

ORIGINAL PAPER

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Sexual and reproductive health needs of Venezuelan women migrants

Necesidades en salud sexual y reproductiva en mujeres migrantes venezolanas

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ABSTRACT

Objective: To determine the sexual and reproductive health needs of the Venezuelan migrant population residing in Lima and Trujillo. **Methods:** The sample consisted of 1,616 women, including 1,114 women from the southern cone of Lima and 502 women from the province of Trujillo. A survey was applied to evaluate the following dimensions: population characteristics, health service requirements, maternal health, family planning, cervical and breast cancer prevention, and sexually transmitted infections. **Results:** Most of the Venezuelan women were between 20-34 years old. They had an identity card in 66.8%; however, 60% of them did not have a valid document and more than 80% did not have their migratory status regularized. 46% were cohabiters and 40.8% were single. 56.7% reported having secondary education. 82.2% had a monthly family income of less than 900 soles; 75.1% in Lima and 94% in Trujillo reported not having any type of insurance. Only 48% used any contraceptive method, preferably long-acting reversible contraceptive methods. Between 78%-85.1% did not use cervical cancer prevention services and more than 90% did not use breast cancer prevention services. Sexually transmitted infections were present in 2 and 5% of the surveyed population. **Conclusion:** The sexual and reproductive health (SRH) profile of the Venezuelan migrant population in the study areas had its own characteristics that was not comparable with the vulnerability of the Peruvian population, and reveals that they have SRH needs that require attention.

Key words: Venezuelan migrant population, Sexual and reproductive health profile, Need for care.

RESUMEN

Objetivo. Conocer las necesidades en salud sexual y reproductiva de la población venezolana migrante residente en Lima y Trujillo. **Métodos.** La muestra estuvo constituida por 1,616 mujeres, de ellas 1,114 mujeres del cono sur de Lima y 502 mujeres de la provincia de Trujillo, a quienes se les aplicó una encuesta para evaluar las siguientes dimensiones: características poblacionales, requerimientos de servicios de salud, salud materna, planificación familiar, prevención del cáncer de cuello uterino y mama e infecciones de transmisión sexual. **Resultados.** La mayoría de las mujeres venezolanas tenía entre 20 y 34 años. Contaban con cédula de identidad en un 66,8%; sin embargo, en 60% el documento no se encontraba vigente y más del 80% no tenía regularizada su condición migratoria. El estado conviviente correspondía a 46% y soltera a 40,8%. El 56,7% de las encuestadas indicó tener estudios secundarios; el 82,2% tenía un ingreso mensual familiar menor de 900 soles; el 75,1% en Lima y el 94% en Trujillo refirió no contar con algún tipo de seguro. Solo el 48% usaba algún método anticonceptivo, preferentemente los métodos anticonceptivos reversibles de larga duración. Entre 78% y 85,1% no hacía uso de servicios de prevención del cáncer de cuello uterino y más del 90% no lo hacía para prevención de cáncer de mama. Las infecciones de transmisión sexual estuvieron presentes en 2 y 5% de la población encuestada, respectivamente. **Conclusión.** El perfil de salud sexual y reproductiva (SSR) de la población migrante venezolana de las zonas de estudio tuvieron sus características propias no comparables con la vulnerabilidad de la población peruana, y revela que en ellas existen necesidades en SSR que requieren ser atendidas.

Palabras clave. Población migrante venezolana, Perfil de salud sexual y reproductiva, Necesidad de atención

INTRODUCTION

In our country, the increase in Venezuelan migration has been occurring since 2017; it is estimated that by 2022 the migrant population in Peru is greater than 1.5 million Venezuelan migrants⁽¹⁾. Despite these approximately 7 years of migration, to date there is no adequate information on the reproductive health needs in the migrant popu-



lation of Venezuelan origin in our country. In this context and within the framework of the project "Strengthening the quality of sexual and reproductive, maternal and child health care for Venezuelan migrants in Peru", developed by the Pan American Development Foundation (PADF) and the Institute of Popular Health (INSAP, for its acronym in English), a survey was conducted on sexual and reproductive health by interviewing migrant women of different ages in South Lima and Trujillo, in order to know what were the main problems in reproductive health they have been facing and some of the gaps in the response from the health sector.

