


Challenges in the delivery of sex education for people with intellectual disabilities: A Chinese cultural-contextual analysis

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Abstract

Background: Staff members' views can have a significant impact on sexuality issues of people with intellectual disabilities. Research on the impact of sociocultural factors in this area in the Chinese context is sparse.

Methods: Semi-structured interviews were conducted with seven professionals (social worker, nurse, life skills trainer and manager) to explore their experiences of and attitudes towards the sexual needs of people with intellectual disabilities by applying interpretative phenomenological analysis.

Results: The study identified two major themes, each with two sub-themes: 1. Professional handling of the sexual needs of people with intellectual disabilities (sex education and intervention); 2. Barriers (incompatible approaches and parental resistance). Participants also experienced feelings of resignation facing the barriers they encountered. Collectivism and cultural view about sex are potentially the influencing factors.

Conclusion: This study highlights the need to adopt an evidence-based sex education programme whose content and delivery should take account of cultural factors.

KEYWORDS

Chinese culture, helping professions, Hong Kong, people with intellectual disabilities, sexuality

1 | INTRODUCTION

People with intellectual disabilities have the same sexual needs and desires as people without disabilities (Young et al., 2012). They also experience similar physical changes and the spectrum of sexual expression; some prefer to abstain from sex, whereas others express a desire and need to engage in a romantic relationship and sexual activity (Lam et al., 2019). Research reveals that people with intellectual disabilities lack opportunities for an informal exchange of information with peers, or even a social life, and the opportunity to develop romantic relationships like their peers without a disability (Isler et al., 2009; Pownall et al., 2011). According to Pownall et al. (2011), people with intellectual disabilities have a comparatively limited social

network and autonomy, experiencing more time under the supervision of family members or caretakers.

Although research suggests that helping professionals, such as social workers, nurses or workshop trainers, tend to have moderately liberal or even positive attitudes towards the sexuality of people with intellectual disabilities (Bazzo et al., 2007; Lafferty et al., 2012; Meaney-Tavares & Gavidia-Payne, 2012), other research reveals the controversial nature of sexuality issues (Bernert & Ogletree, 2013; Grieve et al., 2008; Rohleder, 2010). According to a review paper, the prejudices of staff and parents have been consistently identified as obstacles to empowering people with intellectual disabilities to establish their sexuality (Lam et al., 2020). Helping professionals do not proactively initiate conversations about sexuality

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(Abbott & Howarth, 2007; Wilson & Frawley, 2016) or are unprepared to deal with sexual issues (Howard-Barr et al., 2005; Thompson et al., 2014). Some do not feel comfortable talking about sex without proper reference materials because they do not know how to start conversations with people with intellectual disabilities. In addition, the generalisation of skills to real-life situations in sex education for people with intellectual disabilities is often not achieved (Schaafsma et al., 2015).

Sex is considered culturally taboo in Chinese society (Cheng et al., 2012; Kennedy & Gorzalka, 2002). In Hong Kong, despite being an international city, education and training programmes have not progressed from this tendency to challenge sexual prejudice and discrimination against minority groups (Chia & Barrow, 2016). The proposed Anti-Discrimination Ordinance regarding sexual orientation, gender identity and intersex status remains to be enacted because of strong opposition from religious organisations and parent and teacher groups (Kwok & Joseph, 2015), who argue that non-heterosexuality violates religious, moral and Chinese Confucian family values (Kwok, 2019). Religious and parental influences render Hong Kong unfavourable for reducing sexual prejudice against minority groups (Kwok, 2018). Discussion about sexuality in Hong Kong is dominated by dominant societal expectations of heterosexual marriage and a focus on the importance of having children to ensure the care of elders and the continuance of family lineage (Yu et al., 2011). People with intellectual disabilities may legally marry in Hong Kong, unless their mental incapacity is demonstrated. However, parents of people with intellectual disabilities are reluctant to consent their marriage or have offspring (Lam et al., 2022).

