

HUMANIDADES E CIÊNCIAS SOCIAIS:

Perspectivas
Teóricas,
Metodológicas
e de
Investigação

Luis Fernando González-Beltrán
(organizador)

VOL V



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PRÓLOGO

Todos hemos oído la expresión popular “si algo sale bien, hazlo de nuevo”. Y aquí estamos presentando el quinto volumen de “Humanidades e Ciências Sociais: Perspectivas Teóricas, Metodológicas e de Investigaçao”. En esta ocasión, como lo dice uno de nuestros autores, abordamos los diferentes niveles de análisis, micro o individual, meso o local, y macro o global.

En esta obra, en la que incluimos 21 autores, de procedencias diversas, tanto teóricas, como metodológicas, y hasta disciplinarias, agrupamos los trabajos en cuatro apartados. Iniciamos con 7 capítulos bajo el rubro “Interacción, amor y desviación sexual”.

En primer lugar encontramos las creencias sobre el amor romántico, las relaciones tóxicas, la dominación masculina y la violencia de género. Enseguida encontramos el análisis de la infidelidad y su relación, o falta de ella, con el género y la inteligencia sexual. Tercero, podemos ver como esta infidelidad, que aparece en casi la mitad de los encuestados, genera daño emocional y violencia. A continuación se revisan los factores de riesgo de la violencia en parejas, una “preocupante realidad de millones de adolescentes y adultos jóvenes”. También cómo la autoestima, y su interacción con los padres, les permite tomar decisiones sobre el inicio de su vida sexual. Incluimos también como se cuestionan las músicas populares, los discursos textuales y corporalidades que se entrelazan en ciertas composiciones performativas, para deconstruir aspectos sociales de las masculinidades hegemónicas. Finalizando este apartado con una mirada clínica que intenta, como muchas otras miradas, dar una explicación de los conflictos internos, y la pérdida de contacto con la realidad, que llevan a la violencia y la desviación sexual.

En el segundo apartado nombrado “Cómo nos forjó la historia: Esclavitud, Guerra y Justicia”, tenemos 5 trabajos. Ahí podemos encontrar parte de la historia virreinal, analizando el arte religioso como “agentes con presencia, potencia y acción en la interacción social entre culturas”. Siguiendo con un trabajo que usa la hermenéutica jurídica, para evaluar la justicia y la esclavitud en los afrodescendientes. En los últimos tres capítulos de la sección, se busca resignificar el pasado: primero, interpretando la batalla del Ebro en la memoria colectiva; segundo, analizando la politización de una canción, ejemplo de los diálogos en contra de la dictadura militar y, en el último estudio, se aborda una vanguardia artística vinculada al Modernismo en América Latina, que se reflejó en la figura del indio Caraíba, y la llamamos aquí la jungla identitaria.

La sección “Salud y Sociedad” inicia con un trabajo que muestra que los determinantes sociales de la salud juegan un papel crucial en la aparición y evolución de las enfermedades crónicas. Algo necesario para contraponer con los determinantes comportamentales, el estilo de vida sedentario y la mala alimentación. Así la hipertensión, la osteoporosis y otras enfermedades empeoraron “con el desbalance que generó el

Covid”. Sigue un trabajo en la misma línea, que pretende conocer estos determinantes tanto biológicos como psicológicos y hasta sociales, con el fin de poder guiar a los adultos mayores a adaptar y mejorar su estilo de vida. El apartado finaliza con un estudio que considera a los cuidadores de los enfermos, particularmente de Alzheimer, quienes también sufren el cambio en sus rutinas y estilos de vida, para dedicar a sus familiares una labor de 24 horas.

