2000). The sexual inhibition (SIS) and sexual excitation (SES) scales: I. Measuring sexual inhibition and excitation proneness in men. *Journal of Sex Research, 39,* 114-126. doi: 10.1080/00224490209552130

Jong, D. C. de, Reis, H. T., Peters, B. J., DeHaan, C., & Birnbaum, G. E. (2019). The role of implicit sexual desire in romantic relationships. *Personality and Individual Differences, 149,* 46-56. doi: 10.1016/j.paid.2019.05.042

Kaestle, C. E., & Allen, K. R. (2011). The role of masturbation in healthy sexual development: Perceptions of young adults. *Archives of Sexual Behavior, 40,* 983-994. doi: 10.1007/s10508-010-9722-0

Kuhn, W., Koenig J., Donoghue A., Hillecke, T., & Warth M. (2014). Psychometrische Eigenschaften einer deutschsprachigen Kurzversion des Sexual Desire Inventory (SDI-2). [Psychometric characteristics of a German-language short version of the Sexual Desire Inventory (SDI-2)]. *Zeitschrift für Sex, 27,* 138–49. doi: 10.1055/ s-0034-1366582

Labbate, L. A., & Lare, S. B. (2001). Sexual dysfunction in male psychiatric outpatients: Validity of the Massachusetts General Hospital Sexual Functioning Questionnaire. *Psychotherapy and Psychosomatics, 70,* 221-225. doi:10.1159/000056257

Lefkowitz, E.S., Gillen, M.M., Shearer, C.L., & Boone, T.L. (2004). Religiosity, sexual behaviors, and sexual attitudes during emerging adulthood. *Journal of Sex Research,* 41, 150-159. doi:10.1080/00224490409552223

Levine, S. B. (2003). The nature of sexual desire: A clinician's perspective. *Archives of Sexual Behavior*, *32*, 279-285. doi: 10.1023/A:1023421819465

Marchal-Bertrand, L., Espada, J.P., Morales, A., Gómez-Lugo, M., Soler, F., & Vallejo-Medina, P. (2016). Adaptación, Validación, Fiabilidad del Massachussets General Hospital-Sexual Functioning Questionnaire en una Muestra Colombiana y Equivalencia Factorial con la Versión Española. [Adaptation, validation and reliability of the Massachusetts General Hospital-Sexual Functioning Questionnaire in a Colombian sample and factorial equivalence with the Spanish version]. *Revista Latinoamericana de Psicología, 48*, 88-97. doi: 10.1016/j.rlp.2016.01.001

Mark, K. (2012). The relative impact of individual sexual desire and couple desire discrepancy on satisfaction in heterosexual couples. *Sexual and Relationship Therapy, 27*, 133-146. doi: 10.1080/14681994.2012.678825

Mark, K. P., Toland, M. D., Rosenkrantz, D. E., Brown, H. M., & Hong, S. H. (2018). Validation of the Sexual Desire Inventory for lesbian, gay, bisexual, trans, and queer adults. *Psychology of Sexual Orientation and Gender Diversity, 5*,122 – 128. doi: 10.1037/sgd0000260

Masters, N. T., Casey, E., Wells, E. A., & Morrison, D. M. (2013). Sexual scripts among young heterosexually active men and women: Continuity and change. *Journal of sex research*, *50*, 409-420. doi: 10.1080/00224499.2012.661102

McCabe, J., Tanner, A. E., & Heiman, J. R. (2010). The impact of gender expectations on meanings of sex and sexuality: Results from a cognitive interview study. *Sex Roles, 62*, 252–263. doi:10.1007/s11199-009-9723-4

McCool-Myers, M., Theurich, M., Zuelke, A., Knuettel, H., & Apfelbacher, C. (2018). Predictors of female sexual dysfunction: a systematic review and qualitative analysis through gender inequality paradigms. *BMC Women's Health, 18,* 108. doi: 10.1186/s12905-018-0602-4

Meana, M. (2010). Elucidating Women's (hetero) sexual desire: Definitional challenges and content expansion. *The Journal of Sex Research, 47*, 104–122.

