

The View of Social Work on the sexuality of Persons with health Disadvantages – Mental Disabilities

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Abstract:

The research article deals with a description of attitudes towards the issue of sexuality of persons with mental disabilities. As part of this issue, we often encounter the fact that there is still a widespread myth in society that people with mental disabilities do not need or cannot establish partnerships. However, the opposite is true.

Aim of the research: The main aim of the research was to find out individual attitudes towards the sexuality of people with mental disabilities in society from the point of view of

social work. **Research sample and setting:** The research sample consisted of six professionals (staff working with people with mental disabilities) and lay people (parents of people with mental disabilities and someone who has no major experience with a person with mental disabilities). The research participants were informed about the purpose of the research study.

Research analysis: Due to the nature of the topic, it was appropriate to use the advantages of qualitative research, which allows for the examination of phenomena in the natural environment and provides the possibility to studying processes and establish theories. Semi-structured, in-depth interviews and the procedure of grounded theory were used, and an inductively derived theories from the investigated phenomenon are presented.

Introduction

All relationships are irreplaceable in the life of each of us and significantly affect the quality of human life in society. The need for belonging and love is one of the most important human needs, without distinction. However, we believe that little attention is still paid to the individual and specific relationships of people with various health disabilities. In our case, the focus is on those with mental disabilities. The relationships of an individual with a medical disadvantage are important from early childhood. They connect them with parents, siblings and extended family, and later with peers and friends. "The family is the basic unit/cell that makes up our society. The family ensures the existence of the society, it brings new members into the society, and through it the child is integrated into the society" (Čulenová, Mačkinová, Nowak, 2023, p. 1). Partner relationships also have their place. Due to disabilities, the connections can be more difficult and have their own specific characteristics. If there is a misunderstanding in the creation of pathological relationships (e.g., non-acceptance of the child by the parents, abuse, domestic violence), the individual may be negatively affected in social interactions throughout their life. The development of an individual and the establishment of relationships is related to the manifestation of sexuality, which is always individual and probably different from peers. It is important that the individual has support and understanding from the family or experts when going through psychosexual development. Suppressing or denying sexuality is not a solution; on the contrary, it is the beginning of great complications.

All of us, even people with a health disadvantage, and in our case those with an intellectual disability, need warm, functioning relationships in order to lead a happy life. Due to the limits in different areas, which are the result of their disadvantage (disability), they may require different levels and different types of support. We can find this support in social work, which as a professional discipline helps people based on specific methods with a professional foundation. Individual and specific aspects of social work are based on many social sciences, especially psychology, sociology and special pedagogy (Laca, P. 2011).

Social work with people with health disabilities, i.e., with mental disabilities, has its own specifics, which differ from social work with other target groups. Social services that work with the target group of people with mental disabilities usually set the goal of involvement in everyday life in their mission (Laca, S. 2021). With terminally ill patients, "social workers try to help clients fulfill 4 kinds of wishes that I try to address before death" (Mačkinová - Okech, 2017, p. 75). "The current ideal is to aim for people with mental disabilities to be able to use common resources, i.e., institutions that provide services to the public. This means that they live in the local community in a way that corresponds as much as possible to the life of other people without disabilities" (Matoušek, 2005, p. 113). Ways of working with people with mental disabilities are always individual. Every person is different, and this fact affects the level of mental, human and physical support needed. As Mačkinová (2014, p. 463) puts it, "Sedentary lifestyles and unilat-

eral work put a strain on an individual's musculoskeletal system." This medical condition also adversely affects the mental health of individuals with intellectual disabilities.

Methodology – Research Design

The goal was to answer the main research objective, which was **to find out individual attitudes towards the sexuality of people with mental disabilities**. A partial goal was to clarify the difference between the attitudes of experts and laymen on this issue. Due to the nature of the topic, it was appropriate to use the advantages of qualitative research, which allows for the investigation of phenomena in the natural environment and provides the possibility to study processes, establish theories and respond flexibly to local situations and conditions (Hendl, 2016). Furthermore, the procedure of grounded theory was used, and an inductively derived theory from the investigated phenomenon is presented. The theory is revealed, created and preliminarily verified by systematically gathering information about the investigated phenom-

enon. This is followed by the analysis of these data (Strauss & Corbinová, 1999). Semi-structured, in-depth interviews were chosen as the research method.

