

CONTROLLED PROCREATION? MORAL PREFERENCES IN THE FIELD OF PARENTING AND PROCREATION OF MENTALLY HANDICAPPED PERSONS

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Abstract

In this paper, we present two researches which focused on the attitudinal and behavioural attributes of the sexuality of mentally handicapped persons and on its socio-cultural and ethical contexts. It presents a comparative research probe into the moral preferences regarding parenthood and procreation of the mentally handicapped as perceived by professional staff of the Social Service Centres (SSCs) and by the teachers of special primary schools in Slovakia. We, specifically focus on the description of particular research findings which involve moral preferences regarding parenthood and procreation of the mentally handicapped as perceived by the professional SSC staff and by teachers of special primary schools which were obtained using a part of the standardized ASQ – Attitudes to Sexuality Questionnaire (Individuals With An Intellectual Disability) from authors Cuskelly and Gilmore (2007). The research findings show that the moral preferences regarding parenthood and procreation of the mentally handicapped are mostly negative, even if compared to the professional SSC staff, the teachers of special schools prefer the right to procreation and parenthood more.

Keywords

procreation, parenthood, mental handicap, sexuality, morality, special primary school, Home of Social Services

Introduction¹

The research of moral preferences, attitudes and also practices regarding the sexuality and procreation of mentally handicapped persons in their social contexts, not only by the disabled persons, but also by professional and pedagogical staff, parents and the lay public, should form one of the key areas of understanding the contexts in which sexual and procreational behaviour

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of the mentally handicapped takes place. According to Walter (1980), the sexuality of mentally handicapped persons and their individual sexual behaviour depend especially on the tolerance and breath of moral attitudes and prohibitions of the parents and custodians. A number of authors (Walter, 1980; Bazalová, 2009; Mikulec, 2009 and others) agree that barriers and prejudices, and sexually unfavourable environment at home and at school give rise to "secondary social disability", which involves the subjective ease of the mentally handicapped persons much more than the primary mental disability itself. As shown by Frohmader and Ortolev (2013), the sexual and procreational rights of mentally handicapped persons are violated, e.g. through practices such as internal sterilisation, contraception or limited or no contraceptive possibilities, aimed at menstrual or sexual suppression, forced or enforced abortions, termination of parental rights, denial of marriage or, conversely, forced marriage and other forms of torture and violence, as well as systemic exclusion from the services involving sexual and reproductive medicine. These procedures and violations of rights are formulated in the context of social attitudes and stereotypes which insist on characterizing health handicap as "personal tragedy" and burden appropriately to be treated through medical and rehabilitating care.

Biological and Social Paradigm of Mental Disability

In the framework of the so-called biological paradigm of mental disability, the mentally handicapped persons have fallen victim to sexual segregation, marital prohibition and legally sanctioned sterilization under the pretence of the patient's protection from pregnancy and sexual abuse (Block, 2000; Kempton, Kahn, 1991). Historically, the mentally handicapped persons have been deprived of sexuality which was visible e.g. in the American and Canadian eugenics and forced sterilization until 1900 and until half of the 1980s, respectively (Gerhardt, 2006, Greenspan, 2002; Sobsey, 1994). However, sterilization has remained a common practice with mentally disabled women in many countries (Gerhardt, 2006; Gougeon, 2009, and others). When some "problems" occurred in the realm of sexuality, they were usually treated through ergotherapy, pharmaceuticals, etc. Most of the times, no sexual education was effectuated. The effort of this biological approach to mental disability was to eliminate sexuality. Especially the concern for undesirable pregnancy and parenthood persists. Deep-rooted opinions of asexuality of the mentally handicapped and of the genetic inappropriateness of their parenthood appeared. Women were mostly recommended abortions (Mandzáková, 2011; Kozáková, 2006 and others).

Significant changes of attitudes (not only) towards the mentally handicapped occurred in the context of a paradigm shift of disabilities especially after 1989. Attitudes towards mentally handicapped persons have begun to gradually change through the effort to integrate them into the society, to increase the quality of the support and care provided, and to change the overall approach of the society. Prevailing attitudes started to shift from the previous elimination stance to those on the level of tolerance, acceptance and cultivation of sexuality of mentally handicapped persons (Kozáková, 2013 and others).

