

## Indicators of General Health Perception in Venezuelan Migrants in a Shelter Situation in Ciudad Juárez, Mexico

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### ABSTRACT

Venezuelan migrants in a situation of temporary shelter in Ciudad Juárez, Chihuahua, Mexico, maintain processes of adaptability in the face of legal and assistance conditions of transit due to their migratory trajectory to the United States of America. The economic conditions and situations of violence in their country of origin have made it possible to establish themselves as the main reasons for mobility. Various studies indicate that Venezuelan migrants have inadequate physical and mental health conditions in the face of experiences of victimization and vulnerability during their migratory journey. The main objective of the study was to analyze the general health indicators of Venezuelan migrants in a situation of temporary shelter in Ciudad Juárez. Using a descriptive approach with a quantitative, empirical-analytical perspective of non-experimental cross-sectional temporality, 80 Venezuelan migrants with informed consent participated with non-probabilistic sampling by volunteer subjects to analyze the General Health Questionnaires [GHQ-28] according to the reasons for migration. The results indicated that there were significant indicators of anxiety, depression and somatic symptoms in one-sixth of the participating migrants related to economic conditions in their country of origin to a greater extent than situations of violence as reasons for migrating. Even so, the social resources for the construction of support networks are relevant but are associated with general health conditions with inadequate psych affective conditions as a survival and adaptation strategy that allows achieving the goal of migrating to the global north of America.

**KEYWORDS:** Health, Venezuelan migrants, Temporary shelter.

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### INTRODUCTION

The purpose of the study was to identify the indicators of general health perception in Venezuelan migrants in a situation of temporary shelter in Ciudad Juárez, Chihuahua, Mexico. In Latin America and the Caribbean, nearly five million Venezuelans have decided to migrate to other countries in the last decade due to economic situations or contextual violence (Inter-agency Coordination Platform for Refugees and Migrants from Venezuela [R4V], 2021). In Mexico, in 2021, 58,028 Venezuelan migrants transiting to the United States of America were identified (International Organization for Migration [IOM], 2021), and in 2022 in the state of Chihuahua, 1,800 were identified, with 800 being registered in a temporary shelter situation in Ciudad Juárez according to the National Institute of Migration [INM] (INM, 2022a, 2022b).

Health is a condition of well-being where each person is able to realize their potential to face daily problems,

to produce and to collaborate with their environment (World Health Organization [WHO], 2024; Posada, 2013). It has been argued that mental health represents more than a general concept generally referring to the approach to mental illnesses, psychological disorders or psychosocial obstacles with a perspective of the medical-psychiatric model, it seeks to change to the positive sense by focusing on health rather than disease (Rondón, 2006; Restrepo & Jaramillo, 2012). However, it is relevant to identify symptomatology with indicators of anxiety, depression, somatization and social dysfunction to inversely recognize general health conditions. The psychological difficulties of migrants refer to an imbalance between thoughts, attitudes or expectations and behaviors as a reflection of certain unconscious conflicts (Freud, 1936); considering that thoughts influence emotions and have an impact on different adaptive actions (Korman, 2013), because of experiences that modify contextualized learning (Ribes, 1995). Anxiety is identified with a series of

physiological symptoms characterized by muscle tremors, tachycardia, excessive worry and fear, among others, as a way of coping with environmental threats according to the interpretative experience of various people to adapt according to survival and which affects up to 4% of the world's population (Chacón et al., 2021; WHO, 2023a); while depression has been considered a mood disorder with voluntary loss of control characterized by permanent symptoms of sadness, hopelessness, disinterest, general inactivity, sleep difficulties, eating difficulties, and suicidal ideation, among others, affecting up to 5% of the world's population (WHO, 2023b). Somatic symptom disorder is characterized by persistent symptoms of pain or fatigue associated with focused emotional distress that does not imply the existence of an actual physical illness that affects up to 15% of the world's population (Breivik et al., 2006). Finally, social dysfunction is a psychosocial disorder that alters the functioning of the person in their social environment characterized by maladaptive behaviors, extreme rigid imperative ideas and hypersensitivity, among others (De la Revilla, 1995).