The following research questions were used to answer the main research objective:

- What are the differences between the attitudes of experts and laymen?
- What is the attitude of the environment of people with mental disabilities towards sexuality and partnerships of people with a mental disability?
- What is the opinion of society about the parenting of people with mental disabilities?
- How does society feel about the sexuality of people with mental disabilities? What experience do they have?

As it follows from the research objective and research questions, the aim of the research was to find out individual attitudes towards the sexuality of persons with mental disabilities. Therefore, participants were approached from the ranks of professionals (those that work with people with mental disabilities) and lay people

Table 1 Overview of participants

Participants	Age	Achieved education	Occupation	Experience with people with mental disabilities
Participant 1	39 years old	higher professional education	SP in ambulatory care and field social service	from employment
Participant 2	30 years old	secondary school education with high school diploma	PvSS in ambulatory care and field social service (previously in residential service)	from work and personal life
Participant 3	27 years old	higher professional education	SP – public guardian	from employment
Participant 4	56 years old	bachelor education	SP in field social service	from personal life and from work
Participant 5	43 years old	secondary school education with high school diploma	accountant	from personal life
Participant 6	43 years old	bachelor education	unemployed	none

(parents of people with mental disabilities and those who have no major experience with a person with mental disabilities). Another criterion for the selection of participants was age – they needed to be at least 21 years old. A total of six participants were approached, and all of them agreed and wanted to know the interview questions in advance. During the research, ethical principles were maintained. Before arranging the interviews, all participants were familiarized with the essence and purpose of the interview, and for reasons of personal data protection, the names of all the participants were changed. All the participants agreed to record the interview on a dictaphone so that the data could be processed as best as possible. After the completion of data collection, all the interviews were transcribed and analyzed using the open coding technique. Open coding involves operations by which data are broken down, conceptualized and composed in a new way. Individual interviews were coded, and a list of existing codes was created. Then came their systematic categorization according to similarity or internal connections (Švaříček et al., 2014).

Research Results

When analyzing and interpreting the collected data (recordings), we approached individual categories and subcategories, that is, we analyzed and decoded semi-structured interviews. Subsequently, we arrived at the following six categories and subcategories, which we present in Table 2.

Experience with people with mental disabilities

All of the 6 participants had personal **experience with people with mental disabilities**. Participant no. 2: *“I actually met people with mental disabilities in elementary school. In first grade I actually had a girl with a mental disability among my classmates, and then a boy. So actually, for me, they are completely normal, full-fledged citizens.”* Participant no. 5: *“Hmm, I have a disabled daughter at home. We were at a camp two years ago, and it was difficult for me there. Because there were actually, there were more disabled people than my daughter, and it was actually uncomfortable for me to be in a group of so many people with mental disabili-*

Table 2 Overview of categories and subcategories

Categories	Subcategories
experience with people with mental disabilities	experience with people with mental disabilities
	experience with the sexuality of people with mental disabilities
	experience with parenting people with mental disabilities
access to people with mental disabilities	emotions associated with the sexuality of people with mental disabilities
	approaches to people with mental disabilities
sexuality of persons with mental disabilities	manifestations of sexuality
	views on sexuality
	sexuality in people with mental disabilities in practice
parenting of persons with mental disabilities	parenting of persons with mental disabilities
	opinions on the parenting of persons with mental disabilities
	contraception in people with mental disabilities
enlightenment	sexuality education of people with mental disabilities
	education in the field of sexuality
professional help to people with mental disabilities in the field of sexuality	multidisciplinary cooperation
	social services in the field of the sexuality of people with mental disabilities in practice

ities. *Even though I have a disabled daughter myself, because it was so concentrated there, it was not easy for me.*"

In the subcategory of **experience with the sexuality of people with mental disabilities**, it is important to mention that the participants perceived the concept of sexuality differently and an incomplete understanding of the concept could have influenced their answer. Five participants spoke about this subcategory. Participant no. 4: *"So I perceive that they have certain needs as well, but based on the fact that this person has a moderate mental disability, those needs take place somewhere, that there just might not be any physical sexual contact at all, right? That even some hugs, caresses or touches will be enough, but that's probably all, I dare to say. Because I can't say for sure that it is. But I've known her for some time, and so far she hasn't shown any greater desire to get to know something more."* Participant no. 3: *"I met someone during a court hearing when the client was actually mentally disabled and was not aware of the consequences. So he started exposing himself sexually. But I also solved various problems, as it were, with regard to motherhood and the like."* Participant no. 6: *"Hey, come on. I haven't come into contact with this issue, well, in person. But I must have seen some reports on this topic. Or as I know that it is a problem, that actually there are various like... various kinds of complications... That before it was actually prohibited, right? And those people have this sexuality normally or have such a need sometimes, maybe I would say an increased one."*

