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Abstract

Keywords:

attitudes toward sexuality; special needs persons; sexual health education

The identification of the attitudes towards sexuality and sexual education in family settings are starting points for the development of sexual education intervention programs for people with special needs, as well as training parents to convey objective and needs-oriented sexual health education to their children. The purpose of this study is to provide the academic and educational community in Romania with linguistically and psychometrically validated versions of the Romanian and Hungarian translations of the Sexual Attitude Questionnaire for Persons with Disabilities (Porat, 2009). 246 Romanian and Hungarian speaking participants completed the online questionnaire. The results indicate very good psychometric properties of the Romanian and Hungarian translations of the questionnaire, allowing the assessment of attitudes towards the sexuality of people with disabilities in relation to other relevant psychological and social variables.

Zusammenfassung

Schlüsselworte:

Einstellungen zur Sexualität; Personen mit besonderen Bedürfnissen; sexuelle Gesundheitserziehung

Die Ermittlung von Einstellungen zur Sexualität und die familiäre Sexualaufklärung sind Ansatzpunkte für die Entwicklung von sexualpädagogischen Interventionsprogrammen für Menschen mit besonderen Bedürfnissen sowie für die Schulung von Eltern zur Vermittlung von Erziehungszielen und -bedürfnissen an ihre Kinder. Der Zweck dieser Studie ist es, der akademischen und pädagogischen Gemeinschaft sprachlich und psychometrisch validierte Versionen der rumänischen und ungarischen Übersetzungen des Sexual Attitude Questionnaire for Persons with Disabilities (Porat, 2009) zur Verfügung zu stellen. 246 rumänisch- und ungarischsprachige Teilnehmer füllten den Online-Fragebogen aus. Die Ergebnisse zeigen sehr gute psychometrische Eigenschaften der rumänischen und ungarischen Version des Fragebogens, die es ermöglichen, die Einstellungen zur Sexualität von Menschen mit Behinderungen in Bezug auf andere relevante psychologische und soziale Variablen zu bewerten.

1. Introduction

The psychological development of children can be very problematic in the case of societies without comprehensive sexual education programs (embedded in the formal education system), because children often receive information not from their micro-social environment (parents, teachers), but from digital media (e.g. websites or pornographic advertisements). Even in the present days, when the existence of online communication makes it easier to access information, sexuality and sexual health education (SHE) are often considered taboo subjects, especially in the cases of post-communist countries, such as Romania. When it comes to the idea of sexual education of persons with special educational needs (SEN), this topic is becoming even more complex and it often a subject of debates, both for parents and for other people in their social networks.

Sexual health education (SHE), although important for individuals and societies, is often difficult to be implemented in the context of disability, because it can have an impact on the quality of life of people with special needs and beyond. In order to implement sexual education programs for people with autism spectrum disorders (ASD), literature recommends that various individual and social factors should be taken into account, with particular attention given to parental attitudes and knowledge toward sexuality and sexual education, in the sense that parents are considered primary educators in terms of providing sexual health education to their children (Gerchenovitch & Rusu, 2019; Orji & Esimai, 2003). The identification of attitudes toward sexuality for people with disabilities, in general, and of attitudes toward sexual education within the family, in particular, is considered a starting point for the

development of intervention programs for SHE of persons with special educational needs, as well as of some programs to prepare parents to provide objective and documented sexual education to their offspring, according to their levels of comprehension and communication.

2. Theoretical foundation

The Sexual Information and Education Council of the United States (SIECUS) defines sexual education as being a continuous process of acquisition of information and formation of attitudes, beliefs and values throughout life. It comprises several aspects and processes of human life, such as: sexual development, sexual health, interpersonal relationships, affection, emotions and thoughts, intimacy, body image and gender roles (SIECUS, 2009). In other words, sexual health does not mean only the actual sexual act, but covers more domains, having an important role regarding the integration in the community. Sexual health is defined as " ...a physical, mental and social state of wellbeing in relationship with sexuality; it does not mean only the absence of disease, dysfunction or infirmity. Sexual health implies/requires a positive and respectful approach of sexuality and sexual relationships and the possibility of having safe and pleasant sexual experiences without compulsion, discrimination or violence." (OMS, 2006, p.3).