METHODS

This is a descriptive, quantitative, non-experimental, cross-sectional research conducted between March 18 and July 31, 2021. The sample consisted of a total of 1,616 Venezuelan migrant women; 1,114 came from the districts of the southern cone of Lima (Villa María del Triunfo, Villa El Salvador and San Juan de Miraflores) and 502 from the province of Trujillo. The survey was designed by the team of the Instituto de Salud Popular (INSAP) and the Venezuelan associations of Lima and Trujillo and subsequently validated by expert judgment. The questionnaire included population characteristics, health service requirements, maternal health, cervical and breast cancer prevention, and sexually transmitted infections (STIs). The data were entered and coded in a database. The Statistical Package for the Social Sciences SPSS v26 was used for processing, generating the tables presented in the results section. With regard to ethical aspects, the survey form explained to the informants the nature of the document and the fact that they responded confirmed their voluntary acceptance.

RESULTS

During the study period, 1,616 migrant women of Venezuelan origin were selected for the research. Of these, 1,114 corresponded to the districts of Villa María del Triunfo, Villa El Salvador and San Juan de Miraflores and 502 women to the province of Trujillo in La Libertad.

Table 1 shows the age distribution according to life stages, with the highest frequency between 20-34 years of age, a range of 15-65 years and an average of 32 years.

TABLE 1. SOCIODEMOGRAPHIC CHARACTERISTICS OF THE MIGRANT POPULATION.

Characteristics	Lima		Trujillo		Total	
	n	%	N	%	n	%
Total	1,114	100	502	100	1,616	100
Age in years						
15-19	49	4.4	29	5.8	78	4.8
20-34	662	59.4	312	62.2	974	60.3
35 and over	403	36.2	161	32.1	564	34.9
Document						
Card	655	58.8	425	84.7	1080	66.8
Alien registration	289	25.9	44	8.8	333	20.6
TRPC	143	12.8	33	6.6	176	10.9
TRPF	17	1.5	0	0.0	17	1.1
Refugee application	8	0.7	0	0.0	8	0.5
NIC	2	0.2	0	0.0	2	0.1
Marital status						
Married	136	12.2	35	7.0	171	10.6
Cohabitant	477	42.8	266	53.0	743	46.0
Separated	33	3.0	5	1.0	38	2.4
Single	464	41.7	195	38.8	659	40.8
Widowed	4	0.4	1	0.2	5	0.3
Education						
Primary	68	6.1	50	10.0	118	7.3
High school	625	56.1	291	58.0	916	56.7
No studies	1	0.1	5	1.0	6	0.4
University degree	269	24.1	96	19.1	365	22.6
Technical	151	13.6	60	12.0	211	13.1

* TRPC= Temporary residence permit card; TRPF= Temporary residence permit for foreigners; NIC=National identity card

The largest number of women surveyed had an identity card (66.8%); however, 60% did not have a valid document and more than 80% had not regularized their migratory status.

By marital status at the time of the survey, 46% were cohabitating and 20.8% were single. 56.7% indicated that they had secondary education, 22.6% had university studies and 13.1% had technical studies.

As can be seen in Table 2, 82.2% of migrants had a monthly family income of less than 900 soles. When relating monthly income to age, it is evident that when they approach 40 years of age, they do not receive a monthly payment, i.e., they are not working. Likewise, the lower the income, the higher the health requirements.

When asked if they had insurance, 75.1% in Lima and 94% in Trujillo reported not having any type of insurance.



TABLE 2. ECONOMIC AND HEALTH ACCESS CHARACTERISTICS.

