

Motivations and Venezuelan migration: bioethics of intervention-based analysis

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Abstract

This qualitative study aimed to analyze from the perspective of intervention bioethics, the motivations for migration in Venezuelans residing in the city of Medellín-Colombia. Twenty people were interviewed, being 9 men and 11 women. The collected data was processed through the IRAMUTEQ software. The thematic axes that resulted from the analysis of the interviews; the first thematic axis, access to health services in Venezuela and Colombia; the second thematic axis, access to medicines and food; the third and last axis, the migratory process for Colombia, it served as references that dialogue with the selected bioethical perspective. In conclusion, food and health have a preponderant role in the lives of people, as essential human rights, the role of States is reinforced in promoting policies that guarantee civil, economic, social and cultures rights of migrants.

Keywords: Human migration. Bioethics. Health services accessibility. Food security.

Resumo

Motivações e migração venezuelana: análise a partir da bioética da intervenção

Este estudo qualitativo teve como objetivo analisar, na perspectiva da bioética de intervenção, as motivações para a migração de venezuelanos residentes na cidade de Medellín, Colômbia. Foram entrevistadas 20 pessoas, sendo nove homens e 11 mulheres, e os dados coletados foram processados por meio do software Iramuteq. Os eixos que resultaram da análise das entrevistas foram: 1) acesso aos serviços de saúde na Venezuela e na Colômbia; 2) acesso a medicamentos e alimentação; e 3) processo migratório para a Colômbia, que serviram de referencial que dialoga com a perspectiva bioética de intervenção. Em conclusão, a alimentação e a saúde têm um papel preponderante na vida dos sujeitos como direitos humanos básicos, sendo papel do Estado promover políticas que garantam os direitos civis, econômicos, sociais e culturais aos migrantes.

Palavras-chave: Migração humana. Bioética. Acesso aos serviços de saúde. Segurança alimentar.

Resumen

Motivaciones y migración venezolana: análisis desde la bioética de intervención

Este estudio cualitativo tuvo como objetivo analizar, desde la perspectiva de la bioética de intervención, las motivaciones de la migración de venezolanos que residen en la ciudad de Medellín, Colombia. Se entrevistaron a 20 personas, de las cuales 9 son hombres y 11 mujeres, y los datos recolectados se procesaron en el software IRAMUTEQ. Los ejes que resultaron del análisis de las entrevistas fueron: 1) acceso a los servicios de salud en Venezuela y Colombia; 2) acceso a los medicamentos y alimentos; y 3) proceso migratorio para Colombia, que sirvieron como referentes que dialogan con la perspectiva bioética de intervención. En conclusión, la alimentación y la salud tienen un papel preponderante en la vida de los sujetos como derechos humanos de primera necesidad, y se refuerza el papel del Estado en la promoción de políticas que garanticen los derechos civiles, económicos, sociales y culturales a los migrantes.

Palabras clave: Migración humana. Bioética. Accesibilidad a los servicios de salud. Seguridad alimentaria.

The authors declare no conflict of interest.

Approval CEP-FHB 22-43-971

Venezuelan migration caused by the political, social, and economic crisis is a current problem, which has not only affected Venezuelans who migrate in search of better living conditions, but also the receiving countries, which have had to deal with this situation¹⁻⁵.

Currently 5.6 million Venezuelans have migrated around the world, and the motivations that led to the increase in this migratory phenomenon are mainly economic. Colombia is one of the main destination countries for the migration of Venezuelans, having received 1.7 million Venezuelans^{3,6}.

Seeking better living conditions, choosing a neighboring country is the most suitable option for immigrants, even without knowing the complex political and social situations of the destination country. This hinders the migration of Venezuelans, with regional and local effects, who face situations of social inequality, discrimination and xenophobia, poverty, and lack of working conditions for their integration⁷. Thus, Colombia may only be a place of passage and not a final destination for many Venezuelans, but it constitutes a living space for those fleeing different regions of Venezuela⁷.

Historically, Colombia was a country facing emigration due to armed conflicts and drug trafficking that took place for more than 50 years in the country, and that Venezuela was one of the main destination countries for Colombians^{7,8}. This migratory change has generated social conflicts and discrimination in Colombia, since the number of arriving Venezuelans is increasing.