Intimacy is considered a social and personal construct. Particular discourses about intimacy can influence the ways individuals perceive their interpersonal relationships and interactions and also their expectations about them (Weingarten, 1991). The quality of intimate relationships is considered as being directly attributed to the levels of self-identity of each partner (for example, Barry, Madsen, Nelson, Carroll, & Badger, 2009). Moss and Schwebel (1993) give a multidimensional definition of romantic intimacy which is based on the analysis and integration of previous definitions of intimacy found in literature: "Intimacy in lasting romantic relationships is determined by the level of commitment and affective, cognitive and physical positive closeness that is experienced with a partner in a mutual relationship (although not necessarily symmetrical)". Moss and Schwebel (1993) describe commitment as being the desire of remaining in a long-lasting relationship with a partner. Affective intimacy is described as the acknowledgment of the emotional world of a partner and emotional exchanges such as compassion.

People with disabilities face some challenges regarding intimacy and often they have difficulties in developing and maintaining relationships. Studies so far suggest that a meaningful number of people with ASD are interested in being involved in romantic relationships. In a longitudinal study of 20 years which had as participants adults with autism, developed by Farley et al. (2009), parents of 41 persons with autism received a series of questions about sexual functioning of their adult child. Parents of children who were not involved in romantic relationships, 44% of them, thought that their son/daughter would want a romantic relationship (Farley et al., 2009). Another study developed by Siebelink (2006) demonstrated that romantic relationships are important for adults with intellectual disabilities, having sexual needs, and their interest for sexuality being visibly manifested. 67 people with intellectual disabilities participated in structured interviews that evaluated their knowledge, attitudes, experiences and needs regarding sexuality and romantic relationships. Some respondents revealed that they were interested in being involved in a relationship without the need of sexual contacts while others revealed their wish of having sexual contacts without the need of having a stable relationship (Siebelink, 2006).

The understanding of the way general population experiences romantic intimacy is based on the perception and the values of people that develop typically. This type of understanding can be irrelevant or not meaningful for people with disabilities because they can experience and value romantic intimacy differently. The present research aims to provide a linguistically validated instrument to assess the attitudes about sexuality for people with disabilities living in Romania, in which the Hungarian ethnic minority group represents 6.5%.

3. Research methodology

3.1. General objective and research questions

The purpose of the study is to translate and to adapt the Questionnaire about Sexuality for People with Disabilities (Porat, 2009) in Romanian and Hungarian languages, to perform a comparative analysis of the two scales, as well as to analyze the validity of the translated versions of the scales. The decision to translate the Questionnaire about Sexuality for People with Disabilities (Porat, 2009) as amended by Gerchenovitch (2019), was based on the relevance of the content of the scale for further studies in the area of Sexual Health Education and on its good

psychometric properties in another translated versions, i.e., Hebrew. Previous studies had been carried out on the needs of parents with autistic children as per their needs for sexual health education (e.g. Gergely & Rusu, 2021), but the lack of tools has not allowed the participating parents to identify their attitude toward sexuality for people with disabilities. It is acknowledged in the field of SHE that in order to develop a SHE program, the first stage would be to assess the attitudes toward sexuality of the participants.

This instrument was validated together with another instrument, i.e. The Attitudes Toward Sexuality Scale (ATSS), Fisher & Hall, 1988). The participants and the methods are the same for both

Table 1. Socio-demographic characteristics of the participants (N= 246).