Characteristics	Lima		Trujillo		Total	
	n	%	N	%	N	%
Total	1,114	100	502	100	1,616	100
Monthly family income						
Less than 600 soles	393	35.3	109	21.7	502	31.1
601-900 soles	442	39.7	386	76.9	828	51.2
901-1200 soles	222	19.9	6	1.2	228	14.1
More than 1200 soles	57	5.1	1	0.2	58	3.6
Has health insurance						
Social Health Insurance - EsSalud	7	0.6	0	0.0	7	0.4
Comprehensive Health Insurance	270	24.2	30	6.0	300	18.6
None	837	75.1	472	94.0	1,309	81.0
She recently required health services						
In the last 3-12 months	421	37.8	10	2.0	431	26.7
Did not require	693	62.2	492	98.0	1,185	73.3

When asked about the number of pregnancies, all the women surveyed in Lima and Trujillo had had at least one pregnancy; the group of women who had had between 2-4 pregnancies was the most frequent, representing 88.3% (Table 3).

Of the women surveyed, 5.3% were pregnant at the time of the survey. Of these, 39.5% had not started any prenatal care. In response to the question "Where are you being monitored?", 61.4% said that they were being monitored at a primary care center (health center), 19.3% at a level III hospital and 8.8% in private practice.

TABLE 3. MATERNAL HEALTH.

Characteristics	Lima		Trujillo		Total	
	n	%	n	%	n	%
Total	1,114	100	502	100	1,616	100
Number of pregnancies						
Primigesta	45	4.0	65	12.9	110	6.8
2-4	991	89.0	436	86.9	1,427	88.3
5 or more	78	7.0	1	0.2	79	4.9
Current pregnancy						
No	1,058	95.0	472	94.0	1,530	94.7
Yes	56	5.0	30	6.0	86	5.3
Number of prenatal care services						
None	20	35.7	14	46.7	34	39.5
1-5	24	42.9	13	43.3	37	43.0
6 or more	12	21.4	3	10.0	15	17.4

Regarding family planning (Table 4), there was greater use of contraceptive methods in Lima (53%) than in Trujillo (38%). The most commonly used were long-acting contraceptive methods (LARC), such as subdermal implants (29.7%), intrauterine devices (19.3%), and bilateral uterine tubal ligation (14%).

Table 5 shows that between 78%-85.1% did not use cancer prevention services in the last three years. Of the total respondents, 245 (22%) and 75 (14.9%) in Lima and Trujillo, respectively, had a cervical cancer screening test; of these, 18% in Lima and 16% in Trujillo had a pathological result.

More than 90% did not use breast cancer prevention services.

Sexually transmitted infections (STIs) were present in 2-5% of the surveyed population, with human papillomavirus infection being the most frequent.

DISCUSSION

The political, social, and economic crisis in Venezuela has caused thousands of people to migrate to Peru since mid-2017⁽²⁾. The Peruvian population grew by more than one million⁽³⁾. Some studies that evaluate the needs and demands of populations in different countries point out that

TABLE 4. FAMILY PLANNING.

	Lima		Trujillo		Total	
	n	%	N	%	N	%
Total	1,114	100	502	100	1,616	100
Use of contraceptive methods in the last year						
Yes	590	53.0	191	38.0	781	48.3
No	524	47.0	311	62.0	835	51.7
Contraceptive methods used						
Implant	296	26.6	184	36.7	480	29.7
Oral, combined	288	25.9	120	23.9	408	25.2
Bilateral tubal ligation	226	20.3	0	0.0	226	14.0
Intrauterine device	208	18.7	104	20.7	312	19.3
Condoms	62	5.6	10	2.0	72	4.5
Monthly injectable	10	0.9	49	9.8	59	3.7
Quarterly injectable	8	0.7	29	5.8	37	2.3
Vaginal ring	2	0.2	0	0.0	2	0.1
Rhythm	12	1.1	6	1.2	18	1.1
Coitus interruptus	2	0.2	0	0.0	2	0.1



TABLE 5. CERVICAL CANCER PREVENTION.