Among the motivations of Venezuelan migration is hunger, accompanied by inflation, scarcity of basic products, lack of employment, lack of medicines, among others^{1,4,9}. In this sense, the World Food Program (WFP) stated, in early 2020, that 2.3 million people of this population suffered from food insecurity¹⁰. Another study reports that starvation caused this population to lose, on average, 11 kilograms¹¹. This lack of access to health services and education, access and availability of food, and the serious violations of human rights forced them to emigrate seeking a better quality of life, even without knowing what they could find in neighboring countries^{1,7,12}.

Once Venezuelans reach their destination, some notable situations arise. Among them, the high demand for access to health services, especially in neighboring cities, the negative view of Colombians, even leading to cases of discrimination and xenophobia, which demonstrates tensions between the Colombian population and migrants⁷. The arrival of Venezuelans considers important aspects for their welcome, since most have no money, no place to live, and have to face violence, intolerance, xenophobia, and a lack of opportunities in the destination country¹².

In this social context and vulnerability of rights, observing the Venezuelan migratory phenomenon from the perspective of bioethics is possible, especially as a social phenomenon in Latin America. And the tool to better analyze it is the bioethics of intervention, since this perspective is related to the social dimension of health and considers fragility and vulnerability as an anti-hegemonic, expanded, and politicized epistemological proposal, with a plurality of knowledge, allowing to broaden the vision of the conflicting themes studied¹³. The bioethics of intervention promotes access to quality health, education, and food services as a bridge to achieve social justice and, consequently, equity for not only the migrant population, but of all people in the countries of arrival.

Therefore, this article aims to analyze from the perspective of bioethics of intervention the motivations of the migration of Venezuelans to Medellín, Colombia.

Method

This study used the qualitative approach to deepen the analysis of the reasons for Venezuelan migration. This approach is based on understanding, interpreting, and dialectically interpreting the experiences of Venezuelan migrants that take place within the collective history, allowing to know their subjectivities, which are contextualized and involved by the culture of the group to which they belong¹⁴.

Fieldwork

This study was conducted in the city of Medellín, Colombia, in the first half of 2022;

the first approach to the population was made after the favorable opinion of the Ethics Committee, by previous contact with two Venezuelans.

The following inclusion criteria were considered to select participants were being 18 years old or older; living for at least six months in the city of Medellín; and being in adequate physical and mental condition to participate in the interview. The exclusion criteria were people with communication difficulties; people with terminal illnesses or bedridden.

The “snowball” or “chain” technique were used to choose the participants. The importance of this sampling technique is due to new and different experiences of the object of study being known as the subjects are interviewed. In addition, this technique consists of identifying an individual who has the criteria under study and this relationship with other individuals who are in the same situation, thus we requested the indication of new informants from the participants¹⁵.

Venezuelans in Medellín were contacted by phone, email, and WhatsApp. When some available contacts did not want to participate in the research, a new search was made for subjects with the same characteristics to create another network and start snowballing again.

The interviews began with the reading of the informed consent form, which described the objectives of the study, its justification, and how the technique in which they would participate would be performed. The participants were requested to sign consent, agreeing to voluntarily participate in the interview and to the recording of the conversation.

In total, 20 people were interviewed, 9 men and 11 women, all determined according to the information collected in the fieldwork. This number of interviews was collected due to information saturation, that is, until the information obtained became recurrent in each theme identified during the interviews. At this point, the interviews were interrupted, thus defining the final set of participants¹⁶.

The interviews were conducted in their own contexts, some at work and others at home. Video calls were used for the interviews, lasting about

40 minutes or more, depending on the information provided by the participants.

During the fieldwork, the following techniques were used: individual interviews, field observations, and field notes to collect and record the information.

Data analysis

The qualitative data generated and obtained with the interviews were transcribed verbatim, then the interviews were gathered in full and organized in a single textual corpus. These data were processed with IRAMUTEQ, version 0.7, alpha 2, created by Pierre Ratinaud and developed with Python language. The statistical software R¹⁷ was also used and assisted in organizing and separating information for analyzing textual data.

