

Social Participation, In Gualacay Leaders Community, According To The Elizabeth Anderson Model, Ethnographic Study, El Valle 2022

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ABSTRACT

The objective of the research is to describe the practices of social participation in leaders of the Gualacay community, according to the Elizabeth Anderson model in the community of Gualacay – El Valle Ecuador 2022. This is a qualitative, ethnographic study, carried out through interviews with depth to leaders of the Gualacay community, which are recorded and transcribed for the respective analysis based on Elizabeth Anderson's nursing model. Citizen participation distributes power and improves living conditions; Elizabeth Anderson's model allows the practices of leaders to be systematized, identifying that actions improve the perception of community health and revealing the need for empowered communities, professionals trained in this right and discarding hegemonic paradigms, recognizing community wisdom.

Keywords: Community health nursing, social participation, Elizabeth Anderson model.

INTRODUCTION

The Alma-Ata Declaration and the Ottawa Charter highlight the importance of social participation in health as a key practice that proposes to engage individuals, groups and communities to take control of their own health and make better use of available resources¹. Worldwide, after the declarations, there are multiple investigations, scientific documents, stories and particular narratives that highlight the degree of social participation as a tool that improves access and brings public services closer to individuals, families and communities², its development is linked to multiple factors such as political will.

The Ecuadorian state institutionalized social participation in the 1998 constitution for the first time and in the 2008 Constitution it was established in a legal form³. It is essential to recognize that social participation in Ecuador has great exponents, such as indigenous organizations, workers' organizations, women, among others; which work to reduce social inequalities⁴, access to public services and collective health, which in a percentage made visible a legal way for their management.

It is evident that social participation is in development and formation at the local, national and international levels, which is why it is necessary to strengthen it and recognize the political and legal mechanisms that guarantee its exercise⁵, through collective contributions; that is, how groups have historically organized themselves and have managed to maintain themselves to the present day. as is the case of the community of Gualacay in the parish of El Valle, which generates actions that make visible a sustainable exercise of social participation.

Community nursing allows contact with people by assessing strengths and weaknesses. In this community, recognized for its organization, nursing practice in the first stage generates information that contributes significantly to the scientific field.

In this research with qualitative ethnographic methodology, the primary health care nurse uses the Elizabeth Anderson Model to organize the information in an objective way, describing the practices of social participation in leaders of the community of Gualacay, El Valle-Ecuador 2022.

METHODOLOGY

The qualitative ethnographic research is carried out in the community of Gualacay located in the parish of El Valle in the canton of Cuenca, which is an indigenous community that maintains a community organization as a way of daily life. It is recognized by other communities as a benchmark where qualities stand out among its leaders such as: capacity, leadership, training and a legal organization of approximately 50 years ago.

The study population is aimed at community leaders elected and recognized by the community members of Gualacay, who have the following inclusion criteria:

Leaders who belong or have belonged to the Community Government Council of Gualacay in the last 5 years.

Men or women recognized as community leaders over 18 years of age, who carry out or have carried out community actions in the last 5 years.

Leaders with at least 2 years of community-recognized experience.

Bilingual or native language leaders.

The following will be considered as exclusion criteria to participate in the research: Participants who have not signed the informed consent and do not wish to participate in the research.

Community leaders under the age of 18.

Leaders who have less than 2 years of experience

The research is carried out on the project sample by a community porter who introduces the leaders in an ordinary meeting and proceeds to socialize the proposal of the same, which, after being approved by the committee, is coordinated the interviews in the homes through a chain of information. Community members have the opportunity to refer new participants at the end of the interview, who can contribute to the research and data saturation can be determined.

The categories at the beginning of the interview are proposed in relation to the proposed objectives of the research and the Elizabeth Anderson model. ANNEX 1

Data processing:

Data collection is carried out through chain sampling and with the established instrument. Ten community leaders were interviewed through ethnographic interviews, observation in the territory and the media, and constant comparison guided the collection of information. The interviews last between thirty and sixty minutes; for the preparation of the data for analysis, the audios are entered into a transcription program that is validated by the researcher and the interviews are coded using the Word program. The interviews are printed and given to the leaders so that they can confirm that they are a faithful copy of the audios;

the organization of the data is carried out according to the criteria established in the theoretical framework using the initial categories and according to the Elizabeth Anderson model;

social participation practices are defined as the main unit of analysis;

the Atlas ti 9.1 program is used to enter the interviews with the theme of the Social Participation project and code them in their entirety.

Codification

Axial: The relevant categories are recognized in relation to the objective of the study.

Selective: The central categories are determined in vivo.

Generation of explanations:

What was found in a dialogue of authors regarding social participation and the model of Elizabeth Anderson is detailed.