El último apartado “Derecho y Movimientos Sociales”, comprende 6 capítulos sobre problemáticas que se analizan en distintos países, Argentina, Perú, Colombia, México, Ecuador, pero que se presentan en toda América Latina. Inicia con la convicción de que los movimientos sociales están en crisis, pero porque la propia sociedad en su conjunto está en crisis. Los gobiernos neoliberales se alternan, mientras se da un paso atrás, al alinearse al Fondo Monetario Internacional y la OCDE. Sigue el análisis del sindicalismo latinoamericano, que transita bajo la paradoja de que a mayores prestaciones a los trabajadores, menor desarrollo económico. A continuación se analizan las políticas públicas del deporte tanto de aficionados como profesionales, que se dictan entre agudas contradicciones en aspectos sociales, económicos y legislativos. Luego se analiza la política fiscal, con la adopción de las nuevas tecnologías, llegando a la conclusión que debe haber colaboración entre los organismos internacionales, los estados y los particulares, en aspectos de seguridad y privacidad, pero siempre a “favor de la dignidad humana antes que a la tecnología”. Le sigue una propuesta sobre acuerdos bilaterales, que propone también negociaciones equilibradas que logre integraciones económicas para el desarrollo, tanto en cuestiones ambientales como de infraestructura y en contra del cáncer de la corrupción. El apartado finaliza con los derechos legales e internacionales de los refugiados, y lo mejor, propone recomendaciones prácticas para la protección de estos derechos.

Hemos intentado balancear los temas, las aproximaciones y los diferentes puntos de vista sobre la conjunción de las Humanidades y Ciencias Sociales, para el disfrute del lector que busca estar al día en estas apasionantes materias.

Dr. Luis Fernando González Beltrán
Universidad Nacional Autónoma de México (UNAM)

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Yanedsy Díaz Amador

Máster en Medicina Bioenergética
Universidad Estatal Península de
Santa Elena UPSE
Nursing Career
Salinas. Ecuador

<http://orcid.org/0000-0003-2685-5149>

Isoled del Valle Herrera Pineda

Doctora en Ciencias de la Educación
Universidad Estatal Península de
Santa Elena UPSE
Nursing Career
Salinas. Ecuador

<https://orcid.org/0000-0002-7445-8810>

Carlota Roció Ordoñez Villao

Magister en Educación Superior
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0003-1209-0712>

Nohelia Romina Robinson Cedeño

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0001-7407-9856>

Melanie Zamora Merchán

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0002-4268-096X>

Brigitte Janeth Catuto Vera

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0002-1274-5742>

Pamela Katerine Chicaiza Salazar

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0003-0691-1967>

Francisco Amaury Restrepo Ramírez

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador

<https://orcid.org/0000-0001-6263-3231>

Margarita del Roció García Castro

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador
<https://orcid.org/0000-0001-8093-8864>

Henry Arnaldo Cruz Tomalá

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador
<https://orcid.org/0000-0002-9079-0119>

Ander José Díaz Caiche

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador
<https://orcid.org/0000-0002-6113-0242>

Allison Joselyn Orrala Borbor

Post-graduate student
Universidad Estatal Península de
Santa Elena UPSE
Education Career
Salinas. Ecuador
<https://orcid.org/0000-0002-5974-6419>

ABSTRACT: The social determinants of health play a crucial role in the appearance and evolution of chronic diseases, so Covid-19 generated an imbalance in the health and well-being of people. It was possible to analyze the social determinants of health and their relationship with chronic diseases post Covid-19. A descriptive cross-sectional correlational study was carried out in 2 parishes of the Salinas canton of the province of Santa Elena in the year 2022-2023. The universe was 71 inhabitants (Anconcito-Santa Rosa) and the sample was represented by 61 participants, adjusted to the inclusion criteria. The observational method and the applied survey were used. The variables were: social determinants of health and chronic diseases. The data were analyzed using Minitab 21.3 (descriptive statistics and 95%CI and SPSS 26.0 (Pearson's chi-square test (r). The 62.0% were women with primary education (69.0%), the economic income was less than 400 dollars (86.2% Santa Rosa) and Anconcito similar results, there was statistical significance between the variables mainly risk for arterial hypertension ($p=0.03$),

osteoporosis ($p=0.02$) and BMI ($p=0.05$), 48.3% perceived a moderately adequate social, family and ecological environment and life styles insufficient to personal needs. Social determinants of health significantly influence health, care, well-being and evolution of chronic diseases during the post Covid-19 period.

