

Parents' Attitudes Towards the Sexuality of People With Learning Disabilities in Greece

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Abstract

The present study examines sexual attitudes of parents who have adolescents or young adults with learning disability in Greece. Data from 100 Greek parents were collected during approximately six months in three Greek towns (Athens, Patra, Ioannina) using the GSAQ-LD-PARENTS. Analyses based on responses from 95 parents showed that most of the variables, with the exception of level of education, had no impact on parents' attitudes towards the sexuality of the individual with learning disability. There were differences in parents' attitudes measured by the five different scales of the GSAQ-LD-PARENTS. The findings can be used in the design of an educational program addressed to parents in order to help them to come to terms with their child's developing sexuality.

Keywords: attitudes, Greece, learning disabilities, parents, quantitative analysis

The purpose of this paper is to present Greek parents' attitudes towards the sexuality of people with learning disabilities including their own offspring. As explained by Karellou (Karellou, 2007, this issue), the term "learning disabilities" has been used to refer to what in Greece is called "mental retardation" and to developmental disabilities, or intellectual and developmental disabilities elsewhere, because the project was carried out in the U.K. as part of the author's doctoral program.

Parents of people with LD are very concerned about the sexual development as well as the sexual behaviour of their offspring. Fear and anxiety are often aroused, focusing mainly, on sexual ignorance (and therefore exploitation) and real or anticipated inappropriate behaviour (Hammar et al, 1967; Rose, 1990; Swain & Thirlaway, 1996).

There is a feeling of discomfort about the provision of sexual information and the recurrent implication that there can be danger in telling persons with LD about sex (Goodman et al, 1971; Matinopoulou, 1990). As a result, in the past, only a small percentage of parents have discussed sexual matters with their son or daughter with LD (e.g., Alcorn, 1974; Nitsopoulos, 1991; Turner, 1970). However, more recently there has been greater support of sexual education programs (e.g., Johnson & Davies, 1989; Watson, 1980).

Masturbation is considered as a normal aspect of sexual development by the vast majority of parents who also would not react negatively as long as it was done privately (Goodman et al, 1971; Johnson & Davies, 1989; Pueschel & Scola, 1988). On the other hand, Nitsopoulos (1991) reported that only 31 out of 100 Greek parents of children with Down's syndrome considered this practice of sexual gratification as normal.

Ambivalent attitudes have been found regarding sexual relations, of which some parents approve (Elkins, Spinnato & Muram, 1987) and others do not (Nitsopoulos, 1991). The idea of marriage among people with LD also produced variability in parents' feelings. A number of studies have found that more than half of their sample disagreed with the idea of their offspring with LD getting married (e.g. Wolf & Zarfes, 1982; Whitcraft & Jones, 1984; Bambrick & Roberts, 1991). However, there are reports of parents considering marriage as a solution to the sexual needs of their offspring with LD (Matinopoulou, 1990), or as possible and desired by their offspring (Goodman et al., 1971; Hammar et al., 1967).

The possibility of sterilization creates much discomfort for parents, but according to Goodman et al. (1971), there is a general readiness to view this method of birth control as a means of enabling their child to have the interpersonal gratification of marriage and a satisfying sexual life without conception. Indeed, there are parents either in favour or inclined to consider sterilization for their offspring with LD (e.g., Bambrick & Roberts, 1991; Passer et al., 1984; Whitcraft & Jones, 1974). However, there have been studies in which the concept of involuntary sterilization produced more than the average number of negative responses (e.g., Elkins et al., 1987; Johnson & Davies, 1989; Nitsopoulos, 1991). It is worth noting that parents who did not want to consider sterilization for their son or daughter with LD, thought that close supervision of their offspring's activities was the most appropriate method of guarding against pregnancy (Alcorn, 1974; Hammar et al, 1967).

Fisher and Krajicek (1974) reported that parents who had a boy with LD were concerned about the occurrence of homosexual behaviour in their offspring, while 61% of the participants in the study by Mercier et al (1994) considered it to be as

frequent in persons with LD as without, and 39% considered it to be less frequent.

