



# A Study of Parental Views on Sexuality Among Adolescents with Mild Mental Retardation

Vijay Kumar<sup>1st</sup>

Assistant Professor in Special Education,  
Swami Vivekananda College of Special Education,  
Nagpur, Maharashtra (India)  
E-mail: [kvijay2147@gmail.com](mailto:kvijay2147@gmail.com)

VRP Sheilaja Rao<sup>2nd</sup>

Lecturer in Special Education,  
National Institute for the Mentally Handicapped  
Secunderabad, Andrapradesh (India)

Dr. Anil Kumar Jain<sup>3rd</sup>

Associate Professor, School of Education,  
Vardhman Mahaveer Open University  
Kota, Rajasthan (India)

---

**Abstract:** *The present study aimed to investigate the parental views on sexuality among adolescents with mild mental retardation between the age ranges of 13 to 15 years and attempted to analyze these views with respect to parent's gender, education, income, age, types of family, levels of disabilities, severity conditions of disabilities and gender of child. Descriptive survey method of research was employed for this study. The sample consisted of 60 parents (30 males and 30 females) of adolescents with mild mental retardation between the age ranges of 13 to 15 years, residing in Hyderabad and Secunderabad district (Andhra Pradesh) in South India. Data on parental views on sexuality were collected through a questionnaire developed by the authors. The data were analyzed and t-test, standard deviation and mean scores were computed to find the relation between the study variables. The results indicated that mothers and fathers having similar views on sexuality among adolescents with mild mental retardation.*

---

**Keywords:** *Parental Views, Sexuality, Adolescent, Mild mental retardation, Sex Education*

---

## I. INTRODUCTION

Indian society, traditionally, perceives 'Sex' as taboo subject, and as such, is seldom discussed openly, and rarely taught in schools. Under these circumstances, most Indian people never discuss openly about 'Sex Education' during their formal school years. Persons with intellectual disabilities are one of the marginalized groups in society. They tend to remain unattended and ignored, in many developing countries. Unfortunately many parents/families of adolescent with mild mental retardation not able to make a future plan or decision for their life partners or marriage towards their sons and daughters due to lack of awareness, societal fear and stigma. These reflect the parents thought and decision while concerning the matter of sexuality and sex education. In the field of disability, parents from different cultures, seldom discuss issues concerning sex openly with their children and certainly not in public. Because of conservative attitudes 'Sex Education' is not implemented on a formal basis and still it is very difficult in Indian situation (Roffman & Woody 2002).

Parents and caregivers need to start early to educate their disabled children about sexuality-related issues and to continue the conversation well into their teen years. An important place for them to begin is to examine their own feelings and values about sexuality and about disabled individuals and sexual norms. Some parents pointed that they fear people will take advantage of their child. This makes them hesitant to provide information on sexuality issues. Parents say that they worry their child will not find reciprocated love and that someone will break their heart. This is what causes them to become overly protective. All of these concerns point to their need to receive information, skills, and support to educate their child. Ideally, schools, community agencies, and members of the medical community, such as a well-trained pediatrician, nurse, or other practitioner will help (Murphy & Elias 2006).

Parents of children with mental retardation are still susceptible regarding sex education; it is, therefore, not surprising that many experience anxiety regarding their children's sexual development and expression. Few parents are adequately preparing their children for the socio-sexual aspects of life. Parents of children with mental retardation tend to be uncertain about the appropriated management of their children's sexual development. They are often concerned with their sons or daughters autoerotic behavior, overt signs of sexuality, physical development during puberty, and genital hygiene. Fear of unwanted pregnancy, sexually transmitted diseases (STDs) and embarrassing or hurtful situations are persistent realities. Some parents of children with mental retardation also fear that their children will be unable to express their sexual impulses appropriately, will produce children



(thereby adding unwelcome responsibilities), and will be targets of sexual abuse of exploitation. Parental anxiety over sexual exploitation often results in overprotection, thus depriving children with mental retardation of their sexual rights and freedom. The problem most frequently mentioned by parents regarding sexuality education is an inability to answer questions. They are also often uncertain of what children know or should know. Parents fear opening a Pandora's Box of problems for themselves and their children by talking (Getch, Young & Denny 1998).

Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects of life. Sexuality is the lens of being a male or female through which a person views and responds to the world. There are biological, genetic, medical, social, educational, psychological, spiritual, cultural and legal aspects to sexuality and these differ depending upon where, when and how you live, who is raising you and what is personally important to each individual (Siebelink et. al. 2006).

SIECUS joins in affirming, "that sexuality is a fundamental part of being human, one that is worthy of dignity and respect" and supports the rights of all people to have "accurate information, comprehensive education about sexuality and sexual health services." Yes! People with intellectual disabilities have sexuality, regardless of their degree of disability. However, when sexual expression includes others, social awareness becomes relevant. A person's ability to participate depends upon his or her functional social understanding. While people with intellectual disabilities are usually biologically able to have sex, our culture and judicial system impose restrictions upon many sexual activities of people with this disability. Especially restricted are those activities where the risk of irreversible harm to self or others is high. People with intellectual disabilities can have and want to have relationships that include sexual expression. Therefore it is important for people with disability to have age appropriate, comprehensive sexuality education. That is to say, sexuality education should include not only make responsible choices and distinguish right from wrong. (Edward 2003).

A research conducted on "parental attitudes toward sex education" for young disabled children in Taiwan by Weichen (1994). This study investigated Taiwanese Parent's opinions on sex education for young disabled children. Participants in this study included 97 randomly selected Taiwanese parents of 3 to 5-years old children at three different preschools in northern Taiwan. The response collected through questionnaire. Results indicate that subject's age and education influenced parental views toward sexual issues: younger or well-educated parents professed more liberal views than other groups.

Another research conducted on "Attitudes towards the sexuality of adults with an intellectual disability: parents, support staff, and community sample" conducted by Cuskelly and Bryde (2004). A questionnaire was developed relating to eight aspects of sexuality and Data was gathered through the interview on 90 samples. Results shows the parents and staff differed in their attitudes, however the community group did not differ in their views when attitudes towards parenthood were compared with the remaining items of the scale.

Sexuality, Marriage and Parenthood is probably the most debatable issue in normalization for Persons with Mental Retardation. The sexuality of adolescents with mental retardation is determined by the myths, concerns and ignorance of parents, professionals and the general public.

The present study investigator intended to explore parental views towards sexuality that affected by different variables as education, training, gender, income, family type, child's severity level and age among adolescents with mild mental retardation.

## II. OBJECTIVES OF THE STUDY

The objectives of the study were:

- To study the parental views on sexuality among adolescent with Mild Mental Retardation.
- To examine factors related to parents regarding their age, gender, education, family type and income level.
- To examine factors related to adolescent with Mild Mental Retardation such as: age, gender, education, severity of disability and types of training received.

