

**LAY PEOPLE'S ATTITUDES TOWARDS THE SEXUALITY
OF PEOPLE WITH LEARNING DISABILITIES IN GREECE**

Dr Joanna Karelou^{1,2}

¹ Teaching fellow department of Social Administration, Democritus University of Thrace

² Address correspondence to: Dr Joanna Karelou, Dimitros 24, Ag. Dimitrios, 17343, Athens, Greece.

Abstract

The present study examines the attitudes of Greek public towards the sexuality of people with learning disabilities (LD). Participants of three Greek towns completed a copy of the GSAQ-LD. Results indicated that age and level of education had a consistent effect on attitudes whereas other variables such gender, social class, marital status and contact with a LD did not consistently influence participants' attitudes. Furthermore, attitudes towards the sexuality of people without LD were more contemporary than were attitudes towards different aspects of the sexuality of the LD.

Key words: attitudes, Greece, sexuality, learning disabilities.

Introduction

For most people, sexuality and its expression are a natural and important component of self-concept, emotional well being and overall quality of life. Society however, does not acknowledge the sexuality of people with learning disabilities (LD) and even worst, perceives them as "eternal children" who cannot have sexual feelings. Historically, people with LD have been cast into roles that limit and distort their sexual lives and feelings. According to Kempton and Kahn (1991) poorly designed research in the late 19th century carried out in the United States linked LD to heredity and to criminal behaviour. LD persons were considered to be inevitably criminal and sexually promiscuous and, as such, they were viewed as a serious problem for American society. The proposed solution was selective breeding or eugenics.

The developing sexuality of the LD was often associated with a number of myths. For example, the idea that the LD had no sexual needs or desires; that they are sexually dangerous or incapable of dealing with sex responsibly (Stevens et al, 1988). Stewart (1978) argued that the sexual difficulties of the LD were almost entirely forced on them by the ignorance, fears, and inhibitions of society at large. For a long time it was believed that individuals with LD were not capable of falling in and out of love, did not seek emotional satisfaction, and were not interested in marriage or having children. Moreover, several researchers reported a general concern that unless the sexuality of the LD person was not suppressed they would reproduce prolifically and their sexual impulses would

emerge in uncontrollable spurts of sexual violence (e.g. Elwood, 1981; Craft, 1987). Kempton (1982) argued that such assumptions reflected a "hopeful anticipation" that the LD would become "de-sexed".

The growing concern over civil rights which emerged during the 1960s and the development of the philosophy of normalisation first proposed in Scandinavia and then introduced in North America by Wolfensberger in the 1970s, had an impact on personal beliefs about sexuality and created new challenges for those working with LD persons (Trudel & Desjardins, 1992). Normalisation advocates the reintegration of those stigmatised due to a disability back into society and emphasised the importance of facilitating the disabled to live ordinary lives. It refers to the use of different methods in order to establish and maintain personal behaviours and characteristics that are also as culturally normal as possible. A growing recognition that people with LD (especially those in the mild and moderate range of disability) are frequently capable of assuming independent or semi - independent functioning in many aspects of their daily life has placed increasing emphasis upon normalisation. The application of the principles of normalisation to human sexuality requires the acknowledgement of the sexual needs and rights of the LD.

In 1971 the United Nations in their declaration of rights of retarded persons stated that every member of a given society should enjoy the same rights regardless of disability. In a series of publications, Craft (1985, 1987) identified six main rights related to the sexuality of people with LD. First, *the right to grow up*, which means mainly to be treated with respect and dignity, appropriate to their adult status. Secondly, *the right to know*, to have access to as much information about their bodies and emotions and those of other people, appropriate ways of sexual expression as they can absorb. Thirdly, *the right to their sexuality*, in a way that allows them to make, maintain and break relationships. Fourthly, *the right to be protected* from sexual abuse. Society should develop the policies

that would reassure the report and legal process of such cases. Fifthly, *the right to express their sexuality even though this expression might not be in agreement with the attitudes and personal beliefs of their formal or informal carers*. Finally, *the right to live in humane environments* that would allow them to use socially appropriate behaviours in the appropriate place. The implementation of these sexual rights could create difficulties due to environmental factors, individual abilities or availability of resources. Nevertheless, they should be taken into account when considering educational or training programs for people with LD.

Research on attitudes towards the sexuality of the learning disabled

Only a small number studies of attitudes towards the sexuality of the LD based their analysis on respondents' personal characteristics or the degree of contact with a person with LD. According to their results age, education, work grade and experience with LD persons are associated with their attitudes towards the sexuality of the LD. For example, a difference was found in respondents' attitudes as a function of their age (Brantlinger, 1983; Sweyn-Harvey, 1984; Murray & Mines, 1994). However, this did not necessarily mean that the youngest participants were the most liberals. Both Brantlinger (1983) and Murray and Mines (1994) found that individuals who were 22 to 35 and 30 to 39 years old respectively had the most liberal sexual attitudes although these groups were second in ascending age order. Education was also found to influence respondents' sexual attitudes. The higher the respondents' educational level the more liberal their attitudes (Brantlinger, 1983; Murray & Mines, 1994). It has also been suggested that there might be a difference in the sexual attitudes of staff working with LD people which depends on the kind of the facility in which they work. However, research into the effects of work grade on attitudes towards the sexuality of the LD is quite problematic. The various descriptions of the participants'

professional grades used in different studies makes direct comparisons of the results very difficult. This could be one explanation for the significant differences found in some studies (e.g. Sweyn-Harvey, 1984; Murray & Mines, 1994) and not in others (e.g Adams et al, 1982). In contrast to the results of Stasinios (1994), who reported that Greeks with experience and/or a basic knowledge of people with Down's syndrome had generally positive attitudes toward sexual behaviours displayed by this group Murray and Mines (1994) and Scotti et al (1996a) both indicated that the amount and quality of contact with LD people were unrelated to attitudes towards their sexuality. Several other studies have shown a change in staff attitudes towards the sexuality of the LD following involvement in some form of training intervention (e.g. Hall, 1978; Sumarah et al, 1988; Rose & Holmes, 1991).