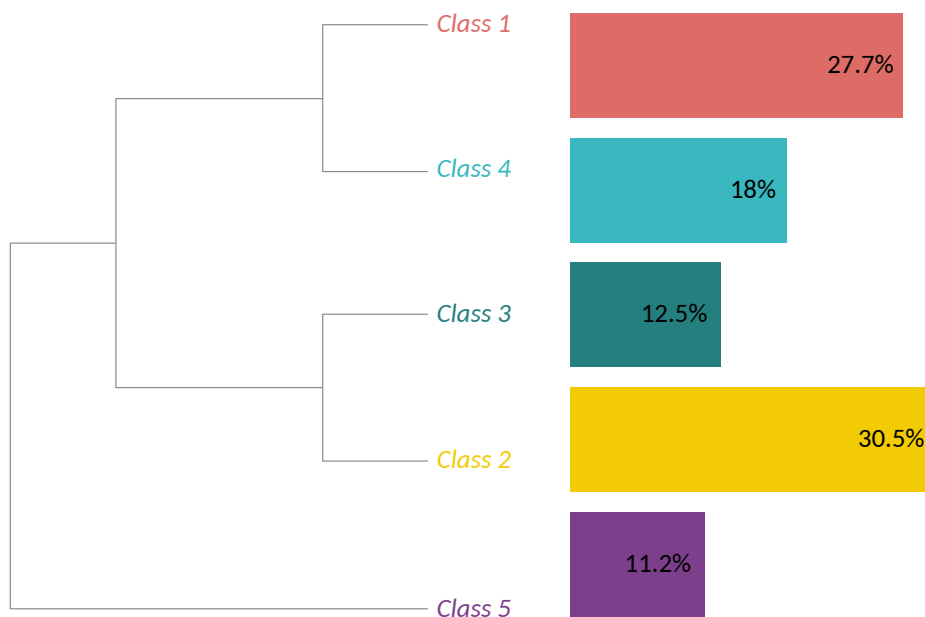
This study made the decreasing hierarchical classification, in which the words, the frequency with which they appear, and their associations in the classes of words are highlighted, allowing to indicate the common field. The classes created from the descending hierarchical classification represent the context of meaning of the words and can demonstrate the representations or their elements¹⁸.

The analysis of the information began with defining the units of analysis, which, thanks to the descending hierarchical classification, could be better organized into thematic axes, which were grouped into categories of analysis, in which the information was classified¹⁹. Thus, with the information organized and detailed, the inference and analysis of the data were performed, making a critical and in-depth reading.

Results

The dendrogram in Figure 1 summarizes the axes and classes of words highlighted, but then an analysis is necessary to understand the text and the context of meaning production. The analysis had a use of 95.66% with the IRAMUTEQ²⁰ program, considered satisfactory in the 20 interviews conducted.

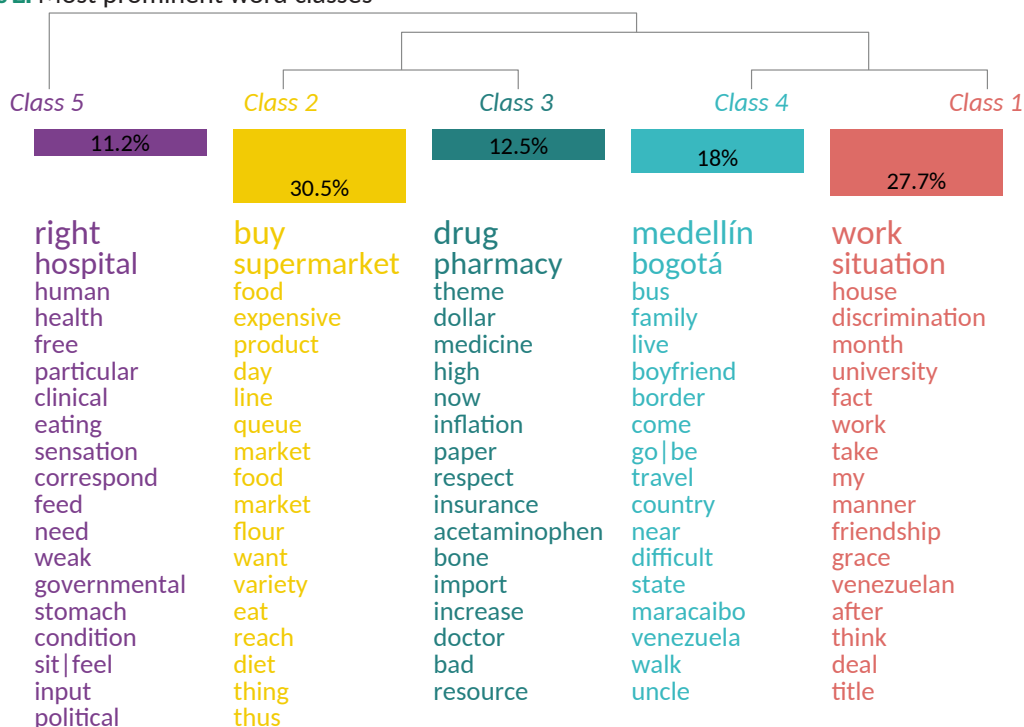
Figure 1. Axes and highlighted word classes



