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In the first article we present, *Social networks and their influence on social movements* by CANDIA, Gabriela, with adscription at the Universidad Mayor Real Pontificia San Francisco Xavier de Chuquisaca, as following article we present, *Situation of organ donation and transplantation in Bolivia* by LÓPEZ, Cecilia, BOBARIN, Sindel, COLQUE, Cinthya and JESÚS, Shirley, with adscription at the Universidad Mayor Real y Pontificia de San Francisco Xavier de Chuquisaca, as following article we present, *Causes that induce self-medication in first and fifth year students of the USFX School of Medicine* by LAZCANO, Leydi, PARRA, Elvia, UMERES, Luis and VALVERDE, Alejandra, with adscription at the Universidad Mayor Real y Pontificia de San Francisco Xavier de Chuquisaca, as the last article we present, *Influence of social networks on the students of Cardenal Maure school* by MAMANI, Shirley, with adscription at the Universidad Mayor Real y Pontificia de San Francisco Xavier de Chuquisaca.

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Social networks and their influence on social movements**Las redes sociales y su influencia en los movimientos sociales**

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Abstract

This article will examine the social networks as a new organizational instrument of social movements. For this purpose, first there will be a brief summary of the history of the sites social encounter and characteristics of social movements using the theory of Álvaro García Linera, Santiago Puricelli and Rovira on social movements, the theory of resources and tech temptation deterministic. Be taken as a case study the history, characteristics and form of organization called Indignados movement.

Resumen

Este artículo examinará las redes sociales como un nuevo instrumento de organización de los movimientos sociales. Para ello, en primer lugar se hará un breve resumen de la historia de los sitios de encuentro social y las características de los movimientos sociales utilizando la teoría de Álvaro García Linera, Santiago Puricelli y Rovira sobre los movimientos sociales, la teoría de los recursos y la tentación tecnológica determinista. Se tomará como caso de estudio la historia, características y forma de organización del movimiento denominado Indignados.

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Introduction

The article revolves around the influence and participation of social networks in the organisation and development of social movements, especially the "indignados" movement, a group of mostly unemployed young people who started their protests because of the financial crisis that Europe and especially Spain are going through, with the lack of employment, the housing bubble, the lack of a "decent" future for a stagnant generation, budget cuts and a host of economic problems that are the trigger for the emergence of this social movement that without the undisputed help of social networks and new technologies would not have had the reach it has so far and that day by day is growing more and more.

The article will be divided into three sections: the first will refer to the new approach to social networks, part of their history and their current prominence within the social order. The second section will refer to the movement called "Los Indignados", its origin and its main characteristics; the third and last section will refer to the characteristics of social movements and how the movement of the indignados complies with each of them, becoming an example of a more effective organisation of struggle and protest.

New approach to social networks

The media and new technologies (ICTs) have developed in an astonishing way in recent years. With the advent of the Internet and especially the creation of social meeting places called "social networks", from Messenger, created in 1997, to Facebook (2004), Twitter (2006), Google+, Instagram, Tumblr, Badoo, LinkedIn, MySpace and many others.

They represented a significant change in the way people communicate, however these social networks also had their evolution; they went from being simple communicative spaces to taking the form of spaces for action and protest, as Rovira states in his book *Movimientos sociales y comunicación la red como paradigma* "social movements are communicative and action spaces where experiences of struggle and self-organisation are shared, where a certain reflexivity lives and a shared sense of protest is constructed.

Beyond a social morphology, networks have become a model for emerging forms of politics" (Rovira, 2012, p. 92). Apart from this characteristic, another very important one is that social networks not only have to do with the appropriation of technologies but also with the search for non-hierarchical forms of organisation, with a democratic and horizontal ideal, a characteristic that was the ace up the sleeve of those involved in these movements, such as: anonymous, indignados and the Arab Spring movements, all movements whose main characteristic is that none of them has a head and, in this sense, trying to find a leader of the movement would be like trying to cut off the head of a hydra.

Apart from this, social networks have generated what Rovira calls "the technodeterminist temptation". In order to avoid falling into this trap, the definition of Juris is taken from this, who proposes making an analytical distinction between three dimensions that appear simultaneously in the networks of social movements:

Formal: the network is an organisational structure without a centre.

Technological: the network has an infrastructure based on information and communication technologies (ICTs), especially with the advent of mobile phones with internet, one can be informed of what is happening anywhere in the world, wherever one is, no matter the time or place.

Normative: the network is a utopia: to make another world possible here and now (Wellman, 2013; p.13).

These characteristics made their participation in the organisation and development of different social movements inevitable, such as: the Arab Spring, the revolts in Syria, the revolutions in Egypt, the 15M movement "Real Democracy Now!", which would later lead to "Los indignados".

The indignados

The Indignados are a movement that did not develop overnight but are the product of a systematic process, in this sense, this movement has its roots in different movements that were structured to such an extent that it became one of the strongest and largest in Europe and the world in general, an example of this is the great march for equality, on May 1, 2013 in the United States.

The background to this movement was:

The oil spill disaster that destroyed the Galician coastline in 2002.

The attacks of 11 March 2004 in Madrid and the national elections 3 days later that meant the fall of Mariano Rajoy's government and the triumph of José Luis Rodríguez Zapatero.

The "PASALO" or "the night of the short messages", where hundreds of people, without a single convener to unite them, coincided protesting in front of the headquarters of the Popular Party, on the night of 13 March 2004. At that time, in Spain, the fate of the elections was at stake. A message that helped to change the course of the country. With a silent rally in front of the headquarters of the Popular Party. As one of its members says: "This was the beginning of something that, as the hours went by, was spreading minute by minute. For every message people received, ten, fifteen, twenty more messages were sent. There were people who received up to ten messages from different groups of people: family, work, place of study, people from school, from the neighbourhood, and these messages multiplied ad infinitum, spreading like the flames of a fire in the wind".(Vélez & Aldana, 2011)

The SINDE Law and the Digital Canon of 2009, where several Internet users, consumer associations, companies and trade unions, as well as hundreds of collectives and individuals joined together in the platform ALL AGAINST THE CANON, which was an unjust law prohibiting freedom of expression.

THE ARAB SPRING; that is, as its protagonists call the awakening of the Arab countries, which began in 2010 in Tunisia and even now continues with the civil war that is developing in Syria. Revolt that developed partly thanks to social networks, since one of the elements that triggered the Tunisian revolution in the first place was the lack of freedom of expression, in this sense, bloggers proliferated and acquired the political commitment to disseminate what the official media kept quiet and tried to censor; for example the demonstrations in Egypt with its Twitter link #Egypt was one of the most visited as Natalia Morar, a young Egyptian who together with her companions spread many of the demonstrations against the government, states: "We use Twitter, in addition to other social networks and we use the social networks to spread the message of the revolution.

Twitter, as well as other social networks and SMS messages to organise a demonstration from one day to the next" (Plebeians, 2012). The fact is that during the uprisings in Tunisia, both

Twitter, Facebook, YouTube, mobile phones and blogs were flooded with videos of demonstrations and calls for protest.

The revolution was gestated in the non-conformity and repression suffered over the years, in this breeding ground, the message of Bouazizi's suicide (a young Tunisian who immolated himself because he was denied the right to work) lit the fuse, spread virally and multimodally, in all conceivable communicative media, in addition to the live voice, in real time or almost, people took to the streets and took to the squares. Communication allowed for coordination and self-awareness of the dimension that the mobilisation was acquiring (Rovira, 2012, p. 99). It is worth noting that Facebook use in the Arab world grew by 30 per cent in the first quarter of 2011, according to a study by the Arab Social Media Report (2011).

All the social economic problems that gave rise to all these calls and revolutions such as: Unemployment, job insecurity, budget cuts in education, the Bologna plan and the increase in university fees. The financial crisis, the bailout, the housing bubble, the cost of mortgages.

All of these are some of the elements that created a critical mass in an intergenerational society that sees and feels itself facing an uncertain future.

One of the most outstanding groups of protests and manifestos through social networks are the "anonymous", whose main attack is through hackers against the "webs" of the political parties of the bipartisan system and in favour of social movements. They share similar characteristics with the indignados.

In order to talk a little more about this movement, it is convenient to cite the research conducted by the "COL- LEGI D "ADVOCATS" of Barcelona, on May 25, 2011, who presented a survey conducted by the GATER institute of professors at the University of Castilla-La Mancha. In this research the lawyers Jhusep Yure and Carlos Sánchez Palmeira and the economist Arcario Riveras intervened; the conclusions reached by the study to know who the indignados are, are the following:

In terms of age, 52% are between 25 and 34 years old, 18% are between 18 and 24 and 24% are between 35 and 44. This constitutes a youth movement, which does not show favouritism towards any party as the survey states, since only 2.55% of them belong to a political party. To this we can add that 26% believe that the political class is responsible for the financial crisis, 25% for unemployment, 13% for corruption and 9% for economic problems.