Some other factors that influenced attitudes towards the sexuality of people with LD expressed by lay people as well as professionals referred to the attitudinal target, the degree or type of disability and the location of the research (e.g. Katoda 1993; Harris and Brady, 1995; Scotti et al, 1996a). For instance, Karelou and Trueman (1999) found no differences in the attitudes of professionals and members of the general public towards the sexuality of non-LD people in Greece or in the UK. However, UK respondents were more liberal in their attitudes towards the sexuality of people with LD compared to Greek respondents. Katz et al (2000) found that overall, attitudes towards people with LD were more negative than were attitudes towards people with paraplegia. In addition, students' attitudes measured by the first three categories were more positive towards people with paraplegia than were towards people with LD.

Research on the sexual behaviour of people with LD has shown that sexuality is as much a part of their lives as it is for everyone else (Ousley & Mesibov, 1991; McCarthy, 1993; Bourgondien et al, 1997). Yet, according to Brantlinger (1983), the rights of the disabled are inevitably governed by the feelings and behaviours of others. Even service

providers hold many stereotypes about the sexual behaviour of persons with LD and, as often happens with stereotypes, they reflect a negative view.

Sexual education and counselling were regarded as very important by both staff working with people with LD and college students. Respondents in general, reported moderate to strong agreement with statements regarding the provision of sexual information. They also supported the view that sexual education would not give the LD the "wrong ideas" meaning that education would not result in the LD being over-preoccupied with sex (Saunders, 1979; Coleman & Murphy, 1980; Squire, 1989; Johnson & Davies, 1989; Toomey, 1993). However, some studies indicated more ambivalent attitudes on the part of staff (Shaddock, 1979; Chapman & Pitchealthy, 1985; Mercier et al, 1994).

Considerable agreement was found in respondents' attitudes towards masturbation in private. There was a general consensus that masturbation is an aspect of normal development and is neither morally wrong nor debilitating (e.g. Mulhern, 1975; Adams et al, 1982; Birchall, 1984; Squire, 1989). Sexual relationships between people with LD of different sexes were generally perceived as normal and acceptable by both staff (Shaddock, 1979; Chapman & Pitchealthy, 1985) and students (McEwen, 1977). Nevertheless, acceptability decreased as the degree of physical contact intensified (e.g. Mulhern, 1975; Coleman & Murphy, 1980; Blunn et al, 1984). Adams et al (1982) found that institutional staff was less tolerant than community-based staff or students of heterosexual behaviours displayed by a LD person alone in a living room than they were of a non-disabled person displaying the same behaviours alone in a living room.

Homosexuality was the topic, which created the most controversy amongst respondents. Attitudes towards homosexual behaviours were mainly negative and certainly more restrictive than attitudes referring to heterosexual behaviours (Mulhern, 1975; Mitchell et al, 1978; Shaddock, 1979; Adams et al, 1982; Blunn et al, 1984; Johnson & Davies, 1989). On the other hand, although Chapman & Pitchealthy (1985) reported a

more tolerant attitude towards homosexual relationships under some circumstances they did not mention what the circumstances were. Staff in the study by Sebba (1981b) also indicated somewhat tolerant attitudes towards homosexual behaviours.

A great degree of ambivalence was also found in respondents' attitudes towards marriage among people with LD as well as sterilisation. Whilst staff (Blunn et al, 1984) and students (McEwen, 1977) were, in general, positive in their views about LD people getting married, they often added some conditions to such marriages such as employment and professional support (e.g.Coleman & Murphy, 1980; Chapman & Pitchealthy, 1985; Johnson & Davies, 1989). Sebba (1981b) indicated that more than half of her respondents strongly disagreed with the idea that the LD should be sterilised. Johnson & Davies (1989) reported that answers to a question about involuntary sterilisation produced little staff agreement.

Methodology

Data for this study were collected during two periods of time in 1997 in the greater Athens area as well as in two other Greek towns trough the Greek Sexuality Attitudes Questionnaire – Learning Disabilities (GSAQ-LD). Detailed information about the procedure, the sample and the questionnaire used in the study can be found in Karelou (2002a). The GSAQ-LD consists of four different scales. One of them, called the *Human Sexuality* scale assesses attitudes towards the sexuality of the general population whereas the other three examine attitudes towards various aspects of the sexuality of the LD. The first of these scales measures *Acknowledgement* of the sexuality of the LD, the second, *Discrimination* against the sexuality of the LD, and the last, attitudes towards *Homosexuality* amongst the LD. It should be remembered that, depending on the scale, high scores indicate contemporary attitudes towards Human Sexuality, greater

Acknowledgement of the developing sexuality of people with LD, lesser Discrimination against the sexuality of the LD and contemporary attitudes towards Homosexuality amongst people with LD. It should be mentioned that in the present study it was decided to use the terms *traditional* versus *contemporary* in order to express the nature of attitudes. These terms indicate a non-permanent quality of attitudes according to which contemporary attitudes are newly acquired attitudes indicating that a particular behaviour or belief is appropriate at the time when attitudes were examined.

Results

A series of Pearson's product moment correlation coefficients were used to examine relationships between individual variables and respondents' attitudes towards sexual issues. Furthermore, a series of 3-way unrelated analysis of variance (ANOVA) were carried out to examine the effect of individual or combined sets of variables on respondents' attitudes towards sexual issues. Limitations of sample size meant that no more than three variables would be considered in the same ANOVA. A related ANOVA was used to explore differences between attitudes examined by the different scales of the GSAQ-LD. The Kruskal-Wallis H non-parametric test of analysis of variance was used in cases where there was evidence that the variances of variables were not equal.