International migration has been recognized as the human mobility or change of residence of an individual or a group from one country to another in search of improving their quality of life due to various circumstances of both poverty and violence in the case of forced mobility (Giménez, 2003), analyzed by various theoretical perspectives (Micolta, 2005). Neoclassical theories question migration in terms of individual decisions with instrumental cost-benefit rationality that are adopted to maximize a wage that allows the satisfaction of basic survival needs, conceptualized as an investment in human capital with cheap labor according to supply-demand that leads to economic-labor equilibriums between countries of the global system (Massey et al., 1998). Sociocultural theories consider that the migratory act is constituted as a transcultural adaptive process in which identities are reconfigured according to the new order and context of destination through social support organized in networks (Canales, 1999). While the perspectives of the cultural industries maintain explanations that the migratory conditions of origin, journey and destination depend on commercial processes of trafficking in persons by organized crime groups, including using Internet technology (Blanco, 2000).

In recent years, the Bolivarian Republic of Venezuela, a sovereign country located in the northern part of South America and the Caribbean, with socialist policies, nationalizations of key companies and greater state intervention in the economy mainly with the oil industry, with a fluctuating population due to international migration with a decrease of around 1.5% between 2016 and 2020, and an annual increase of 1.4% from 2020 to 2024 with 30.1 million inhabitants (Conutrymeters, 2025); it has presented problems of violence and political repression, as well as economic recession with hyperinflation in addition to the scarcity of

goods and food (Unidad Latina, 2024; R4V, 2023). It has been estimated that around 55% of Venezuelan migrants have sought mental health care services in Latin America (R4V, 2021), which is why IOM has proposed to various countries initiatives to ensure that the migrant population on the move has access to quality health services, including mental health and psychosocial care (IOM, 2022). Various studies have made visible the problems expressed by Venezuelan migrants during their journey to the global north, indicating experiences of discrimination and precarious work (Niño et al., 2020), with emotional dysregulation (Angulo-Giraldo et al., 2021; Taborda et al., 2021), with adaptation and assimilation difficulties (Torres et al., 2019), as well as symptoms of anxiety and depression, mainly in migrants with university education (Figueroa-Quiñones et al., 2019). It has also been observed that there is a moderate but significant level of cultural stress in relation to physical and emotional health (Huamani et al., 2023), while Landeros (2022) found that the experience of suffering various forms of violence was related to significant mental health indicators.

On the other hand, the attitudes of solidarity, empathy and social support towards migrants in transit with shelter by some members of Mexican border society have been relevant in the face of the recognition of vulnerability and victimization that enable socio-labor exclusion (Naranjo-Sabina et al., 2024); while the rational decision-making of the migrants themselves favors moderate sociocultural adaptation for survival by activating resources socio-affective psychosocial self-control with a social support network (González-Valles et al., 2024) despite death threats, extortion and kidnapping by organized crime groups (Martínez-Almanza et al. 2024) with extraordinary challenges that require the attention of comprehensive public policies to guarantee safety, protection and well-being mainly in women with children during the migratory journey (Martínez et al., 2024). Therefore, the Mexican state has focused on the possibilities of social assistance for access to mental health services, medicines, and food, linking actions of respect to basic and civil human rights (Vargas et al., 2023). The mental health of Venezuelan migrants is linked to their migratory journey in a temporary shelter situation waiting for the opportunity to cross the northern border from Mexico to the United States (Acuña-Choque et al., 2023; Rodríguez & Gissi, 2023), so the study focused on the following question: *What are the indicators of general health perception in Venezuelan migrants in a situation of temporary shelter in Ciudad Juárez?*

### METHODOLOGY

The empirical-analytical approach was used to describe the presence of indicators of general health perception in Venezuelan migrants in a sheltered situation in Ciudad Juárez, with quantitative research of instrumental observation with a hypothetical-deductive non-experimental descriptive method of transversal temporality (Villalobos &

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Gómez, 2014; Hernández & Mendoza, 2018). A non-probabilistic sampling of volunteer subjects was used, inviting participants outside temporary shelters for migrants in Ciudad Juárez, Chihuahua, Mexico, selecting those of Venezuelan nationality with informed consent to guarantee confidentiality, anonymity and privacy of the data, achieving 80 participants.