As stated in the consequences, the majority of this group is unemployed, as 48% do not work and of those who do work, 59% believe that it is very likely that they will lose their job.

On the level of education: almost 25% have a bachelor's degree 17% are professionals with a higher degree 17% have a postgraduate degree or specialisation 12% have a diploma. Regarding political tendency, 34% consider themselves to be left-wing, 25% centre-left, 15% centre and 6.5% centre-right, only 2% say they are right-wing.

In relation to what we are interested in, the majority of the participants, 82% specifically, came to the campaign through social networks and the rest through friends they knew from TV, the press or radio.

Of the participants, 90% had Facebook, 54.5% had Twitter, 38% had Twitter, and only 6% had none of these social networks (Delgado, 2012).

Characteristics of social movements and indignados

Álvaro García Linera in his article "What are they, where do they come from? Movimientos sociales" states that in order to be considered a social movement, any movement must be a type of collective action that seeks to modify the established social system.

He also sets out the main characteristics that they must fulfil such as:

- Mobilisation structure
- Collective identity
- Method of struggle

In this sense we can affirm that the indignados are a social movement with all the characteristics of one, since it is a type of collective action that seeks to modify the established social system.

It has a structure of mobilisation, since apart from lacking a leader, they have a complex and structured organisation, since even when they carry out what they call the encampments in each city they take on a different structure, a clear example is the structure taken by the encampments in Madrid and Barcelona, the former being set up like an Arab casbah with small, labyrinthine streets and leaving the place for the assemblies a little to one side.

The Barcelona encampment follows the model of the Greek agora, with the place for the assemblies being the centre of the square and the encampment and arranging everything else around this centre, as can be seen in the images below (Verdaguer, 2013).

Continuing with the characteristics cited by the vice-president, the second is that every social movement has a collective identity; as we mentioned throughout the article, the indignados are a vast group of people who are mostly young people in search of the longed-for dignified future that unfortunately with the current economic problems are frustrated, this means that they all share the same identity, the same indignation.

The last characteristic of a social movement is the method of struggle, which in this case is represented by the ICTs and above all the social networks, because without this medium the indignados would not have reached their current magnitude.

In this sense, we can make a crossover with the resource mobilisation theory since the main characteristic of this theory is that "a movement lies in the following key variables ubiquitous in the discourse: organisation, interests, resources (variety and sources), opportunities, strategies, bureaucracy and, above all, mechanisms to reduce costs" (Puricelli,

2010, p. 5), all characteristics that "the indignados" fulfil, since:

They are organised, a clear example is the encampments and their form of organisation; interests, indeed the indignados are a group of people who pursue the same goal the same interest, to have a dignified future.

Resources, the indignados use different resources; however, the main resource they use is ICTs as the main tool for organisation and communication within the movement.

Strategies, an example of the different strategies they use is the form of peaceful protest that puts any government in conflict, as nobody wants to have a hundred people sleeping in the main squares reminding them that something is wrong.

Opportunities, that is to say that they are at the house of any opportunity that may appear to them such as the march on May 1st 2013 in Chicago, United States, a group of outraged Americans marched for workers' rights taking advantage of the symbolic day, thus increasing the number of followers and supporters of the cause.

Bureaucracy, as Max Weber states in his concept of the iron cage and perfect institutions, one of them is bureaucracy, since without it there would be no order and people would be lost within their movement, an example of this is the well-organised system of the camps, which have up to 22 different commissions, all of them bureaucratised to improve attention.

Finally, there is the reduction of costs, in this sense we return to the social networks, which are the cheapest and fastest way to keep in touch and therefore the most recommended and used by "los Indignados".

Conclusions

As Rovira states, in recent decades, the transnational dissemination of what happens in local contexts has become highly relevant to the success or failure of social movements and protests (Rovira, 2012).

At the national level, Álvaro García Linera in his article *What are they, where do they come from? Social movements*. One of the characteristics that we can rescue from this book is the method of struggle where social networks play an important role becoming one of the most important methods to take into account.

According to the theory of resource mobilisation, the existence of a movement implies the maximisation of its resources (Puricelli, 2010), in the case of the "indignados" movement, the main resource they have is free software, as with it they can communicate and organise in order to spread not only within Spain but also to reach places as far away as the United States, Syria, Egypt, Argentina, etc. Squeezing all the juice they can from the Tics by creating accounts in most of the social networks such as Facebook, Twitter, Tumblr, creating their blog pages, and different links like these in order to reach as many people as possible, making their movement grow day by day.

The insertion of social networks has meant a change in the modus operandi of social movements, helping them to structure and gather in a quick and more orderly manner, allowing for enormous effectiveness in virally convening both local and international protests through circles of interpersonal trust and at the same time microblogging enhanced by the use of mobile digital devices, such as multifunctional mobile phones, which relay messages and extend denunciations or calls in real time (Rovira, 2012).

In summary, we can affirm that the morphology of social movements has changed, and although in Bolivia this change is not yet visible, it is due to the scarce access to ICTs.

An example of this is the collection of signatures that took place in El Alto in 2013, calling for more and better internet for this city and Bolivia in general, in commemoration of International Internet Day, which takes place on 17 May. Apart from the scarce access to the internet in Bolivia, 3 out of 10 people have access to it, the number of internet users is much lower than the number of mobile phone users, a service used by 7 out of 10 people (BOLIVIA, 2011), and the number of accounts on Facebook, twitter or other social networks in Bolivia is 1,778,580, of which 55.4% are identified as male users (977,840) and 44.6% (786,280) as women (Sádaba, 2012). These data are increasing day by day, predicting the inevitable change in the structure of social movements.

In this sense, it is not difficult to imagine that tomorrow, on a national level, movements of the stature of "Los indignados" could be generated, a movement that would not have been possible without the help of social networks.

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Situation of organ donation and transplantation in Bolivia**Situación de la donación y trasplante de órganos en Bolivia**

LÓPEZ, Cecilia†, BOBARIN, Sindel, COLQUE, Cinthya and JESÚS, Shirley

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Abstract

After having accomplished an observation of the different problematic that affect the daily life of our city, as reflect of what happens in the rest of the national territory, we have been attracted to implement a juridical analysis to the situation of the donation and organ transplantation in the legal ambit of our country, with the objective to identify the level of efficacy and the normative scope with respect to the situation of people who need a transplant. This restlessness born from the analysis of the law 1716 and its regulation, which ambiguously delimits the functions of the centers of health in what respect to this topic, also to establish the creation of a waiting list and a record, tool which objective would be norm the permanent supply of organs through donation programs. These do not accomplish their objective or being attached to a public policy in the ambit that allow the continuity of the institutions and benefit of the people in need.

Donation, Organs transplantation, List of national waiting, Regulation

Resumen

Luego de haber realizado una observación de las diferentes problemáticas que afectan la vida cotidiana de nuestra ciudad, como reflejo de lo que sucede en el resto del territorio nacional, nos hemos visto atraídos a implementar un análisis jurídico a la situación de la donación y trasplante de órganos en el ámbito legal de nuestro país, con el objetivo de identificar el nivel de eficacia y el alcance normativo respecto a la situación de personas que necesitan un trasplante. Esta inquietud nace del análisis de la ley 1716 y su reglamentación, la cual delimita ambiguamente las funciones de los centros de salud en lo que respecta a este tema, además de establecer la creación de una lista de espera y un registro, herramienta cuyo objetivo sería normar el suministro permanente de órganos a través de programas de donación. Estos no cumplen su objetivo ni estando adscritos a una política pública en el ámbito que permita la continuidad de las instituciones y beneficio de las personas necesitadas.

Donación, Trasplante de órganos, Lista de espera nacional, Normatividad

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Introduction

Scientific and technological advances have changed the life of humanity, becoming an essential part of the development of people's lives, from the use of these advances to carry out simple activities, to being able to benefit from the health of an illness that in another era may not have had a solution, through medical procedures that allow the replacement of a diseased organ with a healthy one.

However, the practice of these procedures includes a series of essential characteristics, among them, the existence of people willing to donate an organ in favour of someone who needs it; the means that will allow the development of the medical procedures necessary for the success of these practices; the existence of the necessary resources, and the fact that these are within the reach of any person.

Bolivia entered the transplant era in 1948 with the first cornea transplant performed by Dr. Javier Pescador in the city of La Paz, followed by a kidney transplant at the Hospital Obrero No. 1 in La Paz in November 1979 by the team of Dr. Néstor Orihuela Montero. Néstor Orihuela Montero, in the following years several transplants were performed, but these were not regulated by any law until 5th November 1996, when the first Law of Transplantation and Donation of Organs, Cells and Tissues came into force; A year later, a Supreme Decree N°24671 that regulates the law N°1716 came into force on 21 June 1997. Since then, more than a decade would pass before the issue of the regulation of transplants and donations was taken up again, On 21 December 2011, Supreme Decree N°1115 came into force, abrogating Supreme Decree N°24671, which became the new regulation for Law N°1716 on Organ, Cell and Tissue Transplantation and Donation.