KEYWORDS: Covid-19. Social determinants. Chronic diseases. Health.

1 INTRODUCTION

The Covid-19 pandemic has had a significant impact on global health, triggering not only a health crisis, but also profound implications for the social determinants of health (DSH), decompensation of pre-existing chronic diseases and the emergence of new ones, Therefore, the interaction between social, economic and environmental factors has influenced during and after the pandemic, making it possible to understand and address these DSS to mitigate the long-term effects of Covid-19 on the health of populations.

World Health Organization, (2020), highlights that the relationship between the DSS and post-Covid-19 chronic diseases has aroused growing interest in the scientific community and in those responsible for formulating health policies. It has been shown that socioeconomically disadvantaged groups, with limited access to health services, precarious housing, and unstable employment, are more vulnerable to chronic diseases, both in the context of the pandemic and in their subsequent recovery.

Naípe Delgado et al., (2020), suggest that, in this sense, a transdisciplinary approach is required that considers not only biomedical aspects, but also socioeconomic, cultural, and environmental factors that influence people's health. It is essential to adopt intervention strategies and public policies that comprehensively address the DSS, promoting equity and universal access to medical care and the necessary resources to prevent and manage chronic diseases in the post-Covid-19 scenario.

In addition, the development of chronic non-communicable diseases in the Ecuadorian population is evidenced by the different sociocultural factors that affect the biopsychosocial health of an individual. Therefore, the present study will serve as a guide for future scientific research in order to reduce the cases of chronic non-communicable diseases and to improve the individual, family and community health of the population, as reaffirmed (Antoñanzas Serrano Luis Andrés, Gimeno Feliu, 2022).

Understanding how these determinants influence the health of populations is crucial to address public health challenges in the post-Covid-19 period. These conditions are related to the life course, which reveals the individual and social life history of people with the interaction of the socio-structural and the socio-symbolic, so this study will allow us to analyze the DSS and their relationship. with chronic diseases post Covid-19.

2 METHODOLOGY

A descriptive correlational cross-sectional study was carried out in 2 parishes of the Salinas canton of the province of Santa Elena in the year 2022-2023. The universe of study was comprised of 71 residents of the Anconcito and Santa Rosa parishes, taking 61 participants as a sample, calculated using the CuestionPro statistical software, for which the confidence level (95%) and the margin of error (5 %), adjusted to the inclusion criteria.

The research is part of the research project “Sociocultural determinants of the health situation and self-care behaviors in response to Covid-19, in parishes of the Salinas canton. period 2022-2024” as the governing body of all those activities carried out by the Nursing Career of `` Universidad Estatal de la Península de Santa Elena `` and the municipal GAD. The information acquired from the 2 parishes was obtained through the survey, a data collection instrument, which was carried out on the residents. For the study, different variables were used, such as: gender, level of educational instruction, economic income, family physical environment, social environment, life styles, self-care, FANTASTIC questionnaire, access to health services and modifiable risk factors.

For the application of the survey, the CASPER method was used, made up of three teams of interviewers, and two leading participants who remained at the headquarters to collect the information obtained, clarify doubts and contribute with some necessary material for the investigation. For the selection of households, it was necessary to consider a meeting point so that the selected family could be quantified every 5 households, which allowed progress in some blocks of the parish. The data were analyzed using the statistical programs Minitab 21.3 (descriptive statistics and 95% CI for μ) and SPSS 26.0 (Pearson's chi-square test (χ^2)). The study did not present conflicts of interest.

3 RESULTS AND DISCUSSION

Within the main sociodemographic characteristics, a sample of (n=29 SR) Santa Rosa and (n=32 A) Anconcito was evaluated, since there was a predominance of the female sex in both parishes with (62% and 53% respectively). Regarding the level of educational instruction, the primary level (69% SR) and (56% A) prevailed, followed by secondary 34% and only 9.4% of the participants were without schooling. Unlike the SR parish where a minority did reach a university level by 6.9%. However, the economic income of most families ranged between (\$400 SR 86.2% \$600 A 100%) dollars per month, somewhat insufficient, due to the number of members who share the family nucleus. See table 1.