A sociodemographic questionnaire was used with variables such as sex, age in years, educational level, marital status, length of stay in Mexico and whether they reside alone or accompanied, as well as reasons for migration. The General Health Questionnaire (GQH-28) developed by Goldberg & Williams (1988) and validated by Lobo & Muñoz (1996) and Moreta-Herrera et al. (2018), with a reliability of Cronbach's alpha of  $\alpha=.94$ , out of 28 questions was used to assess general health status and detect somatic symptoms, anxiety, social dysfunction and depression. The Likert method was used by adding the points of each of the items whose total score varies between 0 and 84 points, with 0-23 being absence or minimal presence of psychological distress, 24-35 moderate psychological distress, 36-84 significant or severe psychological distress.

The Likert-type response options are summed by dimensions and total scale to assess the existence of mental health problems that could require professional attention using the threshold previously defined by the authors (Muguirra, 2024). Through the support of technology, the design of a Google form was used to facilitate the application with the support of a Tablet device, even though a QR the participants were able to respond from their own mobile phone (Ortega, 2020). Data was collected outside various temporary shelters during 2024, inviting migrants to contribute to the research. The data were analyzed with statistical procedures using the social science computer program [SPSS] (Rivadeneira et al., 2020).

### RESULTS

80 Venezuelan migrants participated, of which 51% (41) were women while 49% (39) were men. 23% (18) are between 25 and 30 years old, 27% (22) between 31-35, 25% (20) between 36-40 and 25% (20) between 41 and 44 years old. 14% (11) have a primary education level, although 25% (20) have not completed it, 16% (13) have completed secondary school, although 29% (23) have not finished high school, 2% (2) have completed high school but 14% (11) have not completed it. Likewise, 61% (49) reported being employed, 39% (27) unemployed, and 5% (4) students and employees. 39% (31) single, 40% (32) married, 16% (13) in a common-law union and 5% (4) widowed. On the other hand, it was identified that 14% (11) live alone, 24% (19) live with one person, 44% (35) live with 2 people and 18% (15) live with 3 people or more. While 85% (68) have been living in Ciudad Juárez for less than 1 year and 15% (12) between 1 and 2 years. Also, 13% (10) indicated that they had a good

economic situation, 58% (47) fair and 29% (23) a bad economic situation. Finally, 74% (80) reported violence as a reason for migration and 26% (21) reported the economic conditions for migrating.

The reliability of the General Health Questionnaire (GQH-28) instrument was  $\alpha=.825$  in Alpha Cronbach on the general scale of 28 items, demonstrating acceptable internal consistency. The factor analysis of the instrument indicated 60% of the total variance explained in four factors with sampling adequacy of  $KMO=.890$  ( $Chi=1391.65$ ,  $df=378$ ,  $p<.001$ ). Likewise, the general health indicator showed non-normal behavior using the Kolmogorov-Smirnov test of  $KS=.102$  ( $df=80$ ,  $p=.039$ ). With a mean of  $x=9.2$ ,  $M=9$  ( $SD=4.2$ ) with Cronbach's alpha of  $\alpha=.818$ , 62% of Venezuelan migrants in shelter presented moderate symptoms and 15% significant symptoms of anxiety with higher significant percentages in migrants with economic reasons to migrate than due to violence, but without significant difference. A higher indicator of anxiety was found in unemployed migrants ( $KW=4.597$ ,  $p=.032$ ) and those in a common-law union or widowed ( $KW=8.659$ ,  $p=.034$ ), regardless of sex or level of education.

Likewise, 57% presented moderate symptoms of depression and 13% significant with  $\alpha=.874$ , with a mean of  $x=8.8$ ,  $M=8.0$  ( $SD=4.5$ ) with higher significant percentages in migrants with an economic reason to migrate without significant difference and regardless of sex, but depression was higher in migrants with a lower level of education ( $KW=16.376$ ,  $p=.006$ ). unemployed ( $KW=5,363$ ,  $p=.021$ ) and in a common-law union or widowed ( $KW=14,581$ ,  $p=.002$ ). Also, 63% of the participants showed moderate somatic symptoms and 13% significant somatic symptoms with higher percentages in migrants who migrate for economic reasons without significant difference. With  $x=9.4$ ,  $M=9.0$  ( $SD=4.1$ ) and  $\alpha=.828$ , somatic symptoms were greater in unemployed migrants ( $KW=11.493$ ,  $p<.001$ ) but without difference by sex, level of education or marital status.