Organ transplantation in Bolivia is lagging behind in comparison with other countries. There are many reasons why our country does not currently have a relatively acceptable level of progress in this area, mainly due to the lack of material resources and specialised professionals, in addition to the lack of health policies in this area on the part of the State, which is detrimental to the people who would benefit from these procedures.

Although the Political Constitution of the State recognises the right of all people to health, to access the health services they need free of charge, and establishes the responsibility of the State to guarantee the continuity and quality of these services at any level of health care.

The Law on Organ, Cell and Tissue Donation and Transplantation, the main legal instrument that regulates these procedures, lacks a clear and specific determination that would allow access for all those in need. Among these difficulties are, for example: the lack of material and human resources to guarantee the continuous and optimal functioning of the institutions that should be in charge of the administration of these procedures, and even the lack of clear and specific delimitation of the institutions and the powers that correspond to them.

Research is needed to show the current situation of people in need of a transplant, the procedure to be followed to be considered recipients and the characteristics that are taken into account for their consideration as such, according to the law.

The legislation regulating the transplantation and donation of organs, cells and tissues in our country does not work effectively for the benefit of people in need of transplantation due to its lack of specificity and the lack of regulations for the institutions that would be responsible for carrying out these procedures. The ambiguity that exists within the Law on Organ, Cell and Tissue Donation and Transplantation can be considered a detriment to both the voluntary donor and the potential recipient. The lack of management and bureaucracy of the institutions violate the right of potential recipients and donors.

Implementation of the corresponding legislation by the institutions in charge. In this sense, the present research work was carried out in three stages:

- Bibliographic and documentary review of national legislation in this area.
- Collection of data on the reality of the functioning of the institutions in charge of organ transplantation.

- Verification of the existence of legal resources that enable health centres to carry out organ, cell and tissue transplants.

The application of laws and special laws for organ donation and transplantation that ensure the correct participation of the state, the entities of the branch, and the population in the design of public policies.

The State should promote the coordination of health institutions, as the costs of transplantation are very high, dividing the functions: analysis, patient preparation, surgery, etc. This is another way of reducing the cost of transplants.

The state should disseminate information about the access to the national waiting list and the special registry for potential donors and recipients to the population, and raise their awareness. This is a voluntary and altruistic act.

It is necessary to train health officials on the issue of the single national waiting list and special registry for potential donors and recipients, as the knowledge of public officials is limited, Training is not only of benefit to health officials, but would also help people who need data on this topic.

The state should create support policies for Bolivians who need transplants and who do not have the necessary economic resources to be able to pay the cost of a transplant. This could be done by creating a fund for this purpose: from taxes, resources from the municipalities, prefectures, and thus be able to improve the quality of life of the people.

The state should control the resources and supplies that it gives to health institutions, since many of them do not reach the patients.

It is vitally important to create web pages for greater accessibility to the registry of potential donors and recipients. An example that should be followed is that of Panama, a country whose registry is on the internet and is carried out through the same means, to acquire the donor card, the volunteer registers his or her data online and must only pick it up at the office in charge of donations and transplants, a quick and efficient way of handling the special registry for potential donors and recipients.

Conceptual - theoretical framework

Single national waiting list

The waiting list is a database containing all the names and other data necessary to be able to decide on the most suitable recipient for a specific available organ. The most suitable recipient will be determined by various data, and especially by the compatibility of the organ to be transplanted and the donor. This compatibility is determined, without going into the technicalities of immunology, by the blood group, anthropometric dimensions and HLA-DR, HLA-A, HLA-B antigens in the case of kidney transplants.

The waiting lists are different depending on the organ. In the case of heart, lung and liver, it is a centralised list because while the increase in activity in the field of kidney transplantation depends on the local infrastructure and coordination (organ generating hospital as well as other provincial or regional hospitals), the transplantation programmes for non-renal solid organs, liver, heart and lungs will be all the more active the more they are open to the limits of their area and therefore the better the exchange infrastructure they have.

The explanation lies in the following points:

- The lives of people on cardiac, lung and liver waiting lists depend on transplantation.
- The compatibility between donor and recipient is not based on HLA typing, but on blood group compatibility and organ size.
- Preservation fluids do not allow for organ preservation of more than 4-6 hours for the heart and 6-8 hours for the liver.
- The maintenance parameters and clinical conditions that the potential donor must meet differ or increase their requirements.

All of this explains why not all organs generated in a centre in an autonomous community will have a suitable recipient on its own waiting list.

The central office of the ONT (National Transplant Organisation) is responsible for the so-called out-of-hospital coordination tasks or, as we could also call it, the organisational aspects of the donation/transplantation process. There is a group of ONT nurses who, among other functions, are directly in charge of this work. In general, the central office in Madrid is in charge of coordinating donation alerts throughout Spain, with the exception of Catalonia, and the Barcelona office coordinates extractions within the territory of its autonomous community, as well as offers or donations from Spain to other European countries or from other European countries to Spain.

Special register for potential donors and recipients

The primary objective of the register of organ donors is to implement a single register of citizens who have expressed their willingness to donate organs, either positively or negatively, and it is a strictly confidential file through which we can all record our willingness to be a donor during our lifetime after our death.

In the national territory, and with a respective coordinator for each department, a special registry is managed for possible donors and recipients, this registry is based on a book of minutes, which is found in all SEDES health centres, the future donor must pass a series of studies and laboratory analyses, to later form part of the list, the registry is the first step towards becoming a donor.

National legislation and international agreements

In 1989, at the initiative of Dr. Nestor Orihuela Montero from La Paz and Dr. Juan Pablo Barrenechea from Cochabamba, the nephrologists of Cochabamba, the nephrologists of Cochabamba and an outstanding group of other specialists from specialists from La Paz and Cochabamba, founded the Bolivian Society of Organ and Tissue Transplantation (SBTOT). (SBTOT), in order to elaborate the legal framework for the practice of organ and tissue transplantation in Bolivia and to spread the and to disseminate the necessary knowledge about transplantation to the medical profession and the general public the necessary knowledge about transplantation among the medical profession and the general population.

The society worked for eight years in close collaboration with the bioethics institute of the Catholic University of Cochabamba, directed by Dr. Manzanera Miguel S.J., and the Bolivian Academy of Medicine (ABM), on the drafting of a transplantation law and its complementary regulations.

The law was passed in the Chamber of Deputies in January 1992, after many difficulties and stumbling blocks due to political adversity and cultural prejudices of our population. It took almost five years for this law to be approved in the Senate and enacted as Law No. 1773.

Senate and promulgated as Law No. 1716 of 5 November 1996. The regulation was The regulations were elaborated by the transplant society in Cochabamba in 1989, revised and approved by the national by the national society in 1990, by the health commission of the Chamber of Deputies in 1992, and by a special a special commission constituted by representatives of the national health secretariat, the Bolivian medical association, the transplantation society and the Bolivian academy of medicine in 1997 and promulgated as supreme decree No 24671 on 21 June 1997.

Due to the need to update the regulations on organ, cell and tissue donation and transplantation, considering the scientific and technical-operational advances in the practice of procurement, ablation, preservation, storage, transport and transplantation of human organs, cells and tissues, and to strengthen the steering role of the Ministry of Health and Sports and guarantee the quality of care, Supreme Decree No. 1115 of 21 December 2011 was enacted.

Months before the promulgation of Supreme Decree 1115, the tenth meeting of the Ibero-American network/council for organ donation and transplantation was held. Cartagena de Indias (Colombia) 23 and 24 March 2011, where Dr. Olker Calla Rivadeneira was responsible for the renal health programme of the Ministry of Health and Sports of the Plurinational State.

Having reviewed Bolivian legislation, international conventions, meetings and congresses, on a certain point, which is the single waiting list and registry of potential donors and recipients, it should be emphasised that there was already an attempt to regulate, create and modify the list of recipients, only the regional coordinators would have access, adding new registered patients, eliminating those who have already been transplanted or have died while waiting for an organ and/or temporarily eliminating those who cannot be transplanted because they have a temporary contraindication.

Thus, regional coordinators, when faced with the existence of a potential cadaveric donor, choose the best regional recipient from the list according to immunological compatibility, relative urgency, degree of sensitisation and length of time on the waiting list, in order to achieve the fairest and most correct distribution of organs possible, based on solid scientific and ethical foundations and without any possible preference or discrimination.

Comparative legislation

The normative development related to donation and transplantation varies substantially from country to country, with complete, updated and recent legislation, as well as others without normative development other than the statements set out in the general health laws.