Quality and rigor assessment:

This procedure is used to ensure that transcripts capture leaders' experiences with a fidelity signature on transcripts.

For the triangulation of information, constant comparison between the results of the interviews, observation of the community, observation of documents of the organization and formal and informal media is used.

Ethical and gender considerations:

This study complies with the provisions of the Declaration of Helsinki-2013 for work with human beings, as well as the international ethical guidelines of the CIOMS-2016, which are detailed below:

- Confidentiality: The research aims to guarantee the protection of the information obtained during the development of the interview and of the individuals who participate in the study. To this end, the processes of anonymization and encryption of the databases are carried out in order to safeguard the privacy and confidentiality of the participants;
 - Risk-benefit balance: Research may present a minimal risk in terms of the loss of confidentiality of health information, however, measures must be taken to ensure that this risk does not have a major impact. In addition, the benefits are greater for the community and for future generations who can take the results of the community as a baseline. Leaders can make visible in a document the work they do in the community. By unveiling its own organizational processes, the benefit corresponds to the community being able to empower itself to improve community participation;
 - Informed consent: This document contains the pertinent information in relation to the research. The participant may or may not give his or her consent without this representing a penalty; In addition, it is emphasized that the study can be abandoned at any time. To obtain informed consent, participants participate in the assembly of the community council, in which the community leaders who are in office can express their interest in participating in the research;
 - autonomy: the selected participants have access to all information regarding the research carried out, so that the individual and the community know and understand what their participation in the research consists of;
 - Funding: the research expenses were covered in full by the researcher and do not represent an economic expense to the participant;
- Conflict of interest: There is no conflict of interest.

RESULTS

In this research, Elizabeth Anderson's model allows us to categorize the results into the subsystems proposed by the theorist and organize the information. Community practices and customs are identified, which evidence a culture of care that directly or indirectly influences collective health.

A pseudonym has been assigned to safeguard data of the interviewees:

- CAMEPATA, 61 years old, male, primary, retired, fluent in Spanish and Quechua, is indigenous Cañari, and has 40 years of experience in community leadership.
- DAEDTIPA, 60 years old, male, bachelor's degree, public employee, fluent in Spanish and Quechua, indigenous-Cañari and has 12 years of experience in community leadership.
- MAGEUGQU, 55 years old, female, sixth grade, housewife, fluent in Spanish and Quechua, is indigenous Cañari and has 7 years of experience in community leadership.
- WIFEPAUG, 37 years old, male, higher education, engineer, fluent in Spanish, indigenous Cañari and has 5 years of experience in community leadership.
- EDPAPAUG, 30 years old, male, higher education, civil engineer, fluent in Spanish, is indigenous Cañari and has 2 years of experience in community leadership.
- TRMECHDE, 46 years old, female, primary education, housewife, fluent in Spanish, is indigenous Cañari and has 10 years of experience in community leadership.
- FIELSATA, 60 years old, female, bachelor's degree, housewife, fluent in Spanish and Quechua, is indigenous Cañari and has 45 years of experience in community leadership.

- ROINARLO, 55 years old, female, primary education, housewife, fluent in Spanish and Quechua, is indigenous Cañari and has 8 years of experience in community leadership.
- MAANPACA, 48 years old, male, bachelor, artisan, fluent in Spanish, is indigenous Cañari and has 20 years of experience in community leadership.
- JUGAMASA, 30 years old, male, high school, public employee, fluent in Spanish, mestizo and has 4 years of experience in community leadership.

Table N° 1 Category: Social Engagement Practices in Leaders

Subcategory	In vivo code	Analysis
Environment	We have an environmental commission here. It is in order to Do not cut down forests . Not voting, the Waste to the street or trash , plastic bottles (...) CAMEPATA	They recognize waste management and the conservation of forests and hills as a problem, which is consistent with what is stated in the organization's statute through an environmental commission. On the subject of the environment, it is important to note that it has a regulation that generates sanctions for people who cause damage to nature. In this indicator we also refer to the organization of the community, since in this area they also carry out activities on territorial planning.
	(...) that they have taken measures to first of all do eh, hunts, let's say in their sense, or also to fine people who want to, let's say like this, or who are burning the forests, cutting down the trees, let's say what is a native forest as such (...) JUGAMASA	The organizations present in the community are present for a long time, Community Development Committee, Syndicate, Nero Project, Cholitas de Gualalcay Foundation, which strengthens and recognizes the structure of community organization.
	(...) it is organized, mainly the, let's say the central organization is the Gualalcay committee, no, what follows is what is the Gualalcay syndicate, there is also what is the Nero Project (...) JUGAMASA	