The first thematic axis, called access to health services in Venezuela and Colombia, contains class 5 (11.2%). The second thematic axis encompasses classes 2 and 3. Class 2 (30.5%) describes access to food in Venezuela, whereas class 3 (12.5%) deals

with access to medicines. The third and final axis contains class 4 and class 1; class 4 (18%) describes the migratory process to Colombia, and, finally, class 1 (27.7%) refers to adaptation and integration in the country of destination.

Figure 2. Most prominent word classes



Research

Figure 2 details the results of the thematic axes. The first axis contains class 5 (access to health services) and, according to the participants' discourses, it is possible to compare it with the access to health services in Colombia. The participants recognize that health is a fundamental right, and this right was violated in Venezuela, since they suffered from the lack of access to health services in that country and from difficulties when a person became ill. This situation, added to the scarce access to food, is one of the main motivations for leaving the country.

These were the complex situations that migrants from Venezuela faced, but which lessened with the migration to Colombia, where many of them entered the system in a subsidized, free, or private way, thus guaranteeing access to quality health services.

"The situation is different here in Colombia, because you go to the pharmacy and it sells everything, you can buy headache medicine for a good price, and if you go to the hospital, you find doctors who attend you" (Interview 13, woman, col.).

"Here, a person who has private or public health has the same access, because it is a right. Here health seems to be good because you go in and are attended, there is more access" (Interview 7, man, col.).

The second axis encompasses classes 2 and 3. Class 2 describes the situations experienced in Venezuela regarding household food security, especially the difficulties of access to food and its impact on family dynamics, which reduces school performance in children and adolescents, lowers adults' work productivity, and causes stress and mental health problems, which can often lead to the feeling of exclusion and the inability to guarantee adequate food needs that meet the needs of the cultural, social, and biological needs²¹. The report of some of the interviewees narrates the difficulty of access to food and its high cost.

"Horrible, long queues to buy food. It was like this in Venezuela, you had to get in line at the supermarket on Thursday to buy food on Friday and not go hungry" (Interview 5, man, col.).

"When I lived in Venezuela there were rules, you spent hours in line, but each person could

only buy two kilos. For example, you could only buy two kilos of flour and for a very high value" (Interview 15, woman, col.).

The situations that Venezuelan immigrants faced reflect the conflicts related to food access, which show two persistent situations. On the one hand, food availability at a high cost makes it difficult to buy, added to the situations described above such as the long queues, prices in U.S. dollar, among others. On the other hand, the lack of food leads to illegal situations such as buying food from retailers for a higher value, which are persistent since they are the most viable option for access to basic goods and products.

In turn, class 3 refers to the progressive deterioration of the Venezuelan health system, as highlighted by the Venezuelan participants when they described their complex situations. One of them is access to health, related to difficult situations in treatment, lack of medicines, lack of treatment for diseases, or simply lack of economic resources for accessing health services as a human right.

The lack of medicines to treat serious and non-serious, infectious and communicable diseases, and the dollarization of the market that makes the cost of medication extremely high hinder the access to them. This situation with medicines has mobilized the population to create strategies to access medicines, such as buying medicines at the Colombian border and taking them to Venezuela to acquire them at a better cost.

Arriving in Colombia and finding a better health service, quality care, and medicines within everyone's reach is something important for the interviewees, since having access to affordable medicines improves their quality of life. The interviews also pointed out the problems of the Colombian health system due to being private; however, access and services are good when compared with those in Venezuela.

