Abstract

In developing countries, the study of intellectual disability has enormous knowledge gaps, especially in the areas of intervention, utilization of services and legislation. This article provides information not only for aiding in the potential development of sexuality in individuals with intellectual disability, but also for fostering their social integration. In Mexico and the region, in order to develop educational interventions for promoting sexual health, it is necessary to consider the following priorities: a) mental health professionals should have the knowledge or receive training for carrying out a sexual education and counseling program; b) educational interventions for subjects with intellectual disability should be adapted for the different stages of life (childhood, adolescence and adulthood); c) during childhood, educational intervention should emphasize the concept of public and private conducts; d) in adolescence, intervention should consider the actual mental age and not the chronological age of the subjects receiving intervention; e) the expression of sexuality in the adult with intellectual disability depends on the early incorporation of factors for promoting social inclusion; f) for educational interventions to be successful, it is fundamental that sexual educators and counselors, in addition to working with the clients, also work with their parents and other close family members; g) intervention programs should establish development objectives for developing in persons with intellectual disability a positive attitude towards sexuality and the improvement in self-esteem; h) in subjects with intellectual disability, their linguistic comprehension level should be taken into consideration and techniques for open discussion and non-inductive education should be used; i) social integration programs should address the needs of developing countries and their individuals, since it is not feasible to import external programs due to differences in infrastructure and the absence of public policies for promoting development; j) full sexuality in subjects with intellectual disability should be fostered in a comprehensive manner within an independent living program; k) in Mexico and the region, public policies should be instituted for administering independent living programs for people with intellectual disability and should lead to social, familial and economic power for the purpose of being productive. Thus, people with mental deficiency in developing countries can aspire to being integrated into social and work life and to appropriately expressing their sexuality.

Keywords
intellectual disability; sexuality; health promotion; developing countries