A small number of the above studies indicated that respondents' personal characteristics such as age, educational attainment (Brantlinger, 1983) socio-economic status (Watson, 1980), and religion (Bass, 1967; Passer et al, 1984; Turchin,, 1974) had an impact on parents' attitudes towards the sexuality of the person with LD. The target of the attitude (Johnson & Davies, 1989; Mercier et al, 1994) as well as the gender, age and level of functioning of the offspring with LD seemed also to affect the way parents viewed their child's developing sexuality (Alcorn, 1974; Hammar et al, 1967; Matinopoulou, 1990; Passer et al, 1984; Squire, 1989; Wolf and Zafras, 1982). Finally, the country where studies were carried out tended to influence perceptions about the sexuality of people with or without LD (Katoda, 1993).

The present paper discusses the findings of a study examining the attitudes that parents' of young adults with LD hold towards the sexuality of people with and without LD in Greece.

Methods

Three Greek towns were chosen to provide the population for the present study: Athens, Patra and Ioannina. Data were collected from January to June 1998 using the Greek Sexuality Attitudes Questionnaire – Learning Disabilities – Parents (GSAQ-LD-PARENTS). Detailed information about the procedure, the sample and the questionnaire used in the study can be found in Karellou (2007, this issue).

The GSAQ-LD-PARENTS consists of five different scales: Human Sexuality, Acknowledgement, Discrimination, Homosexuality and Own Child. High scores

indicate contemporary attitudes towards Human Sexuality; greater Acknowledgement of the developing sexuality of people with LD; lesser Discrimination against the sexuality of people with LD; contemporary attitudes towards Homosexuality amongst people with LD; and, contemporary attitudes toward the sexuality of their Own Child.

It was decided to use the term *contemporary* to express the nature of attitudes. This term indicates that particular behaviours or beliefs were appropriate at the time when the attitudes were examined.

The evaluation process of the GSAQ-LD-PARENTS involved a series of item-total correlations, Cronbach's alpha and factor analyses which indicated that the five scales assessed attitudes towards different aspects of the sexuality of people with LD. All items produced correlation values over 0.2, factor loadings greater than 0.35 with factorial purity and conceptual interpretation of their meaning, and Cronbach's alpha values for each scale as follows: Human Sexuality, 0.74; Acknowledgment of the sexuality of people with LD, 0.83; Discrimination against the sexuality of people with LD, 0.83; Homosexuality among people with LD, 0.87; Own Child, 0.80.

Results

The analytic approach used in the present study involved mainly a series of different parametric tests. Bryman and Cramer (1997) have noted that such tests are routinely applied in the investigation of psychological variables like attitudes although variables related to attitudes are ordinal in nature and thus do not fulfill one of the conditions for using parametric tests. Ferguson (1971) argued that there is a

justification for using parametric tests with ordinal levels of measurement on the grounds of utility and precedent.

A series of Pearson's product moment correlation coefficients were used to examine relationships between individual variables and respondents' attitudes towards sexual issues. The application of the non-parametric Spearman rank correlation revealed the same results as the Pearson's correlation coefficient. Therefore, it was decided to use this latter method of correlation throughout the study in order to be consistent with the application of parametric tests.

A series of 2-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 two variables would be considered in the same ANOVA. All 2-way unrelated ANOVAs involving the variable of social class were based on 52 respondents. The dichotomous variable of higher education, which divided participants into those who had a degree from higher education and those who did not have such a degree, was used in the series of ANOVA involving the variable of educational level. Furthermore, respondents of the three first age groups were combined together to produce a new group of parents between 20 and 50 years old and the two last age groups produced a new group of those who were over 51 years old, unless stated otherwise.

It should be also noted that any analysis involving variables reflecting information about the offspring with LD was based on 87 respondents who were parents of the participants with LD in another study. Due to space limitations, only the statistically significant results are reported. Finally, a related ANOVA was used to explore differences between attitudes examined by the different scales of the GSAQ-LD-PARENTS.