From a social constructivist perspective, 'individual' and 'society' are interdependent (Billett, 2006). Thus, attitudes do not emerge as solely personal or individual, but from interactions with others in the historical context and social system (Eiser, 1994). Human emotions are also considered the responses to the sociocultural environment and mediated by individual cognitive processes that provide meaning or value to social cues (Fox, 2015). Therefore, applying the emic approach to investigate local organisational culture and the interrelated process of personal experience, attitudes and practice in social services may enhance understanding of helping professionals' handling the sexuality of people with intellectual disabilities (Arboleda-Florez & Stuart, 2012; Scarduzio, 2017; Ungar et al., 2016). This article reports the findings of a qualitative exploration of how helping professionals in Hong Kong deliver sex education for people with intellectual disabilities and the sociocultural factors that may impact their attitudes and service delivery.

2 | METHODOLOGY

Based on interpretative phenomenological analysis (IPA), a qualitative approach using semi-structured interviews (Smith, 2004) was chosen. IPA has its theoretical origins in phenomenology, idiography and hermeneutics and focuses on experience, the particular and interpretation (Smith et al., 2009). Smith and Osborn (2008) note that formulating a schedule leads IPA researchers to explicitly consider what they expect the interview to cover and identify any potential difficulties they may encounter regarding question-wording or sensitive

topics. A key advantage of using IPA in this study is that it allowed the researchers to examine and interpret participants' unique understanding of their role and experiences in addressing the sexual needs of people with intellectual disabilities.

The interview approach chosen for constructing the schedule was funnelling (Noon, 2018). This technique is particularly important for this study. Even in a healthcare setting, talking about sex can be a sensitive and awkward topic generating embarrassment among practitioners (Ollivier et al., 2019). Funnelling is a technique that enhances memory recall by starting with broad questions, for example: 'Would you please tell me your duty in working with people with intellectual disabilities?'; 'In general, have you experienced any difficulties in your daily work?' Subsequently, the interview develops a more specific line of questioning related to the experience of handling the sexual needs of people with intellectual disabilities. For instance: 'What specific tasks in sex education or dealing with sexuality have you delivered to people with intellectual disabilities?'; 'Have you encountered any difficulties when you were trying to tackle this issue?'; 'How did you feel when you experienced this type of difficulty?' This approach enabled the authors to glean a more holistic understanding of participants' experiences in dealing with the sexual needs of people with intellectual disabilities.

The study received approval from the College's Research Ethics Committee (REC2019049). A purposive sample of seven helping professionals employed by three different NGOs was recruited. The selection criteria was any level of staff working with adults (age ≥ 18) with intellectual disabilities in Hong Kong who had worked in this field for at least 3 years. The first author invited four NGOs to participate in the study, and three agreed to do so. All participants consented to an interview about their experiences of handling sexuality issues in their day-to-day work. The interviews were held in the workplace's interview or conference room and lasted from 55 to 70 min, and all were audiotaped. Each participant was given an anonymised designation, S1, S2, and so forth, to maintain confidentiality.

The audiotaped interviews were transcribed verbatim to preserve the details of the information. A three-stage approach set out by Smith and Osborn (2008) was employed for data analysis. Stage 1 covered numerous close readings of the transcripts to acquire familiarity with the interview content. The first author then read the transcribed data line by line to identify points of interest and significance. In Stage 2, the transcripts were re-read to identify emerging themes and confirmed by the first and second authors. In Stage 3, a set of emergent and linking themes and supporting verbatim quotes was compiled. All authors reached consensus to group these into overarching themes and provide an appropriate descriptive label in English.

3 | RESULTS

Table 1 provides general information about participants, their work experience and the nature of their current employment. Four female and three male staff, an assistant trainer, trainers, social workers, a nurse and a sheltered workshop manager, participated in the study. Three participants had more than 10 years of experience working

TABLE 1 Background of participants

Staff	Sex	Post	Number of years of experience working with people with intellectual disabilities	Services nature	General job description
S1	Female	Assistant Trainer	5	Day services centre	1. Assist professional staff to implement/monitor rehabilitation progress of service users. 2. Provide daily life skills training for community living on both individual or group basis
S2	Female	Social worker	4	Day services centre	1. Care plan design and counselling work for both people with intellectual disabilities and parents
S3	Female	Manager	>20	Sheltered workshop	1. Workshop management and staff training
S4	Male	Social worker	>10	Sheltered workshop	1. Design and implement vocational rehabilitation plan, connecting employers, and provide training for frontline staff
S5	Male	Nurse	>15	Day services centre	1. Nursing care and medication management
S6	Male	Trainer	4	Supported Hostel	1. Assist professional staff to design/implement/monitor rehabilitation progress of service users.
S7	Female	Trainer	4	Supported Hostel	2. Provide daily life skills training on both individual or group basis