In Mexico, Honduras and Venezuela, as of September 2012, there were legislative projects to modify and complement the regulations related to donations and transplants, which will be approved in the next legislature in each of the countries. On the other hand, Ecuador has one of the most recent legislations on the subject, and to date it is still in the process of being approved.

Spain

In the world, Spain heads the list of countries with the highest rate of organ donations, Law 30/1979, of 27 October, on organ extraction and transplantation, a general regulation, however, in Article 7, Paragraph I, the concern that exists on the part of the Spanish government, which not only sought a regulation that would be of benefit to their country, but also incorporates in one of its articles a regulation that would be of benefit to the country.

On the contrary, it incorporates in one of its paragraphs "The constitution of organisations at national and regional community level will be facilitated and collaboration will be established with international entities that make possible the exchange and rapid circulation of organs for transplant, obtained from deceased persons, with the aim of finding the most suitable recipient".

With regard to the regulation of donors or recipients, it is clear that donors may be of legal age, of sound mind and in a state of health adequate for the removal of the organ. In the case of an organ whose extraction is compatible with the donor's life and which does not seriously diminish the donor's functional capacity and is declared, in writing, before the judge in charge of the civil registry of the locality in question, in the case of living persons.

In the case of deceased donors, proof of brain death must be provided. On the other hand, the recipient may express affirmative or negative consent for the transplant, graft or implantation to be carried out, something that is very striking since in Bolivia the only person who can give consent is the donor.

It is important to take into account that Spain is a country that apart from having a higher rate of donations, is a country that is concerned about the dissemination and education of the same, for this reason in the Royal Decree 2070/1999, in Chapter II, Article 6. Promotion and publicity, the health authorities are in charge of promoting the necessary information to the population about the benefits for the recipients, the conditions, requirements and guarantees that this procedure entails, the promotion is carried out in a general way and always remembering that it is a voluntary, altruistic and disinterested act, This is due to advances in technology for the rapid extraction of organs and their preservation for subsequent transplantation, as well as the creation of an efficient and sufficiently agile mechanism that allows immediate judicial authorisation for obtaining organs.

In the study of the Spanish and Bolivian regulations on the subject, the same objective is to substantially improve the recipient's hope or conditions, it is clear that in general the Bolivian regulations have the basics in their rules, it would be very important to take the Spanish legislation as a basis for future rules and/or regulations, as only this does not worry about waiting for donors, on the contrary it is the one that looks for donors not only within its territory but also outside its borders, This is thanks to a system of efficient organisation and, always looking for its legal scope to obtain the respective permits as quickly and efficiently as possible, it is important to mention that Spain with respect to its transplant and donation rules has an important number of regulations that over time have been regulating in more detail to its general rules, it is known that it tries to be in accordance with the medical-scientific updates and this makes the types of donors a little wider, which should be taken into account for the Bolivian rules. for the Bolivian norms.

Ecuador

Ecuador has specific regulations with respect to organ transplantation, something important is the preservation of the health of both the recipient and the donor, which is why Ecuadorian law indicates in one of its articles of its transplant and donation law that "any person who has received an organ by transplant will have preferential treatment in medical care with the aim of preserving the transplanted organ and improving their quality of life. Likewise, any person who, having received an organ transplant, has not recovered his or her functional, organic and/or working capacities, will be considered as a person with a disability, so that he or she can obtain the relevant legal benefits. The same treatment will be granted to any living donor who, due to the effects of the donation, has suffered an alteration that means a decrease or disability in his or her organic functions and health that, duly certified by a qualified medical institution, makes him or her at least partially incapacitated for the activities he or she carried out before the donation", the state is in charge of the care of donors and recipients who have had some complication with their health, after the intervention carried out.

It is important to have a document that indicates that a person is a donor, Ecuador no longer uses a main document, donors have the quality of donor or non-donor inscribed in their identity document, it is regulated by the national law of that country "The manifestation, restriction or conditioning of the will for the donation of anatomical components will be made

The manifestation, restriction or conditioning of the will for the donation of anatomical components will be stated in the citizenship card in the case of Ecuadorian citizens and in any other identification document in the case of foreigners legally residing in the country".

Once the death of a person has been verified and certified, all or part of his or her organs, tissues and/or cells may be disposed of. In case of violent death of a person, the removal may only be carried out when it does not interfere with the final results of the autopsy, being necessary for the performance of the ablation of organs and tissues the prior notification to the public prosecutor on duty.

The normative development related to donation and transplantation varies substantially from country to country, with complete, updated and recent legislation, as well as others without normative development other than the statements set out in the general health laws. In Mexico, Honduras and Venezuela, as of September 2012, there were legislative projects to modify and complement the regulations related to donations and transplants, which will be approved in the next legislature in each of the countries. On the other hand, Ecuador has one of the most recent legislations in signature and to date most of the regulatory frameworks date back several years, which in some cases means that technological advances are not contained in them or have had to be regulated by decrees or annexed resolutions without correlation, a situation that generates difficulties when establishing which is the current regulation for a particular topic.

The World Health Organisation's guiding principle 6 establishes that each country should promote the altruistic donation of organs, tissues and cells; however, it was found that this stipulation has not been included in the majority of Latin American legislations.

Among the countries that include practices for this type of promotion are Brazil, Colombia, Ecuador, Panama, Venezuela and Spain, whose legislation includes, among others, the promotion of donation in free or state-funded campaigns and the order to include information about the benefits, importance and necessity of donation in the curricula of primary, secondary and higher education.

Research Methodology

Methods

In order to obtain and collect comprehensive, complete and up-to-date information, the following quantitative, but mainly qualitative research methods and techniques were used, as the latter is considered to be a social science method.

Quantitative

As it is an effective method for accurately describing economic, political and social data. We also used it to interpret this information, having used the following techniques:

- a) The survey was applied to a general population sample. Between 14 and 52 years of age.
- b) Statistics: This allows us to graphically detail the data obtained in the surveys. They are as follows:

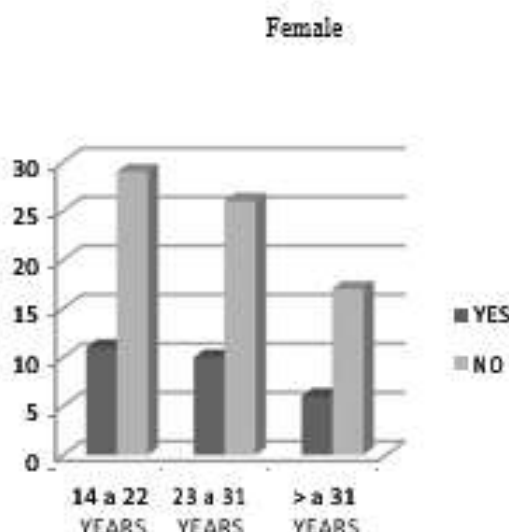
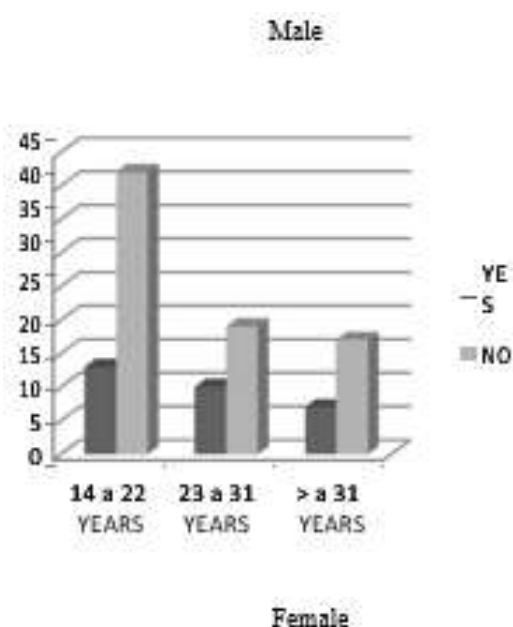


Figure 1 Would you be willing to donate any of your organs to someone you do not know - while you are still alive?

