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AUTOETHNOGRAPHY: “LESSONS LEARNED IN THE PERIOD OF CONFINEMENT DUE TO COVID 19 FOCUSED ON THE QUADRUPLE ROLE OF DOCTOR, PATIENT, MOTHER-CAREGIVER AND TEACHER”

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INTRODUCTION

This research focuses on autoethnography, which is presented as a completely new methodology for me, the same one that focuses attention on one's own experience (Montenegro González, 2014, p 95) and that seeks to systematically describe and analyze personal experience with the in order to understand the cultural experience. (Ellis et al., 2015, p 250)

Many researchers focused especially on ways to produce meaningful, accessible, and evocative research, based on personal experience, that sensitized readers to issues of political identity, silenced events, and forms of representation that deepened the ability to empathize with people. that is different from ourselves. (Ellis, C. and Bochner, 2000)

Autoethnography is one of the approaches that recognizes and gives rise to the subjectivity, emotionality and influence of the researcher in their work, instead of hiding these issues or pretending that they do not exist. (Ellis et al., 2015, p 252)

QUESTION

Lessons learned in the confinement period due to COVID 19 focused on the quadruple role of doctor, patient, mother-caregiver and teacher

GOAL

The objective of the project is to explain how historical events and economic, political and social changes shaped individual lives in Ecuadorian families, regarding a case, in which the main common thread was confinement due to the COVID-19 pandemic. COVID 19.

JUSTIFICATION

The topic addressed in the personal story is historically and socially limited since it refers to a very specific, and little-discussed, moment (Blanco, 2012, p 51) that focuses on the personal experience of confinement due to the COVID-19 pandemic. COVID - 19, decreed in Ecuador on March 16, 2020, which impacted personal, family and social life.

The question arises what lessons can be drawn from this experience in addition to making visible some of the experiences hidden in the secrets of coexistence and being able to reflect similar aspects with other families, which will allow me to give common sense to myself and to others.

I want to tell my story from 4 experiential perspectives that seem to me to be the most outstanding and that in a sneaky way have always been there, crouching, silent, with a cautious, timid, everyday presence, that in a sudden dawn gained strength, I know revealed, became visible in all their splendor and caused a hurricane-like shock to family realities, approached from the qualitative aspect of social research despite the fact that even today this type of research continues to be disqualified by normative science.

Fortunately, there are voices coming from both the Anglo-Saxon world (Flaherty, et.al., 2002) and from positions closer to Latin America (De Sousa, 2000)) cited by Blanco (2012), which, although they recognize that to a large extent it still predominating a global Western model of scientific rationality—although they claim that it is in crisis—they are totally in favor of “other ways of knowing that are marginalized, suppressed and discredited by modern science” (Blanco, 2012).

THEORIZATIION

BACKGROUND

Autoethography is a research and writing approach that seeks to systematically describe and analyze personal experience in order to understand cultural experience. (Ellis et al., 2015, p 250)

One way of seeing autoethography is by placing it in the epistemological perspective that maintains that an individual life can account for the contexts in which that person lives, as well as the historical eras he or she goes through throughout his or her existence (Blanco, 2012, p 54-55)

Franco Ferraroti states in an interview that he gave in 1986: “The central thesis is that it is possible to read a society through a biography” (Iniesta, 2006). However, the same author explains: “The individual does not total a global society directly. He does so through the mediation of his immediate social context and the limited groups of which he is a part, it does merit a contextual framing, even if it is panoramic.

In this sense, the appearance of a new pandemic, COVID19, caused by a virus recently introduced into the human species, SARS-Cov-2, which originated in Wuhan, China, towards the end of 2019 and whose rapid spread throughout The world forced the World Health Organization to consider it as a global public health emergency and therefore a pandemic against which all countries underwent home confinement for a few months.

It is well known that the spread of the disease is influenced by people’s willingness to adopt preventive public health behaviors that are often associated with public perception of risk (Díaz Pinzón, 2020,p. 66).