"In Venezuela there are no medicines, there is no team to attend in the hospitals, all the doctors have left and those who stayed charge in dollars. You even need to bring the syringes, everything to be attended, if not, they do not attend you" (Interview 12, woman, col.).

“Health is very precarious. There were people who died because they didn’t have care, they couldn’t buy medicine, it is that or eating” (Interview 6, man, col.).

The third thematic axis contains class 4 and class 1. Class 4 describes the arrival of Venezuelans in Colombia, the migratory process they faced, which was traumatic and complicated for some, the land route that involves certain difficulties, such as the closure of the border and the long hours of travel by bus or on foot to reach neighboring cities, the lack of economic resources, the situations of insecurity, the transportation stops and changes, and the high cost are the most common problems reported.

“With the whole situation we were going through, I decided to travel to Colombia. The trip was long, it was 24 hours, we were able to come by express bus. It was simple because we came by bus and had resources from our work, not like other people who had to go on foot” (Interview 20, woman, col.).

Among the main motivations for migrating are the economic ones, directly related to access to food. Most participants sought life projects in different countries, especially in neighboring countries, since the mobilization process was much easier, thus Colombia was chosen as a destination. In addition, motivations for this migration are, in descending order, seeking new and better job opportunities, financially helping a family member who still lives in Venezuela, not seeing a prosperous future in Venezuela, not having enough money to pay the rent and not being able to maintain a better quality of life.

And class 1 refers to the processes of integration, accommodation, and adaptation in the destination country. In this process, once they reach their destination, situations arise such as searching for a place to live, searching for employment, suffering from discrimination and xenophobia, longing for family members who continue to live in the country or experiences from before traveling to Colombia, needing to send remittances to Venezuela to help alleviate the social and food situations of the family members who live there.

“Yes, in several places I have heard people speaking negatively of Venezuelans, discriminating against them, saying to put them all in a boat for people who do bad things, people who steal, kill, or sell drugs” (Interview 3, man, col.).

“Everyone here cares about those who are there, everyone who is here sends money to help those who are there. Thank God we are not hungry, and our family that is still there does not go hungry” (Interview 18, woman, col.).

The adaptation and accommodation in Colombian society brings to light the longing for the family that continues in Venezuela; an improvement in the quality of life in Colombia; the welcoming of some Colombians to Venezuelans, making them feel part of the country and integrating them into society; and thoughts about the situations that persist among family and friends.

These three axes summarize the most significant discourses found in the interviews, the relationships between them and describe how the entire migratory process was socially constructed, which allowed the construction of the reality experienced by Venezuelan migrants when they arrived in Colombia, the motivations, challenges, struggles, and feelings encountered in the process, the memories of difficult situations and the strategies implemented to solve them.

Discussion

The three axes resulting from the analysis were references that dialogue with the perspective of bioethics of intervention, since human rights are in one of its lines of intervention as persistent situations, such as migration, hunger, discrimination, and xenophobia to which Venezuelans are exposed in the countries to which they go, in addition to other situations arising from these discriminatory practices, such as poverty²². This bioethical perspective in persistent situations assumes a position of politicization in the face of moral conflicts, thus, it proposes to fight against all forms of discrimination, oppression, and defends the promotion of justice, taking as a reference the principle of equity²².

From the bioethical perspective, the motivations of migration, which constitute violations of human dignity, are analyzed. This happens in the very conception of human dignity, since this violation of rights is intrinsically linked, one exists in the denial of the other. The violation of social, economic, and cultural rights to which migrants are exposed is only formalized to the extent that the dignity of the other is taken away, when the other is diminished as a human being, devalued, and considered as less than the others²³.

Thus, the bioethics of intervention starts from the idea of tolerance and respect for the different, while being based on the equality of human beings, on recognizing the other, their difference and singularity as equals. By integrating the recognition of the plurality of the other, we seek to break with the existing inequalities due to discrimination, in this case of Venezuelans when they arrive in Colombia, since this hinders the enjoyment of human rights²⁴.