Attitudes Towards Human Sexuality

The Human Sexuality scale contains 9 items, which can produce a range of possible scores between 9 and 45. People who score high in this scale express the view that sexuality is a normal part of human life while those who produce a low score are less accepting of sexual education, contraception and homosexuality. A mean score of 33.25 and a standard deviation of 4.51 indicated that respondents held fairly contemporary attitudes towards Human Sexuality.

A statistically significant relationship between respondents' level of education and their attitudes towards Human Sexuality indicated that the higher the educational level the more contemporary the attitudes towards Human Sexuality ($r=0.275$, $p<0.01$).

A 2-way unrelated Anova (gender by educational level) showed a significant difference in the Human Sexuality scores indicating that respondents with higher education were more contemporary in their attitudes towards Human Sexuality ($m=35.25$, $sd=5.34$) than were those without higher education ($m=32.66$, $sd=4.04$) ($F=4.648$, $df=1$, 89 , $p<0.03$). A second ANOVA (age by higher education) revealed a significant difference in the Human Sexuality (Attitude) scores indicating that respondents with higher education were more contemporary in their attitudes towards Human Sexuality ($m=35.25$, $sd=5.34$) than were those with less than higher education ($m=32.64$, $sd=4.10$) ($F=5.612$, $df=1$, 89 , $p<0.02$).

Finally, regardless of the mainly non-significant results there was a trend according to which mothers, middle class and younger parents expressed more contemporary attitudes than did fathers, working class, and older parents respectively.

Acknowledgement of the Sexuality of Those With LD

The degree of Acknowledgement of the sexuality of people with LD was assessed by the first scale of the second part of the GSAQ-LD-PARENTS. This scale consists of 15 items producing a range of scores from 15 to 75. People who score highly on this scale Acknowledge the right of people with LD to sexual expression and support the provision of sexual education for people with LD. A low score indicates the belief that sexual expression by people with LD is unacceptable and that talking to them about sex will encourage their sexual activity. Examination of the means and standard deviations revealed that generally, respondents Acknowledged the sexuality of the person with LD ($m=55.78$, $sd=7.53$).

A positive correlation was found between education and respondents' Acknowledgement scores ($r=0.381$, $p<0.01$, $N=93$) indicating that the higher the level of education the greater the Acknowledgement of the sexuality of those with LD.

A 2-way unrelated ANOVA between gender and educational level resulted in a significant difference in the Acknowledgement scores which showed that respondents with higher education acknowledged the sexuality of the person with LD ($m=59.63$, $sd=7.47$) to a greater extent than those without higher education ($m=54.71$, $sd=7.12$) ($F=5,461$, $df=1, 288$, $p<0.02$).

The next ANOVA (gender by age) revealed a significant interaction between gender and age indicating that mothers between 20 and 50 years old Acknowledged the sexuality of those with LD to a greater extent than the rest of the parents ($F=6.873$, $df=1, 89$, $p<0.01$). A significant effect of educational level as a result of the ANOVA (age by education) indicated that respondents with a higher education degree Acknowledged the sexuality of the person with LD to a greater extent

($m=59.63$, $sd=7.47$) than those without such a degree ($m=54.53$, $sd=7.14$) ($F=8.683$, $df=1$, 87 , $p=0.004$). Another ANOVA (age by social class) showed a significant difference in the Acknowledgment scores between the two social class groups indicating that middle class respondents ($m=58.38$, $sd=6.29$) Acknowledged the sexuality of the person with LD to a greater extent than did working class respondents ($m=54.30$, $sd=7.31$) ($F=4.825$, $df=1$, 48 , $p<0.03$).

Still, irrespective of the lack of main effects of the majority of the variables, results revealed trends indicating that mothers who were middle class, younger, with a son with LD, or that parents of offspring with moderate LD, Acknowledged the sexuality of those with LD to a greater extent than did fathers who were working class, older, with a daughter with LD, or than did parents of an offspring with borderline/mild LD.

Discrimination Against the Sexuality of Those With LD

The degree of discrimination against the sexuality of people with LD is measured by the third scale of the GSAQ-LD-PARENTS. This scale consists of 14 items with a range of scores between 14 and 70. People with high Discrimination scores express a non-discriminating attitude towards the sexuality of people with LD. On the other hand, low scores indicate a prejudice against the sexuality of those with LD and/or a controlling attitude towards most forms of sexual expression by them. The Discrimination mean score ($m=40.09$) indicated a tendency from parents to discriminate against the sexuality of the LD.