SARS-CoV-2 belongs to the family of β -coronaviruses, which are ribonucleic acid (RNA) viruses. Currently, there are

seven coronaviruses that infect humans, of which three have high pathogenicity: Severe Acute Respiratory Syndrome-1 (SARS-CoV-1), Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome-2. (SARS-CoV-2), which have been characterized as being associated with severe disease (Aguilar Gómez et al., 2020, 143-144)

The rapid increase in cases in certain contexts, for example, in health personnel, children, exposes the possibility that there are “super transmitters”, that is, individuals with a capacity to transmit the virus greater than the 95th percentile, generating a number of secondary cases much higher than expected by common transmitters. (Aguilar Gómez et al., 2020, p. 144)

According to what was mentioned by N. Aguilar Gómez, A. Hernández Soto, et al (2020), there are direct and indirect routes for the transmission of SARS-CoV-2:

DIRECT

- Respiratory secretions, this being the main mechanism of transmission from person to person. One meter away when speaking and up to four meters when coughing or sneezing.
- Aerosol transmission: particles < 5 μm suspended in ambient air, moving eight to ten meters away and remaining infectious for at least three hours. They move approximately eight to ten meters away.

INDIRECT

- **Transmission through surfaces**, the virus deposited on different surfaces by droplets or aerosols remains viable for a variable time depending on the characteristics of the material. Thus, contact with a fomite and, subsequently, with some mucosa (oral, nasal or conjunctival) can cause infection.

An average viability time has been determined for SARS-CoV-2 in aluminum (two to eight hours), copper (four hours), surgical gloves (eight hours), plastic (72-96 hours), cardboard (24-96 hours), stainless steel (48-72 hours), paper (four to five days), glass and wood (four days).(Aguilar

OTHER MECHANISMS

- **Fecal-oral:** this mechanism is questionable, however, some studies have reported prolonged viral excretion in asymptomatic patients and pediatric patients.
- **Blood:** at the moment there is no evidence to suggest transmission by transfusion of blood products.
- **Vertical:** There are no conclusive studies that the virus crosses the placental barrier.
- **Sexual:** More studies are required to determine the role of this pathway in the transmission of SARS-CoV-2.
- **Ocular:** There are few reports of conjunctivitis due to SARS-CoV-2 and epidemiological data report an incidence of 0.8-4.8%. Although this route of transmission has been demonstrated in experimental models, its incidence is low and it is considered a potential route of infection, mainly in hospitals.

On January 4, 2020, the Wuhan government in China reported the existence of atypical cases of pneumonia, on January 30 of the same year due to the rapid spread of the disease, as well as its high morbidity and mortality and the serious economic consequences, the WHO is forced to declare COVID-19 a health emergency. March 11 is declared a pandemic.

In Ecuador, on February 29, 2020, case 0, a 70-year-old woman, arrived from Spain, was announced. On March 16, 2020, the President of the Republic Lenin Moreno declared a state of emergency at the national level, with the

aim of stop the pandemic.

Public services are closed except for health, security, risk services and those that - due to an emergency - the ministries decide to have open, neighborhood stores, markets, supermarkets, banks and financial services, digital home delivery platforms and all media related to telecommunications. Total suspension of the working day with implementation of teleworking in the public and private sectors starting Tuesday, March 17. (Santillan Haro, 2020).

On April 6, the mandatory use of the mask and the new mobility restriction in any public space were established, in addition to the use of gloves when entering markets and supply centers.

A series of measures are complied with, such as restriction of mobility, social distancing and confinement through quarantine and isolation, restriction of mobility on public transport, all social activities, the impossibility of visiting family and friends, playing sports and other outdoor activities, the suspension of in-person school activities and some work activities in favor of remote work. (Santillan Haro, 2020)

This new reality to which we had to adapt generated a series of side effects in the emotional, psychological, social, and economic aspects, little addressed in the published articles and not considered in the policies of promotion, prevention, epidemiological control, and, although some manifestations Psychological responses are temporary responses expected within the grieving process (loss of health, freedoms, economic income, social contact among the most important), however we must not lose sight of a deterioration in the state of mental health and family functionality.