Table 1. Sociodemographic characteristics of the study sample. Santa Rosa and Anconcito Community.

	Parishes			
	Santa Rosa (n=29)		Anconcito (n=32)	
	no	%	no	%
Gender				
Male	11	38	15	47
Female	18	62*	17	53*
Educational Level of Instruction				
Without schooling	0	0	3	9.4
Primary	20	69.0	18	56.3
Secondary	7	24.1	11	34.4
Academic	2	6.9	0	0
Economic income				
Less than 400	25	86.2		
401 to 600	2	6.9	32	100
601 to 800	1	3.4		
801 to 1000	1	3.4		

Note: Female predominance (62% and 53% for Santa Rosa and Anconcito).

When evaluating the sociocultural determinants of the health situation in the SR community, a familiar physical environment of 48.3% was found, physical social 51.7% considered as slightly adequate. Regarding access to health services, most of the participants stated that they are slightly adequate with 48.3% and only 41.4% considered it adequate. However, the residents of Anconcito responded that they had a moderately adequate family physical environment (53.1%), a slightly adequate physical and social environment (68.8%), and in terms of access to health services, 46.9% of the participants feel the need for these services to be expanded in order to guarantee better care in accordance with community needs, while 31.3% appreciated it moderately and only 21.9% considered it adequate.

On the other hand, when measuring life styles, it was found that 41.4% of the SR sample considered being moderately adequate, 37.9% slightly adequate, and only 20.7% considered it adequate. In contrast, the participants from Anconcito presented moderately adequate life styles in 46.9%. On the other hand, the level of self-care obtained from the "Fantastic" instrument showed that 55.2% considered self-care not fantastic, followed by 27.6% who said it was adequate. However, in Anconcito, 43.8% presented little fantastic self-care, followed by 40.6% adequate and only 12.5% deficient, represented in Table 2.

Table 2. Sociocultural determinants of the health situation. Santa Rosa and Anconcito Community.

	Santa Rosa (n=29)		Anconcito (n=32)	
	no	%	no	%
familiar physical environment				
Slightly adequate	14	48.3	9	28.1
Moderately adequate	7	24.1	17	53.1
Appropriate	8	27.6	6	18.8
social physical environment				
Slightly adequate	15	51.7	22	68.8
Moderately adequate	10	34.5	9	28.1
Appropriate	4	13.8	1	3.1
Life styles				
Slightly adequate	11	37.9	14	43.8
Moderately adequate	12	41.4	15	46.9
Appropriate	6	20.7	3	9.4
Access to health services				
Slightly adequate	14	48.3	15	46.9
Moderately adequate	3	10.3	10	31.3
Appropriate	12	41.4	7	21.9
Self care, FANTASTIC quiz				
Deficient	4	13.8	4	12.5
Appropriate	8	27.6	13	40.6
A little fantastic	16	55.2	14	43.8
Fantastic	1	3.4	1	3.1

Note: Instrument applied.

When analyzing the modifiable risk factors, it was found that in SR there was a significant relationship with Diabetes Mellitus in 72.4%, where the participants stated that if they had the disease they did not know it and 69% of them presented a high risk of developing it. suffer the disease. However, in Anconcito, 81.3% of participants stated that they did not have diabetes, but 78% were at risk of suffering from it.

Regarding the body mass index (BMI), 41.4% of the participants in SR and 37.5% in Anconcito were overweight, (17.2% SR and 12.5% A) presented grade I obesity and only 12.5% of them in Anconcito had grade II obesity. However, in both communities there was a low percentage with grade III obesity reflected in the (6.9% SR and 3.1% A) respectively. On the other hand, the condition of normal weight reached values of 34.5% in the respondents from both parishes.