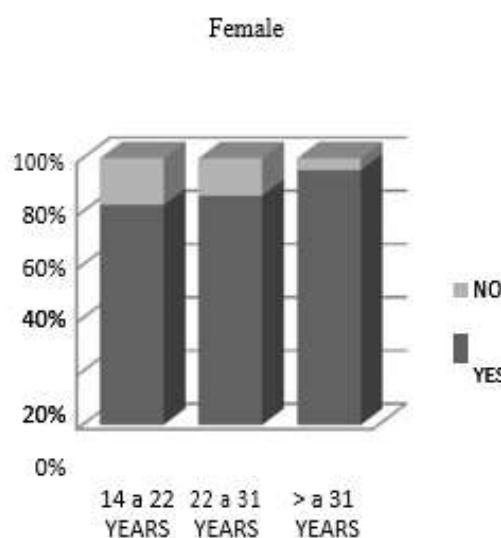
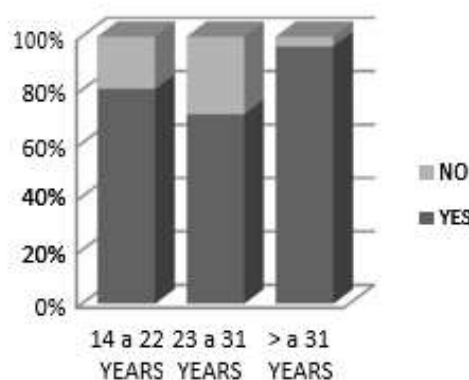


Figure 2 Would you be willing to receive another person's organ if you needed it?

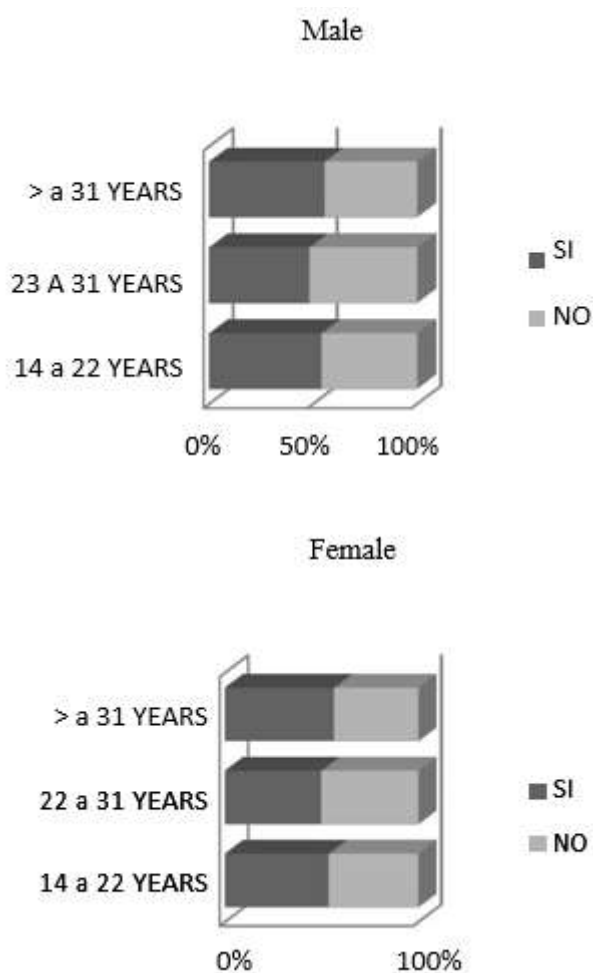


Figure 3 Would you allow the organs of a loved one to be donated?

These tables show similar results to those obtained in question 7, taking into account the nature of the question. People of both sexes in the younger age group are more unaware of the Special Register for Potential Donors and Recipients. However, awareness rates are not higher among the older age group.

Results obtained

The Political Constitution of the State protects the right to health, as stated in Article 45, paragraph 1° "the state at all levels shall protect the right to health by promoting public policies aimed at improving the quality of life, collective well-being and free access to health services for the population". Article 43 states that "the law shall regulate donations or transplants of cells, tissues and organs under principles of humanity, solidarity, opportunity, gratuity and efficiency". Article 37 "The state has the undeniable obligation to guarantee and sustain the right to health, which constitutes a supreme function and the first financial responsibility".

Within the framework of Bolivian legislation, there is only law 1716 on organ, cell and tissue donation and transplantation, supreme decree N° 24671 on physical infrastructure, and the law on the provision of health care services.

This was abrogated by Supreme Decree N° 1115 that regulates Law 1716 on Organ, Cell and Tissue Donation and Transplantation, establishing the scope of application, the organs, cells and tissues that can be donated, the categories of donors, recipients, functions and obligations of health establishments and professionals involved in organ, cell and tissue donation and transplantation.

The law on organ, cell and tissue donation and transplantation regulates organ donation and transplantation, mentions the characteristics that a donor must possess, whether a living donor or cadaveric donor, and states that it is necessary to be registered in a register of potential donors and recipients, but does not provide information on the procedure that the volunteer must follow in order to belong to this register,

With regard to the single national waiting list, Supreme Decree N° 1115, which regulates Law 1716 on Organ, Cell and Tissue Donation and Transplantation, states in Article 15 "The Departmental Transplant Coordinator will register the cadaveric donor in the single national waiting list, administered by the Ministry of Health and Sports, for the distribution of organs, cells and tissues among the registered recipient patients, using the criteria established in the manuals and protocols in force".

It can be seen from the surveys that a large percentage of those surveyed are not willing to donate an organ while alive; on the contrary, there is a greater acceptance of organ donation after death, and a high percentage are unaware of the single national waiting list, as well as the special register for potential donors and recipients, and how to access it.

It is very clear that the authorities of the health care institutions are not aware of the single national waiting list and the register of potential donors and recipients, due to the lack of information from the institutions in charge of the dissemination of information concerning the state.

In comparison to other legislations, the national legislation is not fully specified in some aspects, but it does have a detailed regulation referring to the administration of health institutions and the management and care to be followed by the personnel in charge of transplants. In the financial aspect, the state, as indicated in the regulations, must do everything possible to provide a quality service, but it is difficult to cover the needs of the entire national territory, which is why some institutions are semi-public and semi-private, in order to cover the expenses and needs they have to cover.

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Discussion

Bolivian society still has a certain fear regarding organ donation, even more so when it comes to donating organs during life. It is also important to highlight the existence of regulations that regulate organ transplants, but there is a vacuum within the same regulations regarding the single national waiting list and the special registry for potential donors and recipients, in comparison with other countries, where access and information is provided to belong to the same, one of the factors is the lack of dissemination of the regulations, which generates ignorance of the single national waiting list. The special registry for potential donors and recipients is only mentioned in the regulations in general terms, and the people in charge manage this registry in a book of minutes that exists in each department.

The state is responsible for dissemination policies, but the state's efforts to raise awareness are not sufficiently effective. The need to obtain a donor leads to the extreme of buying the organ needed by the recipient. There is a small contradiction with the law, which does not allow the purchase of organs, nor does it allow any kind of publicity regarding the sale or purchase of organs.

Conclusions

Unfortunately, the subject presented by this project has not yet awakened a solid and real interest in the competent health authorities, because as we have seen, there is no specific regulation that could make it known to the competent authorities.

The issue presented by this project, unfortunately, has not yet awakened a solid and real interest in the competent health authorities, because as we have seen, there is no specific regulation, which could give exact information about the single national waiting list and the special registry of potential donors and recipients. On the positive side, we highlight that there is a legal regulation in force that regulates organ transplantation, but as a deficiency, we note that this law does not regulate or make known a procedure that should be followed by volunteers who are living and/or cadaveric organ donors in order to enter a registry of possible donors, which is also a weak point for the recipients, since the same procedure is not found in the regulation.

Another positive feature is that the law and its corresponding regulations have the function of informing, informing and creating an awareness of humanity in society, as well as the dissemination should be the responsibility of the Ministry of Health and Sports and the entities that are governed by the same, in the case of treaties and agreements signed on transplantation issues, the Ministry of Foreign Affairs is in charge of this.

The management and use of the single national waiting list and the special register for possible donors and recipients should be carried out taking advantage of the latest computer technologies, there would be a better management of the data, both of the recipients and of the patients, in the national territory, at present we highlight a deficiency since this register is incorporated in a book of minutes, which does not speed up the exchange of data between departments.

These interviews demonstrated a lack of knowledge on the part of the authorities and directors we interviewed in health institutions about the existence of and access to the single national list of potential donors and recipients, On the contrary, they showed interest and provided some ideas about future projects that the State should undertake to adapt and update the facilities and at the same time improve organisation and cooperation between health institutions so that in the future a better service can be provided and patients can have access to organ transplants not only in the cities of La Paz, Santa Cruz and Cochabamba, but also in other parts of the country.

The surveys made it clear that there is a need for early socialisation and dissemination of information about donation and transplantation, a single national waiting list and a special register for potential donors and recipients, as this issue is of great importance because it deals in some way with people's lives as a legal right to be protected.