From a macro-social and political point of view, the pandemic became a stressful test for the government, highlighting the crisis

in public services, especially those linked to health and education.

The crisis has widely affected the economy and the labor market, both in the supply and production of goods and services; as in demand related to consumption and investment (International Labor Organization, 2020).

The COVID-19 crisis is having a strong impact on the living conditions of the citizens of Ecuador and the world. In a very direct way, the loss of human life hits the country throughout its territory, with a very special impact in provinces such as Guayas, Pichincha, Manabí and Los Ríos. In addition, the structural weaknesses of the health system led to a greater impact, and made the response to the crisis difficult. In this sense, it is worth noting that the average number of hospital beds per 1,000 inhabitants is 1.4 for 2019 in Ecuador, compared to 2.5 recommended by the WHO (MSP, 2016). The number of doctors is 2 per 1,000 inhabitants in Ecuador, compared to 3.5 determined in the OECD (OECD/World Bank, 2020).

Although the priority is focused on limiting the loss of human life and reducing the negative effect on public health, this crisis also significantly affects other fundamental aspects of people's well-being, such as income, employment, access to education, or human development and emotional state, elements that are also a priority object of public policies (OECD & Ecuador, 2020, p. 4).

METHOD

This personal narrative will be carried out under the auto-ethnographic methodological theoretical framework.

It is possible to consider autoethnography as an alternative qualitative method of the social sciences that allows us to understand the meaning of what people think, feel and do" (Ellis, 2004: 68 mentioned by Blanco, 2012, p. 172).

Autoethnography, protected by the generalities of ethnography, began to be used towards the end of the 70's, 'where it was applied to the study of a social group, which the researcher considered as his own, whether due to its socioeconomic location, occupation work or performance of some specific activity'. (Hayano, 1979, p.99)

Qualitative researchers from a variety of disciplines – medicine, law, education, social sciences and humanities – have found in writing as a research method a viable way to learn about themselves and the topic of their research, therefore it is both a process and a product, which give rise to subjectivity, the emotional, and the influence of the researcher in the research, instead of hiding these issues or assuming that they do not exist, they study a relational cultural practice, common values and beliefs, and experiences shared, with the purpose of helping group members (insiders), and cultural strangers (outsiders) to better understand a culture (Maso, 2001 cited by Benard, 2019, p. 21).

REPORT

The events that occurred in the context of the Covid-19 health crisis in the lives of each of us, which has altered the meaning of life and symbolic processes at a social level in the year 2020, are not easy to relate.

I am a 57-year-old family doctor, divorced 12 days before the declaration of the state of emergency nationwide due to the Covid-19 pandemic.

My main occupation is teaching for 22 years at the Faculty of Medicine of one of the private universities in the country. With the confinement process, I, like my coworkers, had to transfer face-to-face classes to virtuality, which initially generated a series of concerns and uncertainties, I have a master's degree in New Technologies for Management and Teaching Practice, which made it easier

to work in the new scenario, with a large investment of time in the virtual structuring of the Moodle platform, it was a real challenge. Even for the students, many of them had to hire better connectivity services to be able to attend classes, however the saturation of the networks made it difficult to maintain the quality and continuity of the sessions, which is why the extension of class hours was required to being able to meet the learning objectives, but this was only one of the factors that negatively impacted the teaching and learning process; The 24/7 coexistence of the students in the family, in some of the students generated situations of great stress since they had to assume roles of caregivers for their younger siblings, support in their school activities, domestic chores for those groups relatives where they had the privilege of keeping the job of one or both parents; In the family groups where their parents were fired, some of them single parents, there was an unhealthy environment, mostly dysfunctional, where arguments between parents or parents and children and between siblings became a daily occurrence, concern for covering basic needs jeopardized continuing with their studies due to the cost of the semester. In fact, some had to withdraw due to the difficulty of paying fees and registration. Faced with this situation, I felt the obligation to dedicate time to follow-up tutoring. In those students whose performance was not adequate or those who voluntarily requested it, allowing me to know the realities they were going through and in turn I was able to identify some cases of depression and anxiety crises that were referred to the specialist for management.