## III. METHOD

The researchers chose the descriptive survey method for data collection. The study sample was composed of sixty parents (30 males and 30 females) of adolescents with mild mental retardation between the age ranges of 13 to 15 years, residing in Hyderabad and Secunderabad districts of Andhra Pradesh state, South India. Parents Response Questionnaires 3 point rating scale for adolescents with mild mental retardation categories under three sections namely: Section-A (Parental views); Section-B (Parental factors) and Section-C (Disability factors), developed and standardized by the researcher, was used to for data collection. The internal consistency of tool was established (Cronbach Alfa) test. Data were tabulated and analyzed using appropriate statistical techniques.

IV. RESULTS

TABLE-1

Analysis of section wise scores of parental views towards sexuality among adolescents with mild mental retardation on parent response questionnaire (n=60)

Sections	Respondents	Minimum Scores	Maximum Scores	Mean Scores	SD
A (Parental Views)	60	4	22	15.77	3.925
B (Parental Factors)	60	0	8	6.40	2.125
C (Disability Factors)	60	0	30	18.90	5.733
Grand Total	N=60	5	58	41.07	10.148

From the total sample studied in Section A (Parental Views) 69% of parents are found to agree, 12% are found disagree and 19% are found not decided towards their views on sexuality. In response to Section B (Parental Factors) 25% of parents are found to agree that parental factors (like age, education, income, gender etc.) affect their views on sexuality and 75% of parents are found not decided whether the parental factors affect their views on sexuality. Similarly in response to Section C (Disability Factors) 94% of parents are found agree towards disability factors (like age, gender, severity conditions etc.) affect their views on sexuality and 6% of are found disagree towards disability factors affect their views on sexuality. The overall value of mean lies in the moderately functional category. In comparison to the possible range of values and the obtained mean, the small value of the standard deviation indicates low spread and thickly packed nature of distribution.

TABLE-2

Analysis of parental views towards sexuality among adolescents with mild mental retardation with respect to age.

Parents Age	Respondents	Mean	SD	t-value
Below 40	29	39.34	12.193	1.28
40+	31	42.68	7.631	
N=60				

Df=58,  $p > 0.05$ , NS

Figure-1

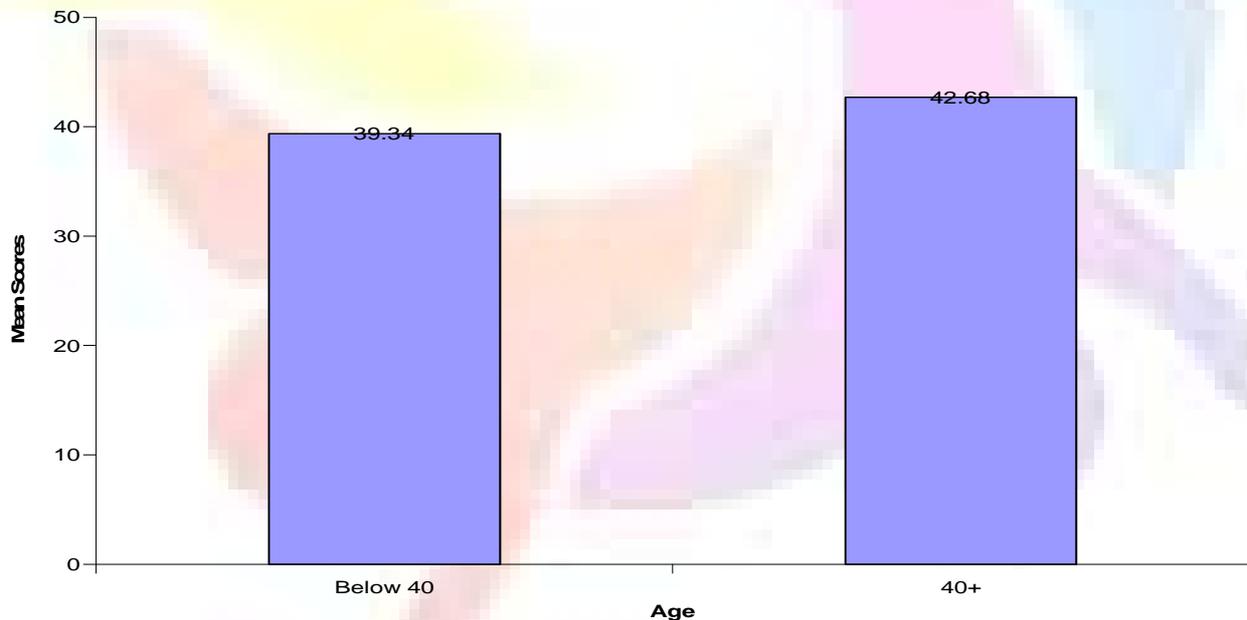


Table 2 indicates that the obtained t-value of parental views score on sexuality among adolescents with mild mental retardation with respect to their age is less than that of the table value at the 0.05 level. So, it can be concluded that mean score obtained by the parents do not differ significantly with respect to their age. In comparison to their mean score it can be concluded that the parents who are above 40+ of age having slight positive views in comparison to below 40 age of parents.

TABLE-3

Analysis of parental views towards sexuality among adolescents with mild mental retardation with respect to gender.

Parents Gender	Respondents	Mean	SD	t-value
Female	30	39.60	9.697	1.12
Male	30	42.53	10.536	
<b>N=60</b>				