In connection with the present progress in changing the society's attitudes toward sexuality of mentally handicapped persons, however, many authors worldwide have talked about misconceived assumptions. For example, Löfgren-Mårtenson (2008) reports that today, mentally handicapped

persons can be view as the "middle" generation, as they are situated between the "old" and the "new". The attitude of employees and relatives, according to the author, is affected by the pressing reforms which point out their rights to sexuality – the right to sexuality for everyone – but which lack any direction as to how this issue is to be resolved in practice. The consequence of this conflict is that the employees and relatives act as "new obstacles or institutional barriers" despite the fact that the old institutional barriers have been removed. Currently, many mentally handicapped persons are living in small group homes with external support and assistance. However, their way of life is still very different compared to other adults. For example, most mentally handicapped persons are unable to live as a couple or with their own families. Instead, they live with other handicapped persons under the supervision of staff they did not choose (Löfgren-Mårtenson, 2008).

Speaking about the situation in the Slovak Republic, the matters of sexuality and parenthood of mentally handicapped persons are often decided by others. These are decided according to unclear rules and without any supervision. Abroad, the competences of mentally handicapped persons are usually assessed in favour of sexual expression², or of the possibility to have children. However, legal interpretations of an informed consent are still missing. It is the functional capacity to understand the essence and consequences of such acts. In the Slovak Republic, this issue is largely left unresolved.

Research

In 2011 and 2014, we carried out two researches which were focused on the attitudinal and behavioural attributes of the sexuality of the mentally handicapped and their socio-cultural and ethical contexts. In this text, we present a narrow part of the results of these two broad researches and focus on the description and comparison of the results in moral preferences regarding the procreation of mentally handicapped persons by professional SSC staff and by teachers of special schools.

In regard to timing, the first research (the research sample were professional SSC staff) was carried out in 2011 and the second research (the research sample were teachers of special primary schools) in 2014, which needs to be taken into account in the interpretation of the research data.

Research Methods

On the whole, we combined in both researches the quantitative and qualitative approaches and used multiple research methods: observation, interview, questionnaire, and sexual stories. Moral preferences of the participants of the research in the field of parenthood and procreation of mentally handicapped men and women which are the subject matter of this paper, were obtained using an attitude scale. We believe that even if consisting of limited items, such scale reflects the elements of moral discourses on procreation of the mentally handicapped. On the other hand, even if the attitudes on the scale include elements of existing moral discourses on sexuality, or procreation, and

² For more see: Mandzáková, 2011; Marková, Kocina, 2013.

they contain value judgements of what is good and evil, morally right and morally wrong, desirable and undesirable, etc., it is necessary to take into account that this only is a narrow selection which cannot represent the diversity in the realm of sexual morality.

In this text we present partial results that we have obtained from a part of the ASQ – Attitudes that Sexuality Questionnaire (Individuals with an Intellectual Disability) from the Australian authors Cuskelly and Gilmore (2007). Due to the focus of the paper on the procreation of the mentally handicapped, individual parts of the Attitudes to sexuality questionnaire (Individuals with an intellectual disability: ASQ – ID) were thematically modified for the field of procreation, partnership, sexuality and sexual education. In the following text, we state the research findings which relate to the field of procreation.

Research Sample³

The first research sample consisted of professional SSC staff from Prešov Region and Košice Region. The research was carried out together with 259 professional SSC staff in 2011. The research sample was not representative. In terms of gender, women prevailed in the research sample by 82 % with only 18 % men. In terms of age, the lowest was 20 years and the highest 60 years.

The second research sample consisted of teachers of special primary schools (n = 322) and the research was carried out in 2014. The research sample was not representative. In terms of gender, women prevailed in the research sample by 82 % with only 18 % men. The average age of the teachers of special primary schools was 43.6 years, the most stated age was 40 years.

Research Findings⁴

The analysis of the results on moral preferences regarding procreation of mentally handicapped women and men begins with a presentation of the Mann-Whitney U test results. In tables no. 1.A and 1.B, we find the results of the Mann-Whitney U test which follow a comparison of the answers to the observed items of the Attitudes to sexuality questionnaire (Individuals with an intellectual disability: ASQ-ID) regarding procreation, which are related to the moral (dis)agreement with the procreation with women (Tab. no. 1.A) and men (Tab. no. 1.B) with mental handicap by the surveyed SSC staff and teachers of special primary schools.