Therefore, in relation to cardiovascular risk, the majority of the participants from both communities did not show any risk, while the (96.6% SR and 96.9% A) argued to

monitor the disease, the treatment and the respective controls. Also in response to blood pressure it was possible to show that in SR 65.5% and in Anconcito 46.8% of the participants presented blood pressure figures between optimal and normal; while 20.6% of them were between stage I and III of the disease when obtaining (10.3% for each line) and only 18.8% showed risk of suffering arterial hypertension. Finally, the general evaluation of the risk showed that (96.6% of SR and 78.1% of A) did not present modifiable risks in the categories analyzed. See table 3.

Table 3. Distribution of some modifiable risk factors. Santa Rosa and Anconcito communities.

	Santa Rosa (n=29)		Anconcito (n=32)	
	no	%	no	%
He claims to have diabetes and did not know it				
Yes	21	72.4	6	18.8
No	8	27.6	26	81.3
Diabetes Risk				
Low risk	9	31.0	7	22
High risk	20	69.0	25	78
Blood glucose values				
Glycemic norm	6	20.7	13	40.6
Prediabetes	17	58.6	12	37.5
Diabetes	6	20.7	7	21.9
Body Mass Index (BMI)				
Normal	10	34.5	11	34.4
Overweight	12	41.4	12	37.5
Obesity I	5	17.2	4	12.5
Obesity II	0	0	4	12.5
Obesity III	2	6.9	1	3.1
Blood Pressure Values (BP)				
Optimal	12	41.4	8	25.0
Normal	7	24.1	7	21.9
border	4	13.8	3	9.4
Stage I	3	10.3	10	31.3
Stage II	0	0	4	12.5
Stage III	3	10.3	0	0

High blood pressure risk				
Yes	2	6.9	6	18.8
No	27	93.1	26	81.3
Risk evaluation				
Risk free	28	96.6	25	78.1
With risk	1	3.4	3	9.4

To establish the relationship between social determinants and chronic diseases, the Pearson Chi Square statistic was applied, crossing variables, finding statistically significant results in the SR community, between access to health services and blood pressure. ($p=0.03$), osteoporosis ($p=0.02$) and BMI ($p=0.05$) at 95% confidence. See Table 4.

Table 4. Relationship between social determinants and chronic diseases Anconcito Community.

	Fantastic		Life style		Access to health services		social physical environment	
	Chi	p	Chi	p	Chi	p	Chi	p
Level of instruction	7.31	0.29	3.05	0.55	5.42	0.23	670	0.15
Blood pressure	11.47	0.49	14.22	0.76	17.15	0.03	8.15	0.42
Heart disease	1.51	0.68	1.17	0.56	3.68	0.16	2.64	0.27
Embolism	1.51	0.68	1.17	0.56	3.68	0.16	2.64	0.27
AHT	5.78	0.13	0.77	0.68	0.96	0.62	0.31	0.86
Diabetes	2.57	0.46	0.62	0.73	3.46	0.18	6.94	0.03
Osteoporosis	3.12	0.37	2.42	0.30	7.62	0.02	0.54	0.76
BMI	14.21	0.29	6.40	0.60	15.21	0.05	38.68	0.00
Full risk	8.17	0.23	5.49	0.24	3.85	0.43	11.44	0.02

In the same way, the relationship between the DSS and chronic diseases was sought, finding a statistically significant relationship between access to health services and the risk of suffering from Diabetes ($p=0.02$) with 95% reliability in SR. See table 5.

Table 5. Relationship between social determinants and chronic diseases. Santa Rosa Community.