Due to the health emergency, many households have lost a large part of their economic resources without being able to recover from the fall. According to the Ministry of Labor, since the quarantine began until the month of May, there are 89,000

workers who have accepted the suspension of their working hours for different reasons contemplated in the law.

The desperation and concern of the heads of households cause their members to experience difficult times and create often hostile environments.

Some families live moments of extreme sadness when they find out that friends and family contract the disease, causing those infected to live moments of despair and anguish knowing that their loved ones have no choice but to prepare for “whatever comes.” (Montero Medina et al., 2020)

I think it is important to mention that by the end of 2019, in the country, there were 7,787,896 people with employment, that is, 40% of these people had adequate employment, 19% were underemployed (they received income less than the minimum wage and /or worked less than the legal hours), 11% had non-employment paid (domestic workers, unpaid workers in another household and unpaid helpers of wage earners/day workers), 29% employment not full (people with employment who received income less than the salary minimum and/or worked less than the legal hours and do not have the desire and availability to work additional hours), finally 1% of employees corresponds to unclassified employment. Almost 5 million were underemployed and unemployed and they and their families live day to day, so they are the most affected (Vayas et al., 2020).

At the microeconomic level, the quarantine caused the bankruptcy of family members, microenterprises, and small and medium-sized businesses, with catastrophic consequences on employment, social security contributions, tax collections, and the national financial system. (Regalado et al, 2020)

Working life changed radically in most countries worldwide, causing the closure of companies, reduction of personnel, reduction

of working hours and adaptation to new forms of work (blended, teleworking). As a result of the measures adopted by governments, there has been a reduction in income and an increase in unemployment worldwide. (OECD, 2020)

In the month of June 2020, the Humanitarian Support Law proposed by the National Government and approved by the National Assembly was published in the Official Registry, with the aim of avoiding worker layoffs and somehow mitigating the impact on everything, in small and medium-sized businesses. Among its main scopes it proposes:

The emerging reduction of the working day up to a maximum of 50%.

The worker's salary or salary will correspond, in proportion, to the hours actually worked, and will not be less than 55% of that established prior to the reduction; and the social security contribution will be paid based on reduced working hours.

This reduction may be applied for up to one (1) year, renewable for the same period, only once (National Assembly, 2020).

The aforementioned law further complicates those families whose income is lower than that of the Basic Family Basket (CFB) was USD 716.14, while the monthly family income of a typical household was USD 746.67. (Regalado et al., 2020).

In Ecuador, employment according to data published by the National Institute of Statistics and Censuses - INEC, in the ENEMDU survey, from December 2019 to September 2020 decreased by 6% (436,290 people lost their jobs), full employment fell by 20% (620,128 people), underemployment increased by 28% (399,442 people) and unemployment grew by 68% (211,486 people). (Vayas et al., 2020).

The institution for which I work officially communicates the reduction of the working day by 12.5% and on May 3, 2021, the resolution

of the Superior Council is communicated, in the ordinary session of March 10, 2021, which Starting on August 1 of this year and until January 31, 2022, the reduction in working hours will be 7.5%. Under this premise, starting Monday, August 2, 2021, 37 working hours per week will be met.

However, the activities carried out in the virtual teaching and learning processes for the Medicine degree involve hard work that far exceeds the officially stipulated working hours.

This was just the beginning of a series of difficult and stressful events that I would have to experience in the different roles that I had to assume in everyday life, where the distribution of gender roles are revealed to remind us that despite the struggles for gender equality, we have made little progress, and we continue to assume multiple roles by continuing to be primarily responsible for family care, sustaining and perpetuating inequities, a situation addressed in the Sustainable Development Goals (SDGs), also known as the Goals. World Cup, which were conceived at the United Nations Conference on Sustainable Development, held in Rio de Janeiro in 2012, where 17 SDGs were established, adopted by all member states in 2015 to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. (UNDP, 2019)

The 17 SDGs are integrated, since they recognize that interventions in one area will affect the results of others, which include:

That development must balance environmental, economic and social sustainability, achieving gender equality or improving health will help eradicate poverty;

and fostering peace and inclusive societies will reduce inequalities and help economies thrive.