Based on the results (Tab. no. 1.A and 1.B), we may state that among the questions on the observed items, we have found that through Mann-Whitney U test a statistically significant difference on the 5 % significance level in the answers of the surveyed professional SSC staff and of the teachers of special primary schools in all items except for one, namely: "Mentally handicapped women should be allowed to marry only on the condition that their partners are sterilized."

³ For a detailed profile of the research sample, see: Marková, Lištiak Mandzáková (2015).

⁴ For more detailed results concerning the attitudes to procreation of mentally handicapped persons in ethical terms see: Marková, Lištiak Mandzáková (2013, 2015).

Table no. 1.A The results of the Mann-Whitney U test – moral preferences regarding procreation of mentally handicapped women: comparison of the SSC staff and teachers of special primary schools

Variable	Mann-Whitney U Test (MP staff and teacher) By variable NProm Marked tests are significant at p<.05000						
	Rank Sum Group 1	Rank Sum Group 2	U	Z	p-level	Z adjusted	p-level
Var97	50375.00	87175.00	18244.00	-9.25982	0.000000	-9.47733	0.000000
Var102	74589.50	59313.50	21912.50	6.71903	0.000000	6.86762	0.000000
Var107	58918.50	74984.50	30477.50	-1.60865	0.107693	-1.65116	0.098706
Var116	81399.00	56676.00	19001.00	8.86158	0.000000	9.12577	0.000000
Var120	59707.00	74714.00	28831.00	-2.73186	0.006298	-2.80141	0.005088
Var122	58361.50	75024.50	27980.50	-3.09141	0.001992	-3.20902	0.001332
Var125	70721.00	64219.00	27634.00	3.50414	0.000458	3.59633	0.000323
Var129	49229.50	84673.50	17854.50	-9.14336	0.000000	-9.41496	0.000000

Legend:

Procreation – mentally handicapped women:

97 – With the right support, mentally handicapped women can raise even-tempered children. 102 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 116 – The staff providing services and parents should discourage mentally handicapped women from having children. 120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 125 – Sterilization is appropriate (desirable) for mentally handicapped women. 129 – Women with mental handicap should be allowed to have children within their marriage.

Table no. 1.B The results of the Mann-Whitney U test – moral preferences regarding procreation of mentally handicapped men: comparison of the CCS staff and teachers of special primary schools

Variable	Mann-Whitney U Test (MP staff and teacher) By variable NProm Marked tests are significant at p<.05000						
	Rank Sum Group 1	Rank Sum Group 2	U	Z	p-level	Z adjusted	p-level
Var140	51606.00	79210.00	19728.00	-7.73388	0.000000	-7.93390	0.000000
Var145	75671.50	52599.50	18146.50	8.40757	0.000000	8.60277	0.000000
Var150	60664.00	71691.00	28786.00	-2.51053	0.012055	-2.58036	0.009870
Var159	78676.00	53165.00	19235.00	8.13493	0.000000	8.40206	0.000000
Var163	56727.00	69526.00	27081.00	-2.70129	0.006908	-2.78624	0.005333
Var165	50642.50	72613.50	22201.50	-5.33038	0.000000	-5.60584	0.000000
Var168	67475.00	59785.00	26115.00	3.43454	0.000594	3.56876	0.000359
Var172	48846.50	79424.50	18218.50	-8.37450	0.000000	-8.61314	0.000000

Legend:

Procreation – mentally handicapped men:

140 – With the right support, mentally handicapped men can raise even-tempered children. 145 – When mentally handicapped men marry, it should be legally prohibited from them to have children. 150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 159 – The staff providing services and parents should discourage mentally handicapped men from having children. 163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 168 – Sterilization is appropriate (desirable) for mentally handicapped men. 172 – Men with mental handicap should be allowed to have children in their marriage.

The differences in answers of the responding professional staff of Social Service Centres (SSCs) and teachers of special primary schools to the observed items of the Attitudes to Sexuality Questionnaire in regard to procreation of mentally handicapped persons is described in detail especially through the statistical marker of average (Tab. no. 2.A, 2.B and 3).