	FANTASTIC		Life style		Access to health services		social physical environment	
	Chi	p	Chi	p	Chi	p	Chi	p
Level of instruction	5.67	0.46	4.57	0.34	7.24	0.12	6.97	0.14
Blood pressure	13.16	0.36	8.22	0.41	9.88	0.27	9.17	0.33
AHT	2.72	0.44	3.52	0.17	3.04	0.22	0.45	0.80
Mellitus diabetes	1.23	0.74	1.29	0.53	7.47	0.02	1.28	0.53
Osteoporosis	6.47	0.09	1.70	0.43	1.47	0.48	0.97	0.62
BMI	4.80	0.85	5.09	0.53	6.04	0.42	4.28	0.58
Full risk	2.72	0.44	1.70	0.43	1.47	0.48	1.97	0.37

However, in SR, BMI was related to modifiable risk factors by applying Pearson's Chi-square, obtaining statistical significance for the variables: heart disease ($p=0.00$) and risk of Diabetes ($p=0.01$). and 95% reliability. While in Anconcito, significance was obtained between BMI and disease ($p=0.01$), osteoporosis ($p=0.01$) and risk of diabetes ($p=0.00$) at 95% CI. (Table 6)

Table 6. Relationship between BMI and modifiable risk factors. Santa Rosa and Anconcito communities.

	BMI Santa Rosa		BMI anconcito	
	Chi	P	Chi	p
Blood glucose values	6.71	0.35	4.92	0.76
Blood pressure	14.23	0.29	20.49	0.20
Heart disease	13.98	0.00	7.22	0.12
Embolism	4.97	0.17	7.22	0.12
AHT	6.94	0.07	3.61	0.43
Presence of Diabetes	6394	0.07	12.90	0.01
Osteoporosis	1.47	0.69	14.99	0.01
Diabetes risk	11.40	0.01	28.11	0.00
Glycemia	6.75	0.35	4.92	0.77

4 DISCUSSION

Health is an aspect resulting from the confluence of different determinants, such as individual, economic, social, environmental and cultural factors that converge to determine health/disease profiles. Frequently, the studies carried out on health only emphasize biological factors, sociocultural ones to a lesser extent, and many leave aside chronic diseases, mainly after Covid-19, for which reason (Jimenez Barbosa et al., 2019) point out that cultural factors can be a positive factor for change or an obstacle to achieving health.

Other responses to the risk of suffering Diabetes Mellitus is due to the increase in blood sugar, which is due to the contribution of energy and oxygen that the body needs, as a source of energy (glucose) and this in turn through the pancreas. releases the hormone called insulin, which makes it easier for glucose to be converted into energy through the body's cells, which is why there must be a healthy diet and an active life style in order to prevent the risk factor that causes the Mellitus diabetes (Fernández-Feito et al., 2020).

Also, Antoñanzas Serrano, LA. & Gimeno, F. (2022) studied in Spain the social determinants and their influence on people's health through exploratory systematic review and obtained as results the impact that these have on chronic diseases, through variables such as: racial or ethnic group, socioeconomic level, education, occupation, urban or rural residence and health conditions, concluding that inequalities generate health consequences that may be unnecessary, avoidable and unfair, something that coincides with the study carried out.

On the other hand, the sociodemographic characteristics could be contrasted with what was stated by (Jiménez Barbosa et al., 2019), in Colombia, which mentions that certain socioeconomic conditions favor the appearance of diseases and harmful behaviors, due to the lack of necessary food and inadequate eating habits that significantly influenced living conditions.

However, it could be inferred that education is an important source of social and psychological resources that significantly influences the health status of people, which means that the higher the educational level, different habits and preferences, however, the data obtained are related to the study carried out by (Gómez David, 2020) where they express that the level of educational instruction does play a key role in the individual's acting responsibly and consistently, as a protective and corrective factor for social inequalities at any stage of life.

As regards the comorbidity between arterial hypertension and diabetes mellitus, several studies, including that of (Naípe Delgado et al., 2020), points out that arterial hypertension is frequent in diabetics and affects between 20 and 60% of the sick

population”, which coincides with the results of this study. Besides (Angel & Valdes, 2020), refer that it is interesting the appearance of new cases of Diabetes after the confinement as a consequence of the Covid-19, where unemployment, confinement and the lack of physical activity was the outcome of the poor state of health.