Df=58,  $p>0.05$ , NS

Figure-2

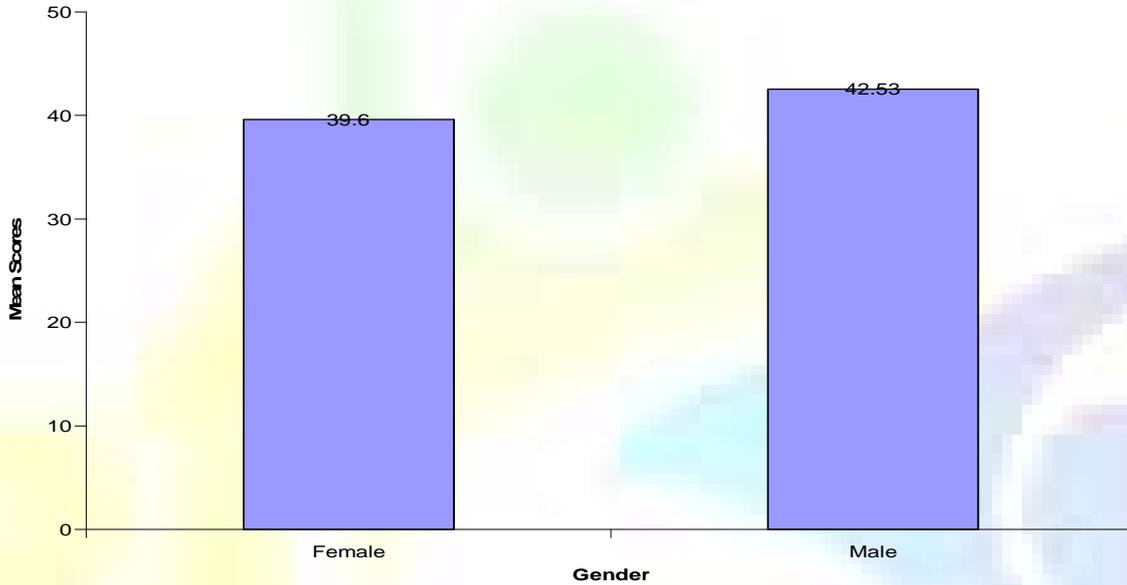


Table 3 shows that the obtained t-value is 1.12 which is less than that of the critical value. This means that the gender of parents is not a significant factor which affects their views on sexuality among adolescents with mild mental retardation. But even though the mean values shows slight positive differences on views of males parents on sexuality in comparison to female's gender.

TABLE-4

**Analysis of parental views towards sexuality among adolescents with mild mental retardation with respect to type of family.**

Family Type	Respondents	Mean	SD	t-value
Nuclear	43	40.49	8.573	0.69
Joint	17	42.53	13.551	
<b>N=60</b>				

Df=58,  $p>0.05$ , NS

Figure-3



Table 4 indicates that the obtained t-value of parental views score on sexuality among adolescents with mild mental retardation with respect to type of family is less than that of the table value at the 0.05 level. So, it can be concluded that mean score obtained by the parents do not differ significantly with respect to type of family. But even though the mean values shows slight positive views of parents who belong to joint family in comparison to nuclear family.

TABLE-5  
Analysis of parental views towards sexuality among adolescents with mild mental retardation with respect to educational level.

Parent Education	Respondents	Mean	SD	t-value
Up to SSC	37	40.24	10.810	0.80
above SSC	23	42.39	9.054	
N=60				

Df=58, p>0.05, NS

Figure-4

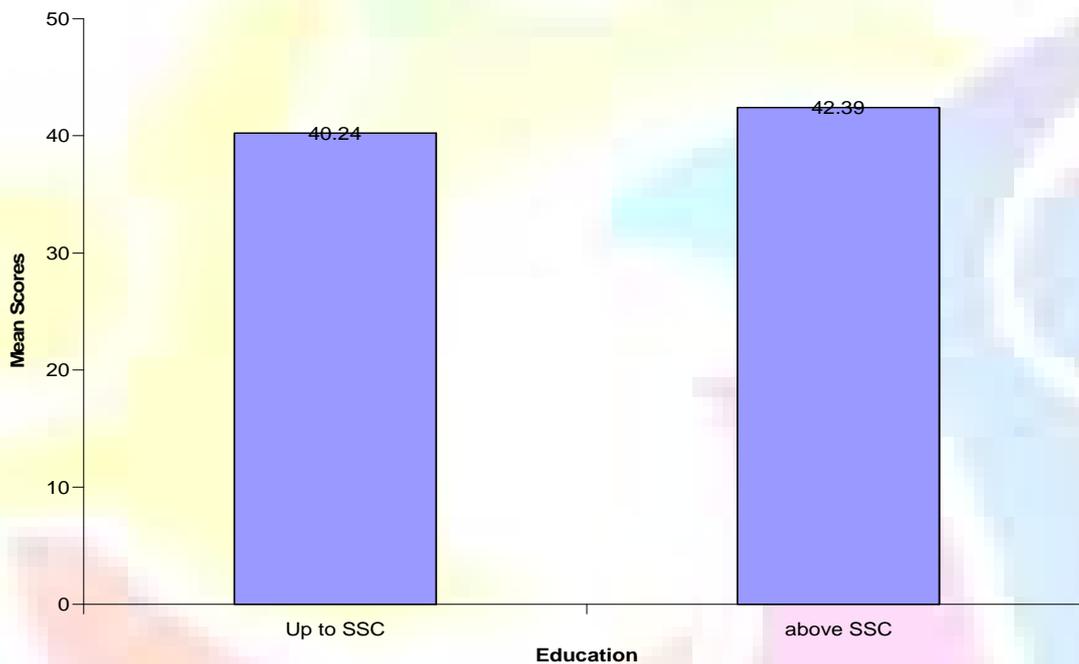


Table 5 shows that the obtained t-value is 0.82 which is less than that of the critical value. This means that the educational levels of parents are not a significant factor which affects their views on sexuality among adolescents with mild mental retardation. But after seeing the mean scores above SSC passed parents showing slight positive differences in their views towards sexuality in comparison to only SSC passed parents.

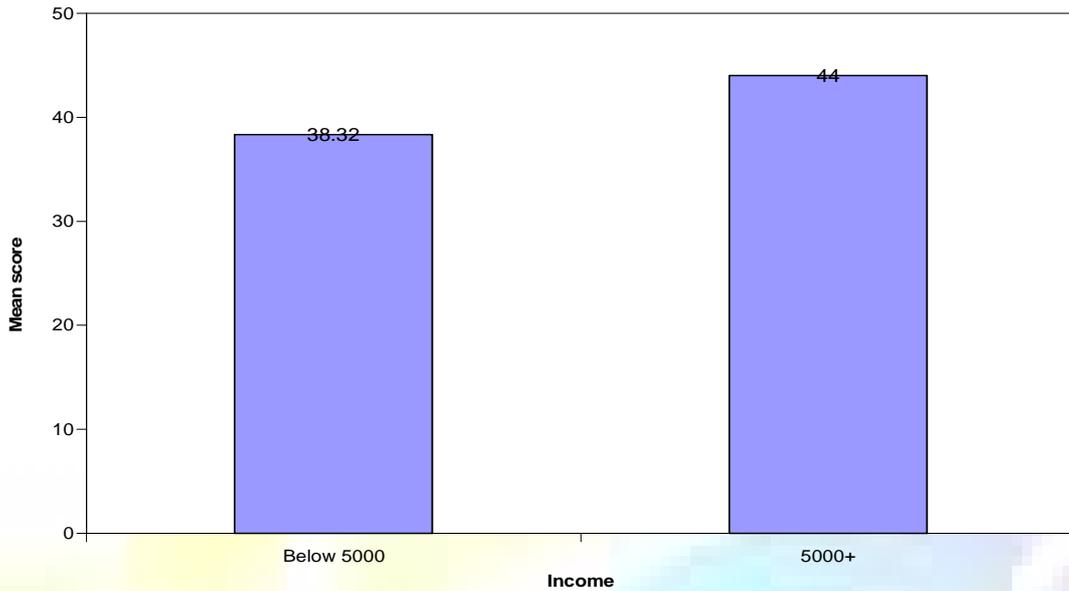
TABLE-6  
Statistical analysis of parental views towards sexuality among adolescents with mild mental retardation with respect to family income.