Mitchell, K. R., Mercer, C. H., Ploubidis, G. B., Jones, K. G., Datta, J., Field, N., & Wellings, K. (2013). Sexual function in Britain: Findings from the third National Survey of sexual attitudes and lifestyles (Natsal-3). *The Lancet, 382*, 1817–1829. doi:10.1016/S0140-6736(13)62366-1.

Moreira, E. D., Glasser, D.B., & Gingell, C. (2005). Sexual activity, sexual dysfunction and associated help-seeking behaviours in middle-aged and older adults in Spain: a population survey. *World Journal of Urology, 23*, 422–429. doi: 10.1007/s00345-005-0035-1

Moyano, N., & Sierra, J. C. (2014). Positive and negative sexual cognitions: Similarities and differences between men and women from southern Spain. *Sexual and Relationship Therapy, 29*, 454-466. doi:10.1080/14681994.2014.934667

Moyano, N., Vallejo-Medina, P., & Sierra, J. C. (2017). Sexual Desire Inventory: Two or three dimensions? *The Journal of Sex Research, 54*, 105-116. doi: 10.1080/00224499.2015.1109581

Muehlenhard, C. L., & Shippee, S. K. (2010). Men's and Women's reports of pretending orgasm. *The Journal of Sex Research, 47*, 552–567. doi:10.1080/00224490903171794

Muñiz, J., Elosua, P., & Hambleton, R. K. (2013). Directrices para la traducción y adaptación de los tests: segunda edición. [International Test Commission Guidelines for test translation and adaptation: Second edition]. *Psicothema, 25,* 151-157. doi: 10.7334/psicothema2013.24

Muñiz, J., & Fonseca-Pedrero. (2019). Diez pasos para la construcción de un test. [Ten steps for test development]. *Psicothema, 31*, 7-16. doi: 10.7334/psicothema2018.291

Ortega, V., Sierra, J.C. & Zubeidat, I. (2004). Evaluación de algunos factores determinantes del deseo sexual: estado emocional, actitudes sexuales y fantasías sexuales. [Assessment of some determinants factors of sexual desire: Emotional state, sexual attitudes and sexual fantasies]. *Análisis y Modificación de Conducta, 30,* 105-130. Retrieved from https://dialnet.unirioja.es/servlet/articulo?codigo=856927

Ortega, V., Zubeidat, I., & Sierra, J. C. (2006). Further examination of measurement properties of Spanish version of the Sexual Desire Inventory with undergraduates and adolescent students. *Psychological Reports, 99,* 147–165. doi:10.2466/pr0.99.1.147-165

Peixoto, M. M., & Gomes, H. (2017). Preliminary Findings on the Translation and Validation of the Portuguese Version of the Sexual Desire Inventory–2. *The Journal of Sexual Medicine, 14,* e338-e339. doi: 10.1016/j.jsxm.2017.04.599

Pfaus, J. G. (2009). Reviews: Pathways of sexual desire. *The journal of Sexual Medicine, 6,* 1506-1533. doi: 10.1111/j.1743-6109.2009.01309.x

Petersen, J. & Hyde, J. (2011). Gender Differences in Sexual Attitudes and Behaviors: A Review of Meta-Analytic Results and Large Datasets. *Journal of Sex Research, 48,* 149-165. doi: 10.1080/00224499.2011.551851

Purifoy, F. E., Grodsky, A., & Giambra, L. M. (1992). The relationship of sexual daydreaming to sexual activity, sexual drive, and sexual attitudes for women across the life span. *Archives of Sexual Behavior, 21,* 369-385. Doi: 10.1007/bf01542026

Regan, P. C. (2000). The role of sexual desire and sexual activity in dating relationships. *Social Behavior and Personality: an international journal, 28,* 51-59. doi: 10.2224/sbp.2000.28.1.51

Regan, P. C., & Atkins, L. (2006). Sex differences and similarities in frequency and intensity of sexual desire. *Social Behavior and Personality: An International Journal, 34*, 95-102. doi:10.2224/sbp.2006.34.1.95

Regan, P. C., & Bersched, E. (1996). Beliefs about the state, goals, and objects of sexual desire. *Journal of Sex & Marital Therapy, 22,* 110-120. doi:10.1080/00926239608404915