The Human Sexuality scale contains 9 items and it can produce a range of scores between 9-45. People who score high on this scale express the view that sexuality is a normal part of human life whilst those who score low are less accepting of sexual education, contraception and homosexuality. A mean score of 34.64 and a standard deviation of 4.96 indicated that respondent held generally contemporary attitudes towards Human sexuality. In addition, the correlation analyses showed that there was a relationship between age as well as level of education and attitudes towards Human

Sexuality. More specific, a low but significant negative correlation coefficient indicated that the younger the respondents the more contemporary their attitudes towards Human Sexuality ($r=-0.135$, $p<0.05$). There was also a low but statistically significant positive correlation between respondents' level of education and their attitudes towards Human Sexuality ($r=0.132$, $p<0.05$) showing that the higher the educational level the more contemporary the attitudes towards Human Sexuality.

According to the series of unrelated ANOVA both age and level of education had an influence of respondents' attitudes towards Human Sexuality, which indicated that older respondents as well as those with a higher education degree were more contemporary in their attitudes towards Human Sexuality than respondents of the other age groups and those who did not have a higher education degree. The rest of the variables did not have a consistent effect on attitudes towards Human Sexuality.

An effect of gender and social class on respondents' attitudes was manifested in some of the analyses of variance but not in others. However, regardless of the existence or absence of significant effects of gender or social class males as well as middle class respondents always expressed more contemporary attitudes towards Human Sexuality than did females and working class respondents respectively. Similarly, although family status did not have an effect on attitudes towards Human Sexuality, in every analysis involving this variable, single participants were more contemporary in their attitudes than were married participants. Finally, place of residence did not have any impact on respondents' attitudes towards Human Sexuality.

The Acknowledgement of the sexuality of people with LD scale consists of 15 items and it can produce a range of scores from 15 to 75. People who get a high score in this scale acknowledge the right to sexual expression by people with LD and/or support the provision of sexual education for the LD. A low score indicates the belief that sexual expression by people with LD is unacceptable and that talking to them about sex would

encourage their sexual activity. Examination of the means and standard deviations indicated that in general, Greek lay people Acknowledged the sexuality of the LD ($\bar{x}=58.36$ $sd=7.49$). Furthermore, a low but significant negative correlation between age and Acknowledgement scores showed that the younger the respondents the greater the Acknowledgment ($r=-0.135$, $p<0.01$, $N=301$). A significant positive correlation between educational level (primary school through to postgraduate studies) and Acknowledgment scores ($r=0.209$, $p<0.01$, $N=300$) indicated that the higher the level of education the greater the degree of Acknowledgment of the sexuality of the LD.

The results of a series of unrelated ANOVA also indicated that level of education had an impact on respondents' degree of Acknowledgement. Respondents with a degree from higher education acknowledged the sexuality of the LD to a greater extent than those without such a degree. Although not consistently, it was found that respondents between 20-30 years old expressed the greatest degree of Acknowledgement. Contrary to what it was expected, gender, family status, social class, employment status, place of residence and contact with a person with LD did not influence attitudes measured by this scale. However, it should be noted that contact did show a main effect on a 3-way unrelated analysis of variance, which was based on 189 respondents. However, irrespective of the non significant effects of gender, age, social class, family status, place of residence and contact, females, younger, middle class, single, living in Athens, with contact respondents Acknowledged the sexuality of the LD to a greater extent than did males, older, working class, married, living in the province, without contact respondents respectively.

The Discrimination against the sexuality of the LD is measured by 14 items with a possible range of scores between 14-70. People who score high on this scale express a Non-Discriminating attitude towards the sexuality of people with LD. A low score in this scale indicates a prejudice against the sexuality of the LD and/or suggests a controlling attitude towards any sexual expression by the LD. Overall, Greek lay people neither

discriminated nor did not discriminate against the sexuality of the LD ($\xi=41.54$).

The correlation analyses revealed a consistent relationship between age or level of education and respondents' degree of Discrimination against the sexuality of the LD. A low but significant negative correlation between Discrimination scores and respondents' age indicated that the older the people the greater the degree of Discrimination against the sexuality of the LD ($r=-0.290$, $p<0.01$, $N=301$). On the other hand, a significant positive correlation between the seven level variable of education and Discrimination scores showed that the lower the level of education the greater the Discrimination against the sexuality of the LD ($r=0.267$, $p<0.01$, $N=300$).

A series of unrelated ANOVA also indicated that age or level of education had an impact on respondents' degree of Discrimination. Respondents without a degree from higher education Discriminated to a greater extent against the sexuality of the LD than those with such a degree ($F=16.106$, $df=1, 288$, $p<0.001$). In addition, respondents between 41+ years old expressed the greatest Discrimination ($\xi=38.66$ $sd=7.96$) compared to the rest of respondents. Differences in respondents' degree of Discrimination as a function of their gender were apparent only in analyses of variance based on 250 respondents or less. Similarly, family status influenced respondents' degree of Discrimination in two analyses of variance based on 234 and 221 participants. Social class, contact with people with LD and place of residence did not have any impact on respondents' degree of Discrimination against the sexuality of the LD. However, it is worth noting that regardless of significant levels females, older, working class, married, without contact living in province respondents Discriminated to a greater extent than did males, younger, middle class, single with contact, living in Athens respondents respectively.

The final scale assesses attitudes towards Homosexuality amongst people with LD. It contains 7 items which can produce a possible highest score of 35 indicating an accepting attitude towards Homosexual activities engaged in by the LD and a possible

lowest score of 7 indicating that such activities are not acceptable. A mean Homosexuality score of 21.93 suggested that Greek lay people held generally traditional attitudes towards Homosexual activities engaged in by the LD.

The correlation analyses indicated that there was a negative relationship between respondents' age, level of education or social class and their attitudes towards Homosexuality. A significant but low negative correlation between the Homosexuality scores and respondents' age suggested that the older the respondents the more traditional their attitudes towards Homosexuality among the LD ($r=-0.190$, $p<0.01$, $N=301$). On the other hand, the higher the level of education ($r=0.242$, $p<0.01$, $N=300$) and the higher the social class ($r=0.230$, $p<0.01$, $N=200$) the more contemporary the attitudes towards the Homosexuality of the LD.