With the subcategory of **experience with parenting people with mental disabilities**: If they encountered the parenting of people with disabilities, it was more likely a physical disability. For example, participant no. 2 had positive experiences with parenting people with MP: *"Hmmm, I actually met, like my parents, two couples in my neighborhood. There are people with mild mental disabilities who have children. A great deal of support is definitely needed there, certainly from an early care perspective, and so on in general. But actually how it works, I think that those children are provided with basic needs, but I'm not sure if they actually lack some mental skills, like the abilities of those parents. If I'm saying it correctly."* On the contrary,

participant no. 4 talked about a personal experience with a young lady with a mental disability who could not handle parenthood: *"And you can say that she is actually my daughter's friend who had a need for sexuality different than my daughter. She has a one-and-a-half, maybe two-year-old little girl today. I've known this girl for five years, maybe seven, and I know that... She was also in our family, so I know that... So somehow I dare to say what she can handle, what she can't handle. She is simply a grown child. And she can't take care of her daughter at all, so she was actually put on trial. The grandma does everything, so her mom and dad take care of her. And the parents of the boy, who is also disabled, in some way, I don't know exactly how."* The question remains whether the participants have much experience with parenting people with MP due to the fact that this topic is still taboo in our country, or whether preventive measures are taken so that people with MP do not become parents. The reason could also be the nature of the social services in which the participants work, or the stage of life they are in.

Access to people with mental disabilities

All participants talked about equal access to people with mental disabilities, but their emotions regarding the issue of sexuality were different.

It was clear from the interviews that **the emotions associated with the sexuality of people with mental disabilities** are diverse. For participant no. 2, the first confrontation with sexuality was a shock, but he perceives it as being completely natural. Participant no. 4's manifestations of sexuality in their daughter did not come as a surprise, but on the contrary. Participant no. 5 hopes that he will never have to deal with his daughter's sexuality, and this topic causes him great concern. Participant no. 4: *"But for example, with my daughter... She is still very childish, even though she is thirty. So she prefers holding hands, caressing and squeezing, kisses. So it didn't surprise me that much."* Participant no. 5: *"That's how we sweep it under the carpet and hope that it never comes out. It's like, I can't imagine how I would fight with that."* From the interview with participant no. 6, it turned out that he perceives sexuality as a very intimate topic, but it should certainly not be muffled and

suppressed. Participant no. 6: *"I don't need to see it like this or like that, because I don't need to see it or anyone else's sex, except my own. But I think that it really shouldn't be suppressed.* Participant no. 3 thinks that the sexuality of people with mental disabilities does not want to be seen by the public.

In the sub-category **approaches to people with mental disabilities**, there were answers containing equal access and an individual approach. Participant no. 6 talked about sympathies and concerns about whether he would be able to treat people with mental disabilities correctly. Participant no. 1 perceives people with mental disabilities completely naturally: *"And I perceive them like all other people. They just probably have some specific needs and you need to talk to them a little differently."* Participant no. 3 fully respects people with mental disabilities, but he knows from his experience that working with this target group is not the right one for him. *"Nooo, it's not my target group that would be close to my heart. I respect them, I understand them, but it is not a target group that I would like to be with in the future... Maybe I should focus on it, and so on."* The attitude of participant no. 5, who, despite the fact that he has a daughter with a mental disability, feels uncomfortable in a group where there are more people with a mental disability: *"Because there were actually, there were more disabled people than my daughter, and it was actually uncomfortable for me to be in a group of so many people with mental disabilities."*

Sexuality of persons with mental disabilities

As already mentioned, it can be assumed that the participants' answers regarding **manifestations of sexuality** could affect different understandings of the concept of sexuality. Participant no. 1 perceives sexuality only as sexual intercourse and the satisfaction of sexual needs: *"Well, probably some sexual needs, some manifestations of those needs and satisfaction."* Participant no. 2, participant no. 3 and participant no. 6 perceive sexuality as a much broader concept. Participant no. 2: *"When I thought about it, I definitely don't see it as sexual intercourse as such, it's more like self-expression, and it's definitely related to intimacy. Actually, it is certainly related to something like relieving stress or*

tension in the body...and knowing one's own body." Inadequate perception of the concept of sexuality may be the reason for the participants' answers that they have no experience with the sexuality of people with mental disabilities.