Social Services and Health	<p>There are people, for some time there were some sick children, what orphans of father and mother they did not have a father, it was a single mother died and the committee for the defense of Guanalcay, as I say, we kept him, we made him grow (...)</p> <p>Magugqu</p>	<p>The practices identified are very relevant and show a high degree of community co-responsibility, evidencing customs such as the "branches". It is a community that cares about vulnerable groups and identifies community co-responsibility.</p>
	<p>(...)Health Commission, Sports and Education Commission the issue of government commissions, so there are several commissions that, according to the needs of the community are based (...)</p> <p>.....</p> <p>WIFEP AUG</p>	<p>In health, it is important to highlight that they have a health commission within the organization, which according to reports, responds to the needs of the community, additionally they identify loneliness as a feeling that generates suffering, which can generate alterations in the integrity of the individual and family. The role of leaders is to support, advise according to their competencies.</p>
Economy	<p>(...)Mmm, what could I say there in that situation the community is a migrant community (...)</p> <p>FINISH</p> <p>(...)however, there are other factors that are doing a lot of damage, a family one, the migratory factor that (...)</p> <p>DAEDTIPA</p>	<p>It is recognized as a migrant community, with all that this implies, low levels of poverty and family disintegration. It should be noted that they see migration as a weakness of the family and community structure, relating it to the breakdown of the family and lack of protection for children.</p>
Safety and transport	<p>(...)We do the tenth roundups with 10 minutes or 20 minutes maximum to go out on guard..</p> <p>MAANPACA</p> <p>(...)that is what I was telling him, it is about organizing and trying to take care of ourselves so that we do not advance, you can say crime (...)</p> <p>.....</p> <p>FINISH</p>	<p>In this practice, it must be remembered that the problems related to security are the basis of this community, and therefore batidas are executed, healings highlighting the need to take care of each other among the members of the community.</p>

	<p>(...)they are not complying with the schedules, as agreed. So we immediately call the phones and go there, to the office, and they comply with us (...)</p> <p>.....</p> <p>CAMEPATA</p>	<p>Transportation is recognized as a right to be solved, so the practices carried out by the leaders focus on monitoring the services and in the case of non-compliance exercise corrective actions, they identify the importance of frequencies and schedules.</p>
Politics and government	<p>(...) partisan politics and organizational politics. Partisan politics that pertains to a divisionism within the community, but organizational politics that strengthens what an organization or a community is. (...)</p> <p>DAEDTIPA</p>	<p>Beliefs are related to an exercise of their rights and as a weakness the fact that decision-makers do not want communities to exercise this power. In addition, politics is recognized as divisive in the case of parties, which only seek private interest, and they also mention the benefits of an organizational policy, which allows community development.</p>
Communication	<p>(...) via cell phone, another via group. And if in case the case is extremely serious. Eh, what we do is, we have some speakers (...)</p> <p>.....</p> <p>DAEDTIPA</p> <p>(...) through social networks and through speakers (...)</p> <p>MAANPACA</p>	<p>The daily practices to transmit information, the committee has a whatsapp group "NOTICIAS GUALALCAY", a FACEBOOK page, they use speakers to notify, socialize and convene community events.</p>
Education	<p>(...) for years there was still no computer laboratory in the Valley, and here we already had a computer laboratory. (...)There is a lot of management (...) the management was made for the third floor because there was no longer a place to teach (...)</p> <p>.....</p> <p>FIELSATA</p>	<p>The leaders recognize the importance of quality academic training with technological advances, and the need for infrastructure is identical, they generate actions that respond to the need for development, and motivate the community members to make use of the commune's school.</p>

Recreation	The good use does not now make the good use of free time (...) DAEDTIPA	In recreation they have generated few efforts for time and resources, at the moment with the support of the GAD, the children receive dance and soccer workshops.
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Source: Database

Prepared by: Author

Elizabeth Anderson's model allows us to identify lines of defense of collective rights, the same ones that impact community health, thus highlighting the preservation of culture, and community organization, with great value and significance.

The results of the analysis identify the stressors that affect the practices of leaders, highlighting among them non-EU factors such as the influence of partisan politics, the shortage of teachers and public policies; defining politics, the commitment of community members and the violation of collective rights as extra-community stressors.

Elizabeth Anderson's model allows for the systematic organization of information on the community of Gualalcay and how practices and customs relate to the subsystems, the normal line of defense, intra- and extra-community stressors, and the active participation of the community throughout the process. This study revealed the importance of having competent leaders who, in a given period and space, can have an impact on health.

In this context, emerging categories have been integrated as a result of the wisdom of leaders, which could consider mainstreaming the model, such as the need for trained, sensitized professionals with leadership skills to guide these processes in the different communities.