In short, it is an unparalleled opportunity

to benefit the lives of future generations. (UNDP, 2019).

According to data presented by the Center for Sustainable Development Goals for Latin America (CODS, 2019), in the 24 countries studied, most of the SDGs show stagnation, and in some a setback is identified. However, the cases of Uruguay, Chile, Paraguay, Panama and Ecuador stand out, which have made progress in meeting at least five of the 17 SDGs. (Vargas Villamizar & Adames Navarrete, 2021) than in the case of our country It does not include SDG 5, which refers to Gender equality.

The data reported by UN Women in Ecuador (2020) shows us that:

Gender equality is not evident as a priority in the National Development Plan. This strategic document does not incorporate specific goals for reducing gender gaps.

After 4 years, the country has a national gender equality policy (Equality Agenda).

Investment in gender equality policies, registered in the Guiding Classifier of Expenditure on Gender Equality Policies, represents less than 2% of the general budget of the state and there are no institutional mechanisms that allow the monitoring and evaluation of this investment. (UN, 2020).

There is also talk of challenges that must be addressed such as:

Gender stereotypes that limit women's participation despite the rules of quota, alternation, and quota sequentiality, parties do not promote female candidates on single-person lists or heading multi-person lists.

Limited knowledge about gender equality and women's rights. Many female politicians, like their male counterparts, promote their partisan agendas with a neutral or blind vision of gender equality. (UN, 2020)

What scenario awaits us women in the political, social, economic, physical, mental and emotional health spheres is this pandemic/syndemic?

Now I will focus on the emotional impact that I experienced in this period due to the situations experienced within my family, the fear of infection, the uncertainty of the future, isolation, concern for elderly parents and siblings with comorbidities that places them in groups of risk for serious illness if they become infected, my own vulnerability as a carrier of heart disease.

By this time "more than 1.3 million cases had been confirmed and more than 65 thousand deaths had occurred due to coronavirus in the region, with Brazil, Mexico, Peru, Ecuador and Chile being the most affected countries." (UNESCO, 2020).

The statistics were alarming, especially in the cities of Guayaquil and Quito, hospitals saturated with patients, ICU rooms with dozens of patients on the waiting list, compatriots dying in the streets, friends infected.

The result of this stress, which actually overwhelmed me, exacerbated atrial fibrillation that I thought I had overcome after a cardiac ablation performed in 2018. Sometimes it is not easy to realize that we are enduring the effects of stress, until we begin to experience physical changes., emotional, difficulties in controlling thought, my life becomes a true chaos, staying on my feet to support not only my family but also the students as I had already mentioned, patients from an emerging telemedicine network, each of them with their own dramas, the coexistence of couples with their families 24 hours a day brought to light intra-family relationships that were overlapping, hidden and in other cases unknown to some members, exacerbating domestic violence.

Despite the fact that the Government approved a care protocol for victims of gender violence that came into force on March 16, 2020 and, within the framework of the state of exception decreed by COVID-19, it

established that the protection systems for women continue to function and the victims and their families have somewhere to turn in the context of confinement, this increase was evident through calls for help.

Thus, in the first three weeks of confinement, the Public Defender's Office registered 1,695 services related to cases of domestic violence, of which it sponsored 358. For its part, the ECU 911 Integrated Security System in the first 15 days of confinement recorded 518 calls for help due to cases of gender violence and until April 17, it confirmed 7,954 calls related to cases of violence against women and members of the family nucleus, of which, according to the Secretariat of Human Rights, only 10 % were attended to. The majority of these calls were concentrated in Quito and Guayaquil, and suggest that approximately 235 women call per day to ask for support in the face of the violence of which they are victims. They warn that we live in a hostile context and the naturalization of violence. against women. (Zambrano & Ordoñez, 2020)