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Causes that induce self-medication in first and fifth year students of the USFX School of Medicine**Causas que inducen la automedicación en estudiantes de primer y quinto curso de la Facultad de Medicina de la USFX**

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Abstract

Introduction: We live in a society that encourages self-medication and one reason is the availability of drugs that do not require a prescription and are easily accessible, the abuse of these have important implications for the health of the general population; being the most commonly used drugs: analgesics, antibiotics, antihistamines and others. **Objective:** Determine the causes that induce self-medication in freshmen and fifth year of the Faculty of Medicine of the Universidad Mayor, Real y Pontificia de San Francisco Xavier de Chuquisaca - Bolivia, 2012. **Methodology:** Quantitative and descriptive cross-sectional approach. A sample of 284 students which they apply structural survey was obtained. **Results.** A high percentage of students who are self-medicating themselves without medical supervision. **Conclusions:** We can say that self-medication on freshmen and fifth year of medical school at the University Of San Francisco Xavier De Chuquisaca is induced by influence of social circle (friends and parents), advertising of certain medications, access to internet and lack of time.

Students, Areas of influence, Drugs, Resistance**Resumen**

Introducción: Vivimos en una sociedad que fomenta la automedicación y una de las razones es la disponibilidad de fármacos que no requieren prescripción médica y son de fácil acceso, el abuso de estos tienen importantes implicaciones para la salud de la población en general; siendo los fármacos más utilizados: analgésicos, antibióticos, antihistamínicos y otros. **Objetivo:** Determinar las causas que inducen a la automedicación en estudiantes de primer y quinto año de la Facultad de Medicina de la Universidad Mayor, Real y Pontificia de San Francisco Xavier de Chuquisaca - Bolivia, 2012. **Metodología:** Enfoque cuantitativo y descriptivo de corte transversal. Se obtuvo una muestra de 284 estudiantes que aplican encuesta estructural. **Resultados.** Alto porcentaje de estudiantes que se automedican sin supervisión médica. **Conclusiones:** Podemos decir que la automedicación en estudiantes de primer y quinto año de la carrera de medicina de la Universidad De San Francisco Xavier De Chuquisaca es inducida por influencia del círculo social (amigos y padres), publicidad de ciertos medicamentos, acceso a internet y falta de tiempo.

Estudiantes, Áreas de influencia, Medicamentos, Resistencia

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Introduction

The ease of use, availability, over-the-counter sale and easy accessibility of medicines can lead not only to errors in their application, but also in the overall approach to the disease for which they are intended. It has become routine to take drugs to cheer up, to relax for headaches, stomach aches or other ailments.

The patient self-medicates not only with over-the-counter drugs but also with prescription drugs. This behaviour induces the irrational use of commonly used drugs such as analgesics, antibiotics, antihistamines, antacids, anti-inflammatory drugs, systemic contraceptives, and yet the dangers are manifold. For example, drugs are abused to obtain effects that have nothing to do with their properties. The result is the opposite of what is desired, and can cause complications, illnesses over time, and even loss of action when it is really needed. The risk factors that predispose to this behaviour are very important, such as lack of time to go to a doctor's office, lack of interest in going to the university social security, web influences, social influences, advertising and knowledge of pharmacology.

The aim is to make the general population aware of all the problems that self-medication brings with it, to analyse the factors that influence the indiscriminate use of medicines and to carry out the corresponding activities to corroborate the proper use of medicines; in this way we will centralise a realistic awareness of what it means to make proper use of medicines, all medical devices and of who should handle them safely and with regulatory competence.

The present research study was developed with a quantitative, descriptive, cross-sectional approach, including a universe of 1076 regular students in the first (643 students) and fifth (433 students) years of the Faculty of Medicine of the University of San Francisco Xavier de Chuquisaca, with a sample obtained by convenience of 284 students enrolled in the previously mentioned courses during 2012, representing 60% first-year students and 40% fifth-year students. Students with regular class attendance were included, excluding those who did not attend.

The results were evaluated on the basis of a closed-response survey, taking into account the variables of year of study, affiliation, time available to attend a medical consultation, influence of the internet and social circle. With regard to the state of the art, the same approach is taken, which is consistent with the methodology described above.

The main results are that there is an 81.3% prevalence of self-medication in first and fifth year students. Regarding the existence of a relationship between the self-medication of parents and university students in their first and fifth year, the prevalence was 62.9% and 73.8% respectively; and the existence of a relationship between the advice of a friend and the self-medication of university students in their first and fifth year, the prevalence was 63.6% and 75.7% respectively. With regard to the induction of advertising spaces towards self-medication, the results showed a prevalence of 63.3% in the first year and 63.1% in the fifth year.

The use of the internet as another influential factor for self-medication among first and fifth year university students showed a prevalence of 45% and 48.8% in both years out of 100%.

It is therefore concluded that self-medication in first and fifth year students of the Faculty of Medicine of the University of San Francisco Xavier de Chuquisaca is induced by the social circle (friends and parents), advertising of some medicines, access to the internet and lack of time that induces fifth year students; while not being affiliated to the university insurance does not induce self-medication in any course and lack of time does not induce first year students.

General objective

To determine the causes that induce self-medication in first and fifth year students of the Faculty of Medicine, Sucre - Bolivia, 2012.

Specific

1. To identify which of the courses studied has a higher prevalence of self-medication in students surveyed in the first and fifth years of the Faculty of Medicine at the University of San Francisco Xavier de Chuquisaca, Sucre 2012.
2. To determine whether the social circle induces self-medication in surveyed students in the first and fifth years of medical school at the University of San Francisco Xavier de Chuquisaca, Sucre 2012.
3. To determine whether advertising in different media influences self-medication in surveyed students in the first and fifth years of the faculty of medicine at the University of San Francisco Xavier de Chuquisaca, Sucre 2012.56

Theoretical framework

An important fact worldwide is the existence of Reye's syndrome, which is a serious process with hepatic and cerebral involvement caused by the indiscriminate use of acetylsalicylic acid (aspirin). Chronic abuse of paracetamol as an analgesic or antipyretic can be very harmful to health, as it causes liver failure, often resulting in death.

It is estimated that 11% of all cases of end-stage renal failure, with an incidence of around 110 new cases per 1000000 population, are attributed to analgesic use. The vast majority of studies carried out in various countries in America, Asia and Europe report that the consumption of over-the-counter or previously prescribed drugs is higher in females (67%) than in males (33%), the age range most likely to self-medicate is between 25 and 44 years old (50%), 18 to 24 years old (10%) and over 45 years old (40%). At the national level, the Ministry of Health presumes that in Bolivia self-medication is higher than 17%, the Pan American Health Organisation (PAHO) says that in Bolivia the use of antibiotics is irrational and warns that the irrational use of antibiotics is increasing in the country, which could be generating greater resistance to these drugs in patients.

The consultant on communicable diseases for the international organisation in Bolivia said that one of the main causes is "cultural management" to treat certain diseases. In other words, people self-medicate and buy one or two antibiotics without following a complete treatment and not 21, which would be the right thing to do. This, in the long run, leads to resistance of the micro-organism.

In the US, where the pharmaceutical market is highly regulated, it is estimated that each person spends on average US\$ 100 per year on so-called "over-the-counter" (OTC) drugs. The number of drugs authorised for OTC use in the US has been increasing over the years, but most of them only offer relief for acute and generally self-limiting conditions. Although the type of medicines and dosage forms available for this use in the US are restricted, 94% of people who use over-the-counter medicines surveyed said they would be careful when using them, 93% read the instructions before taking the medicine for the first time, and 70% would call their doctor if they were unsure how to take it.

Over-the-counter medicines

Medicines are differentiated on the basis of the risks associated with their use into prescription medicines and OTC medicines. According to WHO (1986), OTC medicines have lower risk characteristics and should be:

- Effective: on the symptoms that motivate their use, which should generally be self-limiting in nature.
- Reliable: they should give a consistent and sufficiently rapid response, so that the patient notices their beneficial effects.
- Safe: they should be used in situations with a good prognosis and whose identification is not difficult for the layperson.
- Easy and convenient to use: so that the user does not require complex or unusual precautions.
- Wide therapeutic range: so that dosing errors do not have serious repercussions.

- Leaflet: should include a leaflet with specifications for consulting a doctor.

The competent authorities in each country must ensure the safety, quality and efficacy of medicines and are responsible for authorising and monitoring the marketing of medicines.

The World Health Organisation (WHO) recently passed the Medicines Act in 2008, the main objective of which is to put an end to self-medication once and for all. A system of fines of 30,000 to 90,000 Euros is imposed on pharmacists who sell prescription drugs. The WHO has warned about the abuse of this practice with the Medicines Act.

Common mistakes of self-medication

The ease of use and free availability of OTC medicines can lead not only to errors in their application but also in the overall approach to the disease for which they are intended.

Patients self-medicate not only with OTC medicines but also with prescription medicines. This behaviour leads to irrational use of medicines.

The most commonly used medicines and their effects are the following analgesics:

One of the risks of regular use of painkillers is interstitial nephritis. It is estimated that 11% of all cases of end-stage renal failure, the incidence of which is about 110 new cases per 1,000,000, is attributed to analgesic use.

