SOCIAL MOBILIZATION AND DETERMINANTS: PARTICIPATORY MODEL IN CONTEX RURAL IN MEXICO

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I. INTRODUCTION

As the concern about the persistent inequialities in society, preventable injusticies that determine the possibilities for people to thrive in life and wich is the result of the social determinants of health, health promotion has searched social justice and right to better health for all. Social mobilization, involves a reflective work that in the population develops skills, acquisition of knowledge, capacity and be able to take part in the contruction of its health dynamics and equitably, identifying, prioritizing, planning and managing transformation needs.

II. OBJETIVE

Developing a participatory model from the Popular Education (PE) as astrategy to achieve the social mobilization and influence the determinants social health in the rural context of the locality of El Molino, Jalisco, México from 2010-2012.

III. MOMENTS OF THE PARTICIPATORY MODEL

FORMS OF UNDERSTANDING OF THE PARTICIPATORY MODEL

- Evaluation (indicators)
- Systematitation Jara (1994)
- Research (mixed methods)

IV. RESULTS

After three years of work, we can identify the following results

Social actors involved: a retides Professor, physician and a Promoter of health comunity, named Ejido, Directors of primary and secondary schools, traditional birth attendant and four youth.

Prioritized problems to solved: 1) "*Pollution of the dam*", 2) "*Death fishes in the dam*", 3) "*Ugly streets and drains rupture*", 4) "*hepatitis A, conjunctivitis and dengue*", 5) "*Physic and emotional violence problems against women*".

Diagram 1. **Assessment of social mobilization from the different modes of organization**

1. "Young for El Molino"

2. "Committee on health"

3. "Commission´s works"

4. "Commission of work for the dam"

5. "Womens´s commission"

Diagram 2. **Incidence of social mobilization against the social determinants of healt**

Socio-affective level	Socio-structural level
-Reconceptualization rooted knowledge about specific health problems. -Creating five registered community networks within a totalizing reality. -Group of 59 women (17-74 years old) who identified elements of re-socilization, construction and de-construction of the leading role of women within the family and society, advancing to the management of three projects: a) elaboration of piñatas, b) composting and y c) make and sell crafts, in order to have income. At the beginning of the process, 65% had experienced some form of violence (59% physical) after the intervention it decreased 70%.	-The drainage network was repaired and increased (20%) -Construction of latrines (35%) -Cement floor was placed (69%) -Water network were incremented (46%) -Eigth blocks were paved with stoned and the access to primary and secondaryschool was remodeled. - 14 students recived financial support to continue their education. - Schools and health house were built. -Construction of ecological park and reforestation with 80 trees in diferente areas of the community. -Ddam cleaning.

v. CONCLUSIONS

Considerate the theoretical principles of the PE in reducing health inequialities and act on social determinants present in the contex of the community, it generated a process of social mobilization tha advanced to the pursuit of social equity, a job "with and for the community" still essential from reality and its reflection not only a way of understanding the facts, but from this process of awareness and sense of responsability, the population became an active instrument of criticism and action social, with proposals for change in their interests and available resources.

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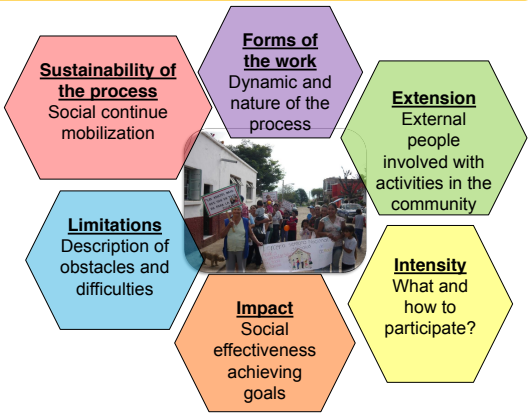
The model was repeted

Implementation of the model in two contexts:

Town coast:
Addressed towards overweight and obesity

Ethic group:
Analysis of improvement of geographic and cultural access to health services

Diagrama 3. **Understanding the process from categories of empowerment** (Silva y Martínez, 2004)



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