Participant characteristics	Group type (RO = Romanian language speakers, HU = Hungarian language speakers)	N (%)
Age, Range (M± SD)	RO	19-54; N= 128 (30.87 ± .874)
	HU	18-82; N= 116 (31.03 ± 1.09)
Gender	RO	Male = 11 (8.5) Female = 119 (91.5)
	HU	Male = 20 (15.4) Female = 96 (73.8)
Residence (urban, rural)	RO	Rural= 28 (21.5) Urban= 102 (78.5)
	HU	Rural= 37 (28.5) Urban = 79 (60.8)

3.3. Data collection

This study was carried out using data collected online from January 2022 to February 2022 on the Google Forms platform. The sampling was based on convenience, through self-selection obtained by the “chain” or “snowball” method (Clark-Carter, 2010) and with the help of social media platforms. The only inclusion criteria were the requirement that the adult respondents should be native Romanian speakers (for the Romanian version of the questionnaires) or Hungarian speakers (for the Hungarian version) and to be above 18 years old.

instruments. The study regarding the validation of the other instrument was sent for publication to the European Proceedings of Educational Sciences EpES with the title “Psychometric Properties of the Romanian and Hungarian version of the Attitudes Toward Sexuality Scale (ATSS).

3.2. Research participants

In the present study, the participants were N = 246 Romanian speaking (N= 130; M= 30.87, STD=.87) and Hungarian speaking (N=116; M= 31.03; STD= 1.09) persons, from various Romanian municipalities (Cluj, Bucharest, Covasna, Brasov, Iasi). The descriptive statistics on the characteristics of the sample are presented in Table I.

3.4. Study Design

The research design is correlational non-experimental, meaning that the correlation between the Romanian translated version of ASPD and the Hungarian translated version stands for the similarity (linguistic equivalence) between the two versions. We translated the scale based on the International Test Committee guidelines, as it follows: after the first translation, we conducted a pilot study (N=5) for each of the translated version; the test items were amended on the basis of the pilot study’s results; the final version of the translated versions was obtained through the retroversion method (ITC, 2018).

3.5. Procedure

Participants received an online notice inviting them to participate in a study interested in the research of sexuality and sexual education issues in Romania for children with ASD, together with a link to the package of questionnaires. The participants were able to choose to participate or not in this study, after reading a brief description of the aim of the study and information regarding the safety and anonymity of the data. The informed consent was represented by the parents' choice to continue participating in the study after reading this information. Otherwise, by selecting to click the option not to participate in the study, they were automatically taken to the exit page of the online form. The estimated time for filling out the questionnaires was no more than 15 minutes, with the participants having the opportunity to interrupt the fill out process whenever they wanted to do it. Parents were provided with an e-mail address created for the purpose of this study, so that they could contact the authors of the study for any further questions or clarification.

3.6. Instruments

Attitudes about Sexuality for People with Disabilities (Porat, 2009)

This questionnaire, also known as Reuth Open Door Questionnaire, was developed by experts of the Israel Family Planning Association (IFPA). They developed a tool consisting of 12 statements concerning peoples' attitudes to Sexuality for People with Disabilities. Six statements were made so that an agreeing response indicated a liberal sexual orientation and six statements were made so that an agreeing response indicated a conservative sexual orientation. In this study, it was used the version amended by Gerchenovitch and Rusu (2019). The researcher contacted the IFPA and received their written agreement to use the questionnaire for the purpose of the current study (Gerchenovitch & Rusu, 2019). In a study performed by Gerchenovitch and Rusu (2019) on Israeli pre-service teachers (PSTs), the original questionnaire was initially available in Hebrew and it was later on translated by a professional translator into English. According to Gerchenovitch and Rusu (2019), the aim of administrating the Reuth Open Door-IFPA's (Porat, 2009) questionnaire to the PSTs was to measure their attitudes regarding sexuality and disability. The questionnaire contains 12 items, e.g. *"It is better not to talk about sexuality with young people with disabilities so as to not let extra*

ideas into their heads"; People with a disability don't have "real" sex; Everyone has the right to exercise his or her sexual potential regardless of their physical or mental condition; If a person with a disability has sexual problems, it is almost always because of his disability. The respondents have to indicate to which degree they agree with the statements about sexuality for people with disabilities, which can be rated as *totally disagree, disagree, agree or fully agree* (4-point Likert scale). Higher mean values in this questionnaire indicate that the participants possess higher levels of negative attitudes towards sexuality in people with disabilities.