Family Income	Respondents	Mean	SD	t-value
Up to 5000	31	38.32	11.856	2.24
above 5000	29	44.00	7.010	
N=60				

Df=58, p<0.05, statistically significant

Table 6 shows that the obtained t-value (2.24) is statistically significant at the 0.05 level. Hence it can be concluded that source of family income is a significant factor which influences the parental views on sexuality among adolescent with mild mental retardation. The above table also showed that the parents whose income is above 5000 having positive views on sexuality in comparison to parents whose income is below 5000.

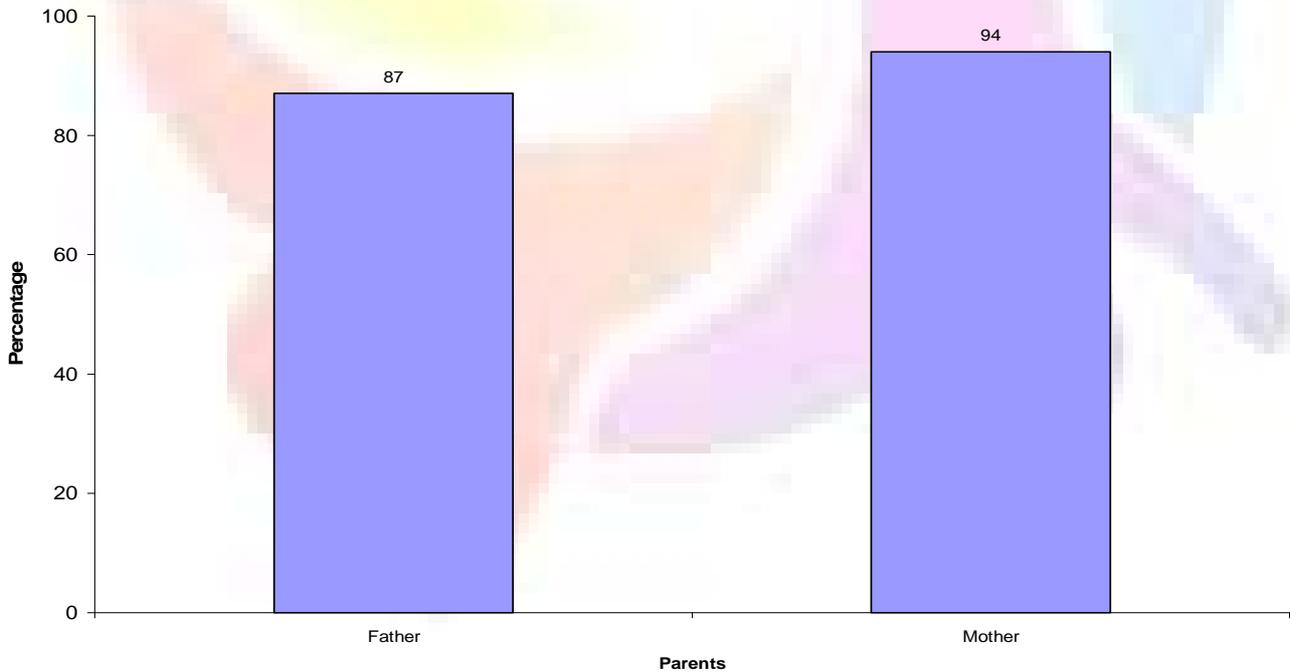
Figure-5



**TABLE-7**  
**Analysis of parental views towards sexuality among adolescents with mild mental retardation in terms of child’s severity level**

Parent Groups	Respondents	Percentage
Female	30	94
Male	28	87
<b>N=60</b>		

Figure-6



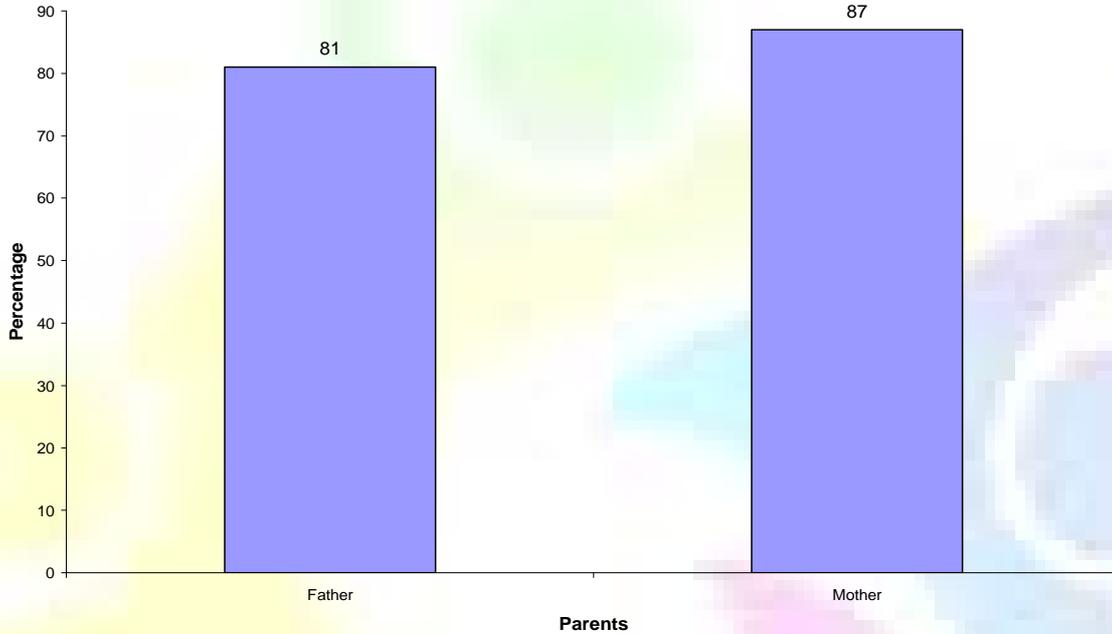
In table 7 the percentage of scores has shown of parental views towards sexuality in terms of child’s severity level. 94% of mother indicated that child’s severity level affect the parental views. They reported that severity level of child can be the cause of stress among the family. 87% of father reported that severity level of child also affect the family in different ways. Rest 6% and 13% parents disagree and not decided.