Robbins, C. L., Schick, V., Reece, M., Herbenick, D., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2011). Prevalence, frequency, and associations of masturbation with partnered sexual behaviors among U.S. adolescents. *Archives of Pediatrics and Adolescent Medicine, 165,* 1087–1093. doi:10.1001/archpediatrics.2011.142

Rubin, J. D., Conley, T. D., Klein, V., Liu, J., Lehane, C. M., & Dammeyer, J. (2019). A cross-national examination of sexual desire: The roles of 'gendered cultural scripts' and 'sexual pleasure' in predicting heterosexual women's desire for sex. *Personality and Individual Differences, 151,* 109502. doi: 10.1016/j.paid.2019.07.012

Saavedra-Roa, A., & Vallejo-Medina, P. (2020) *Adaptación y validación de la versión breve de las Escalas de Inhibición y Excitación Sexual (SIS/SES-SF) en población colombiana. [Adaptation and validation of the short version of the Sexual Inhibition and Arousal Scales (SIS/SES-SF) in the Colombian population].* Manuscript submitted for publication.

Schiavi, R. C., Schreiner-Engel, P., Mandeli, J., Schanzer, H., & Cohen, E. (1990). Healthy aging and male sexual function. *American Journal of Psychiatry, 147,* 766-771.

Schmitt, D. P. (2003). Universal sex differences in the desire for sexual variety: Tests from 52 nations, 6 continents, and 13 islands. J*ournal of Personality and Social Psychology, 85*, 85–104. doi:10.1037/0022-3514.85.1.85

Spector, I. P., Carey, M. P., & Steinberg, L. (1996). The Sexual Desire Inventory: Development, factor structure, and evidence of reliability. *Journal of Sex & Marital Therapy*, *22,* 175-190. doi: 10.1080/00926239608414655

Toledano, R., & Pfaus, J. (2006). The Sexual Arousal and Desire Inventory (SADI): A multidimensional scale to assess subjective sexual arousal and desire. *Journal of Sexual Medicine, 3,* 853–877. doi:10.1111/j.1743-6109.2006.00293.x

Vallejo-Medina, P., Gómez-Lugo, M., Marchal-Bertrand, L., Saavedra-Roa, A., Soler, F., & Morales, A. (2017). Developing guidelines for adapting questionnaires into the same language in another culture. *Terapia Psicológica, 35,* 181-194. doi: 10.4067/s0718-48082017000200159.

van Anders, S. M. (2012). Testosterone and sexual desire in healthy women and men. *Archives of Sexual Behavior, 41,* 1471–1484. doi: 10.1007/s10508-012-9946-2

Willoughby, B. J., & Vitas, J. (2012). Sexual desire discrepancy: The effect of individual differences in desired and actual sexual frequency on dating couples. *Archives of Sexual Behavior*, *41*, 477-486. doi: 10.1007/s10508-011-9766-9

Wilson, G. D. (1988). Measurement of sex fantasy. *Sexual and Marital Therapy, 3,* 45-55. doi:10.1080/02674658808407692

Zamboni, B. D., & Crawford, I. (2003). Using Masturbation in Sex Therapy: Relationships Between Masturbation, Sexual Desire, and Sexual Fantasy. *Journal of Psychology & Human Sexuality*, *14*, 123-141. doi: 10.1300/J056v14n02_08

Zubeidat, I., Ortega, V., del Villar, C., & Sierra, J.C. (2003). Un estudio sobre la implicación de las actitudes y fantasías sexuales en el deseo sexual de los adolescentes. [A study on the involvement of sexual attitudes and fantasies in the sexual desire of adolescents]. *Cuadernos de Medicina Psicosomatica y Psiquiatria de Enlace, 67*, 71-78.

Table 1.

Sample sociodemographic characteristics.