The food insecurity of Venezuelans is anchored within bioethics, with the expansion of new ethical studies that promote spaces to discuss food as a total social fact of great complexity, in which social, political, economic, and cultural factors converge²⁵, thinking about how ethics can contribute to guide public food and nutrition policies that have social justice, sustainability, and human rights of this population as pillars and contribute to improve the state of food security within households²⁶.

Aguirre²⁷ notes that the food problem is complex and has no simple solutions. Installing the Venezuelan problem in the contexts of poverty and exclusion experienced by the receiving countries requires global, broad solutions, including the excluded, the immigrants, the poor on the periphery of the receiving countries, and the non-poor, those who have food security and those who are in situations of insecurity, thinking about society as a whole, *if the crisis is structural, the solution must also be: either it reaches everyone or there is no such solution*²⁷.

The bioethics of intervention promotes a discussion on the access to health services in adequate conditions, quality food, and non-discrimination and stigma, so that these practices are persistent, and that the dominant groups do not act to the detriment of the less valued groups within society. Thus, the bioethics of

intervention defends diversity from an anti-hegemonic perspective, in which people can simply live according to their values, beliefs, sexual orientation, culture, nationality; even if this system of values, beliefs, and culture disagrees with the dominant moral standards¹³.

Promoting and defending human dignity should promote the right to access health services as an essential condition for the individuals' existence²⁸. Adequate access to health is paramount to promote and protect the health of the Venezuelan immigrant population, allowing an integration into society with quality and citizenship. Thus, the bioethics of intervention alongside the articles of the *Universal Declaration on Bioethics and Human Rights* allows promoting important tools to improve and consolidate this right²⁸.

Garrafa and Porto¹³ say that the bioethics of intervention can work with this type of issue and seeks to guarantee human rights, among which stand out access to health services, access to adequate food both in quantity and quality, which translates into the transgression of these rights, which affects not only the homes of Venezuelans, but society itself. The bioethics of intervention is like an applied ethical proposal that guides the planning of solutions for this type of situation, establishes ethical criteria that guarantee the fulfillment of human rights, and guides the ethical debate of these persistent situations, which, thus, generate more social exclusion¹³.

Finally, the bioethics of intervention is considered as a proposal of principles and values for a just society, that is, a society organized around the notion of equality, a desired consequence of equity, a starting point for that to happen; achieving equality is only possible by recognizing the differences and the diverse needs of social subjects²⁹.

This means equality regarding the distribution of basic rights and duties, as well as equality of conditions and opportunities for all. From this theory, achieving a situation of equality for Venezuelan immigrants and their receiving countries is possible, where everyone has the same right to decide in which way and how to do things, and the right to study, access to quality food, decent housing, among other basic needs in an equitable way.

Final considerations

Among the main motivations found in this study that made Venezuelans seek a better quality of life are the lack of access to health services, as well as a qualified care team; the difficulties to buy the food, which, although available, were inaccessible due to the high cost; and, finally, the lack of availability and access to medicines.

Based on the bioethics of intervention continuing to discuss and promote actions to favor the inclusion of discriminated groups in the search for better living conditions, fighting against all forms of oppression, discrimination, and stigmatization to which social groups, such as Venezuelan immigrants, are exposed and that determine their full development in society is the challenge.

From the ethical perspective addressed, food and health play a key role in the lives of the subjects, in the struggle for the right to food and access to health services as basic human rights. The role of the State as an entity responsible for promoting policies to those most in need and most excluded in society to guarantee their civil, economic, social, and cultural rights is reinforced.

Venezuelan migration requires consideration about public policies of guidance, registration, and control that inform and protect those who decide to leave the country; assistance to guarantee the basic rights of immigrants in the receiving country; integration into the receiving society; awareness about migrants' conditions, non-discrimination and non-stigmatization programs, and support; and opportunities that allow the use of migrant human resources for the benefit of the receiving country, within a framework of compliance with minimum well-being conditions.

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John Edinson Velásquez Vargas contributed to the research design, data collection, analysis, discussion, writing, and review. Helena Eri Shimizu collaborated with the data analysis, discussion, and review. Luz Mariana Arboleda-Montoya contributed to data collection, writing, and review. Jonathan Andrés Hernández Calle performed the data collection, writing, and review. Pedro Sadi Monteiro contributed with data analysis, discussion, and review.

Received: 11.11.2022

Revised: 6.13.2023

Approved: 8.4.2023