TABLE-8

Analysis of parental views towards sexuality among adolescents with mild mental retardation in terms of child’s age level

Parent Groups	Respondents	Percentage
Female	28	87
Male	26	81
<b>N=60</b>		

Figure-7



The table-8 shows that 87% of mother agrees that child’s age is a matter of stress among the family where as 81% of father agrees that child’s age is a matter of stress among the family. Rest 13% and 19% parents were either disagree or not decided.

TABLE-9

Presentation of overall parental views towards sexuality among adolescents with mild mental retardation with regard to section-A

QUESTION NO.	PARENTS RESPONSES		
	AGREE	NOT DECIDED	DISAGREE
A1	28 (47%)	18 (30%)	14 (23%)
A2	11(18%)	9 (15%)	40(67%)
A3	39 (65%)	15 (25%)	6 (10%)
A4	24 (40%)	21(35%)	15 (25%)
A5	23 (38%)	9 (15%)	28 (47%)

Figure-8

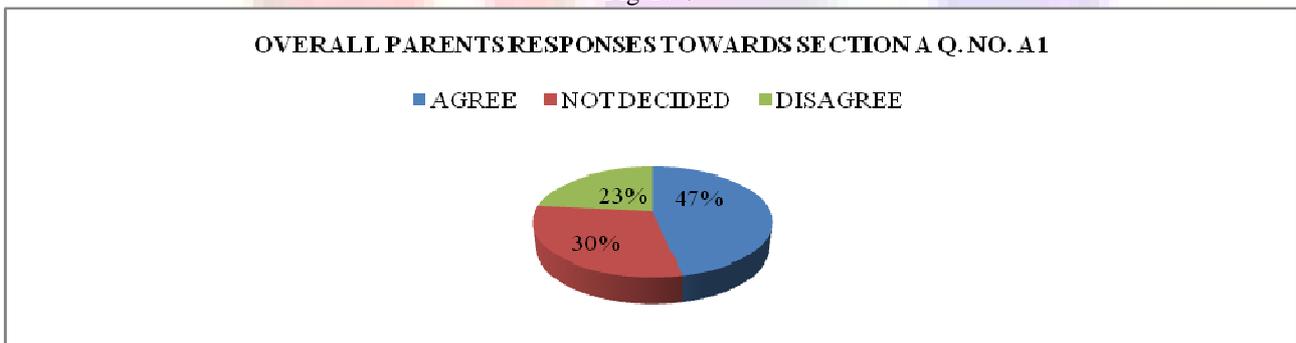


Figure-9

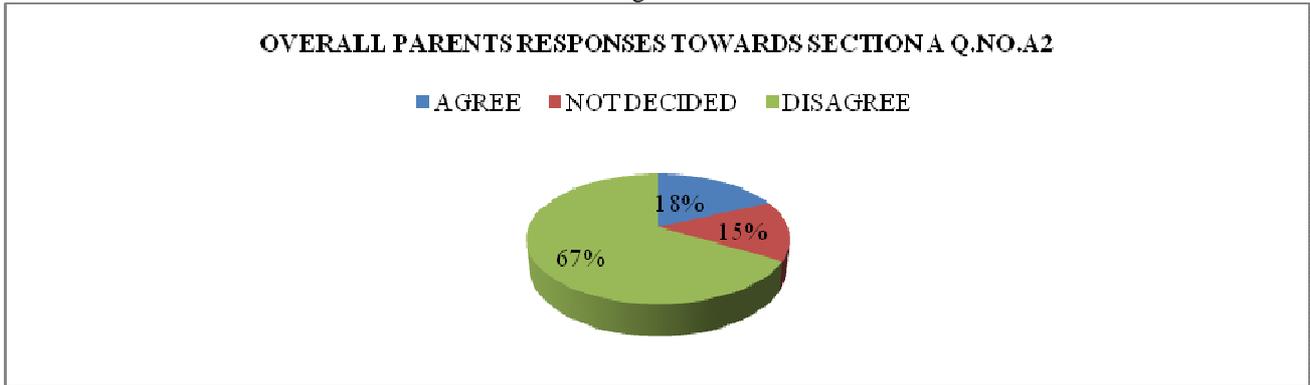


Figure-10

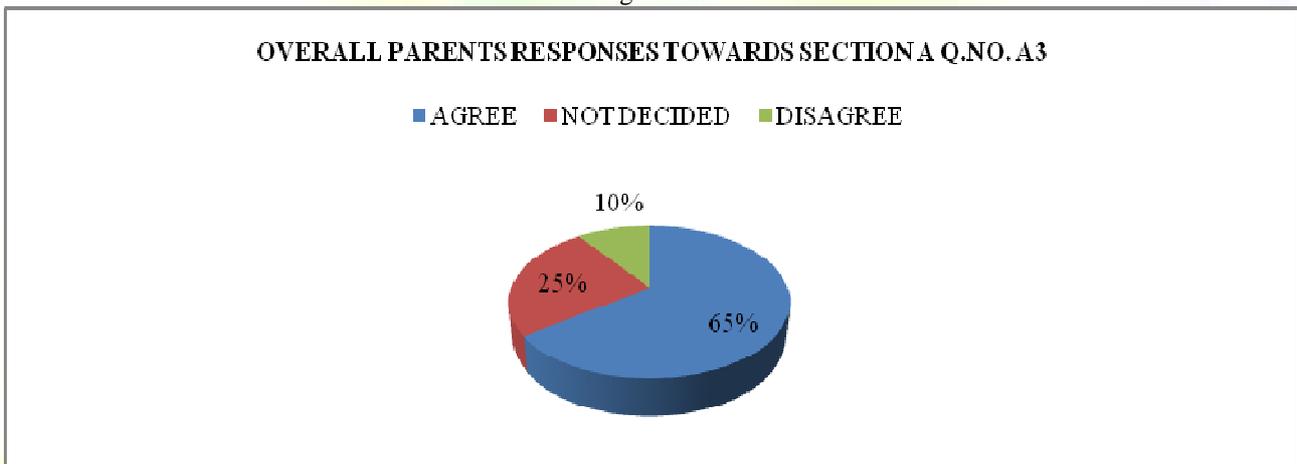


Figure-11

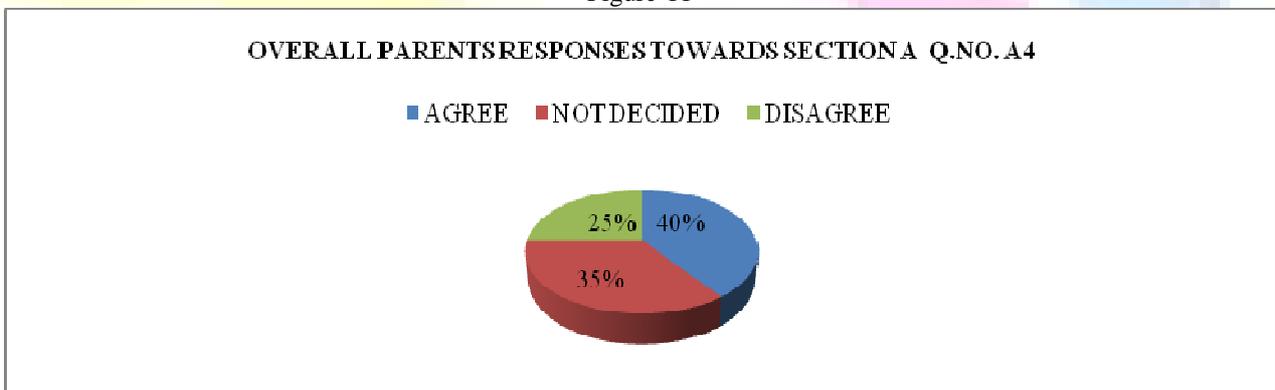


Figure-12

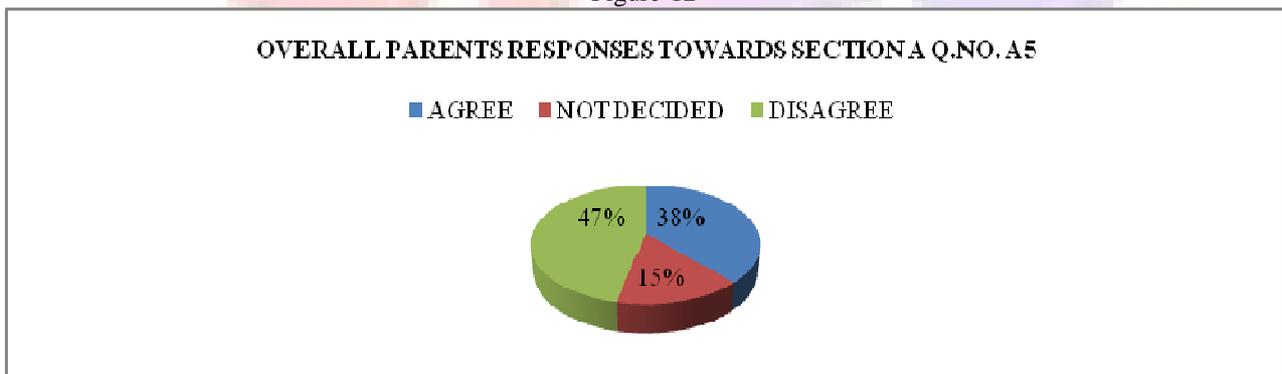


TABLE-10

Presentation of overall parental views towards sexuality among adolescents with mild mental retardation with regard to section-B (Parental Factors).

QUESTION NO.	PARENTS RESPONSES		
	AGREE	NOT DECIDED	DISAGREE
B1	40(67%)	11(18%)	9 (15%)
B2	39 (65%)	9 (15%)	12 (20%)
B3	50 (83%)	4 (7%)	6 (10%)
B4	49 (82%)	5 (8%)	6 (10%)