with people with intellectual disabilities, and the others had 4–5 years of work experience. All participants received their education and professional training in Hong Kong, but none claimed any formal sex therapy or sex education training. Five participants worked in daycare and two in residential services. The nature of these services varied and included: day service centres providing nursing care, rehabilitation, social and personal care services for people with intellectual disabilities; sheltered workshops that aimed to enhance the working capacity of people with intellectual disabilities to enable them to transfer to supported or open employment, wherever possible, and supported hostels that aimed to enhance residents' quality of life, maximise their potential, enhance their independent living skills and facilitate their integration into the community.

All participants acknowledged sex as a normal and basic human need and that everyone, including people with intellectual disabilities, desires intimate relationships. Participants shared their experience of knowing people with intellectual disabilities who expressed their wish to have a romantic relationship, for example, with a trainee in the sheltered workshop or a roommate in the same hostel. S2 mentioned that it was common to hear people with mild intellectual disabilities sharing their need for an intimate relationship:

I work in a hostel. My service users saying 'I love my housemate.....', or 'When I see her, I want to kiss or hug....., or I want to have a baby with him' and so forth (S2).

The interviews further explored two major themes (Table 2). First, handling the sexual needs of people with intellectual disabilities, in

TABLE 2 Themes related to handling the sexual needs of people with intellectual disabilities

	Major themes	
	Handling	Barrier
Sub-themes	Sex education Intervention	Incompatible approaches Parental resistance

which two approaches were found: sex education and intervention. Sex education was about helping people with intellectual disabilities gain necessary information and skills about sexuality and socially desirable attitudes. Intervention related to how participants have intervened the situations where people with intellectual disabilities exhibited sexual behaviour or engaged in a romantic relationship. The second theme related to the barriers participants faced in addressing the sexual needs of people with intellectual disabilities. Two salient sub-themes were identified within this theme, incompatibilities among the working team in handling the sexual needs of people with intellectual disabilities and parental resistance in granting more autonomy to people with intellectual disabilities regarding sexuality. In discussing the second theme, participants generally displayed feelings of resignation.

3.1 | Handling the sexual needs of people with intellectual disabilities: Sex education

Providing sex education for people with intellectual disabilities is not uncommon in the services in Hong Kong. However, a prevalent

feature was the focus on biological knowledge related to sex, for instance, the anatomy of the reproductive system and biological responses related to sexual desire between genders. In this study, except teaching physiological knowledge, the delivery of sex education was skewed towards moral indoctrination that people with intellectual disabilities should control their need for intimacy and sexual desire. For instance, parental consent is required for dating. Males with intellectual disabilities were taught to maintain social distance when greeting a girl and touching or kissing only if the girl and her parents consented. Sex education for females with intellectual disabilities more-or-less focused on self-protection. Training seldom addressed issues like same-sex relationships, soliciting sexual services or accessing erotic media or websites. As regards the content of sex education, some participants referred to PowerPoint or other material designed by the Family Planning Association of Hong Kong (FPAHK), a local public statutory organisation that advocates, promotes and provides information, education, medical and counselling services in sexual and reproductive health for the community. Others said that they searched for relevant information on the Internet. All participants considered using sex toys or showing sexually explicit pictures or videos in training sessions inappropriate. Two participants supported such claims:

If two people with intellectual disabilities are in a romantic relationship, I will talk about safe sex. But I will emphasise the criteria for marriage, such as independence in self-care, money management, household work and most importantly, getting consent from parents. (S2).

Talking about sex workers, for example, where would we find a sex worker or the money to pay for their services? Sorry, it is too complicated. It has to involve getting consent from parents. It may require support from the police, and indeed, it may embarrass senior management. I don't think that I should cross this line. (S4).

