

Scopul acestui studiu este de a evidenția predominarea tipului de relații interpersonale dintre „adolescenți-părinți” la etapa contemporană.

Material și metode: Argumentarea convergenței noilor dimensiuni ale educației în dezvoltarea emoțională pentru comunicare a adolescenților.

Rezultate: Studiul dat constă în conceptualizarea educației pentru dezvoltare emoțională în perspectiva comunicării bazate pe valorile inteligenței emoționale la nivelul obiectivelor dezvoltării afective, a conținuturilor specifice și a strategiilor educaționale bazate pe comunicare, realizate prin valorificarea mijloacelor comunicării verbale – prin limbaj verbal și nonverbal – prin mimică, pantomimică, gestică; paraverbale, vizuală realizată prin reclame, sigle sau prin mijloacele artei plastice; în interacțiunea comunicativă a adolescenților pentru transmiterea conținuturilor afectiv-atitude orientate spre dezvoltarea competenței de comunicare socială a emoțiilor, reflectată în valorile inteligenței emoționale.

Concluzii: Adolescentul contemporan trăiește într-o lume plină de tensiuni, de schimbări socio-economice și politice, de evoluție și redefinire a profesiilor și ocupațiilor. Adolescenții se caracterizează și printr-o evoluție vulcanică a capacităților creative în multe domenii în care până acum nu excelau sau nu se făceau remarcăți.

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SEXUAL HEALTH OF PEOPLE WITH LOCOMOTOR DISABILITIES – A COMPREHENSIVE STUDY

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Keywords: Sexuality, disability, locomotor disabilities, sexual health

Introduction: Sexuality and sexual health of people with disabilities have been neglected by the health care system across the country and region for a long period of time. Disabled people face dominant social norms that primarily hold them to be asexual and childlike, without any desire and undesirable. Although some physical disabilities directly affect sexuality by disablement of genital function, most of them do not. At national level, sexual health statistics for disabled people are almost non-existent.

Materials and methods: Evidence from all the relevant articles and bibliographic sources referring to sexual health of disabled people has been analyzed and reviewed.

Results: The study identified specific and nonspecific mechanisms affecting sexual function in people with locomotor disabilities. Specific mechanisms, such as neuro-autonomic mechanism and neuromuscular mechanism have been determined. Impairment of sexual function through neuro-autonomic mechanism occurs in transverse spinal cord injuries and in other pathologies involving the sympathetic and parasympathetic spinal center segments, reflex pathways and sensory pathways. Through neuromuscular mechanism, the importance of motor control on sexual function was recognized. The impairment of motor control has been identified at three levels: cerebral motor neuron damage (cortical and subcortical), spinal motor neuron damage and lesions of peripheral nervous structures and muscles. More than that, neuromuscular mechanism was identified to be responsible for affecting sexual function of people with locomotor disabilities in most of the cases, neuro-autonomic mechanism being an optional one, met mostly in transverse spinal injuries. Regarding nonspecific mechanisms, the following ones were defined: genital mechanisms, complementary pathological mechanisms, psychosocial mechanisms and iatrogenic mechanisms.

Conclusions: Existing studies on sexual health of people with locomotor disabilities are limited and statistics are almost non-existent, most of them approaching this issue from social perspective rather than from a medical one. Most studies emphasize the need of sexual health services for people with disabilities, pointing, in the same time, at the low competence of health care providers. Defining the mechanisms which affect sexual function in people with locomotor disabilities and developing the patient-centred assessment algorithm on sexual health for people with locomotor disabilities represent a special practical interest both in clinical practice as well as for further studies on patients.