Regarding social dysfunction, with  $\alpha=.588$ ,  $x=11.0$ ,  $M=37.0$  ( $SD=3.3$ ), 70% of migrants presented moderate symptoms and 23% significant symptoms with no significant difference by sex, level of education, occupation, marital status or reason for migrating, but it was higher in the condition of common-law or widowed ( $KW=8.659$ ,  $p=.034$ ). Finally, 40% of Venezuelan migrants showed moderate symptoms of general health and 56% significant with a mean of  $x=38.5$ ,  $M=37$ ,  $SD=9.7$ , with no difference by sex, being higher in migrants with a lower level of education ( $KW=12.629$ ,  $p=.027$ ), unemployed ( $KW=9.159$ ,  $p=.002$ ) and in a common-law union or widowed ( $KW=12.673$ ,  $p=.005$ ). Although the percentage of significant general health symptoms was higher in migrants with an economic reason to migrate (67%) than in violence (53%), no statistically significant difference was found (see Table 1).

**Table 1.**  
*Health Statisticians of Venezuelan Migrants*

Health	x	M	DS	Reason for migrating	Mild	Moderate	Significant
Symptoms Anxiety	9.3	9.0	4.2	Violence	22%	64%	14%
				Economic	24%	57%	19%
Symptoms Depression	8.8	8.0	4.5	Violence	32%	56%	12%
				Economic	24%	62%	14%
Somatic Symptoms	9.4	9.0	4.1	Violence	25%	63%	12%
				Economic	19%	67%	14%
Social Dysfunction	11.1	11.0	3.3	Violence	7%	75%	19%
				Economic	10%	57%	33%
General Health Symptoms	38.5	37.0	9.7	Violence	5%	42%	53%
				Economic	0%	33%	67%

*N=80, No significant differences due to migration*

The general health indicator was positively correlated with statistically significant ( $p < .001$ ) with anxiety ( $Rho = .854$ ), depression ( $Rho = .898$ ), somatic symptoms ( $Rho = .863$ ) and negatively with social dysfunction ( $Rho = -.525$ ). This indicated that general health was perceived with associations between anxiety, depression and somatization, but not with social dysfunction, that is, Venezuelan migrants activate social resources despite their health condition for adaptation and survival.

**CONCLUSIONS**

The indicators of general health perception in Venezuelan migrants in a situation of temporary shelter on the north-central border of Mexico were significant in up to half of the 80 participants, although up to about 15% perceived significant symptoms of anxiety, depression and somatization according to what was found by Niño (2020), by Angulo-Giraldo (2021), by Taborda (2021). by Torres (2019) and by Figueroa-Quñones (2019) recognizing the psychosocial problems expressed by Venezuelan migrants. However, Venezuelan migrants, regardless of sex, activate social resources to build support networks as a way of coping and adaptation (Canales, 1999; Landeros, 2022; González-Valles et al., 2024), considering the risks and challenges of the migratory journey in terms of its victimization and vulnerability generated by organized crime groups (Blanco, 2000; Martínez-Almanza et al. 2024; Martínez et al., 2024).

The findings indicated that Venezuelan migrants in shelter presented indicators of perception of anxious, depressive, and somatic symptoms to a greater extent in those who reported migrating for economic reasons than those who reported migrating due to violent conditions. The search for work to improve the quality of life with less poverty is a logical and valid motivation that explained the international migration of Venezuelans (Massey et al., 1998; Giménez, 2003), although also, to a lesser extent, but not with significant difference, the conditions of violence in the country of origin were important motivations for migrating (Unidad Latina, 2024; R4V, 2023). Migrating for economic

reasons or due to situations of violence, in both cases, the Venezuelan participants indicated that adaptive survival is made possible by social resources to adapt to the country of transit at the expense of their bio sociological health while achieving their final goal of entering the United States of America (Ribes, 1995; Korman, 2013).

The strengthening of social skills to obtain work, negotiate conditions and resolve conflicts can be part of the psychoeducational care strategies in temporary shelters, in addition to the assistance policy of physical health care with medical support for the care of diseases. However, psycho-emotional care strategies are required to enable psychosocial resources and tools for the improvement of mental health as they continue their journey towards the global north.

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