In order to adapt the Questionnaire about Sexuality for People with Disabilities in Romanian and Hungarian languages, a translation procedure using the technique of retroversion (ITC, 2018) was carried out. The items of the scale were initially translated from English into Romanian and into Hungarian by a professional translator. Another professional translator was included in the adaptation procedure for the purpose of translating the Romanian and Hungarian versions of the scale back into English. The items in English obtained at this stage were qualitatively compared to the original English sample items. On the basis of the identified correspondence, the translations into Romanian and into Hungarian were considered appropriate translated versions of the original tool.

4. Findings

4.1. Inferential statistical analysis

The database verification did not identify an abnormal distribution of the data. The Kaiser-Meyer-Olkin (KMO) test has been applied to verify whether the data is suitable for factorial analysis. The test measures the suitability of sampling for each variable of the model and of the complete model. Tabachnick & Fidell (2013) states that the KMO index ranges from 0 to 1, with 0.6 suggested as the minimum value for good factorial analysis (Tabachnick & Fidell, 2013). The results in this study show a score higher than 0.6 at all 2 scales, and the results of the Barlett Test are statistically significant: ASPD the Romanian version (KMO=.79; $p<.01$); ASPD, the Hungarian version (KMO=.79; $p<.01$).

4.2. Confirmatory factor analysis (CFA)

Confirmatory factor analyses (CFA) were performed in order to validate the ASPD for the Romanian and Hungarian population. CFA was

performed for the one-factor structure model. The normed Chi-square, $\chi^2/df = 4.17$ indicates an acceptable model fit in this case.

The two correlation coefficients ($M^{HU}=3.98$, $SD=1.22$; $M^{RO}= 4.05$, $SD= 1.18$) between the translated versions in the two groups (RO- Romanian speaking participants, and HU – Hungarian speaking participants) were compared using the method of comparison of correlations from independent samples (Eid, Gollwitzer & Schmidt, 2011). The difference

between the coefficients was not statistically significant ($N= 246$, $p>.05$).

4.3. Reliability/internal consistency of the translated versions of the questionnaire

The scale versions show very good internal consistency (Table 2). In the case of the Romanian version, the Cronbach- α had a value of .75, while in the case of the Hungarian version, the Cronbach- α had a value of .84. The results are presented in Table 2.

Table 2. Results of the test of normality and reliability for the two translated versions of the scale.

Translated versions	M	SD	Median	Min.	Max.	Cronbach- α	Kolmogorov-Smirnov
ASPD-HU	44.95	6.87	73	31	60	.83	D (116)= .119 p <.01
ASPD-RO	48.22	6.70	68	19	59	.75	D (116)= .129 p <.01

5. Discussion and conclusions

The results of this study indicate that the translated versions of the scales and the subscales of the ASPD Questionnaire (Porat, 2009 as amended by Gerchenovitch and Rusu, 2019) had a good internal consistency. The findings show that the translated versions can be used as psychometric tools to assess the attitudes toward sexuality in the two categories of respondents in Romania, i.e. Romanian and Hungarian speakers. The results indicate that there are no significant differences between the two language versions, nor between their scales and subscales, which illustrates that the two language versions (Romanian and Hungarian) are linguistically equivalent.

This research has some limitations. Firstly, the data was collected online from a sample of convenience where men were under-represented, which may affect their generalization. Our recommendation is that in the future these scales should be tested on a larger sample. Another variable that should be taken into account in the future is the level of self-reported religiosity and the level of social desirability, which could represent confounded variables that might bias the responses to the questionnaire.

The findings are promising and relevant in opening the possibility to use the Romanian and Hungarian

language versions of the Attitudes about Sexuality for People with disabilities Questionnaire (Porat, 2009, as amended by Gerchenovitch and Rusu, 2019) to measure attitudes toward sexuality for people with disabilities prior and after the implementation of SHE programs. It can therefore be concluded that, on the basis of the results of this study, the two versions (Romanian and Hungarian) of the ASPD Questionnaire are linguistically equivalent.

Authors note:

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