The only significant positive correlation was found between education and Discrimination scores indicating that the higher the level of education the lower the degree of discrimination ($r=0.216$, $p<0.05$, $N=93$).

A 2-way unrelated ANOVA between gender and education resulted in a significant difference in the Discrimination scores between those with and without a higher education ($F=6.946$, $df=1$, 89 , $p=0.02$). Respondents with higher education Discriminated ($m=43.87$, $sd=8.18$) to a lesser extent than those without higher education ($m=38.94$, $sd=7.06$). A further ANOVA (gender by age) revealed a significant interaction between gender and age indicating that fathers over 51 years old Discriminated the most against the sexuality of the person with LD ($F=9.840$, $df=1$, 89 , $p<0.002$). In addition, the ANOVA (age by education) showed that respondents with higher education ($m=43.87$, $sd=8.18$) Discriminated to a lesser extent than did those without higher education ($m=38.79$, $sd=7.11$) ($F=8.067$, $df=1$, 87 , $p<0.006$). Finally, an ANOVA resulted in a significant interaction between age and employment status indicating that parents over 51 years old who were not in full time employment Discriminated the most against the sexuality of the person with LD ($F=10.856$, $df=1$, 89 , $p<0.001$).

Regardless of the non significant differences, a general trend showed that fathers who were working class, older, with a daughter with LD, or that parents who had an offspring with borderline/mild LD, Discriminated to a greater extent than did mothers who were middle class, younger, with a son with LD, or than did parents of an offspring with moderate LD.

Attitudes Towards Homosexuality Amongst Those With LD

The third scale of the second part of the GSAQ-LD-PARENTS assesses attitudes towards Homosexuality among people with LD. It contains 7 items, which can produce a possible high score of 35 indicating contemporary attitudes towards Homosexual activities among those with LD and a possible low score of 7 indicating

that such activities are not considered acceptable. A mean score of 19.16 and a standard deviation of 5.52 indicated that parents held traditional attitudes towards Homosexuality of those with LD.

A significant positive correlation was found between education and Homosexuality scores indicating that the higher the level of education the more contemporary the attitudes towards Homosexuality ($r=0.278$, $p<0.01$, $N=93$).

A 2-way unrelated ANOVA (gender by education) showed a significant difference in Homosexuality (Attitude) scores between those with and without higher education ($F=6.292$, $df=1$, 89 , $p<0.01$). Respondents with a higher education held more contemporary attitudes towards Homosexuality ($\xi=21.79$, $sd=5.82$) than did those without such education ($\xi=18.18$, $sd=5.20$). In addition, an ANOVA (age by education) revealed a significant difference in Homosexuality scores between the two age groups indicating that parents between 20 and 50 years old held more contemporary attitudes towards Homosexual activities engaged in by people with LD ($m=19.88$, $sd=5.42$) than did parents over 51 years old ($m=18.04$, $sd=5.80$) ($F=5.063$, $df=1$, 87 , $p<0.02$). Similarly, there was a significant difference in the Homosexuality scores between those with and without higher education suggesting that respondents with a degree from higher education ($m=21.79$, $sd=5.82$) were more contemporary in their attitudes towards Homosexuality than were those without such a degree ($m=18.12$, $sd=5.27$) ($F=7.739$, $df=1$, 87 , $p<0.007$).

Results also showed a general trend for mothers, middle class, younger, with a daughter with LD or for parents of an offspring with borderline/mild LD to express less traditional attitudes than did fathers, working class, older, with a son with LD, or than did parents of an offspring with moderate LD.

Attitudes Towards the Sexuality of Parents' Own Child

The parents' Own Child scale contains 11 items which can produce a range of scores between 11 and 55. People who score highly in this scale express the view that sexuality is a normal part of the life of their offspring's while those who produce a low score are less accepting of sexual education, contraception, and sexual expression for their offspring with LD. Examination of the scale mean ($m=41.67$) and standard deviation ($sd=6.58$) indicated that parents expressed generally contemporary attitudes towards the sexuality of their LD offspring.