The results⁵ concerning moral preferences regarding procreation of mentally handicapped persons are presented by the statistical marker of average, modus and standard deviation in tables no. 2.A and 2.B where we also find the averages of answers to the observed items which relate to the moral (dis)agreement of the procreation of mentally handicapped women and men by professional SSC staff (Tab. no. 2.A) and teachers of special primary schools (Tab. no. 2.B). Based on the the averages, we have arrange an illustrative successive order according to the degree of moral (dis)agreement with the individual items in the questionnaire which relate to the procreation of mentally handicapped women and men, from the least preferred to the most preferred (Tab. no. 3). The difference in successive orders of average according to the degree of moral (dis)agreement with procreation rights and procreation behaviour of mentally handicapped men and women by the surveyed SSC staff and teachers of special primary schools will not be commented on in further detail, as they are comprehensively arranged in Table no. 3, but based on the result average and the Mann-Whitney U test, we limit ourselves to the summary of these findings:

1. The surveyed teachers of special primary schools morally disagree with these items related to the procreation of mentally handicapped women and men more than the professional SSC staff:

- When mentally handicapped women or men marry, it should be legally prohibited for them to have a child – average 3.9 (women⁶), 4.1 (men⁷) – the professional SSC staff, and average 3.1 (women), 3.2 (men) – teachers of special primary schools.
- The services providing staff and parents should discourage mentally handicapped women or men from having children – average 4.4 (women), 4.4 (men) – the professional SSC staff, and average 3.5 (women), 3.5 (men) – teachers of special primary schools.
- Sterilization is appropriate (desirable) for mentally handicapped women or men – average 4.0 (women), 3.9 (men) – the professional SSC staff, and average 3.6 (women), 3.6 (men) – teachers of special primary schools.

2. The surveyed teachers of special primary schools morally agree with these items related to the procreation of mentally handicapped women and men more than the professional SSC staff:

- With proper support, mentally handicapped women or men may raise even-tempered children – average 2.3 (women), 2.4 (men) – the professional SSC staff, and average 3.4 (women), 3.3 (men) – teachers of special primary schools.
- If possible, mentally handicapped men and women should be involved in the decision on their sterilization – average 3.5 (women), 3.7 (men) – the professional SSC staff, and average 3.9 (women), 4.0 (men) – teachers of special primary schools.
- Education on contraception should be fully available to mentally handicapped women or men whose disability level enables sexual activity – average 4.4 (women), 4.2 (men) – the professional SSC staff, and average 4.6 (women), 4.7 (men) – teachers of special primary schools.

⁵ A part of the data related to the research from 2011 were published in Marková, Lištiak Mandzáková (2013, 2015).

⁶ Relates to the assessment of the given item for mentally handicapped women.

⁷ Relates to the assessment of the given item for mentally handicapped men.

- Mentally handicapped men and women should be allowed to have children within marriage – average 2.3 (women), 2.3 (men) – the professional SSC staff, and average 3.3 (women), 3.2 (men) – teachers of special primary schools.
- Mentally handicapped men should be allowed to marry under the condition that they or their partners are sterilized – average 3.1 (men) – professional SSC staff, and average 3.4 (men) – teachers of special primary schools.

The results by the surveyed professional SSC staff show that based on the averages (Tab. no. 3), the most consented statement was that mentally handicapped persons are to be discouraged from parenthood (average 4.41 with mentally handicapped women and average 4.36 with mentally handicapped men).

The second most preferred by professional SSC staff was the education on contraception for the mentally handicapped persons (average 4.37 – mentally handicapped women and average 4.2 – mentally handicapped men).

Also, sterilization for mentally handicapped men and women was rather considered as appropriate or desirable than refused by professional SSC staff (average 4.04 – mentally handicapped women, and average 3.94 – mentally handicapped men).

We have noted a higher consent rate also in the idea that mentally handicapped persons should be prohibited to be parents, even within marriage (average 3.9 for mentally handicapped women and average 4.1 for mentally handicapped men).

The results by the surveyed teachers of special primary schools show that based on the averages (Table no. 3), the most consent appears with the idea that education on contraception should be available for mentally handicapped persons (average 4.6 – mentally handicapped women and average 4.7 – mentally handicapped men). The second most preferred item was the involvement of the mentally handicapped into the decision on their sterilization (average 3.9 for mentally handicapped women and average 4.0 for mentally handicapped men).

On the other hand, teachers of special primary schools have shown more consent regarding the appropriateness of sterilization for mentally handicapped women and men (average 3.6 for both mentally handicapped women and men).