3.2 | Handling the sexual need of people with intellectual disabilities: Intervention

Participants' intervention to sexualised behaviour or romantic relationships involving a person with intellectual disabilities tended to be gender-specific. For males, the most common sexual expression in the presence of other people was masturbation. Most participants reported either demanding immediate cessation or instructing the individual to go to the washroom. Contrarily, participants rarely reported females exhibiting overtly sexualised behaviour in public. However, when participants became aware of a female service user was in or intending to have a romantic relationship, their common intervention was to teach self-protection and 'say no' skills and inform the woman's parents, a response not commonly found regarding girls without intellectual disabilities in the school environment.

3.3 | Barriers in addressing the sexual needs of people with intellectual disabilities: Incompatible approaches

Most participants experienced a distinct lack of collaboration among different professionals or across different echelons in their work environment towards handling sexualised behaviour of people with intellectual disabilities. For example, according to S1, senior staff, such as social worker or centre manager, were unlikely to accept frontline workers' opinions:

I thought I can handle some situations (challenging sexual behaviour expressed by people with intellectual disabilities), but we have to wait for the approval of senior staff. However, they (senior staff) would frequently say that we need more time to think about the plan..... (S1).

In contrast, another participant thought that the strategies adopted by frontline staff were overly conservative, for example:

Frontline staff often prefer to prohibit any sexualised behaviour or expressions by clients with intellectual disabilities. Some colleagues (frontline staff) would say that allowing people with intellectual disabilities to masturbate, or access any erotic media, is to allow any fallacious ideas and behaviours to rampage arbitrarily in the centre (S5).

Such conflicts do not seem to benefit the welfare of people with intellectual disabilities in the context of facilitating their right to enjoy a similar sex life to that enjoyed by people without intellectual disabilities. However, when asked whether there had been any resolution to this type of conflict among team members, no participant mentioned taking any action to negotiate with their colleagues to achieve resolution.

3.4 | Barriers in addressing the sexual needs of people with intellectual disabilities: Parental resistance

Although parents tended to be the most important and consistent influences on a person with intellectual disabilities, their views seem incongruent with those of social services staff who often viewed parents' opinions or attitudes as barriers to providing sex education or counselling:

... in most situations, we have to consult with parents. I would not like to say all, but most parents are conservative in that area (sex). They would prefer that we offered training that simply focuses on vocational or self-care skills. That would be fine for them. (S4).

S3, a middle manager, emphasised the primacy of parents' wishes: 'no matter what [the parents of people with intellectual disabilities] say, we have to follow them', a view echoed by another participant:

The final decision to allow people with intellectual disabilities to have a romantic relationship lies in the hands of parents, even if their view is different from [the person with intellectual disabilities]. (S6).

Parents have a dual responsibility to empower and protect the rights of people with intellectual disabilities in matters related to sexuality (Lam et al., 2019). However, resistance in handling the sexual needs of people with intellectual disabilities does not conform to this image. Instead, parental resistance constrained participants' practice and created a certain level of frustration in the work context.

3.5 | Feelings of resignation

In providing sexuality education and counselling for people with intellectual disabilities, participants expressed feelings of resignation in their daily practice. S7 mentioned agency policy, and most parents' conservatism regarding sexuality. Furthermore, despite incompatibility with her personal values, she was obliged to comply with parents' expectations and agency policy as a staff member. A participant working in a sheltered workshop expressed his feelings of defeat and inability to bring about change:

Even though I would like to talk to those parents, I have never had the experience that senior management would allow us to do anything beyond our existing practice in delivering sex education or addressing sexual issues. (S4).

Another participant who worked in vocational training echoed this view:

We are in a predicament in our work on sex education and counselling for people with intellectual disabilities that it is difficult to get out of. I have worked in this field for over 15 years. The needs of people with intellectual disabilities are always overridden by agency policy, hostel rules, and other restrictions. (S5).

The overall goal of social service provision is to enhance the wellbeing of people within their social contexts, broad professional practice ranging from focusing on individual needs to collective arrangements and social processes that influence the wellbeing of groups (Barnes & Hugman, 2002). However, the delivery of sex education for people with intellectual disabilities or other actions regarding their sexual needs does not reflect this type of approach.