Opinions on sexuality are very similar to the participants' approach to people with mental disabilities. It was often mentioned that it is bad that sexuality is not talked about much and also that sexuality in people with mental disabilities is completely normal and natural and it's okay. Participant no. 4: *"I see it as actually every person, whether they have a mental disability or not, let's say a healthy person, has certain sexual manifestations, needs... And I think that's okay."* From all the interviews, it was clear that participant no. 5 has a different opinion, and for this person the whole topic of sexuality is difficult and unpleasant.

Participant no. 2 has many positive experiences with the **sexuality of people with mental disabilities in practice**. His answers indicate that if someone has experience with the sexuality of people with mental disabilities, they are less afraid of this issue and do not perceive it as taboo. *"Yeah, whether it was simply the partnership of people with mental disabilities, or actually some sort of autoeroticism, which I knew took place in those rooms, I mean, quite normally. Actually, not only the partnership of people, but also as a matter of fact as sexual intercourse and as with mental disabilities with each other."* Regarding the answer of participant no. 3: *"I had a client like this who actually maintained a relationship with her partner and fortunately decided to undergo sterilization based on that."* The word "fortunately" is to be emphasized. Can it be interpreted in such a way that the participant would perceive it as a misfortune if the client he is talking about became a mother?

Parenting by persons with mental disabilities

It was clear from the interviews that **parenting by persons with mental disabilities** is not as common in our country as, for example, parenting by people with physical disabilities. The participants often had no personal experience and could not even imagine what parenting could look like in this kind of situation. In most of the answers, it was agreed that people with

mental disabilities need support to cope with parenthood. Participant no. 4 is fundamentally against parenting by people with mental disabilities. He had a clear opinion that they cannot be full-fledged parents and that every child has the right to parents, to a full-fledged life. *“So I always say to myself, when I hear somewhere that simply everyone has the right, they have the right to have children, I think to myself, but the child has rights too... where does the child have their rights... they has the right to have a full life, and not have to be raised by their grandmother and grandfather. They just needs to have parents. This is a terribly sensitive topic.”* The answers confirmed that this is a very sensitive and controversial topic among experts and lay-people. Even for experts, it is still a topic that is unexplored and very tricky due to its sensitivity. The majority of participants did not claim that it could not work, but perceived the risks and questions associated with it.

In the subcategory **opinions on parenting by people with mental disabilities**, human rights activists say that everyone has the right to found a family, to be a parent. Participant no. 1: *“Well, I think that it is a basic human right to found a family. So they just need some more support and to simply work with them from the beginning, and then I believe that it can work.”* Participant no. 2 had an interesting and enlightening view that parenting is very individual, just like for people without disabilities. Unfortunately, even among healthy parents there are very bad parents. *“I think that just like there are good and bad parents among people without disabilities, it will be the same with these people, completely normal. Because there are some parents without disabilities, I think they can be much worse than parents with disabilities.”*

The topic of **contraception for people with mental disabilities** is very controversial, and the opinions of the participants differed significantly. Participant no. 1 is against the fact that an individual has to use contraception if they are unable to understand it. *“Well, it will probably always depend on the depth of the disability and what and how they are able to understand as people, but I am certainly against giving something to someone without them knowing what it is and why it is. So, try to talk about it mainly, to somehow simply explain it clearly,*

to offer possibilities, so that it is really obvious what the consequences will be.” Participant no. 2 also disagrees with the preventive use of contraception and unfortunately has experience with this happening. On the contrary, participant no. 4 is a supporter of people with mental disabilities using contraception on the basis of someone else’s “order” even if they do not understand it and cannot decide for themselves. *“Well, I would be very much in favor of that. Because even though I perceive sexuality as very natural, I have to say I am very much against people with disabilities having children. Because I see it as one big problem, and I would be like... Yes, I would just give them everything, to have sexuality, so that they simply have a partner, to enjoy life, to experience it. But without children. This means that I would definitely be in favor of contraception.”* Participant no. 3 has a similar opinion, which supports sterilization in addition to lighter forms of contraception. *“I think that in some cases, if it is a mild disability, the person is able to manage it. But if it’s actually worse, it’s probably better to solve it radically. When a person is not able to take care of themselves and actually agrees with it.”*