Table no. 2.A Descriptive Statistics – Moral preferences regarding procreation of mentally handicapped women and men by the CCS staff

Variable	Descriptive Statistics (MP)			
	Mean	Mode	Frequency of Mode	Std. Dev.
Var97	2.33202	2.000000	86	1.069250
Var102	3.90574	4.000000	74	1.255165
Var107	3.07563	3.000000	69	1.216342
Var116	4.41036	Multiple	96	0.985359
Var120	3.54435	4.000000	62	1.252547
Var122	4.37398	5.000000	100	1.041180
Var125	4.04418	5.000000	73	1.157922
Var129	2.30000	2.000000	95	0.994967
Var140	2.36905	2.000000	95	1.053695
Var145	4.13934	4.000000	80	1.198872
Var150	3.06746	3.000000	78	1.203999
Var159	4.36364	4.000000	103	1.043775
Var163	3.68313	5.000000	75	1.240836
Var165	4.23529	5.000000	96	1.061055
Var168	3.94286	4.000000	102	1.122059
Var172	2.28745	2.000000	97	1.025272

Legend:

Procreation – mentally handicapped women:

97 – With the right support, mentally handicapped women can raise even-tempered children. 102 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 116 – The staff providing services and parents should discourage mentally handicapped women from having children. 120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 125 – Sterilization is appropriate (desirable) for mentally handicapped women. 129 – Women with mental handicap should be allowed to have children in their marriage.

Procreation – mentally handicapped men:

140 – With the right support, mentally handicapped men can raise even-tempered children. 145 – When mentally handicapped men marry, it should be legally prohibited form them to have children. 150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 159 – The staff providing services and parents should discourage mentally handicapped men from having children. 163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 168 – Sterilization is appropriate (desirable) for mentally handicapped men. 172 – Men with mental handicap should be allowed to have children in their marriage.

Table no. 2.B Descriptive Statistics – Moral preferences regarding procreation of mentally handicapped women and men by teachers of special primary schools

Variable	Descriptive Statistics (SMP Teacher)			
	Mean	Mode	Frequency of Mode	Std. Dev.
Var252	3.420664	4.000000	74	1.330614
Var257	3.117216	3.000000	83	1.366954
Var262	3.290323	3.000000	86	1.356418
Var271	3.456204	3.000000	88	1.283845
Var275	3.862963	4.000000	90	1.363259
Var277	4.555556	6.000000	87	1.456516
Var280	3.614815	4.000000	82	1.395613
Var284	3.333333	3.000000	96	1.282229
Var294	3.247104	4.000000	83	1.294271
Var299	3.175573	3.000000	91	1.310032
Var304	3.385496	3.000000	87	1.356219
Var313	3.526923	3.000000	93	1.247099
Var317	4.003861	4.000000	84	1.330903
Var319	4.720930	5.000000	108	1.132998
Var322	3.579151	4.000000	92	1.289684
Var326	3.223938	4.000000	82	1.283484

Legend⁸:

Procreation – mentally handicapped women:

252 – With the right support, mentally handicapped women can raise even-tempered children. 257 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 262 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 271 – The staff providing services and parents should discourage mentally handicapped women from having children. 275 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 277 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 280 – Sterilization is appropriate (desirable) for mentally handicapped women. 284 – Women with mental handicap should be allowed to have children in their marriage.

Procreation – mentally handicapped men:

294 – With the right support, mentally handicapped men can raise even-tempered children. 299 – When mentally handicapped men marry, it should be legally prohibited form them to have children. 304 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 313 – The staff providing services and parents should discourage mentally handicapped men from having children. 317 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 319 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 322 – Sterilization is appropriate (desirable) for mentally handicapped men. 326 – Men with mental handicap should be allowed to have children in their marriage.

⁸ The description of these items relates also to all other variables in this chapter. Due to the limited space, we do not state this repeatedly.