The results of a series of unrelated ANOVA revealed that social class and sometimes age had an effect on attitudes towards Homosexuality according to which younger respondents and those from middle class expressed the more contemporary attitudes towards the Homosexuality of the LD. Gender, family status, employment status, contact with the LD and place of residence though did not influence, at least consistently, respondents' attitudes. However, irrespectively of the lack of statistical significant effects of the above variables females, older, married, without contact respondents expressed more traditional attitudes towards Homosexuality among the LD. Surprisingly, respondents living in Athens were more traditional in their attitudes towards Homosexuality than were respondents living in the province.

A one-way related ANOVA was carried out to compare respondents' scores between the four scales of the GSAQ-LD. Since the number of items of each scale was different it was decided to produce an adjusted total mean score for each scale. So, the mean for each scale was calculated and then divided by the number of items on the scales to produce the equivalent adjusted mean score ranging from 1-5. These mean scores

were used in the related ANOVA to compare respondents' attitudes towards different aspects of sexuality.

Broadly, the results showed contemporary attitudes towards Human Sexuality and high degree of Acknowledgment of the sexuality of the LD. However, attitudes towards Homosexual activities engaged by the LD were generally traditional whereas, respondents neither Discriminated nor did not Discriminate against the sexuality of the LD. The relevant descriptive statistics are shown in table 1 below.

Table 1: Descriptive statistics for the scales

Scale	ξ	sd	N
Human Sexuality	3.84	0.55	301
Acknowledgement	3.89	0.49	301
Discrimination	2.96	0.55	301
Homosexuality	3.13	0.84	301

A series of Pearson's correlation coefficients between the mean scores of the scales revealed significant but not always high positive relationships between each pair of scores. This indicated that the scales measured something similar in terms of general conceptualisation (aspect of sexuality) but not entirely the same in case of which one scale would be sufficient. A higher coefficient between Human Sexuality and Acknowledgement supported the view that those scales referred to similar issues with the difference that the first focused to non-LD and the later to LD population. In each analysis relationships were statistically significant at 0.01 level. The results are shown in table 2 below.

Table 2: Correlation coefficients between the four scales scores

Scales	Human Sexuality	Acknowledgement	Discrimination
Human Sexuality	-	-	-
Acknowledgement	0.609	-	-
Discrimination	0.257	0.413	-
Homosexuality	0.573	0.488	0.302

The series of the related ANOVA showed that there was a significant difference between the four total mean scores ($F=299.370$, $df=2.366$, 709.93 , $p<0.001$) indicating that respondents held different attitudes towards Human Sexuality, and the different aspects of

the sexuality of people with LD. A high score on the Human Sexuality scale expresses the view that sexuality is a normal part of human life. A high score on the Acknowledgement of the sexuality of the LD scale indicates acceptance of the right to sexual expression by the learning disabled and of sexual education for the learning disabled. A low score on the Discrimination against the sexuality of the LD scale indicates a prejudice against their sexuality and/or suggests a controlling attitude towards any sexual expression by the LD. Finally, a high score in the Homosexuality among the LD scale expresses accepting attitudes towards Homosexual activities engaged in by the LD.

Since the related ANOVA only points out whether there is a significant difference between a number of related means but does not reveal where this difference lies it was decided to carry out a series of Tukey's HSD tests between the six pairs of means. Results showed that respondents expressed more contemporary attitudes towards Human Sexuality than towards Homosexuality among the LD. They also held less traditional attitudes towards Human Sexuality than their degree of contemporary and Non-Discriminating attitudes towards the sexuality of the LD. In both sets of comparisons the differences were statistically significant at 0.01 level. However, there was no significant difference between attitudes towards Human Sexuality and the extent of Acknowledgement of the sexuality of the LD.

Significant differences were also noted in attitudes towards different aspects of the sexuality of people with LD. Respondents Acknowledged to a greater extent the sexuality of the LD compared to the degree of their Non-Discriminating attitudes. They also Acknowledged to a greater extent the sexuality of the LD compared to the degree of contemporary attitudes they expressed towards Homosexuality of the LD. Finally, respondents' attitudes towards Homosexuality among the LD were more contemporary than was their degree of Non-Discrimination. The level of probability for the above comparisons was again set at 0.01.

Discussion

The present study was designed in order to answer questions regarding attitudes towards the sexuality of people with LD in Greece. It was hypothesised that there will be a negative relationship between age and attitudes such that older people would hold more traditional attitudes towards sexual issues compared with younger individuals. The study findings confirmed this hypothesis. Older people expressed more traditional attitudes towards Human sexuality, Acknowledged the sexuality of the LD less, Discriminated against the sexuality of the LD and held more traditional attitudes towards Homosexuality among the LD compared with younger respondents. In addition, an interaction between age and employment status indicated that older unemployed respondents Discriminated the most against the sexuality of the LD.

It could be speculated that older people were brought up with values based on the "honour-shame" ethic that are different to those pertaining at the time of the study. According to this value system a woman must preserve her sexual purity / chastity whereas a man must defend his and his family's honour at all costs. "Honour" is something men strive for and something they can lose through their women's behaviour if these act shamelessly (Lazaridis, 1995). This implies different kind of behaviours for men and women. Women were considered a threat to family "honour" since they were the ones that ensured the moral values of the family by avoiding any extramarital "shameful" sexual activities. Thus, men's reputation depends on the sexual conduct of the women in their family. If they were unsuccessful in protecting their women's "timi" (honour) they were shamed and diminished in the eyes of the society. Marital infidelity was a serious insult to the man who was stigmatised as "keratas" (cuckold). On the other hand, men were allowed and expected to have sexual experiences. Their infidelity was more or less

expected and thought of as enhancing their self-esteem, provided they did not overdo it. So, it can be argued that the values of "honour-shame" were linked to sexuality and power, masculinity and gender relations.

This fact might explain the more traditional attitudes expressed by older participants compared with the younger participants. The effect of employment status combined with age could be attributed to the fact that older, unemployed people do not have the chance to interact with colleagues who might have different values and make them consider their own traditional attitudes. An age effect was also found in previous research of staff attitudes towards the sexuality of people with LD (Brantlinger, 1983; Sweyn-Harvey, 1984; Murray & Mines, 1944). People over 45 years old expressed the most conservative attitudes towards various aspects of the sexuality of the LD.