Figure-13

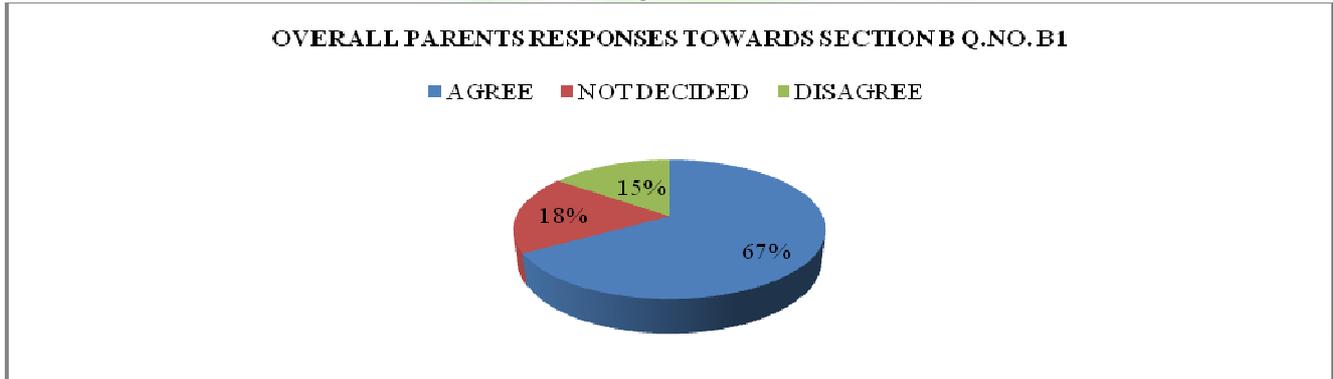


Figure-14

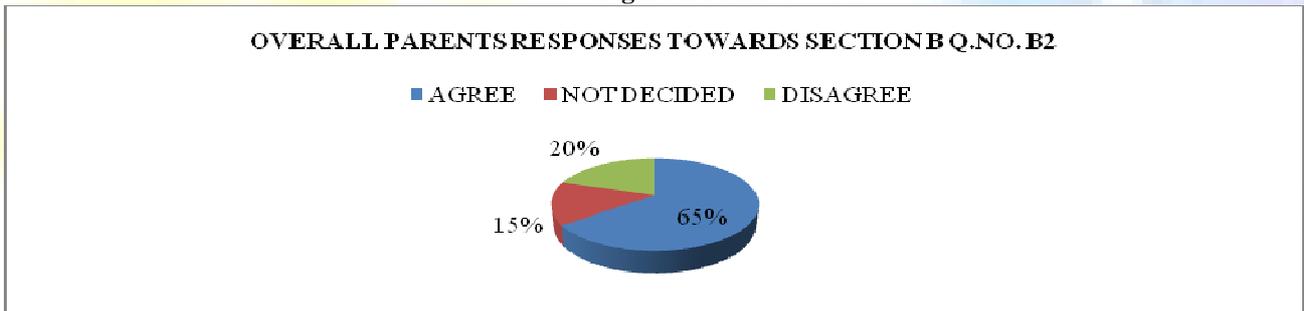


Figure-15

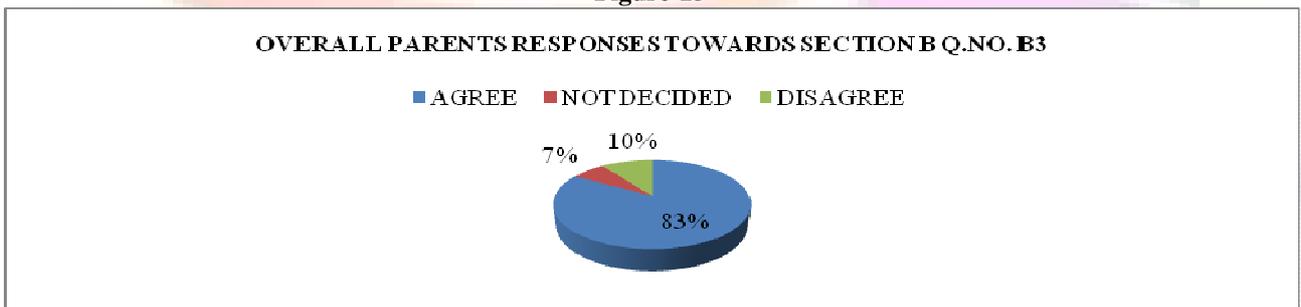


Figure-16

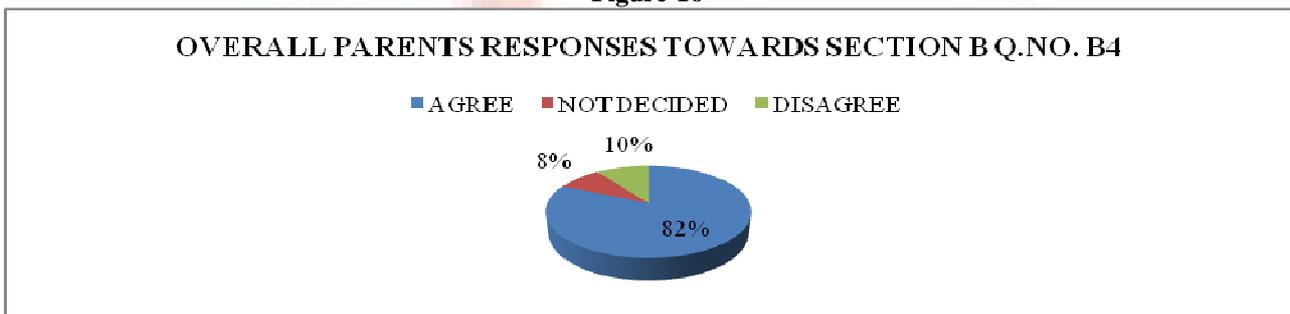


TABLE-11

Presentation of overall parental views towards sexuality among adolescents with mild mental retardation with regard to section-C (Disability Factors).

QUESTION NO.	PARENTS RESPONSES		
	AGREE	NOT DECIDED	DISAGREE
C1	27 (45%)	16 (27%)	17 (28%)
C2	51(85%)	6 (10%)	3 (5%)
C3	36 (60%)	18 (30%)	6 (10%)
C4	15 (25%)	16 (27%)	29 (48%)
C5	12 (20%)	15 (25%)	33 (55%)