Table no. 3 The order of sequence based on the average – moral preferences regarding procreation of mentally handicapped men and women as perceived by the SSC staff and teachers of special primary schools

Professional SSC Staff				Teachers of Special Primary Schools			
Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average	Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average
129 – Mentally handicapped women should be allowed to have children within their marriage.	2.30000	172 – Mentally handicapped men should be allowed to have children within their marriage.	2.28745	257 – When mentally handicapped women marry, it should be legally prohibited form them to have children.	3.117216	299 – When mentally handicapped men marry, it should be legally prohibited form them to have children.	3.175573
97 – With the right support, mentally handicapped women can raise even-tempered children.	2.33202	140 –With the right support, mentally handicapped men can raise even-tempered children.	2.36905	262 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.290323	326 – Men with mental handicap should be allowed to have children in their marriage.	3.223938
107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.07563	150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.06746	284 – Women with mental handicap should be allowed to have children in their marriage.	3.333333	294 – With the right support, mentally handicapped men can raise even-tempered children.	3.247104
120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization.	3.54435	163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization.	3.68313	252 – With the right support, mentally handicapped women can raise even-tempered children.	3.420664	304 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.385496
102 – When mentally handicapped women marry, it should be legally prohibited form them to have children.	3.90574	168 – Sterilization is appropriate (desirable) for mentally handicapped men.	3.94286	271 – The staff providing services and parents should discourage mentally handicapped women from having children.	3.456204	313 – The staff providing services and parents should discourage mentally handicapped men from having children.	3.526923

Professional SSC Staff				Teachers of Special Primary Schools			
Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average	Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average
125 – Sterilization is appropriate (desirable) for mentally handicapped women.	4.04418	145 – When mentally handicapped men marry, it should be legally prohibited for them to have children.	4.13934	280 – Sterilization is appropriate (desirable) for mentally handicapped women.	3.614815	322 – Sterilization is appropriate (desirable) for mentally handicapped men.	3.579151
122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active.	4.37398	165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active.	4.23529	275 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization.	3.862963	317 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization.	4.003861
116 – The staff providing services and parents should discourage mentally handicapped women from having children.	4.41036	159 – The staff providing services and parents should discourage mentally handicapped men from having children.	4.36364	277 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active.	4.555556	319 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active.	4.720930

Conclusion

Based on the results, it is possible to conclude that moral preferences regarding procreation and parenthood of mentally handicapped persons by the surveyed professional staff of Social Services Centres (SSC) are mostly negative and the procreational rights of mentally handicapped women and men remain underestimated. While comparing moral preferences of the surveyed professional SSC staff with those of the teachers of special primary schools, it has been shown that teachers of special primary schools prefer the reproductive rights and rights of parenthood more in comparison with the professional SSC staff. In comparison with professional SSC staff, teachers of special primary schools also emphasize more the right to have children within the marriage of mentally handicapped persons and when adequate support is supported, also the upbringing of their children. Despite all that, the results show that a part of the teachers of special primary schools, on the other hand, consent to the appropriateness of sterilization of mentally handicapped persons

and overall also take a negative stance on procreational rights and parenthood. The above stated is also in accord with our findings that the least positive attitudes are found by the professional SSC staff towards the right of parenthood of the mentally handicapped persons, the second least positive attitude is towards the right to marriage which was also largely consented. There was more moral approval of the right to sexual partnership. Also, teachers of special primary schools were morally least consenting to the right of mentally handicapped persons to parenthood (Marková, Lištiak Mandzáková, 2015).

On the ethical plane, we may reflect on the fact that both the professional SSC staff and the teachers of special primary schools consider procreation and parenthood of mentally handicapped persons as undesirable, based on their attitude towards mentally handicapped persons, and we may assume that mentally handicapped persons are limited in their rights to parenthood.