A second hypothesis stated that people with a higher level of education would express more contemporary attitudes than would people without higher level of education. The findings supported the relationship between education and attitudes. People with a higher educational level were consistently less traditional in their attitudes towards Human sexuality, Acknowledged more the sexuality of the LD, Discriminated less against the sexuality of the LD and held more contemporary attitudes towards Homosexuality among the LD than those with a lower level of education. Brantlinger (1983) and Murray & Mines (1944) also found the same effect for education: the higher the educational level the more liberal the attitudes towards sexuality.

Contrary to what it was expected gender was not found to have a great effect on respondents' attitudes except for the Discrimination against the sexuality of the LD. Females Discriminated to greater extent against the sexuality of the LD than did males. An interaction of gender and employment status was noted in respondents' attitudes towards Human sexuality. However, this analysis was based on 234 respondents and not in 301 than provided information about gender which weakens the argument of a gender effect on

attitudes measured by this scale. Unfortunately, only one study was located that looked at gender differences in attitudes towards the sexuality of the LD and found that gender was unrelated to scores on the Perceptions of Sexuality scale (Scotti et al, 1996a). They examined college students' perceptions about sexuality of people with LD as well as about the sexuality of other people like themselves. Their findings suggested that gender was unrelated to the respondents' mean scores on the Perceptions of Sexuality scale. However, females regarded sex between same gender partners as more acceptable than males for both the LD and the general population. Females also rated risky sexual behaviours for students and LD people as less acceptable than males.

The effect of respondents' gender in the present study was different. Differences between males and females were found only in relation to Discrimination against the sexuality of the LD. Females Discriminated more against the sexuality of the LD than did males. An interaction between gender and education also indicated that females without higher education Discriminated more against the sexuality of the LD than did any other group of respondents. Moreover, an interaction of gender with employment status suggested that unemployed females held the most traditional attitudes towards Human Sexuality.

The "honour-shame" ethics system suggests that a woman must preserve her sexual purity / chastity whereas a man must defend his and his family's honour at all costs. This implies different kind of behaviours for men and women that might explain why unemployed women held more traditional attitudes towards Human Sexuality than did the rest of the respondents. For example, marital infidelity is a serious insult to the man whereas men are allowed and expected to have sexual experiences. Having in mind that in general, the degree of Discrimination expressed by the participants was neither high nor low and the value system pertaining in Greece with respect to sexuality any difference between the two sexes would be reflected in more traditional attitudes of females than of

males.

The findings of the present study did not confirm the hypothesis that people who have had any contact or experience with a LD person would be less traditional in their attitudes compared with people who have never had any contact with a LD person. Every analysis based on the 236 respondents who provided information about their contact with the LD resulted in no main effect of contact on any scale assessing attitudes towards the sexuality of people with LD. The literature review revealed contradictory findings in relation to the influence of contact on people's attitudes towards sexual issues. Murray and Mines (1944) and Scotti et al (1996a) both reported that the amount and quality of contact with a person with LD were unrelated to respondents' attitudes towards the sexuality of the LD. On the other hand, according to Stasinos (1994) Greek adults with a basic knowledge and/or experience of persons with Down's syndrome expressed generally positive attitudes towards sexual behaviours displayed by this population. However, since Stasinos (1994) failed to provide evidence to support his argument the influence of contact in his study becomes questionable.

Social class was found to have an effect, although not consistently on respondents' attitudes towards Human Sexuality as well as towards Homosexuality of people with LD. Respondents from middle class expressed less traditional attitudes compared to those from working class for both scales. In addition, single respondents from the middle class were more contemporary in their attitudes towards Homosexuality among the LD than were any other group. There is need for more research into the effect of social class on sexual attitudes since it has not been investigated in any other previous study.

The results did not also confirm the hypothesis that respondents who lived in Athens would be more contemporary in their attitudes than would those who did not. However, the majority of the participants were Athens residents for at least the last ten years. To the present researcher's knowledge there is no study examining attitudes

towards the sexuality of the LD in urban and rural geographical areas of a certain country and thus it is not feasible to make comparisons between findings across studies. Nevertheless, looking at research on community attitudes towards the LD population, Sinson (1985) reported that there was a difference in attitudes towards LD in urban and rural Yorkshire in the UK.

According to another hypothesis there would be a difference in respondents' attitudes depending on different aspects of the sexuality of the LD. This hypothesis was partly confirmed. The results indicated that attitudes towards Human Sexuality were less traditional than were attitudes towards Homosexuality among the LD. However, there was no significant difference between attitudes towards Human Sexuality and the Acknowledgement of the sexuality of the LD. Additionally, it was hypothesised that members of the general public would possess more contemporary attitudes towards the sexuality of the non-LD than towards the LD. The results indicated that respondents expressed more contemporary attitudes towards Human sexuality compared to the degree of Non-Discrimination towards the sexuality of the LD.

The mean Discrimination score suggests that the degree of Discrimination expressed by the participants was neither high nor low. Given that the individual items comprising the Discrimination scale refer to a number of stereotypes of the sexuality of the LD it could be argued that respondents were not feeling knowledgeable or comfortable enough to respond to stereotypic statements about the sexuality of the LD. It could be argued that the difference between attitudes towards Human Sexuality and degree of Discrimination reflects the move away from the "honour-shame" value system on the one hand and the lack of knowledge regarding the sexuality of the LD. Scotti et al (1996a) also found a difference between UK college students' perceptions about the sexuality of people with LD and their perceptions about the sexuality of "other people like themselves". Students regarded various sexual behaviours of persons with LD as being less acceptable

compared to the same behaviours when engaged in by other students like themselves.

Unfortunately, the four-scale structure of the GSAQ-LD and the lack of similar scales employed in previous research does not allow comparisons between their findings and those of the present study. However, if one looks more carefully at the individual items included in the Acknowledgement of the sexuality of the LD scale one can see that they mainly refer to the acceptability of heterosexual relationships between two people with LD, masturbation and sexual education.