The State Attorney General's Office reported that as of May 1, 2020, a total of 1,040 complaints related to gender violence were filed, and reported that the majority of cases are within homes, with Guayas, Pichincha, Esmeraldas, Imbabura and Pastaza being the provinces with the highest registration. Of this number, between March 16 and April 26, 163 cases correspond to physical violence and 494 to psychological violence. This institution specified that in 2019 on similar dates a total of 6,589 complaints would have been received, which must not be interpreted as a decrease in crimes but as an indicator that in the context of confinement many victims do not have the means to carry out the crime. report, they are prevented from moving to the respective institutions or cannot do so for security reasons as they remain with the aggressor for 24 hours. (Zambrano & Ordoñez, 2020).

The aforementioned shows that the real figures of gender violence may be higher than those presented, which indicates that the responses generated by the State are not adequate to respond to the serious structural situation of violence that women and girls experience.

During confinement and the pandemic in Ecuador, according to Nydia Pesántez (2020), UN Women Ecuador official, 64% of women have suffered some type of gender-based violence. 30% have happened inside their homes, in 43% of cases, the perpetrator is the cohabitant, boyfriend, husband. The probability of suffering violence when the cohabitant is at home or unemployed increases by 28%. (Herrera, 2020)

In the teleconsultations carried out, I heard parents crying like children who, forced to share domestic activities, caring for the little ones, accompaniment with schoolwork, soon felt overwhelmed, intolerant; wives who could not stand the presence of their husbands in the home for so long, children and young people absorbed in the Internet and victims of parental abuse.

One of the cases that impacted me the most was that of a lower middle class family with an 18-year-old only child with a 90% disability, who in our country, according to the National Council for Disability Equality, is in the group of 5.85% corresponding to disability of 85 to 100% and 9.07% to the age group of 18 to 24 years drawn up in August 2121, with 52% being male (CONADIS, 2021).

The World Health Organization, through the International Classification of Functioning, Disability and Health, defines disability as a generic term that encompasses deficiencies, activity limitations and restrictions on participation; defines quality of life as the way in which the individual perceives his or her life, the place he occupies in the cultural context and the system of

values in which he lives, the relationship with his objectives, expectations, norms, criteria and concerns, all of this permeated by daily activities, physical health, psychological state, degree of independence, social relationships, environmental factors and personal beliefs (Cardona-Arias & Higuera-Gutiérrez, 2014)

This disability in this young man was the result of severe perinatal asphyxia. The father was a taxi driver and the mother dedicated full time to caring for her son. By common agreement they decided not to have more children. The names mentioned below are fictitious. The father Juan tried to spend most of his time outside the home, but now with confinement he shares the responsibility of caring for Pedrito; The first telematic consultation was carried out with the mother, whose reason for consultation was her son's respiratory difficulty, secretions in the respiratory tract and irritability, after carrying out exhaustive data collection through the medical history, I came to the conclusion that The child, since he was under the care of the father, had very few changes in position, and for 48 hours he spent lying down, which caused an accumulation of secretions in the airway. I gave instructions to the father for better care of the child since all the suggestions that the mother made were ignored by Juan. From this moment it was the father who began to contact me frequently, sometimes for irrelevant reasons, and at any time of the day, including early mornings, I began to perceive the level of anguish he felt being with his son most of the time., and realizing the time of dedication it required and the physical and emotional effort it demanded, he did not understand how his wife could do it alone in these 18 years; He was really devastated, I became his emotional support, one morning I received his call, Juan was disconsolate, out of his mind, requesting my help because he began to contemplate the idea that the most

fair thing for his son was to let him die, but At the time he was incapable of doing anything against his son, I managed to calm him down, he felt remorse for having these thoughts and he swore that he would not harm his son, I called 911 to request help in order to protect the young man's life without favorable response, since they were overwhelmed with the issue of the pandemic, I followed them closely for a while, my mental health was at its limit and I decided to refer them to a public institution through the Ministry of Economic and Social Inclusion where I had personal contact to guarantee his support and we did not have any further contact.