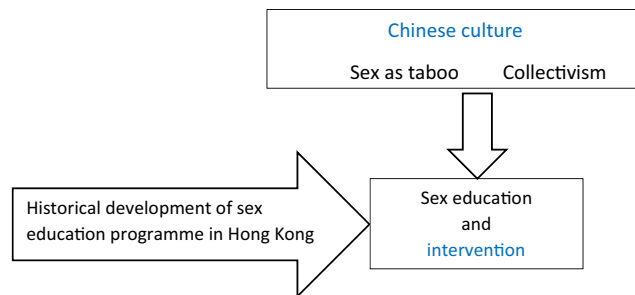


FIGURE 1 Conceptual framework of the influence of historical and cultural factors on the handling of sexual need of people with intellectual disabilities

4 | DISCUSSION

This study explored the views of participants who worked in various disciplines and echelons in social services agencies in Hong Kong on sexuality issues of people with intellectual disabilities. It revealed strategies participants had taken in designing and delivering sex education or otherwise handling the sexual needs of people with intellectual disabilities. It also elucidated the difficulties they faced that impacted their work and their thoughts about those barriers. The common response of participants to these barriers was resignation. Culture was believed to be the mediating factor. The discussion of sexuality or provision of sex education is controversial when it encroaches on cultural territory. Culture is the symbolic system shaping human behaviour (Ho, 2007). In other words, the values embedded in culture create dynamism; simultaneously, culture influences behaviour, while behaviour shapes culture and the distinctiveness of different groups. Figure 1 illustrates a possible relationship between contextual and cultural factors concerning sex education undertaken by participants and their response to barriers. From a longitudinal perspective, the historical development of sex education (curricula) in Hong Kong has created a context that alters the content of sex education designed by the participants. From a top-down perspective, the cultural factor refers to the umbrella of Chinese attitude about sex and the customs and values about relationships; sex is a taboo and a social philosophy derived from Confucianism that people should submit to the social hierarchy and individuals afford lower priority to personal desires where these conflict with the needs of the social group (Taormina, 2014). Consequently, talking about sex is a taboo, and collectivism emphasises social harmony, which acts as a habitual mind set influencing participants' responses to the barriers found in their working environment.

5 | SEX AND CULTURE: INFLUENCE ON THE DEVELOPMENT OF SEX EDUCATION IN HONG KONG

Despite a profound social revolution over the last two decades, many Chinese retain a relatively conservative and suppressive attitude

towards sexuality (Fan et al., 2017; Miles-Johnson & Wang, 2018). Chinese people are bound by traditional values that sex is a private issue, a cultural taboo, a reproductive function, and an act with social and moral ramifications (Liu, 2012). Hong Kong is considered 'Asia's world city' and the most westernised of Chinese societies (Chu, 2011). However, in contrast to its international peers, sexuality is not as openly discussed or expressed in Hong Kong and remains taboo (Andres et al., 2021; Leung & Lin, 2019). According to Jacobs (2009), Hong Kong is a metropolis with a booming sex market offering services such as love hotels, online sex workers and dating services, but sex talk has not proliferated here comparing to the developed countries.

Sex education should be age-appropriate and culturally relevant, teaching about sex and human relationships by providing scientifically accurate, realistic and non-judgmental information (UNESCO, 2009). It should not be limited to the transfer of knowledge on human physiology, the reproductive system or the prevention of sexually transmitted infections. Instead, it should empower its beneficiaries to better understand their sexuality and relationships, ultimately improving their sexual health and overall quality of life (Federal Centre for Health Education [BZgA] & World Health Organization Regional Office for Europe, 2010).