Figure-17

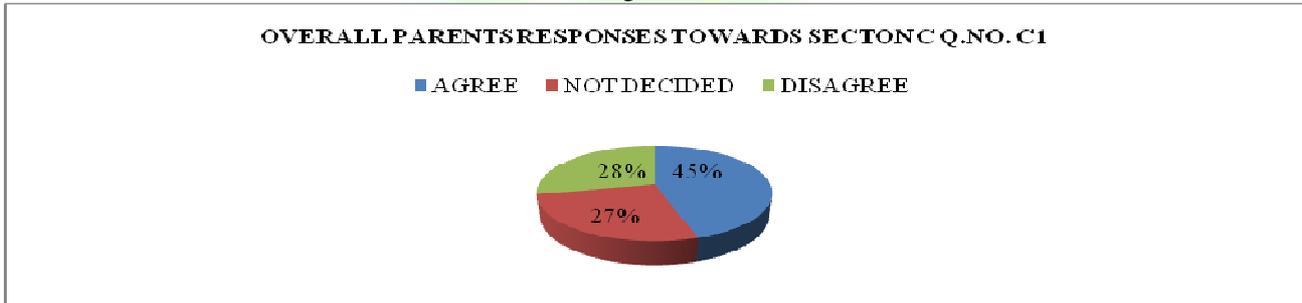


Figure-18

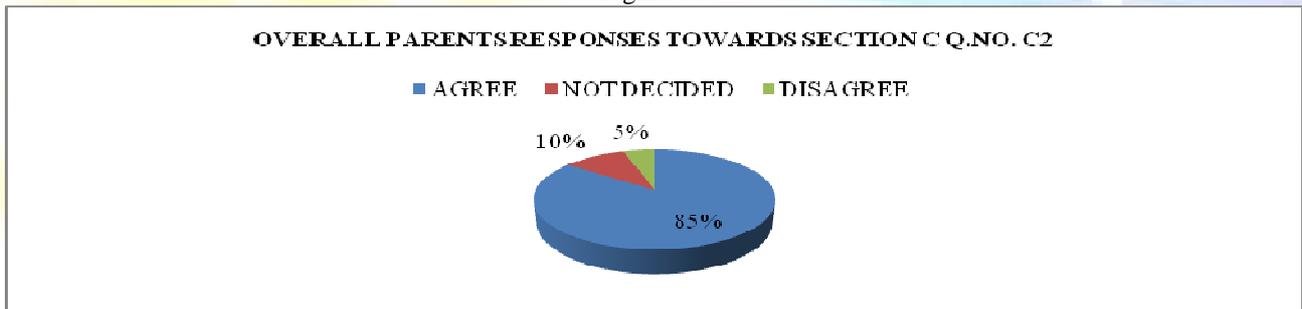


Figure-19

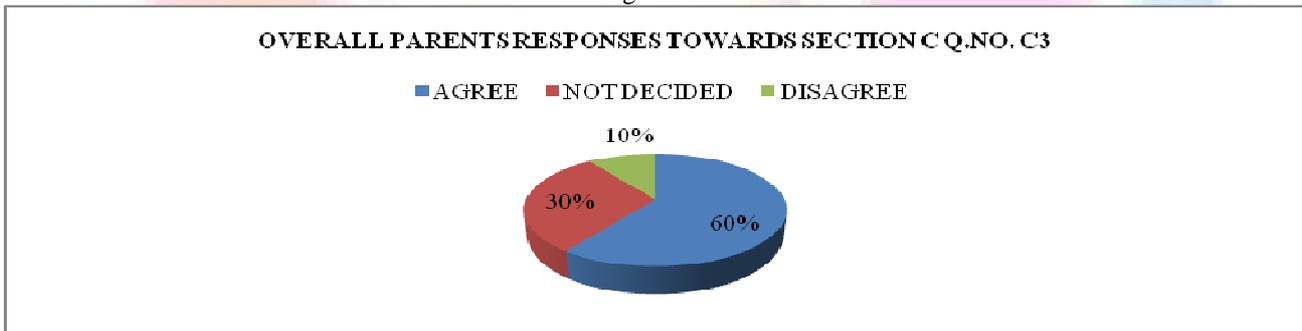


Figure-20

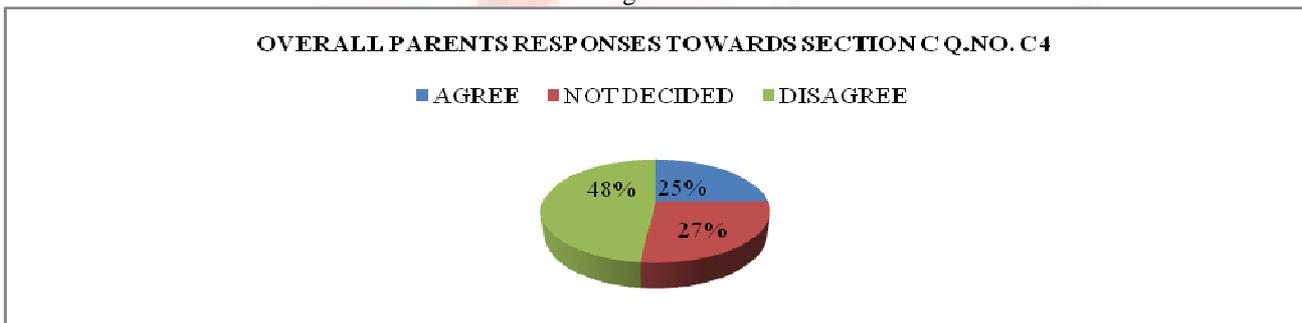
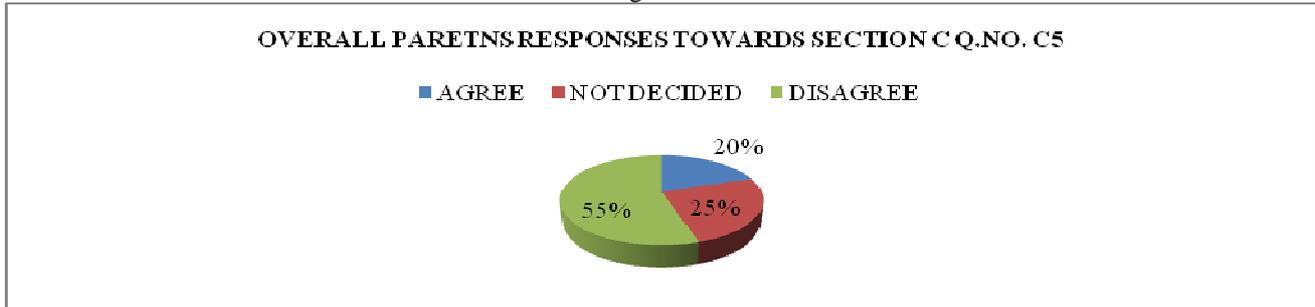


Figure-21



## V. OVERALL DISCUSSION

This study found that from among the sample of parents of adolescent with mild mental retardation under Section A 69% parents showed their positive response towards sexuality and sex education which also indicate that the majority of population is changing their conservative views on sex education where as 12% are found disagree and 19% were not decided. Under Section B 25 % parents accepted that parent's age, gender, family type and income level affect their view on sexuality and sex education and 75% parents were not able to answer or make decision due to unawareness or some hidden reasons. Section C showed that 94% parents said that disability factors like conditions, severity level and gender affect their views on sexuality and sex education. The statistics results (t-test) also revealed that there is no significant differences between parental (both male and female) views with regard to their age, family types, gender, and level of education on sexuality among adolescents with mild mental retardation with respect to 13 to 15 years of age which means both male and female parents having same views on sexuality due to lacking of awareness, narrowed minded and neglecting aspect of their thought. Result also indicated that 94% female parents accept that child's severity level affect their views whereas 87 % feels that child's age is one of the factors of stress among the families. Another important finding of the study showed that family income is utmost important variable which affect their views on sexuality which is also statistically significant and this may be one of the big reasons towards reflecting the parental views.

## VI. CONCLUSION

To conclude, there is an urgent need to critically analyze, review and restructure the existing special educational practices for adolescent with mild mental retardation. Parents of adolescents with mild mental retardation need to accept the actual conditions of their child and cope up with the environment. It was very difficult to elicit the information on sexuality and sex education from the parents of adolescent with mild mental retardation as our Indian culture did not permit us to discuss openly on this. It is recommended that preschools should carry out this task by equipping parents through seminars and workshop sessions. This would help them to achieve positive attitudes towards sexuality which also serves one of the purposes of special education.