	Men			Women			Men	Women	Contrast	All
Age Ranges	**18-30**	**31-44**	**+45**	**18-30**	**31-44**	**+45**	**All**	**All**		**All**
	M (SD) or n (%)			M (SD) or n (%)			M (SD) or n (%)			*M* (*SD*) or n (%)
Sample	530 (53.00%)	228 (22.80%)	236 (23.60%)	569 (50.58%)	316 (28.09%)	187 (16.62%)	1000(47.05%)	1125(52.94%)		2125 (100%)
Age	22.92 (3.57)	37.08 (4.08)	53.61 (6.21)	24.12 (3.18)	36.36 (3.94)	51.22 (5.09)	32.46 (10.83)	33.46 (13.36)	t(1913.57) = -1.86; p = .61	32.94 (12.12)
Marital status										
Single	463 (87.36%)	94 (41.23%)	38 (16.10%)	449 (78.91%)	121 (38.29%)	37 (19.79%)	598 (60.10%)	613 (57.10%)		1211 (58.50%)
Married	17 (3.21%)	63 (27.63%)	97 (41.10%)	42 (7.38%)	103 (32.59%)	66 (35.29%)	178 (17.90%)	215 (20.0%)	χ^2 (4) = 6.54; p = .16	393 (19.0%))
Divorced	2 (0.38%)	27 (11.84%)	41 (17.37%)	10 (1.76%)	40 (12.66%)	50 (26.74%)	70 (7.0%)	100 (9.30%)		170 (8.20%)
Widow(er)	0 (0.00%)	1 (0.44%)	2 (0.85%)	0 (0.00%)	0 (0.00%)	5 (2.67%)	3 (0.30%)	5 (0.50%)		8 (0.40%)
Cohabitating	46 (8.68%)	42 (18.42%)	57 (24.15%)	66 (11.60%)	49 (15.51%)	25 (13.37%)	146 (14.70%)	141 (13.10%)		287 (13.90%)
Years of education										
≤11	59 (11.13%)	13 (5.70)	22 (9.32%)	32 (5.62%)	11 (3.48%)	15 (8.02%)	94 (9.64%)	60 (5.70%)	χ2 (8) = 73.17; p < .01	154 (7.50%)
13 to 15	117 (22.08%)	59 (25.88%)	54 (22.88%)	74 (13.01%)	41 (12.97%)	33 (17.65%)	230 (23.35%)	152 (14.40%)		382 (18.80%)
≥16	348 (65.66%)	153 (67.11%)	155 (65.68%)	452 (79.44%)	255 (80.70%)	135 (72.19%)	660 (67.1%)	844 (79.90%)		1504 (73.70%)
Monthly Income										
≤ 1 min. wage	238 (44.91%)	17 (7.46%)	26 (11.02%)	205 (36.03%)	32 (10.13%)	25 (13.37%)	282 (28.70%)	267 (25.20%)		549 (26.90%)
1 to 3 min. wage	195 (36.79)	90 (39.47%)	82 (34.75%)	229 (40.25%)	104 (32.91%)	68 (36.36%)	369 (37.60%)	403 (37.90%)	χ2 (11) = 33.22; p < .01	772 (37.80%)
3 to 5 min. wage	53 (10.00%)	42 (18.42%)	46 (19.49%)	91 (15.99%)	72 (22.78%)	36 (19.25%)	143 (14.50%)	201 (18.90%)		344 (16.90%)
5 to 7 min. wage	26 (4.91%)	31 (13.60%)	30 (12.71%)	27 (4.75%)	54 (17.09%)	25 (13.37%)	87 (8.90%)	106 (10.0%)		193 (9.50%)
> 7 min. wage	12 (2.26%)	45 (19.74%)	44 (18.64%)	8 (1.41%)	51 (16.14%)	22 (11.76%)	101 (10.20%)	81 (7.70%)		182 (8.90%)
Religion										
Catholic	198 (37.36%)	108 (47.37%)	142 (60.17%)	296 (52.02%)	196 (62.03%)	126 (67.38%)	450 (45.30%)	652 (58.60%)		1075 (52.20%)
Christian	51 (9.62%)	31 (13.60%)	35 (14.83%)	76 (13.36%)	37 (11.71%)	25 (13.37%)	117 (11.80%)	138 (12.90%)	χ2 (5) = 60.89; p < .01	255 (12.40%)
None	258 (48.68%)	80 (35.09%)	53 (22.46%)	187 (32.86%)	77 (24.37%)	29 (15.51%)	393 (39.60%)	297 (27.90%)		690 (33.50%)
Other	22 (4.15%)	7 (3.07%)	3 (1.27%)	4 (0.70%)	2 (0.63%)	0 (0.00%)	33 (3.30%)	6 (0.60%)		39 (1.90%)
Sexual orientation										
Asexual	11 (2.08%)	1 (0.44%)	3 (1.27%)	2 (0.35%)	2 (0.63%)	2 (1.07%)	17 (1.70%)	6 (0.60%)	χ2 (7) = 110.05; p < .01	23 (1.10%)