Studies referring to attitudes towards sexual relationships among the LD have shown that those relationships are generally perceived as normal and acceptable (McEwen, 1977; Saunders, 1979; Shaddock, 1979; Chapman & Pitchealthy, 1985; Beh-Pajoh, 1991). It should be noticed though, that all the studies reviewed have included individual items regarding the acceptability of heterosexual relationships and thus, respondents in these studies were able to express the degree of their acceptability towards some specific sexual activities but not others. However, looking at the range of activities described it was found that acceptability decreased as the level of physical contact intensified (Mulhern, 1975; Mitchell et al, 1978; Coleman & Murphy, 1980; Blunn et al, 1984).

Masturbation in private was perceived as an aspect of normal development and as such it produced a general positive attitude among respondents who took part in previous research (e.g. Mulhern, 1975; Coleman & Murphy, 1980; Adams et al, 1982; Chapman & Pithcealthy, 1985; Johnson & Davies, 1989).

Similarly, respondents generally expressed positive attitudes towards the provision of sexual education to people with LD. They considered sexual education as important and rejected the view that it will result in the LD being over-preoccupied with sex (Saunders, 1979; Coleman & Murphy, 1980; Johnson & Davies, 1989; Squire, 1989;

Toomey, 1993). A lack of interest about the content of a sexual education programm and a concern about parental approval of such a programm were also noted in previous research (Shaddock, 1979; Chapman & Pithceathy, 1985).

Although the Acknowledgement of the sexuality of the LD scale of the GSAQ-LD does not allow for a distincion between items describing more or less intimate activities, masturbation and sexual education, the high total scale score ($\xi=3.89$) indicated that the attitudes of the Greek respondents toward these topics were consistent with attitudes reported in previous studies. The lack of difference between attitudes towards Human sexuality and the Acknowledgement of the sexuality of the LD supports further this argument. The Human Sexuality scale considers those same topics with the difference that it considers them in reference to the general population. The fact that attitudes towards Human Sexuality and Acknowledgment did not significantly differ could suggest that findings of the present study were in agreement with findings reported by other researchers.

The results also confirmed that there would be a difference between attitudes towards Homosexuality among the LD and attitudes towards any other aspect of their sexuality. More specifically, respondents Acknowledged more the sexuality of the LD compared to the contemporary attitudes they expressed towards the Homosexuality of the LD. In addition, their level of Discrimination against the sexuality of the LD was higher than the level of their traditional attitudes towards the Homosexuality among the LD.

In previous research homosexuality was the topic, which produced the most restrictive responses even though there were studies that reported somewhat greater tolerance towards homosexual relationships between people with LD than others. The results of previous studies were consistent with the present findings indicating that attitudes towards Homosexuality among the LD are mainly negative and more traditional than attitudes towards heterosexual relationships (Mulhern, 1975; Mitchell et al, 1978;

Shaddock, 1979; Adams et al, 1982; Blunn et al, 1984; Johnson & Davies, 1989).

Additionally, Mercier et al (1994) reported that more than half of Special Education teachers who took part in their study believed that homosexuality was more frequent among people with than without LD that might reflect the stereotype of over-sexuality exhibited by the LD.

However, Chapman and Pitchealthy (1985) and Sebba (1981b) point out that their sample of professionals working in the field of learning disability were more willing to accept the occurrence of homosexual relationships between males or females with LD. It is worth noting though, that 27% of the respondents in the study carried out by Sebba (1981b) were unable to express their attitudes towards homosexuality.

Finally, differences were also found between Acknowledgement and Discrimination. Respondents' Acknowledgement scores were higher than their Discrimination scores. For the same reasons that it was difficult to relate the previous findings with findings regarding the Acknowledgement scale it is also difficult to do the same with the Discrimination scale. However, using the same strategy, an attempt will be made to look at items included in the Discrimination scale and relate respondents' attitudes with findings of previous studies.

The Discrimination scale reflects a general prejudice and a controlling attitude towards the developing sexuality of the LD. It includes - among others - items referring a number of stereotypes regarding the sexuality of the LD, the sterilisation of people with LD and their right to marriage and childbearing. The review of literature revealed that involuntary sterilisation was a controversial issue for staff working with people with LD. Although a high proportion of them disagreed with the practice (Sebba, 1981b; Johnson & Davies, 1989) there were people who considered it as acceptable or even necessary (Antonak et al, 1989; Chapman & Pitchealthy, 1985). Professionals' and other groups' attitudes towards sterilisation are very important when one's consider the power they have over the LD people's lives and the expression of their sexuality. For example, although

sterilisation is illegal in Greece people incapable of consenting to such a procedure - as the LD are considered to be - can be sterilised if their legal guardians consent to that.

Marriage was also an issue that produced mixed attitudes from respondents. Even though there was a tendency towards a positive feeling regarding the marriage of people with LD (McEwen, 1977; Sebba, 1981b; Blunn et al, 1984; May et al, 1994), respondents often added in some requirements to their accepting attitude towards such marriages (Coleman & Murphy, 1980; Chapman & Pitchealthy, 1985; Johnson & Davies, 1989). When the question of childbearing was included the acceptance level was further reduced (McConkey et al, 1983b). It should be remembered that these results are based on individual items referring to each of the above issues. The general controversy noticed in attitudes towards sterilisation, marriage and childbearing of the LD noticed in previous research and the fact that the Discrimination scale of the GSAQ-LD includes items on all these issues might partly explain the low score ($\xi=2.96$) obtained by the respondents in this scale. It might also imply that Greeks' attitudes towards these issues are not so different from attitudes of other nationalities.

Conclusion

Consistent with other studies, the present findings supported the relationship between age and attitudes, indicating that younger respondents expressed more contemporary attitudes towards the Human Sexuality and the sexuality of the LD than did older respondents. Similarly, a relationship was found between level of education and attitudes suggesting that the higher the education the more contemporary the attitudes. This relationship was also consistent with findings of previous research on the subject. Contrary to what was expected, family status, employment status, and contact with a LD person did not have an impact on respondents' attitudes. However, information on these

variables was available only for a part of the total sample. The difference in the sample size could have introduced a bias into the results of these particular analyses (Clark-Carter, 2000).