Unsupervised pain management has been complicated by the widespread use of non-steroidal anti-inflammatory drugs (NSAIDs) for this indication. Their increasing use increases the risks of adverse effects, both in prescription and self-medication. The incidence of upper gastrointestinal bleeding (UGH) is 650 cases per 1,000,000 inhabitants/year, 40% of which are attributable to acetylsalicylic acid and the other NSAIDs. A common misconception is the overuse of analgesics for the treatment of headache. Patients suffering from migraine and tension headache are not always diagnosed, they have never received a clinical and therapeutic assessment to understand and treat their disease.

Patients opt for the indiscriminate and disordered use of painkillers, with or without prescription, to alleviate their symptoms as much as possible. This negative and commonplace scenario is observed in many chronic daily headache patients with analgesic abuse, regardless of whether the initial cause of the headache is the evolution of their migraine or the result of very frequent episodes of tension headache.

Self-medication with analgesics is a major problem in our country. Regular and frequent use of analgesics such as aspirin, codeine, dextropropoxyphene and paracetamol, particularly when taken together to treat non-specific headaches, can cause chronic headache as a paradoxical reaction.

Antibiotics

There is a great cultural expectation around this group of drugs. People expect definitive cure of a threatening infection through their use. In addition, patients report in the pharmacy that most of them have an antibiotic in their medicine cabinet from the previous medical consultation and would take it again without a previous medical visit.

In Spain, it has been shown that 25% of the 80 million packs of antibiotics per year are consumed without a doctor's prescription. A notable error in this therapeutic group is the discontinuation of the antibiotic before the end of the prescribed treatment as soon as symptoms begin to disappear. Some results show that only 6.5% of adults and 30.3% of children comply with the appropriate dosage and duration of treatment.

Antihistamines

For example, prolonged or excessive use of vasoconstrictor nasal decongestants can cause "rebound" congestion which, in turn, can lead to chronic mucosal inflammation and obstruction of the nasal passages.

Other medications

Any medicine, regardless of its risk-benefit profile, can be misused. A survey conducted in 2000 in the population of Campo Grande (Mato Grosso Do Sul, Brazil) 15 showed that analgesics, antacids, anti-inflammatory drugs, systemic contraceptives and systemic antibacterials were the most commonly used pharmacological groups in self-medication.

Definition of responsible self-medication

The World Health Organisation (WHO) defined the concept of responsible self-medication as comprising the use of medicines by the consumer to prevent and manage self-recognisable disorders or symptoms.

As it stands, this seems to be an appropriate alternative to solve the user's problems, as it would allow for the rational, informed and safe use of OTC medicines.

The institution sees responsible self-medication as a valid formula for health care in developed societies, stressing that the strategic role of the physician should not be neglected.

The WHO's objectives in proposing responsible self-medication are to prevent and treat symptoms and minor health problems that do not require medical consultation; to reduce the continuing pressure on medical services for the relief of such problems, especially when resources are limited; to increase the availability of resources for the care of rural or remote populations where access to medical services is difficult; and to help chronic patients manage their condition.

There are a number of factors that need to be in place for self-medication to be positive. The role of the pharmacist internationally has been changing over the last two decades, becoming a responsible guide to daily health care and a key figure in the medicines supply chain. Their education and training equips them to provide sound information about these products.

Also the recent developments of new, more effective medicines considered suitable for oral or topical open access, and the reconsideration of old ones for recognised safety, make an interesting range of self-manageable alternatives available to the population.

As a pharmaceutical industry, we have a major role to play in responsible self-medication. That is why we provide medicines with high standards of safety, quality and efficacy, complying with all legal requirements for packaging and labelling, using clear warnings in the package leaflets and all necessary information to guide the patient and the pharmacist, encouraging people to treat medicines with care and to use them with proper professional guidance.

As it stands, this seems to be a suitable alternative to solve the user's problems, as it would allow the rational, informed and safe use of OTC medicines. The institution sees responsible self-medication as a valid formula for health care in developed societies, stressing that the strategic role of the physician should not be neglected.

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Methodology

The study was conducted at the Faculty of Medicine of the University of San Francisco Xavier de Chuquisaca. A quantitative, descriptive, cross-sectional approach was used for the study. The sample obtained was 284 students enrolled in the first and fifth years of the Faculty of Medicine.

Results

Table 1.- The table shows the prevalence of self-medication in 284 students surveyed at the UMRPSFXCH medical school in the 1st and 5th years, where 231 students responded that they do self-medicate, representing 81.3% of the total, while 53 students responded that they do not self-medicate, representing 18.7% of the total.

| Self-medicating | Frequency | Percentage |
|-----------------|-----------|------------|
| Yes | 231 | 81,3% |
| No | 53 | 18,7% |
| Total | 284 | 100,0% |

Table 1 Prevalence of self-medication in students surveyed in the first and fifth year of study

The following table shows that family influence is important at the time of self-medication, since of the 284 students surveyed, 52 responded that their parents had never self-medicated, corresponding to 18.3%; 40 students responded that they did not know if their parents had ever self-medicated, which corresponds to 14.1%; while 192 students responded that their parents had ever self-medicated, corresponding to the great majority with 67.6%.

| 1. did your parents go to self-medicate ever ever? | Frequency | Percentage | Percentage |
|--|-----------|------------|------------|
| No | 52 | 18,3% | 18,3% |
| Don't know | 40 | 14,1% | 32,4% |
| Yes | 192 | 67,6% | 100,0% |
| Total | | 67,6% | 100,0% |

Table 2 Influence of the social circle on self-medication in first and fifth year students

As can be seen in the table below the influence of the media is significant as 171 respondents representing 60.2% responded that they did self-medicate because of the media, while 113 respondents representing 39.8% did NOT pay attention to the media regarding self-medication.

Based on the results of the research carried out, we can affirm that in the first year there is a prevalence of self-medication of 82.4%, while in the fifth year it is higher at 90.4%.

| Prevalence | Firts | Frequency | Fifth | Frequency |
|------------|-------|-----------|-------|-----------|
| Yes | 140 | 82.4% | 103 | 90.4% |
| No | 30 | 17.6% | 11 | 9.6% |
| Total | 170 | 100% | 114 | 100% |

Table 3 Prevalence of self-medication in students surveyed according to their year of schooling

Conclusions

In conclusion, we can affirm that self-medication in first and fifth year students of the Faculty of Medicine of the University of San Francisco Xavier de Chuquisaca is induced by the social circle (friends and parents), the advertising of some medicines, access to the internet, and the lack of time, which only induces fifth year students; while not being affiliated to the university insurance does not induce self-medication in any year and the lack of time does not induce first year students.

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Influence of social networks on the students of Cardenal Maure school**Influencia de las redes sociales en los estudiantes del colegio Cardenal Maure**

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Abstract

This article took as its main objective to analyze the use of the internet by young students of 6th junior high education unit Cardenal Maurer, identify the types of social networks and influence in their lives, so knowing the consequences that affect in the teaching-learning process during training. To this end document review data and quantitative and qualitative techniques were used.

Internet, Social Networking, Students, Teaching and learning

Resumen

El presente artículo tuvo como objetivo principal analizar el uso de internet por parte de los jóvenes estudiantes de 6° de secundaria de la unidad educativa Cardenal Maurer, identificar los tipos de redes sociales y su influencia en sus vidas, para así conocer las consecuencias que afectan en el proceso de enseñanza-aprendizaje durante la formación. Para ello se utilizaron datos de revisión documental y técnicas cuantitativas y cualitativas.

Internet, Redes Sociales, Estudiantes, Enseñanza y aprendizaje

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Introduction

These networks started to emerge during 2001 and 2002 and had a great impact on teenagers at that time. Theoretically, they are used to have a continuous communication with their friends or even school aspects.

It is a place where teenagers can have the freedom to express themselves without being judged by their physique and reflect an image that they like and that they feel somewhat interesting to other members of the network.

The way in which networks are used depends mostly on the criteria that each person has and the capacity to be influenced. Because in reality it is not the problem of the networks but the way in which they are used. In this sense, this article refers to the use of social networks and their influence on the daily life of the secondary school students of the Cardinal Maurer School.

The article will be divided into 4 sections: the first one will refer to the definition of social networks; the second section will show the advantages and disadvantages of the use of social networks; the third section will study the most used websites by students; the fourth section will analyse the influence of social networks in the lives of secondary school students.

Theoretical framework

Definition of social networking

The term "social networking" has had a great impact on society, as young people (the most affected) enjoy spending much more time on social networking sites without leaving their homes or even from their mobile phones. Without knowing its negative effects, they only see the importance of making their jobs easier, even their communication with friends and family. A social network, like everything else, in excess is bad, even if they have to be careful with the information posted on their walls. [Tilano Osorio, M. A. 2013] [Tilano Osorio, M. A. 2013].