Heterosexual	353 (66.60%)	181 (79.39%)	188 (79.66%)	455 (79.96%)	259 (81.96%)	162 (86.63%)	786 (78.60%)	988 (92.60)		1607 (77.70%)
Homosexual	83 (15.66%)	15 (6.58%)	16 (6.78%)	14 (2.46%)	7 (2.22%)	2 (1.07%)	49 (4.90%)	39 (3.66)		138 (6.70%)
Bisexual	83 (15.66%)	31 (13.60%)	29 (12.29%)	94 (16.52%)	42 (13.29%)	16 (8.56%)	148 (14.80%)	34 (3.19)		299 (14.40%)
Relationship ≥ 6 months										
Yes	258 (48.68%)	156 (68.42%)	190 (80.51%)	380 (66.78%)	227 (71.84%)	137 (73.26%)	606 (61.10%)	752 (70.20%)	$\chi 2$ (1) = 19.07; p = .00	1358 (65.80%)
No	267 (50.38%)	71 (31.14%)	45 (19.07%)	185 (32.51%)	88 (27.85%)	43 (22.99%)	386 (38.90%)	319 (29.80%)		705 (34.20%)

Note. Min. wage = Minimum wage at the time of the study, which was COP$ 616,000 (USD $208.41).

Table 2.

Fit indices and invariance indicators by sex for the tridimensional model

	df	S-Bχ^2	ΔS-Bχ^2	*p*	CFI	ΔCFI	RMSEA	ΔRMSEA
Configural	116	398.7750	-	<.01	.978	-	.050	-
Weak	129	519.3113	120.5363	<.01	.969	-.009	.056	.006
Strong	155	1386.5786	867.2673	<.01	.968	-.001	.064	.008
Strict	142	1327.4423	-59.1363	<.01	.970	.002	.064	0

Note. df = degree of freedom, S-Bχ2 = Satorra-Bentler chi-square estimator, Δ S-Bχ2 = increase of the Satorra-Bentler chi-square estimator, CFI = Comparative Fit Index, Δ CFI = increase of the Comparative Fit Index, RMSEA = Root Means Square Error Approximation, Δ RMSEA = increase of the Root Means Square Error Approximation.

Table 3.

Standardized loadings of three-factor structure by sex.

		Men			Women		
	item	λ	error	R^2	λ	error	R^2
SD-P	SDI_1	.64	.76	.42	.55	.83	.31
	SDI_2	.73	.68	.53	.64	.76	.41
	SDI_3	.77	.62	.60	.82	.57	.67
	SDI_7	.92	.37	.86	.92	.37	.85
	SDI_8	.69	.72	.48	.61	.78	.37
SD-A	SDI_4	.84	.53	.71	.87	.48	.76
	SDI_5	.87	.48	.76	.85	.51	.73
	SDI_6	.79	.60	.63	.71	.70	.50
	SDI_9	.77	.62	.60	.70	.70	.50
SD-S	SDI_10	.74	.66	.56	.66	.74	.44
	SDI_11	.93	.36	.86	.88	.46	.78
	SDI_12	.92	.38	.85	.90	.41	.82
	SDI_13	.90	.42	.81	.89	.44	.80

Note. SD-P =dyadic sexual desire-partner; SD-A = dyadic sexual desire-attractive person; SD-S = solitary sexual desire.

Table 4.