In general it should be noted that the present study has some limitations in terms of the representation of the sample as well as the sampling procedure. The variety of methods used to approach the total sample (see Karelou, 2000a) might have had an impact on people's responses. For example, apart from the respondents who were directly approached by the researcher, there is no control over explanations or additional comments that the rest of the respondents might have been offered and which might have influenced their attitudes.

In terms of the instrument used, there is no distinction in the items of the GSAQ-LD addressing the issue of sexuality of people with LD about the level of the disability of the population in reference. It might be the case that participants' real attitudes towards the sexuality of the LD were confounded and forced to one or the other end of the contemporary-traditional continuum because they were unable to differentiate between people with mild, moderate or severe level of disability. This is likely to remain a problem for studies of the attitudes of members of the general public who are not knowledgeable enough to make fine distinctions between different levels of LD.

Additionally, although some of the analyses resulted in significant effects of a number of variables the observed effects might have been due to type I error. It should be acknowledged that since the same variables were involved in a series of analyses the chance of rejecting the null hypothesis when it is true was increased.

Despite the above limitation the present study is the first large-scale study carried out in Greece focusing on general public attitudes towards the sexuality of people with LD. It is also one among the very few conducted worldwide using members of the general public as its sample. As a result, it provides a picture of the sexual attitudes prevailing in

Greece in relation to LD people, which can be helpful when considering the integration of the LD in the community.

The community integration of people with LD is highly dependent on general public attitudes towards this population. It follows that the way members of the general public regard the developing sexuality of the LD will probably have an effect on their attitudes to the presence of some individuals with LD in the community. Their acknowledgement and acceptance of the LD rights to both sexual knowledge and experience can influence the process of integration into the community of the LD population.

The findings of the Greek study in relation to sexual attitudes and respondents' personal characteristics are particularly interesting in the light of changing community attitudes. For example, it was found in the present study that both age and level of education are associated with attitudes towards the sexuality of people with LD. Older people and those with no higher education should be among the priorities of those who are interested in working towards the integration of people with LD in the community.

The differences between respondents' attitudes towards Human sexuality and the Discrimination against the sexuality of the LD in the Greek study could imply that people lack information about the sexual development of the LD and project a general prejudice towards their sexuality. That could be mediated by educating the general public about the abilities and the needs of people with LD and offering them the appropriate knowledge that will enable them to view this population in a new light. The fact that there was no difference between attitudes towards Human sexuality and the Acknowledgement of the sexuality of the LD is evidence that respondents are willing to accept the developing sexuality of the LD and work towards rejecting many of the stereotypes developed a long time ago.

There is little doubt that the present study is the first step towards a better understanding of an unexplored area of interest in Greece. Nevertheless, there are still

issues than need to be investigated and subjected to more research. The vast majority of the respondents in the present study were residing in Athens. The attitudes of people living in different parts of Greece need to be investigated further since LD individuals also live in different parts of the country. More representative samples in terms of respondents' personal characteristics like age, social class, family status should also be employed in any future research so that the generalisation and the validity of the findings could be less easily challenged.

The effect of the level of disability on community attitudes towards the sexuality of LD people should also be the subject of further research since research on attitudes towards people with LD suggests that there is a difference in participants' attitudes depending on the disability level (e.g. Weller & Aminadav, 1989; Antonak et al, 1995).

Future research could also be used to examine the concurrent and predictive validity of the GSAQ-LD. The findings of a study using a different questionnaire examining the same constructs of attitudes towards the sexuality of people with and without LD in Greece could be related to the results of the GSAQ-LD in order to confirm or reject its concurrent validity. The focus of another study could examine the predictive validity of the GSAQ-LD.

REFERENCES

- Adams G.L., Tallon R.J. & Alcorn D.A. (1982). Attitudes toward the sexuality of mentally retarded and non-retarded persons. *Education and training of the mentally retarded*, 17:307-312.
- Antonak R.F., Fiedler C.R. & Mulick J.A. (1989). Misconceptions relating to mental retardation. *Mental Retardation*, 27(2):91-97.
- Antonak R.F., Mulick J.A., Kobe F.H. & Fiedler C.R. (1995). Influence of mental retardation severity and respondent characteristics on self-reported attitudes toward mental retardation and eugenics. *Journal of Intellectual Disability Research*, 39(4):316-325.
- Beh-Pajooch A. (1991). The effect of social contact on college students' attitudes toward severely handicapped students and their educational integration. *Journal of Mental Deficiency Research*, 35:339-352.
- Birchall J. (1984). Coping with sexuality-two:in private place. *Nursing Times*, 12 December:31-34.
- Blunn C., Moore I. & Alexander S. (1984). Just as important as learning to boil a kettle. *Community Care*, December, 13:22-24.
- van Bourgondien M.E., Reichle N.C. & Palmer A. (1997). Sexual behavior in adults with autism. *Journal of Autism and Developmental Disorders*, 27(2):113-125.
- Brantlinger E. (1983). Measuring variation and change in attitudes of residential care staff toward the sexuality of mentally retarded persons. *Mental Retardation*, 21(1):17-22.
- Chapman J.W. & Pitceathly A.S. (1985). Sexuality and mentally handicapped people: issues of sex education, marriage, parenthood and care staff attitudes. *Australia and New Zealand Journal of Developmental Disabilities*, 10(4):227-235.
- Clarke-Carter D. (2000). *Statistical power and effect size made simple*. Health Psychology Update, 40:4-7.
- Coleman E.M. & Murphy W.D. (1980). A survey of sexual attitudes and sex education programs among facilities for the mentally retarded. *Applied Research in Mental Retardation*, 1:269-276.
- Craft A. (1985). Sexuality and Mental Handicap. *Physiotherapy*, 71(4):172-174.
- Craft, A. (1987). *Mental handicap and sexuality: issues and perspectives*. Tunbridge Wells: Costello.
- Elwood S. (1981). Sex and the mentally handicapped. *Bulletin of the British Psychological Society*, 34:169-171.
- Hall J.E. (1978). Acceptance of sexual expression in the mentally retarded. *Sexuality and Disability*, 1(1):44-51.
- Harris P. & Brady C. (1995). Attitudes of speech and language therapists to intimate relationships among people with learning difficulties: an exploratory study. *British Journal of Learning Disabilities*, 23(4):160-163.
- Johnson P.R. & Davies R. (1989). Sexual attitudes of members of staff. *The British Journal of Mental Subnormality*, 35(part1-No 68):17-21.
- Karellou, J. & Trueman, M. (1999). Staff attitudes towards the sexuality of people with learning disabilities in Greece and the UK: a cross-cultural study. *Social Work (Koinoniki Ergassia)*, 56:Nov.-Dec, [In Greek].
- Katoda H. (1993). Parents' and teachers' praxes of and attitudes to the health and sex education of young people with mental handicaps: a study in Stockholm and Tokyo. *Journal of Intellectual Disability Research*, 37:115-129.