[Jaime Royero 2007] defines social networks as "the set of people, communities, entities or organisations that produce, receive and exchange goods or social services for their sustainability in a scheme of development and expected welfare. This well-being is mediated by the advances in the field of science and technology produced and offered in their social and market value to individuals or groups of individuals, in a given territory and under given social economic conditions. These exchanges take place at local, regional, national, international and global levels.

Social networks change the way we relate to our environment. They are a current reality in the personal, professional and, increasingly, academic spheres [Juan José de Haro 2013].

Social networks are one of the most widely used means of communication as a meeting point where users build, share and develop knowledge, social activities, details about themselves, among others. It has subscriptions to events, news and newsletters, external networks, and some brands' sites It serves to access personalised services.

The use of social networking - advantages and disadvantages

The use of this technology has become an everyday use by young people as personal sites where they play, have fun, upload photos, videos, music, and leave comments on the sites, another aspect to be highlighted is the use of these networks for academic purposes, since in schools it is now common that the submission of assignments or giving notices are done through social networks.

Social networks have the undeniable value of bringing informal and formal learning closer together. They allow learners to express themselves, to initiate relationships with others, as well as to meet the demands of their education.

The use of social networks is a relevant and real problem because we see the agglomeration of teenagers at internet points and even at inappropriate times (lunch hours, late at night).

The advantages of social networking sites are that they are free, save time, eliminate distances and costs, and are a technological tool for communication that allows us to contact family members, artists and friends, as well as to participate and share other interests and needs.

The disadvantages are that most young people are not fully aware of the information they share or share it with their friends, lack of privacy, being publicly displayed personal information, in addition to family photos or videos are published and this leads to this information getting into the hands of the wrong people and gives rise to Internet crimes or serves as a means of extortion violating the privacy of users. If not used correctly, it can become an addiction.

Results of the use of social networks

According to the results obtained through the interview and questionnaire, Facebook is the most preferred social network of the young secondary school students. Graph 1 shows that 98 % of the students surveyed have Facebook as their most preferred social networking site and 2 % have Twitter, and all of them are in the sixth year of secondary school "Cardenal Maurer".

Twitter. It becomes the second most visited and used social network per month. And google is the one that never goes out of fashion.

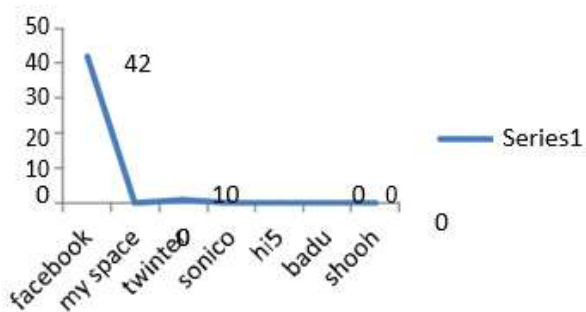
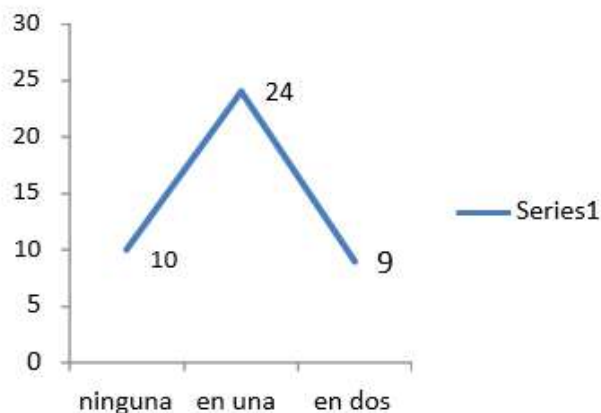


Gráfico 15 Which social network do you prefer?

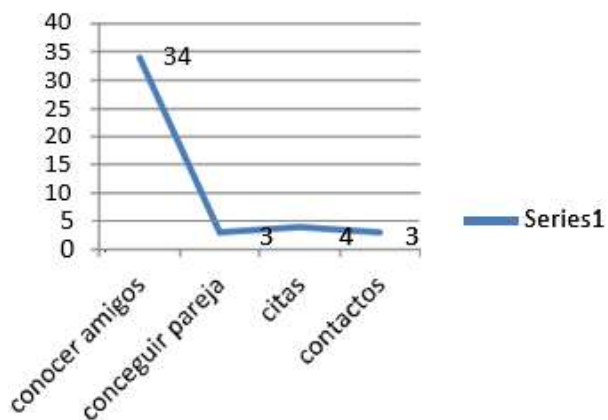
According to the results obtained, we can observe that a high percentage of the students of the "Cardenal Maurer" school have Facebook and Twitter, and these are the sites most frequented by the students.



Graph 2 How many social networking sites are you registered in?

Of the total number of students surveyed 23% are not registered on any social network, 56% are registered on one social network page and 21% are registered on two social network pages.

According to the results obtained, we can observe that a high percentage of the students of the school "Cardenal Maurer" are registered on one social network page.



Graph 3 What benefits do you get from social networks?

Of the total number of students surveyed, 12% have always tried, 0% usually, 35% occasionally, 53% rarely and 0% never.

According to the results obtained, we can observe that a high percentage of the students of the "Cardenal Maurer" school have rarely tried to reduce the time they spend online on social networks.

Influence of social networks on teenagers

Social networks are a great influence in the lives of young people today, as they spend as much time as possible online. According to the results obtained from the students it can be said that the influences of these social networks on them is that they are always disturbed in their sleeping and eating hours, it is difficult for them to reduce the time they spend online,

Social networks are a means of communication now widely used by many people in general by young people finding one more reason to use the internet, this is a factor in which young people find more striking to meet people who have not seen in their lives looking perhaps benefits, also social networks influences their personal identity and school learning, almost always in one way or another this ends up becoming a vice which will begin to depend only to talk to people and socialize.

It was possible to have more information about the clear and concise knowledge about the influences of social networks and the constant use of new information and communication technologies.

With all that has been said, it can be said that the influence that social networks and the internet have on people is a serious case for today's society, since networks are the way in which secondary school students interact, where most of their time, whether free or not, is spent in front of their computers. On the other hand, it influences their academic performance, since secondary school students use the networks to upload photos, videos, writings, but at the same time they share personal publications, moods, among others, and not for academic purposes.

Conclusions

As we can see, social networks have reached communication, as a means of entertainment and the use is large dimensions as a medium that is becoming more and more frequent among young people.

Through the results, it was possible to identify that the most common and most used networks are Facebook and Twitter, it is believed that in the future there will be networks that will be able to surpass these two, as they are always being that these are always being modernised to attract more attention, both among young people and adults

We can also observe that a high percentage of students at the "Cardenal Maurer" school frequently access social networks and feel restless when they cannot connect to the internet. Their sleeping and eating hours have been altered by staying on the internet, and they stressed that they have sometimes tried to reduce the time they spend online and it has been very difficult, many of them stated that they cannot conceive of living without social networks. The study highlights that 80 percent of young people prefer to do activities outside the home.

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Ventajas y desventajas de las redes sociales. Sitio Buenas tareas Consultado el 22 de Septiembre de 2011 a las 17:54 hrs.

Vivir para contarla: en Twitter, Facebook y Hi-5... <http://www.eluniversal.com.mx/sociedad/5390.html> Consultado el 28 de Septiembre de 2011 a las 220:53 hrs.

Vivo, J. M. N. (2010). Redes sociales como paradigma periodístico. *Medios españoles en Facebook*. *Revista latina de comunicación social*, 13(65)

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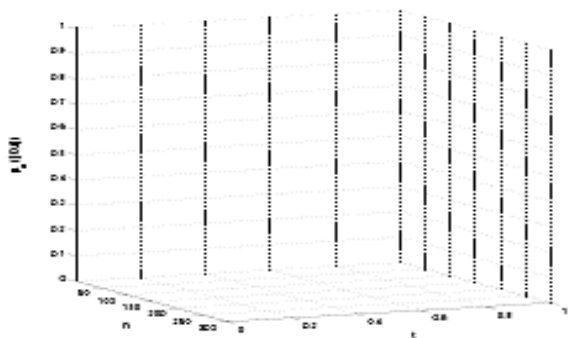
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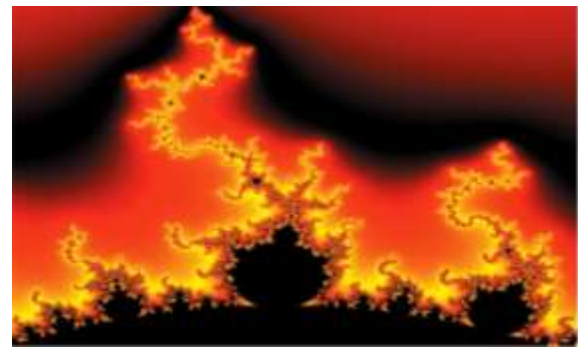


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