A 2-way unrelated ANOVA (gender by age) indicated a significant difference according to which parents of 20-50 years old expressed more contemporary attitudes ($m=42.88$, $sd=5.33$) than did those who were over 51 years old ($m=39.85$, $sd=7.76$) ($F=5.256$, $df=1$, 89, $p<0.02$). Additionally, there was a significant interaction between parents' gender and age indicating that fathers aged 20-50 years were more contemporary in their attitudes than was any other group of parents ($F=6.123$, $df=1$, 89, $p<0.01$). Another ANOVA (age by employment status) revealed a significant difference according to which parents who were between 20 and 50 years old expressed more contemporary attitudes ($m=42.88$, $sd=5.33$) than did those who were 51 years old or older ($m=39.85$, $sd=7.76$) ($F=6.939$, $df=1$, 89, $p<0.01$). There was also a significant interaction between parents' age and employment status indicating that working parents aged 20-50 years were more contemporary in their attitudes than any other group of parents ($F=4.327$, $df=1$, 89, $p<0.04$).

Finally, fathers, middle class, younger, with a son with LD, or parents with an offspring with moderate LD, tended, although not statistically significantly, to express more contemporary attitudes than did mothers, working class, older, with a daughter with LD, or than parents of an offspring with borderline/mild LD.

Comparing Attitudes Measured by the Five Scales of the GSAQ-LD-PARENTS

A one-way related ANOVA was carried out to compare scores between the five scales of the GSAQ-LD-PARENTS. Since the number of items on each scale was different it was decided to produce an adjusted total mean score for each. The mean for each scale was calculated and then divided by the number of the items on the scale to produce the equivalent adjusted mean score ranging from 1 to 5. These mean scores were used in the related analysis of variance to compare attitudes towards different aspects of sexuality.

Broadly, the results showed contemporary attitudes towards Human Sexuality and the parents' Own Child as well as a high degree of Acknowledgment of the sexuality of the person with LD. However, attitudes towards Homosexual activities engaged by the person with LD were generally traditional. Moreover, parents neither Discriminated nor did not Discriminate against the sexuality of those with LD. The relevant descriptive statistics are shown in Table 1 below.

Table 1: page 22

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 but not entirely the same in case of which one scale would be sufficient. A higher coefficient between Acknowledgement and Own Child supported the view that those scales referred to similar issues with the difference that the first focused on the population with LD in general and the latter on parents' own offspring with LD. In each analysis relationships were statistically significant at 0.01 level as they are noted in Table 2 below.

Table 2: page 22

The series of related Anova indicated a significant difference between the five mean scores ($F=136,007$, $df=2.688$, 252.654 , $p<0.001$) suggesting that respondents held different attitudes measured by the scales. Since the related analysis of variance only points out whether there is a significant difference between 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 ten pairs of means. The results showed that respondents expressed more contemporary attitudes towards Human Sexuality than towards Homosexuality among people with LD. The degree of their traditional attitudes towards Human Sexuality was lesser than the degree of their discrimination against the sexuality of people with LD. In both sets of comparisons differences were statistically significant at 0.01 level. There was no significant difference between parents' attitudes towards Human Sexuality and the extent to which they Acknowledged the sexuality of people with LD. In addition, there was no significant difference between parents' attitudes towards the sexuality of their own child and their attitudes towards Human Sexuality.

There were significant differences in parents' attitudes towards different aspects of the sexuality of people with LD. Respondents Acknowledged to a lesser extent the sexuality of people with LD compared with the degree of their Discrimination against it. They also Acknowledged the sexuality of people with LD to a greater extent compared with the degree of their contemporary attitudes towards the Homosexual activities engaged in by people with LD. Furthermore, they expressed more contemporary attitudes towards the sexuality of their Own Child compared with the extent to which they Discriminated against the sexuality of people with LD. Participants' attitudes towards the sexuality of their Own Child were also

more contemporary compared with their attitudes towards Homosexuality among people with LD. However, there were no differences between parents' attitudes towards Homosexuality among the LD and the degree of their Discrimination against the sexuality of this population as well as between their attitudes towards the sexuality of their Own Child and the degree of their Acknowledgment of the sexuality of people with LD. The level of probability for the above comparisons was again set at 0.01.