- Katz S., Shemesh T. & Bizman A. (2000). Attitudes of university students towards the sexuality of persons with mental retardation and persons with paraplegia. *British Journal of Developmental Disabilities*, 46(2, part 91):109-117.
- Kempton W. (1982). Sex and the mentally retarded. *British Journal of Sexual Medicine*, 9(82):5-6.
- Kempton W. & Kahn E. (1991). Sexuality and people with intellectual disabilities: a historical perspective. *Sexuality and Disability*, 9(2):93-111.
- Lazaridis G. (1995). Sexuality and its cultural construction in rural Greece. *Journal of Gender Studies*, 4(3):281-295.
- May D., Phillips S., Miller J., Linton P., Forbes J. & Culross G. (1994). Changing attitudes: a teaching initiative in the medical school. *British Journal of Learning Disabilities*, 22(3):104-108.
- McCarthy M. (1993). Sexual experiences of women with learning difficulties in long-stay hospitals. *Sexuality and Disability*, 11(4):277-286.
- McConkey R.M., McCormack B. & Naughton M. (1983b). Changing young people's perceptions of mentally handicapped adults. *Journal of Mental Deficiency Research*, 27:279-290.
- McEwen J.L. (1977). Survey of attitudes toward sexual behaviour of institutionalized mental retardates. *Psychological Reports*, 41:874.
- Mercier M., Delville J. & Collignon J.L. (1994). Sexuality and mental disability. *European Journal on Mental Disability*, 1(1):24-30.
- Mitchell L., Doctor R.M. & Butler D.C. (1978). Attitudes of caretakers toward the sexual behaviour of mentally retarded persons. *American Journal of Mental Deficiency*, 83(3):289-296.
- Mulhern T.J. (1975). Survey of reported sexual behaviour and policies characterising residential facilities for retarded citizens. *American Journal of Mental Deficiency*, 79(6):670-673.
- Murray J.L. & Minnes P.M. (1994). Staff attitudes towards the sexuality of persons with intellectual disability. *Australia and New Zealand Journal of Developmental Disabilities*, 19(1):45-52.
- Ousley P.Y. & Mesibov G.B. (1991). Sexual attitudes and knowledge of high-functioning adolescents and adults with autism. *Journal of Autism and Developmental Disorders*, 21(4):471-481.
- Rose J. & Holmes S. (1991). Changing staff attitudes to the sexuality of people with mental handicaps: an evaluation and comparison of one and three day workshops. *Mental Handicap Research*, 4(1):67-79.
- Saunders E.J. (1979). Staff members' attitudes toward the sexual behaviour of mentally retarded residents. *American Journal of Mental Deficiency*, 84(2):206-208.
- Scotti J.R., Slack B.S., Bowman R.A. & Morris T.L. (1996a). College students attitudes concerning the sexuality of persons with mental retardation: development of the perceptions of sexuality scale. *Sexuality and Disability*, 14(4):249-264.
- Sebba J. (1981b). Sexual development in mentally handicapped people: a critical look at staff attitudes. *Apex*, 9(1):22-23.
- Shaddock A.J. (1979). Sexuality and the mentally retarded: attitudes and knowledge of participants in a one day seminar. *Australian Journal of Mental Retardation*, 5(8):316-318.
- Sinson J.C. (1985). *Attitudes to Downs Syndrome*. London: Mental Health Foundation.
- Squire J. (1989). Sex education for pupils with severe learning difficulties: a survey of parent and staff attitudes. *Mental Handicap*, 17:66-69.
- Stasinopoulou D.P. (1994). Aspects of sexuality in Greek adolescents with Down Syndrome. *International Journal of Adolescent Medicine and Health*, 7(3):241-247.

Stevens S., Evered C., O'Brien R. & Wallace E. (1988). Sex education: who needs it? *Mental Handicap*, 16:166-170.

Stewart W.F.R. (1978). Sexual fulfilment for the handicapped. *British Journal of Hospital Medicine*, 20:676-680.

Sumarah J., Maksym D. & Goudge J. (1988). The effects of a staff training program on attitudes and knowledge of staff toward the sexuality of persons with intellectual handicaps. *Canadian Journal of Rehabilitation*, 1(3):169-175.

Sweyn-Harvey R. (1984). Care staff attitudes. *Mental Handicap*, 12:28-29.

Toomey J.F. (1993). Final report of the Bawnmore personal development programme: staff attitudes and sexuality programme development on an Irish service of people with mental handicap. *Research in Developmental Disabilities*, 14:129-144.

Trudel G. & Desjardins G. (1992). Staff reactions towards the sexual behaviours of people living in institutional settings. *Sexuality and Disability*, 10(3):173-179.

Weller L. & Aminadav C. (1989). Attitudes towards mild and severe mental handicap in Israel. *British Journal of Medical Psychology*, 62:273-280.