In Hong Kong, under the sex culture as aforementioned, the development of sex education seems not to follow the rationale advocated by UNESCO and WHO. FPAHK began to promote sex education in Hong Kong in the 1960s. In 1986, the Hong Kong Education Department published detailed guidance on sex education in secondary schools with recommendations on topics, resources and references for promoting relevant programmes. Subsequently, in 1987, 1990 and 1994, the Education Department's Advisory Inspectorate conducted three surveys investigating the implementation of the 1986 Guidelines in schools. The results were disappointing, revealing no improvement in sex education in schools (Fok, 2005). The guideline was revised further in 1997, but as an advisory document only (Leung et al., 2019) and has not been revised subsequently (Cheng, 2018). Thus, each school is free to choose if and how to implement sex education. Ng (1998) commented that the guidelines were deeply skewed towards moral indoctrination and family relationships, offering limited information on sexual anatomy and physiology, sexual behaviour or psychology. Nevertheless, discussion on issues like sexual orientation, prostitution and erotic media is limited or entirely omitted. Other studies have also pointed out that the 1997 guideline was strongly biased towards teaching young people socially accepted morality, while discourses on emotional wellbeing and human relationships were largely confined to aspects of human sexuality (Ho & Tsang, 2002). Most schools claimed that sex education was delivered to some grades, but not to the entire school (Cheng, 2018). Moreover, sex education is often an ungraded subject in the syllabus. Thus, in the examination-oriented environment of Hong Kong (Zhan et al., 2013), sex education is usually regarded as of lesser importance (Fok, 2005).

Sexual practices in Hong Kong have come under both traditional Chinese and Judeo-Christian influence (Tsang, 2010). According to

Fok (2005), schools with a religious background were more restrictive in selecting topics for sex education, especially when related to homosexuality and abortion. In addition, both traditional Chinese and Judeo-Christian systems are characterised by patriarchy. This overarching discursive structure dominates individuals' social life about love and marriage by incorporating sex as sexualised and eroticised (Rocha, 2010). In other words, talking about sex is effectively a marriage discourse in Hong Kong as the concepts of sex and marriage are intertwined. The influence of this discourse is reflected in the mindset of parents of people with intellectual disabilities. Lam et al.'s research (Lam et al., 2022) reveals that parents of people with intellectual disabilities believe that any romantic relationship their child has will end in having sex, marriage and even having children. They were anxious about discussing sexuality and prohibited any opportunity for their child to develop a romantic relationship.

There is consensus among policymakers and frontline practitioners in Hong Kong on the 'one curriculum for all' concept (Lian et al., 2007). In essence, learners with and without disabilities should be exposed to and taught the same curriculum with universal aims and instructional objectives to fulfil each learner's life-long goals in an inclusive community. In other words, the same framework of sex education in Hong Kong applies to both the mainstream curriculum and people with intellectual disabilities. People with intellectual disabilities are no different regarding receiving sex education (Schaafsma et al., 2015). However, the sex education delivered by participants in this study was skewed to the provision of biological information within an orientation of moral indoctrination. Given this context, young people with and without disabilities have been taught the same previously-criticised sex education protocol that is biased towards a matrimonial and reproductive discourse. This situation created a dilemma for the study participants and people with intellectual disabilities. In other words, participants taught matrimonially-orientated sex education to people with intellectual disabilities, which is hardly favourable to them because of their limited opportunities for getting married.

As mentioned above, although all participants acknowledged sex as a normal and basic human need and that everyone desires to have intimate relationships, including people with intellectual disabilities, this was not reflected in how participants addressed the sexual needs of people with intellectual disabilities. As sex remains taboo in Hong Kong, the social context of growing up and living environments could impact participants' attitudes, knowledge and skills related to sexuality. All participants received their education and professional training in Hong Kong. Although the study did not investigate participants' attitudes to sex, as a species, humans are social beings who live out their lives in the company of other humans. People organise themselves into various kinds of social groupings in which they work, trade, and play in many other ways. From a social constructivist perspective, a human being is a member of a social beings and codependent with the customs of a society (Billett, 2006). A personal attitude does not emerge as independent from the social context but arises from the exchange of ideas and experiences with others in the social world (Eiser, 1994). In addition, sexual socialisation also takes place outside