From the Ministry of Public Health and the National Emergency Operations Committee - COE, a protocol has been developed for the care of suspected cases and contagion of COVID-19 during the health emergency, called "***Guidelines for the EFPII pre-hospital care service -FARS-COV-2***", which includes the entire Ecuadorian population, including people with disabilities. This protocol considers telephone contact through number 171, for care through telemedicine to identify symptoms, comorbid conditions and suspicious cases. According to what has been identified, monitoring will be maintained via telemedicine or attendance at one of the Health Units closest to the person's home will be requested (CONADIS, 2020), information that was made known to Juan.

In our country, people with disabilities constitute a priority group for comprehensive care aimed at improving their quality of life (Yosela Verdugo et al., 2017).

During the period of declaration of health emergency and state of exception in Ecuador, due to the pandemic, CONADIS has maintained coordination with the institutions executing the public disability policy, to provide technical advice and carry out the observance and monitoring of its intervention;

Additionally, it has made efforts to disseminate updated and truthful information to people with disabilities and their families, especially focused on prevention and care during the health emergency (CONADIS, 2020).

In a study about the quality of life of people with disabilities carried out by Verdugo, Torres and González (2017), the results show a prevalence of poor quality of life of 68.78% (95% CI). More than 70 million people with disabilities reside in Latin America and the Caribbean (ECLAC, 2014), who are diverse and experience multiple and simultaneous discrimination due to their socioeconomic situation, gender, age, place of residence, ethnic-racial condition and immigration status, among others. People with disabilities were already among the most excluded in our societies before the COVID-19 pandemic and with the arrival of this health crisis and its devastating social and economic impacts, they will be among the most affected, along with their families, which will deepen their situation of exclusion and marginalization. The physical confinement that has been applied in many countries in the region to stop the transmission of the virus can interrupt access to essential goods and services so that people with disabilities can maintain their well-being. This is especially critical in the case of health, rehabilitation and care services, but also in the case of medications, diapers, assistive devices and special foods, among other supplies. (CELAC, 2020)

In February of this year (2021), I am faced with a new challenge, my daughter is infected with COVID 19, in her work area and 5 days later my son and I tested positive, we entered a second cycle of anguish and uncertainty, trying to be positive and surrendered to the divine will with resignation, but also with the hope of emerging stronger from this situation. The days each of us spent fighting against fever, asthenia, general malaise,

generalized pain, and isolation, the anguish of the extended family without being able to support each other physically, thank God we overcame the disease with home isolation and without major problems. complications, but they were difficult moments, always with the specter that at any moment one of us would require hospital management in a system that was collapsed and with a waiting list for intensive care or hospitalization, today I take a retrospective tour and look at the strength of human beings in general and women in particular, who despite remaining in a social structure of patriarchy and therefore a system that places us in a position of vulnerability, we have enough strength to stay on our feet and keep the social base that is the family.

I dedicate this story to all the fighting women who do not let themselves be defeated in the face of inequalities, adversities, to those who constantly fight for a better today and a splendid tomorrow.

DISCUSSION

Despite finding ourselves in the 21st century, the situation of women has not evolved at the same time as our development, our conquests, in theory, by leaving the domestic space to the public space, despite the multiple levels of personal development., training, professional, we continue to maintain double, triple, multiple working days in an eminently sexist society, just like in past centuries where our rights are violated, such as receiving a fair and equal salary for our work, recognition and support in the other activities and roles that we play in everyday life where women continue to be responsible for the care of the children, the family and why not say society, I do not mean with this that men are not participants in these roles, but it is carried out in unequal and unequal conditions, scenarios that must be made visible, since women are exposed to higher levels of work overload,

stress, vulnerabilities, aspects that impact health, the economy and violence.

Society, culture, genetic memory, carrying in our wombs the development of a new life or I don't know what other factors, do not allow our emancipation, important topic to be studied, investigated, debated.

Women and girls are especially affected by the pandemic. Women spend three times more time than men doing unpaid domestic and care work each day (between 22 and 42 hours per week before the crisis. (Unesco, 2020, p. 2)

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