## VII. RECOMMENDATION

The findings of this study clearly shows that parents in India need to be shown the value and importance of sexuality and sex education. As we know that sexuality is a huge term and sex education is only a part of that. In addition, parents still need more help when it come to preparing the right sort of information to provide the right concepts, the necessary skills, and appropriate attitude of sex and sex-related issues when discussing these issues with their children with disabilities and adolescents with mild mental retardation. For developing a deeper insight in this area similar study can conduct on a large sample by taking more time. In order to study the parental views on sexuality, one has to acquire more accurate information about perception of male and female parents.



#### REFERENCES

1. Cuskelly, M., & Bryde, R. (2004). Attitudes towards the Sexuality of Adults with an Intellectual Disability: Parents, Support Staff, and Community Sample, *Journal of Intellectual & Developmental Disability*, Vol. 29, PP. 255-264.
2. Edwards, M. (2003). *A Report on Sexuality Information and Education Council of the United States*. New York, USA: Fulton Press.
3. Getch, Y., Young, M., & Denny, G. (1998). A Historical Review of Sexuality Education and Deafness: Where Have We Been This Century?, *Journal of Sexuality & Disability*, Vol. 16, No. 4, PP. 245-249.
4. Murphy, NA., & Ellias, ER. (2006). Sexuality of Children and Adolescents with Developmental Disabilities. *Official Journal of the American Academy of Pediatrics*, Vol. 118, No. 1, PP. 398-403.
5. Roffman, D.M. (2002). *But How'd I Get in There in the First Place? Talking to Your Young Child About Sex*. Cambridge, USA: Perseus Publishing.
6. Siebelink, et. al. (2006). Sexuality and People with Intellectual Disabilities: Assessment of Knowledge, Attitudes, Experiences, and Needs, *Journal of Mental Retardation*, Vol. 44, No. 4, PP. 283-294.
7. Weichan, V. (1994). *Parental Attitudes towards Sex Education for Young Children in Taiwan*. University of Virginia, Curry School of Education.
8. Woody, J.D. (2002). *How Can we Talk about That? Overcoming Personal Hang-ups so we can Teach Kids the Right Stuff about Sex and Morality*. San Francisco: Jossey-Bass, A Wiley Company.