the home. Children and adolescents observe community norms, consume mass media, and participate in educational, cultural and religious activities (Shtarkshall et al., 2007). This contextual background perhaps explains participants' rationale for addressing the sexual needs of people with intellectual disabilities. First, the lack of an evidence-based programme on sex education for schools in Hong Kong (Leung et al., 2019) made it difficult for participants to find a suitable reference or formulate their own teaching and learning materials (Schaafsma et al., 2015). Secondly, the contextual background helps explain that actions related to sex education are linked to the heterosexual and matrimonial discourse to a certain extent. The heterosexual discourse ensures that sex education portrays strict gender roles attributed to male and female bodies and social behaviour, for example, that males should initiate dating. The matrimonial discourse emphasises teaching people with intellectual disabilities sexual morality anchored in the ideology of procreative sex and marriage, in which discussion of sexual intercourse is a sub-topic of marriage. Most tertiary education institutions in Hong Kong remain wary of the creative presentation of sexually explicit materials as part of media pedagogy (Jacobs, 2009). Living, growing up and being educated in this kind of social environment, on the one hand, creates the emic perspective of the idea of what a sex education programme should be. On the other hand, participants found difficulty finding a reference or model to deliver their work on sex education. As a result, being members of Hong Kong society, it would be difficult for the participants to act as outsiders or even be 'outlandish' and stand outside the local moral codes to establish a diversified sex education programme. Participant S7 echoed this view: 'we should not do our job in sexuality apart from our norm. We should consider how other people think about the content of sex education'.

5.1 | Collectivist culture: The influence on people's responses to organisational barriers

Chinese culture's emphasis on relationships is another factor that potentially influences how participants delivered sex education and their responses to the barriers they faced. The study revealed conflict and inconsistency between participants and their colleagues in addressing the sexual needs of people with intellectual disabilities. Discussion among team members is essential to resolve such incompatibilities. However, there was no pressing agenda from the management to resolve these conflicts, and participants found dialogue on sexuality could be anxiety-provoking. Hence, despite conflict between team members in dealing with service users' sexuality issues, compromise seems to offer the possibility of ensuring harmony in the workplace to avoid dialogue and conflict on a sensitive topic.

In addition to cultural constraints on talking about sex, Chinese culture plays a potential part in influencing participants' responses to the barriers they found. Chinese is a 'guanxi' culture. Literally, the Chinese term 'guanxi' means 'connections' or 'relationships'. The indigenous *guanxi* culture in China is rooted in Confucianism. It describes personal and non-work-related connections that are

implicitly reinforced by reciprocity and the exchange of favours (Chen et al., 2013). Given that 'guanxi' is an influential philosophy deeply rooted in Chinese society, it is difficult to imagine its absence in Chinese workplaces (Chen et al., 2013; Warner, 2013).

In the human world, conflict exists in all kinds of institutions. People in collectivist cultures prefer a tight-knit social framework in which individuals can expect their relatives, clans or other in-group individuals to look after them in exchange for absolute loyalty (Hofstede, 1991). Individualists handle divergent views expeditiously through open debate or discussion, while collectivists view this as a negative experience to be avoided (Ho, 2007). Some research has also established a relationship between particular cultural values and conflict management behaviour. In general, people from a Chinese background use more conflict avoidance because they value conformity and in-group harmony, while individualists prefer to use more autonomy as they value self-achievement. Research shows that British welfare service executives use more competition and collaboration than their Chinese counterparts, who use compromise and avoidance more (Ho, 2007). Hong Kong remained under British rule for over 150 years. This influence may have resulted in Hong Kong people being less collectivist. However, research refutes this; a study on humanitarian attitudes and support of government responsibility for social welfare revealed that social work graduates in Hong Kong were more collectivist in orientation than their counterparts in Mainland China (Tam, 2003).

From a theoretical perspective (Triandis, 2001; Triandis & Suh, 2002), four types of Individual-Collectivist culture orientations can be identified: (1) Horizontal Individualism (HI-uniqueness), where people strive to be unique and do their own thing; (2) Vertical Individualism (VI-achievement oriented), where people want to do their own thing and strive to be the best; (3) Horizontal Collectivism (HC-cooperativeness), where people merge with their in-groups and (4) Vertical Collectivism (VC-dutifulness), where people submit to the authority of the in-group and for whom they are willing to sacrifice themselves.