Discussion

The majority of the specific hypotheses of the present study referred to the influence of respondents' personal characteristics on their attitudes. Results did not confirm a consistent effect of those characteristics. However, level of education was found to influence parents' attitudes. Participants with a higher educational level were more contemporary in their attitudes towards Human Sexuality, Acknowledged the sexuality of people with LD to a greater extent, Discriminated against the sexuality of people with LD to a lesser extent than did participants with a lower educational level. Still, level of education did not have an impact on parents' attitudes towards the sexuality of their Own Child. Brantlinger (1983) found the same effect of education: the higher the educational level the more liberal the attitudes towards sexuality. However, parents represented a small sub-sample (n=28) of the total sample (N=232).

On the other hand social class did not have a consistent effect on attitudes towards sexual issues held by parents. Nevertheless, a 2-way unrelated ANOVA between age and social class (N=52) suggested that middle class parents

Acknowledged the sexuality of people with LD to a greater extent than did working class parents. Watson (1980) reported the same effect of socio-economic status. In his study, responses on most questions of lower SES parents proved to be relatively more conservative than responses of the higher SES parents. Although, social class definition has not been easy for researches, the classification used in the present study matches the one used by Watson (1980).

As far as parents' attitudes measured by the different scales are concerned, results indicated that respondents expressed more contemporary attitudes towards Human Sexuality compared to the degree of their Discrimination of the sexuality of people with LD. Parents also expressed more contemporary attitudes towards Human Sexuality than towards Homosexuality among people with LD. In addition, they Acknowledged the sexuality of people with LD to a greater extent compared with the degree of their contemporary attitudes towards the Homosexual activities engaged in by people with LD and they expressed more contemporary attitudes towards the sexuality of their Own Child compared with the extent to which they Discriminated against the sexuality of people with LD and compared with their attitudes towards Homosexuality among people with LD.

The lack of differences between parents' attitudes towards Human Sexuality and the sexuality of their Own Child with LD could imply that parents feel that their child can adapt to a more "normal" life. This is reinforced by the fact that parents' attitudes towards the sexuality of their Own Child were more positive than their degree of Acknowledgement of and Discrimination against the sexuality of people with LD. Parents might think that with appropriate education and support their offspring would be capable of enjoying as normal a life as possible. This belief could be extremely helpful to professionals who are working towards that perspective since

it has been argued that there is a lot of controversy in the working relationship between parents and professionals over the sexuality of people in their care (Rose & Jones, 1994). The fact that there were no differences between attitudes towards Human Sexuality and the degree of Acknowledgement of the sexuality of people with LD could be seen as evidence that respondents are willing to accept the developing sexuality of people with LD and work towards rejecting a lot of the stereotypes developed so long time ago.

The parents' Own Child scale includes items referring to different aspects of the developing sexuality of the child with LD such as their sexual feelings, sexual education, masturbation, and contraception. Parents' mean score on the Own Child scale ($m=3.78$) indicated generally contemporary attitudes towards the sexuality of their offspring with LD. In addition, parents' attitudes measured by the Own Child scale were more contemporary compared with ratings on the Acknowledgement and Discrimination scales, which are two of the three scales referring to the sexuality of people with LD.

Findings of previous research has shown that parents Acknowledged the need for their children with LD to learn the facts of life implying an accepting attitude towards the provision of sexual education consistent with findings of the present study (Johnson & Davies, 1989; Squire, 1989; Watson, 1980). Results of the study by Mercier et al (1994) have also indicated a generally contemporary attitude towards sexual education since parents thought that people with LD needed as much sexual education as people without LD. However, there was a group of parents that they did not encourage sexual education for their offspring with LD because they were afraid of its possible negative implications (Goodman et al, 1971; Matinopoulou; 1990).