References

- Bazalová, B. (2009). Autismus, vzťahy a sexualita u nás a v zahraničí. [Autism, Relationships, and Sexuality in Our Country and Abroad]. In *Sexualita mentálne postihovaných – II.: zborník materiálov z druhej celostátní konferencie organizovanej o. s. ORPHEUS [Sexuality of the Mentally Handicapped – II: Proceedings of the Second National Conference Organized by the ORPHEUS Civic Association]* (pp. 45–56). Prague: Centrum denných služieb o. s. [Day Service Center, Civic Association] ORPHEUS.
- Block, P. (2000). Sexuality, Fertility, and Danger: Twentieth-Century Images of Women with Cognitive Disabilities. *Sexuality and Disability*, 18(4), pp. 239–254.
- Cuskelly, M., & Gilmore, L. (2007). Attitudes to Sexuality Questionnaire (Individuals with an Intellectual Disability): Scale Development and Community Norms. *Journal of Intellectual and Developmental Disability*, 3(3), pp. 214–221.
- Frohman, C., & Ortoleva, S. (2013). *The Sexual and Reproductive Rights of Women and Girls with Disabilities*. [online]. Accessed 10th September 2015. http://womenenabled.org/pdfs/issues_paper_srr_women_and_girls_with_disabilities_final.pdf.
- Gerhardt, P.F. (2006). *Sexuality & Sexuality Instruction with Learners with Autism Spectrum Disorders and Other Developmental Disabilities*. PowerPoint presentation. [online]. Accessed 9th August 2015. https://www.gvsu.edu/cms3/assets/2CF6CA25-D6C6-F19E-339DC5CD2EB1B543/secondary_transition/gerhardt_sexuality_ppt.pdf.
- Gougeon, N. A. (2009). Sexuality education for students with intellectual disabilities, a critical pedagogical approach: outing the ignored curriculum. *Sex Education: Sexuality, Society and Learning*, 9(3), pp. 277–291.
- Greenspan, S. (2002). A Sex Police for Adults with 'Mental Retardation'? Comment on Spiecker and Steutel. *Journal of Moral Education*, 31(2), pp. 171–179.
- Kempton, W., & Kahn, E. (1991). Sexuality and people with intellectual disabilities: A historical perspective. *Sexuality and Disability*, 9(2), pp. 93–111.

Kozáková, Z. (2004). K některým aspektům sexuální výchovy osob se specifickými potřebami v podmínkách nekoedukovaných ústavních zařízení. [On Some Aspects of Sex Education of Persons with Specific Needs in Terms of the Educational Insufficiency of Institutional Facilities]. [online]. In *Sborník z kongresu Pardubice 2004. [Proceedings of a Congress in Pardubice 2004]*. Accessed 22th September 2015. <http://www.planovanirodiny.cz/search.php?rsvelikost=nv&rstext=all-phpRS-al&rstema=36&stromhlmenu=0&urpod=1>.

Löfgren-Mårtenson, L. (2009). The Invisibility of Young Homosexual Women and Men with Intellectual Disabilities. *Sexuality and Disability*, 27(1), pp. 21–26.

Mandzáková, S. (2011). *Zvyšovanie kvality sexuálneho a partnerského života osôb s ťažším mentálnym postihnutím. [Raising the Quality of Sexual and Partner Life of Serious Mental Handicap]*. Prešov: Faculty of Education, Prešov University.

Marková, D., & Kocina, P. (2013). Medzi morálkou a právom: [Between Morality and the Law:] O etických diskurzoch sexuálnych a reprodukčných práv osôb s mentálnym postihnutím. [Ethical Discourses on Sexual and Procreational Rights of Mentally Handicapped Persons]. In S. Lištiak Mandzáková, D. Marková, & L. Horňák (Eds.), *Sexualita a postihnutie [Sexuality and Disability]* (pp. 277–306). Prešov: Faculty of Education, Prešov University.

Marková, D., & Lištiak Mandzáková, S. (2013). Morálne postoje k reprodukcii mužov a žien s mentálnym postihnutím – etické a špeciálnopedagogické kontexty. [Moral Attitudes to the Procreation of Mentally Handicapped Men and Women – Ethical and Special Pedagogical Contexts]. In S. Lištiak Mandzáková, D. Marková, & L. Horňák (Eds.), *Sexualita a postihnutie [Sexuality and Disability]* (pp. 307–341). Prešov: Faculty of Education, Prešov University.

Marková, D., & Lištiak Mandzáková, S. (2015). *Sexuálna morality and mentálne postihnutie. [Sexual Morality and Mental Handicap]*. Prešov: Faculty of Education, Prešov University.

Mikulec, D. (2009). *Kvalita sociálnych služieb. [Quality in Social Services]*. [online]. Accessed 2nd October 2015. <http://www.lepsisvet.org/text/92/O-problematike/Pojmy/Kvalita-socialnych-sluzieb>.

Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore: Paul H. Brookes Publishing Co.

Walter, J. (1994). *Sexualität und Geistige Behinderung. [Sexuality and Mental Disability]*. [online]. Accessed 14th October 2015. <http://bidok.uibk.ac.at/library/walter-sexualitaet.html>.

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