DISCUSSION

Social participation is the intervention of citizens in decision-making regarding the management of resources and actions that have an impact on the development of their communities.⁶

Project is the planning of a series of activities to be carried out in an articulated manner with the aim of achieving a good or a service capable of satisfying needs or solving a problem, within the limits of the budget and the given time. It involves a temporary effort that is carried out to bring a new product, service, or unique result to life.⁷

At the business level, these stakeholders are also called stakeholders and are individuals who can affect or be affected by a company's activities. They are key actors for these organizations, since their interests and actions, based on expectations, can impact the company.⁸ They are essential to the development of any project for decision-making, empowering people, creating sustainable change, building relationships, developing a better organization, and increasing success.⁹

Social presence and participation in any project must be carried out from the identification of the need, since this phase begins by collecting the information that is needed on a topic, to delve into it and detect a specific problem to focus on.¹⁰

Social participation is detailed in the scientific world, it has the purpose of expressing, describing and demanding the rights and needs of organized groups. It is recognized that each organized group¹¹ has different motivations or unmet needs, which mobilizes the organization. With this reality, there are currently communities that struggle for water management¹², diseases such as COVID,¹³ among others, as revealed in this study.

Elizabeth Anderson's model allows us to assess the axes in which communities develop. This study, with the aim of unveiling social participations, allows the identification of community practices, consistent with a study carried out in 2018 in Chile that concluded that: Anderson's model allows the community to

be valued holistically, and shows that health can be influenced by other systems such as the economy, security, education, among others¹⁴.

For social development, it is essential to have leaders who are committed to community work and have developed a culture and customs of leadership where values, decision-making, and management are involved¹⁵, where feelings, behaviors typical of the culture, as well as values such as respect, unity, solidarity, and agricultural skills are identified in individual assets.

Community social participation is crucial to generate initiatives that meet the needs according to the required areas; in this case, public health and the improvement of health services. Community leaders play a strategic role in linking local needs with health projects at the national level; They are the ones who contribute with the knowledge and experience to improve the effectiveness of the interventions and to generate trust between the beneficiary population and the environment of the projects to which they are linked, as well as improve the quality and use of services by making more responsible and transparent decisions for the communities in question.¹⁶

It is essential to generate competent health systems that respond to the felt needs of individuals, families and communities¹⁷. Leaving the political discourse and operationalizing social participation is a challenge for civil society and decision-makers¹⁸. This qualitative study describes the practices of social participation in community leaders, recognizing the strengths of this transmitted process as part of the customs in collective health care.

The practices of community co-responsibility contribute to collective health in multiple ways, which is closely linked to the cultural diversity that exists in the world, thus, the Mapuche People of Chile, generate resistance and demand the fulfillment of collective rights¹⁹, which is similar to the practices of the leaders of the community of Gualalcay. who exercise the right to protest and use participation mechanisms when they show that their rights are violated or affect their development.

The practices carried out by the leaders influence community health, as well as the management for accessibility to education, health, transportation, the promotion of activities of care for the environment, preservation of culture and customs, the exercise of public policy of participation, the generation of activities in relation to the specific needs of the community, they lead to a community with a high level of social participation, which generates actions in pursuit of development, which influences health, which is similar to different studies that emphasize the role of the community in the care of air quality²⁰, land, social services such as care for vulnerable groups²¹ and recreation²².

The way in which this community is organized can generate methodological tools, which are closer to the reality of Ecuador and be a line of construction for other communities, highlighting the importance of operationalizing the public policy of participation in all areas of social development, this methodological need has been made visible in other countries such as Spain,^{23, 24}.

To conclude, it is essential to recognize the wisdom of ancestral peoples and the great contributions they can provide for social development, their customs and beliefs base their actions with a responsible care of the place in which they develop and with whom they live, which has an intangible value of large extensions, being able to generate a great impact on health, It is necessary to recognize that currently groups struggle to maintain their beliefs and practice, so it is a collective duty to contribute to the continuity and replication of these cultural organizations.

For the reasons described above, it is essential to recognize the wisdom of people in the organizational model, which is why it is essential to adopt methodologies that consider these important contributions^{25, 26}.

CONCLUSIONS

It is concluded that leaders carry out health care activities without identifying their impact on collective health.

Elizabeth Anderson's model allows the information to be systematized and from the emerging categories, the possible steps are identified for a model of participation that prioritizes the felt needs of the community, active participation in the entire process, the recognition of laws as an opportunity to

generate these spaces, legitimizing in two ways, that is, the community members need the laws to guide actions and the law allows them to generate integral practices.

Social participation generates actions that protect collective health, in which innate and trained leaders are a protective factor. As it is a topic of great interest due to its impact on the determinants of health, it is essential to generate strategies that improve its operation, thus recognizing community contributions. In addition, the health team must have leadership skills and formal competencies on the subject, generating actions that contribute to the development of community health.

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