Enlightenment

The participants agreed that **education about the sexuality of people with mental disabilities** is insufficient. Participant no. 1 talked about the fact that sexuality is talked about little and only superficially. *“Hmm. Well, I think that it should be talked about more. And maybe mainly more in depth. It is dealt with in such a terribly superficial way, as if it exists, something should be done about it, but actually, there should simply be, I don’t know, more stories published about it or something like that, I don’t think so.”* Participant no. 2 pointed out that people with mental disabilities are not educated in the field of sexuality. *“It’s just that a person with a mental disability simply doesn’t have as much awareness about how to actually handle their sexuality. So maybe if there were more, mmm, actually more workers who could work with those people and maybe at least tell them in the beginning how to do it, then there wouldn’t be such prejudices in society.”* Participant no. 3 did not encounter enlightenment either: *“Well, I personally did not encounter enlightenment here on that topic*

at all. Yeah, me personally somehow. Maybe I'm not looking for it, it didn't even come to me at work. So I don't dare say how it is in society at all. It is possible that they have little awareness of it, and that is why they have such prejudices."

In the sub-category of **education in the field of sexuality**, answers regarding the absence of education in the field of sexuality are summarized. Participant no. 2 talked about the fact that he does not know who he could turn to for education, even though he has been working in social services for several years. "Well, I can't seem to think of anyone to turn to. Maybe some organization or something like that. Nothing comes to mind." This points to the fact that it is still an unexplored area, and there is a lack of services and organizations that deal with this issue. Similarly, participant no. 4, who, if he did not know about the problem due to his job, would not know where to turn as a parent. "Well, of course, if I didn't work in it, I would look for some sort of help in a psychological counseling center, where they would surely direct me further. But that I would... I don't think that I would know that there is a counseling center dealing with the sexuality of people with disabilities." Participant no. 1 and participant no. 5 talked about the fact that education about people with mental disabilities in the field of sexuality is insufficient or even non-existent in schools. Participant no. 1: "No, not that. So we were for a long at the Jedlička Institute, where there are also schools, and there, I think, the school should deal with something like sex education and things like that, and actually talk about it with them. Well, I'm not sure about the Jedla." Participant no. 5: "I have no idea if I have ever talked about it. Maybe, if ever, at my primary school in Říčany. But I think not even in such a form as natural history - a description of organs. But only as boys, girls, well..."

Professional assistance to people with mental disabilities in the field of sexuality

Participant no. 3 spoke about the importance of **multidisciplinary cooperation from his experience**. He has experience cooperating with doctors from the fields of sexology, gynecology and psychiatry. "Well, I'm more for ensuring if there is any problem, it is up to doctors to handle it. All possible ones. So we place the client in an

institution so that they are under permanent supervision and then it is up to the workers there." Participant no. 2 and participant no. 5 talked about the lack of cooperation with the school the teenage daughter attends.

The subcategory of **social services in the field of sexuality of people with mental disabilities in practice** also includes answers regarding which of the participants come across the topic in their jobs within social services and who does not. It was clear from the answers that the biggest topic is residential social services, or field services. Based on the interviews, it is important to mention that there is a great lack of services that work with the sexuality of people with mental disabilities or support them in parenthood. We believe that the lack of these services is related to a lack of awareness and fear of working with this issue. Participant no. 2: "Well, I would say that probably not. I think that initially, even in our area, some kind of early care works quite well. But it ends one day, yes, and then, I think it's harder for those families to get support from the surrounding area. Maybe they don't even often ask for it themselves, because due to their mental abilities, it actually doesn't even occur to them. And at the very least, when I think about my surroundings, it's probably hard to find that support." Participant no. 4 talked about a situation where a young lady with a mental disability (a friend's daughter) became pregnant in the residential service, and therefore perceives the residential services as very risky if the lady does not use contraception. "So they took her from one social service situation, put her somewhere else, in a completely different residence ... I would say a freer one, and that's where it happened that the daughter was actually not protected and kept wanting boys, boys... Until she really got pregnant."