Likewise, the present investigation coincides with studies such as Espinosa et al., (2020) and Orfila & Mendez-Perez, (2022), where they consider that most chronic diseases significantly affect the lives of people who suffer from them. One of the main changes and perhaps the one that generated the greatest deterioration was the complications of diabetes, when the user presented obesity and overweight, where the frequency observed in this study reflected that it was a consequence of deficient life styles in 51%. Therefore, in 2022 the World Health Organization reported that 75% of 163 Latin American countries reported interruptions in primary care services during the Covid-19 pandemic, a limitation that affected access to services, due to less funding, postponed activities, which led to inequalities in health, according to (Fernández-Feito et al., 2020) and (De La Guardia Gutiérrez & Ruvalcaba, 2020).

5 CONCLUSIONS

It is concluded that the majority of the surveyed participants were women with completed primary education, receiving a salary mostly less than 400 dollars per month.

There was statistically significant confirmation in Anconcito between access to health services and blood pressure, osteoporosis and BMI, as well as in Santa Rosa between access to health services and the risk of diabetes mellitus, because both populations were at risk of being overweight, factors that predispose the development of chronic diseases and other health problems.

It was found that the social determinants of health significantly influence health, care, and the evolution of chronic noncommunicable diseases, mainly in the post-Covid-19 period, due to changes in people's life style, lack of access to health services, medical care and the interruption of prevention and treatment programs, which brought with it an increase in new diseases and the progressive development of pre-existing ones.

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SOBRE O ORGANIZADOR

Luis Fernando González-Beltrán- Doctorado en Psicología. Profesor Asociado de la Facultad de Estudios Superiores Iztacala (FESI) UNAM, Miembro de la Asociación Internacional de Análisis Conductual. (ABAI). de la Sociedad Mexicana de Análisis de la Conducta, del Sistema Mexicano de Investigación en Psicología, y de La Asociación Mexicana de Comportamiento y Salud. Consejero Propietario perteneciente al Consejo Interno de Posgrado para el programa de Psicología 1994-1999. Jefe de Sección Académica de la Carrera de Psicología. ENEPI, UNAM, de 9 de Marzo de 1999 a Febrero 2003. Secretario Académico de la Secretaría General de la Facultad de Psicología 2012. Con 40 años de Docencia en licenciatura en Psicología, en 4 diferentes Planes de estudios, con 18 asignaturas diferentes, y 10 asignaturas diferentes en el Posgrado, en la FESI y la Facultad de Psicología. Cursos en Especialidad en Psicología de la Salud y de Maestría en Psicología de la Salud en CENHIES Pachuca, Hidalgo. Con Tutorías en el Programa Alta Exigencia Académica, PRONABES, Sistema Institucional de Tutorías. Comité Tutorial en el Programa de Maestría en Psicología, Universidad Autónoma del Estado de Morelos. En investigación 28 Artículos en revistas especializadas, Coautor de un libro especializado, 12 Capítulos de Libro especializado, Dictaminador de libros y artículos especializados, evaluador de proyectos del CONACYT, con más de 100 Ponencias en Eventos Especializados Nacionales, y más de 20 en Eventos Internacionales, 13 Conferencia en Eventos Académicos, Organizador de 17 eventos y congresos, con Participación en elaboración de planes de estudio, Responsable de Proyectos de Investigación apoyados por DGAPA de la UNAM y por CONACYT. Evaluador de ponencias en el Congreso Internacional de Innovación Educativa del Tecnológico de Monterrey; Revisor de libros del Comité Editorial FESI, UNAM; del Comité editorial Facultad de Psicología, UNAM y del Cuerpo Editorial Artemis Editora. Revisor de las revistas "Itinerario de las miradas: Serie de divulgación de Avances de Investigación". FES Acatlán; "Lecturas de Economía", Universidad de Antioquía, Medellín, Colombia, Revista Latinoamericana de Ciencia Psicológica (PSIENCIA). Buenos Aires, Revista "Advances in Research"; Revista "Current Journal of Applied Science and Technology"; Revista "Asian Journal of Education and Social Studies"; y Revista "Journal of Pharmaceutical Research International".

<https://orcid.org/0000-0002-3492-1145>

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