Study participants' acceptance of and response to incompatible approaches and parental resistance can be regarded as responses to the influence of horizontal collectivism. Individuals embedded in horizontal collectivism emphasise connectedness, common goals and similarities (Bobbio & Sarrica, 2009). Therefore, even though participants recognised incompatibility in their work, none mentioned taking, or willingness to take, any action to resolve such conflict. Any action taken may imply potential criticism of the opinions of team members. While parents of people with intellectual disabilities comprise one stakeholder group, they are not the management in the organisations. Participants may treat the parents of people with intellectual disabilities as in-group members also. One participant said he treated parents as stakeholders: 'I am a father as well. I understand the concern to protect a child, particularly when the child has disabilities'. Every coin has a flip side; although participants would like to go further than they are doing on sex education or addressing the sexual needs of people with intellectual disabilities in a comparatively liberal way, they were aware of the parents' strong resistance. Therefore, they expressed feelings of resignation because of the 'need' to comply

with parents' expectations and agency policy. Central to this state of resignation is a sense of self-defeat and the inability to effect change. However, all participants suffered their resignation 'in silence' when dealing with service users' parents.

Participants' feelings of resignation were also related to the agency management style, where a state of Vertical Collectivism was observed. Participants expressed their dissatisfaction of management, often articulating concerns about the agency's hypocritical approach to sex education that gave lip service to liberal ideals but did not support pluralist sex education in practice. This discrepancy between social welfare practice and agency arrangements regarding sexuality deprived people with intellectual disabilities of a sexual life. Furthermore, it contradicts the notion of social services as a helping profession in its broad contextualised approach to addressing human needs (Barnes & Hugman, 2002).

Although participants' resignation regarding the implicit double standards of senior management was evident, one participant said: 'it is not necessary to do anything beyond the cultural norm and to embarrass the senior management' (S4). This type of 'Vertical Collectivism' response to the conflict is a pattern in which individuals consider themselves members of a group who have different statuses and are willing to sacrifice their personal interests to preserve in-group integrity (Dickson et al., 2003). Therefore, even though participants would like to promote empowerment to address the sexual needs of people with intellectual disabilities, it is apparent that they eventually submitted to the power of senior management.

6 | IMPLICATIONS

This study found that helping professionals in Hong Kong may compromise their autonomy in implementing sex education because of historical and cultural factors. The absence of any mandatory evidence-based sexuality education programme in Hong Kong implies a need for formulating a holistic, replicable and sustainable sex education protocol, the establishment of which could empower people with intellectual disabilities and their trusted adults to build a supportive environment promoting sexual health. The protocol can also construct a learning network to generate longitudinal evidence for the effectiveness of a comprehensive sex education programme to enrich sexual health outcomes. Formulating a systematic and validated training programme for teachers and allied health professionals on sex education is also essential. The programme content should encompass knowledge and skills, attitudes, and values in human sexuality, considering specific cultural contexts.

Culture plays a crucial role in influencing the delivery of sex education for people with and without disabilities. Changing a culture is a profound task that cannot be accomplished in a single move. The government and social service agency leaders should lead in bringing about this change. The task should cover the assessment of needs and concerns in sex education, based on the tripartite perspectives of people with intellectual disabilities, their parents and staff. It is expected that this empowerment work will lead to an open culture where all voices

can be heard without fear of criticism or challenge, which is particularly crucial in discussing sex as an anxiety-provoking subject.

7 | LIMITATIONS

This study has some limitations that should be taken into consideration when interpreting the findings. The sample size was small. However, it was very difficult to recruit participants for a face-to-face interview during the COVID-19 pandemic. The interviews did not explore the actual content of sex education programmes; therefore, other factors possibly constrained the sex education protocol. Participants mainly worked in social welfare service settings; their views could not represent individuals working in other settings, such as special education or healthcare settings. In addition, neither senior management nor government officials participated in the study; therefore, the study does not represent their perspectives. Further empirical research paying specific attention to the attitudes towards sex of senior management and government officials would help promote a holistic service that addresses the sexual needs of people with intellectual disabilities. Examination of the interaction between these parties would also enrich our knowledge and inform practitioners about the development of sex education programmes.

8 | CONCLUSION

In conclusion, endorsement from government and social services agency leadership is essential for adopting an evidence-based sex education protocol, particularly for people with intellectual disabilities. Future research and evaluation should focus on improving understanding of health care practitioners' attitudes towards sexuality and their competence in delivering sex education and training for people with intellectual disabilities. The aim is to enrich the understanding of the contextual environment of people with intellectual disabilities. Hopefully, these suggestions will empower people with intellectual disabilities to enjoy positive relationships and experience good sexual health and wellbeing.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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