Conclusion of Research Results

In conclusion, we will try to answer the main research goal, which was to **find out the attitudes of the environment towards the sexuality of people with mental disabilities** through answers to four research questions.

The answer to the first research question, **What are the differences between the attitudes of experts and laymen?**, can also be found in the above-mentioned examples of answers. It is not

possible to say unequivocally that experts hold one position and laypeople another. Interviews with participants revealed that attitudes differ regardless of whether the participant works with people with mental disabilities, is the parent of a child with mental disabilities or has no experience with them. An important factor is the participant's personal settings and life experiences. All participants agree that people with mental disabilities are equal citizens, but the degree of affection varies. Attitudes towards the sexuality of people with mental disabilities are also very diverse, and again it is not possible to clearly determine whether experts hold one opinion and laypeople another.

The research question *What is the attitude of people around people with mental disabilities towards sexuality and partnerships of people with mental disabilities?* is closely intertwined with the first question. After summarizing the interviews, we cannot establish one specific position here either. Attitudes towards sexuality differ among participants based on their experience. Four participants perceive sexuality completely naturally, one participant respects it but does not want to see it, and for one participant, the sexuality of people with mental disabilities is taboo and he hopes that he will never have to deal with it.

For the third research question, *What is the opinion of society about the parenting of people with mental disabilities?*, there were the biggest differences in the participants' answers. Three participants have experience with parenting by people with mental disabilities and have a clear opinion that with the necessary support they can function and be good parents. One participant does not have a strong opinion. In his practice, he encounters the fact that it can work, but also that it really does not work and radical interventions are necessary. However, he realizes that this cannot be said across the board, and it always depends on the individual abilities and possibilities of the individual, or on the type and possibilities of natural and professional support. One participant has the opposite opinion and does not agree with the fact that people with mental disabilities should be parents. It is based on his personal experience, and he became convinced that people with mental disabilities cannot take care of a child. Someone else has to take

care of the child, and every child has the right to parents and a full life.

And the last question, *How do the surrounding people feel about the topic of sexuality of people with mental disabilities? What experience do they have?*, it was possible to find the answer in the sample answers. It is possible that the answers could have been distorted by a wrong understanding of the concept of sexuality. For example, participant no. 5 talked about the fact that he has no experience with sexuality (because he perceives sexuality only as sexual satisfaction), but then he described the manifestations of sexuality in his daughter. Only one participant had no experience with sexuality among people with mental disabilities. The participants' feelings about sexuality differed according to their experience with this issue. Most of the participants perceive sexuality as completely natural. One participant respects it, but does not want to see it. Feelings about sexuality from participant no. 5 vary depending on whether it is his daughter's sexuality or someone else's.

Due to the nature of qualitative research, it is not possible to apply the results to society as a whole. However, the results of the research investigation are beneficial for everyone who deals with the issue of the sexuality of persons with mental disabilities in their professional or personal life. They can serve as a summary of information, and the opinions of the participants can be used by experts dedicated to the issue of education in this area. The elaboration of this topic in a quantitative form would certainly be very beneficial because we would learn opinions on the issue from different points of view.

Conclusion

The research results show that society has taken a big step in integrating people with mental disabilities into society. As Mačkinová, Keketiová and Vavrčáková (2014, p. 987) say, "knowing personal identity is important for each of us." Nevertheless, the sexuality of people with mental disabilities is still a very sensitive topic that is not talked about much, and this may be due to insufficient awareness of the topic, which the participants mentioned. It is not possible to clearly determine which positions are taken by experts and which ones are taken by laymen. It

is evident from the research results that the nature of the opinions do not depend only on profession, but mainly on experience and personal attitude. Another topic that often appeared in the research is education.

We know from practice that the topic of sexuality is appearing more and more often in social services, and there are still not too many options on how to effectively support workers and how to comprehensively prepare them to work with this issue at all levels. Education for the lay public, which could contribute to removing prejudices, also deserves attention. It is very good that in recent years the number of professionals in social work and other areas who educate and support people with mental disabilities in the field of sexuality has been increasing. Society is thus at least one step closer to accepting people with disabilities as full-fledged citizens.

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