Psychometric properties of SDI items.

		item	*M* (*SD*)	skewness	kurtosis	c_{it}^c	α-i	α total	Total *M* (*SD*)
Women	SD-P	1	4.09(1.86)	-0.38	-0.36	.72	.86	.89	27.81(7.89)
		2	4.15(2.08)	-0.42	-0.73	.77	.85		
		3	6.14(1.85)	-1.24	1.31	.71	.87		
		7	6.47(1.95)	-1.49	1.71	.80	.85		
		8	6.96(1.70)	-2.16	4.85	.64	.88		
	SD-A	4	2.68(2.10)	0.48	-0.56	.78	.86	.89	12.73(8.03)
		5	3.27(2.31)	0.21	-0.95	.80	.85		
		6	3.36(2.42)	0.28	-0.96	.75	.87		
		9	3.39(2.39)	0.23	-0.97	.74	.87		
	SD-S	10	2.46(1.99)	0.44	-0.86	.72	.94	.92	15.16(9.02)
		11	4.19(2.49)	-0.22	-1.05	.89	.89		
		12	4.38(2.73)	-0.20	-1.27	.88	.89		
		13	4.12(2.65)	-0.15	-1.23	.86	.90		
Men	SD-P	1	4.87(1.62)	-0.59	0.11	.64	.83	.85	30.24(6.41)
		2	4.81(1.85)	-0.76	0.11	.68	.82		
		3	6.52(1.62)	-1.35	2.09	.72	.80		
		7	6.85(1.55)	-1.73	3.27	.78	.79		
		8	7.19(1.38)	-2.33	6.45	.51	.85		
	SD-A	4	5.04(2.07)	-0.34	-0.58	.79	.81	.87	20.82(6.87)
		5	5.20(2.01)	-0.51	-0.29	.77	.81		
		6	5.04(2.07)	-0.42	-0.47	.67	.86		
		9	5.53(1.98)	-0.66	-0.15	.67	.85		
	SD-S	10	4.20(1.92)	-0.38	-0.68	.64	.92	.90	19.92(7.25)
		11	5.36(2.00)	-0.61	-0.18	.84	.86		
		12	5.15(2.17)	-0.51	-0.50	.84	.86		
		13	5.15(2.13)	-0.48	-0.50	.83	.86		

Note. SD-P =dyadic sexual desire-partner; SD-A = dyadic sexual desire-attractive person; SD-S = sexual desire solitary; c_{it}^c = Corrected item-total correlations; α-i = Cronbach's alpha if item is removed; α = Cronbach's alpha; *M* = Mean; *SD* = Standard Deviation.

Table 5.

Correlations between the three-factor structure of the SDI, sexual excitation/inhibition, and sexual functioning in men and women.

	SD-P	SD-A	SD-S	SES	SIS1	SIS2	MGHSFQ
SD-P	-	.09**	.12**	.11**	-.18**	-.09**	.29**
SD-A	.11**	-	.45**	.54**	.10**	-.05	.00
SD-S	.27**	.40**	-	.42**	.08*	-.08*	.00
SES	.20**	.59**	.42**	-	.15**	-.02	-.03
SIS1	-.26**	-.08*	-.11**	-.03	-	.33**	-.26**
SIS2	-.17**	-.20**	-.16**	-.16**	.31**	-	-.09**
MGHSFQ	.56**	.03	.19**	.10**	-.30**	-.11**	-

Note. SD-P = dyadic sexual desire-partner; SD-A = dyadic sexual desire-attractive person; SD-S = sexual desire-solitary; SES = Sexual Excitation Scale; SIS1 = Sexual Inhibition Scale 1 (Inhibition due to the threat of performance failure); SIS2 = Sexual Inhibition Scale 2 (Inhibition due to the threat of consequences). MGHSFQ = Massachusetts General Hospital Sexual Functioning Questionnaire. Values above the diagonal are based on men's scores. Values below the diagonal are based on women's scores. *$p < .05$; **$p < .01$.

Table 6.

Standard scores of the three-factor structure of the SDI in men and women of different age groups.