Masturbation has been considered as a normal aspect of life by parents in the majority of the studies that addressed the issue (e.g., Goodman et al, 1971; Pueschel & Scola, 1988; Swain and Thirlaway, 1996). Parents' Own Child scale includes one item on masturbation that produced a mean score of 4.04 and a standard deviation of 0.91. This indicated that Greek parents in the present study considered masturbation an appropriate activity for their LD offspring to be engaged in.

One reason that might account for the generally contemporary attitude towards masturbation found in the present study is the fact that the majority of the participants were parents of males with LD. Masturbation is an experience much more frequent among males than females (e.g., Timmers et al, 1981; McCarthy, 1999). It is also one of the very few ways of sexual expression that parents could think of their LD offspring engaging in (e.g., Swain & Thirlaway, 1996). The difference between acceptability of masturbation between Greek parents of the study carried out by Nitsopoulos (1991) and parents of the present study could be possibly explained in terms of the place of residence. Nitsopoulos (1991) carried out his study in a rural town situated in North Greece. Although the findings of the present study did not support the notion that differences in parents' attitudes are significantly associated with their place of residence, it should be noted that the majority of them lived in Athens. There is reason to believe that attitudes of people living in rural Greece would be more traditional than attitudes of people living in the capital. Sinson (1985) found a marked difference in attitudes towards people with LD between urban and rural areas in the U.K according to which inhabitants of rural Yorkshire expressed more traditional attitudes than those living in urban Yorkshire.

Conclusion

Even though the present study is one of the very few studies examining parents' attitudes towards the sexuality of people with LD in Greece, it presents a number of methodological limitations to this investigation. First, there are the shortcomings associated with the characteristics of the sample employed. Representation of participants in terms of their gender, level of education, social class and place of residence was not achieved. For example, there were almost 20% more mothers than were fathers in the present study. This reflects a common difficulty found in previous studies in which fathers of children with LD were underrepresented. The present author anticipated a low response rate from fathers since according to the structure of the family unit in Greece, child rearing is considered to be the woman's role (Mousourou, 1985; Thomou, 1999). The somewhat high level of fathers' participation in the present study (40.9%) might reflect a shift in structure of the Greek family where mothers are not so willing to accept traditional roles. Another explanation might be related to the gender of the offspring with LD. Participants of the present study were parents of 48 boys and 18 girls who took part in another study. Greek fathers regard their sons as the continuation of their legacy and they might be more willing to be involved in studies that focus on them rather than on their daughters.

Most parents had graduated from primary or secondary educational facilities. The age range of those with LD was 15-30 years, the mean age 21 years, and the mode 18 years. A person with LD, age 18, would have a parent over 35 years old who would have been attending school 20 years ago. During the 1970s all Greek

people of appropriate age were enrolled in primary education, 69% attended secondary education and about 10% were enrolled in universities and other graduate colleges (Lambiri-Dimaki, 1983, p.101). According to the same author, in 1979 women formed 38% of the university student population.

Although the present findings have provided a useful picture with relation to parents' attitudes towards the sexuality of the person with LD, there are still issues that need to be investigated and subjected to more thorough research in Greece. Verifying the reliability of the GSAQ-LD-PARENTS with more and larger samples, would be a valuable step that could support its application as a standardized measure. The sexual attitudes of parents living in different parts of Greece need to be investigated. It would be interesting to explore whether or not there are attitudes in different geographical areas that may create barriers for the Acknowledgement of the rights of people with LD.

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Table 1: Descriptive statistics for each scale of the GSAQ-LD-PARENTS

Scale	Means	SD	N
Human Sexuality	3.69	0.50	95
Acknowledgement	3.71	0.50	95
Discrimination	2.86	0.54	95
Homosexuality	2.73	0.78	95
Own Child	3.78	0.59	95

Table 2: Correlation coefficients between the five scales scores

Scales	Human Sexuality	Acknowledgement	Discrimination	Homosexuality
Human Sexuality	-	-	-	-
Acknowledgement	0.677*	-	-	-
Discrimination	0.456*	0.477*	-	-
Homosexuality	0.624*	0.566*	0.215*	-
Own Child	0.528*	0.684*	0.529*	0.400*

* Correlation is significant at the 0.01 level

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