	Men (*N* = 924)									Women (*N* = 1,128)								
	Dyadic Sexual Desire-Partner			Dyadic Sexual Desire-Attractive Person			Solitary Sexual Desire			Dyadic Sexual Desire-Partner			Dyadic Sexual Desire-Attractive Person			Solitary Sexual Desire		
Age	18-30	31-44	+45	18-30	31-44	+45	18-30	31-44	+45	18-30	31-44	+45	18-30	31-44	+45	18-30	31-44	+45
N	239	144	180	501	212	223	501	212	229	368	178	100	550	255	133	552	257	138
M	31.40	30.37	28.52	20.08	21.66	21.57	20.58	20.18	18.38	29.19	26.67	26.98	12.81	13.39	11.09	15.12	15.91	14.22
SD	6.00	6.29	6.72	6.67	7.17	6.94	6.75	7.36	7.61	6.94	8.00	8.62	7.65	7.83	8,75	8.92	8.64	9.52
Kurt	4.75	1.18	2.55	-0.07	0.10	0.00	-0.34	-0.14	-0.28	1.24	0.50	1.52	-0.68	-0.74	-0.77	-1.08	-0.97	-1.22
Skew	-1.67	-1.08	-1.48	-0.41	-0.64	-0.60	-0.45	-0.64	-0.63	-1.19	-0.96	-1.23	0.26	0.16	0.49	-0.19	-0.33	-0.10
α	.84	.84	.87	.84	.90	.88	.88	.93	.91	.87	.89	.91	.87	.90	.92	.92	.92	.93
Percent																		
1	7	9	4	1	0	1	3	0	0	6	2	0	0	0	0	0	0	0
5	21	18	11	8	8	10	9	5	3	15	12	0	0	1	0	0	0	0
15	26	24	22	13	15	14	13	12	10	22	16	16	4	4	1	3	4	1
25	28	27	25	15	17	17	16	15	14	26	23	20	7	7	3	8	9	5
35	30	30	28	18	20	19	18	18	16	28	25	25	9	10	6	11	13	10
50	32	32	30	21	23	23	21	21	20	31	29	28	12	13	10	16	17	15
65	35	34	32	23	25	25	24	24	22	33	31	30	16	17	15	20	21	19
75	36	36	34	25	27	27	26	26	24	34	33	32	18	19	17	23	23	22
85	38	36	35	27	30	29	28	29	26	36	34	34	21	22	22	25	25	26
95	38	38	37	30	32	32	31	31	29	38	37	38	26	27	28	28	28	28
99	38	38	38	32	32	32	31	31	30	38	38	38	31	31	32	31	31	31

Note. α = Cronbach's alpha; *M* = Mean; *SD* = Standard Deviation.

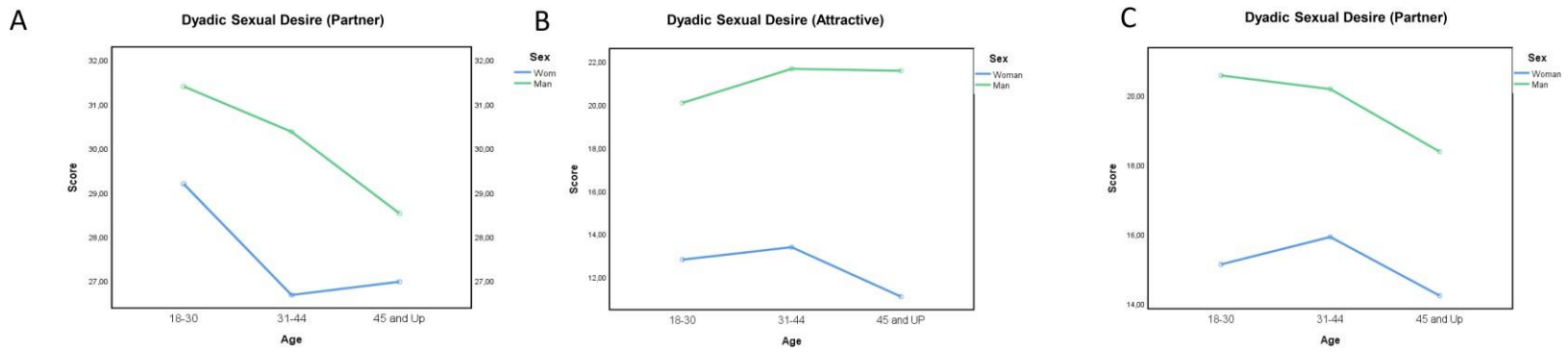

Figure 1. Scores of three-factor structures across sex and age. *A*: Score of dyadic sexual desire-partner; *B:* Score of dyadic sexual desire-attractive person; *C:* Score of solitary sexual desire.