Characteristics	Lima		Trujillo		Total	
	n	%	n	%	N	%
Total	1,114	100	502	100	1,616	100
In the last 3 years, she has used the cervical cancer screening service						
Yes	245	22.0	75	14.9	320	19.8
No	869	78.0	427	85.1	1296	80.2
What services did she use?						
Total	245	100.0	75	100.0	320	100.0
Pap smear + Biopsy	1	0.4		0.0	1	0.3
Colposcopy + Biopsy	1	0.4		0.0	1	0.3
Pap smear+ Colposcopy + Biopsy	9	3.7	1	1.3	10	3.1
Biopsy	15	6.1		0.0	15	4.7
Colposcopy	25	10.2	7	9.3	32	10.0
Pap smear + Colposcopy	30	12.2		0.0	30	9.4
Pap smear	164	66.9	67	89.3	231	72.2
Results of tests performed						
Total	245	100.0	75	100.0	320	100.0
Normal	201	82.0	63	84.0	264	82.5
Pathological	44	18.0	12	16.0	56	17.5
In the last 3 years, the breast cancer screening service was used by						
Yes	111	10.0	15	3.0	126	7.8
No	1,003	90.0	487	97.0	1,490	92.2

TABLE 6. SEXUALLY TRANSMITTED INFECTIONS (STI).

Question	Lima		Trujillo		Total	
	n	%	n	%	n	%
Total	1,114	100	502	100	1,616	100
Have you submitted any STIs in the last three years?						
Yes	56	5.0	10	2.0	66	4.1
No	1,058	95.0	492	98.0	1,550	95.9
What type of STI did you present?						
Total	56	100.0	10	100.0	66	100.0
Human papilloma virus	27	48.2	5	50.0	32	48.5
Syphilis	10	17.9	1	10.0	11	16.7
Condilomata	5	8.9	0	0.0	5	7.6
Herpes virus	5	8.9	1	10.0	6	9.1
Human immunodeficiency virus	5	8.9	1	10.0	6	9.1
Moluscum contagiosum	1	1.8	0	0.0	1	1.5
Chancroid	1	1.8	0	0.0	1	1.5
Gonorrhea	1	1.8	1	10.0	2	3.0
Don't know what type	1	1.8	1	10.0	2	3.0

the greatest challenges stem from limited medical care⁽⁴⁾, especially in reproductive health, with urban areas having the least access to these services. This situation is compounded by the problems faced by migrant populations in accessing services due to their migratory status⁽⁴⁾.

The vulnerability of the migrant population has its own characteristics that cannot be compared with the vulnerability of the Peruvian population. The reason for this assessment has allowed us to draw and/or come closer to having a profile of Venezuelan migrant women in the study area:

Migrant women were between 20-34 years of age (reproductive age). However, there was a significant percentage of women over 35 years of age, and these are the ones who require SRH services, increasing their vulnerability. There was a significant percentage of adolescents requiring services.

The migrants were cohabiting and single, with 2-4 children, secondary and higher education, income of less than 900 soles and more than 80% did not have health insurance. A cross check of income and health requirements showed that the lower the income, the higher the health requirements.

Between 5-6% were pregnant, and the majority of pregnant women used health services. Pregnant migrant women in our country have immediate access to comprehensive health insurance; however, a significant percentage did not use public services (accessibility, barriers, stigmatization).

Regarding family planning, they recognized the importance of unwanted pregnancy and used long-acting methods and combined contraceptive methods. However, a good number did not access services because they were not available on days and times outside the workday.

They represented an unprotected population with regard to early detection of cervical and breast cancer, many of them without access to these services.



There was a high incidence of human papillomavirus, so it is essential to think about preventive measures, as well as vaccinating daughters.

The problems of access to services increase according to the migratory situation.

CONCLUSION

The sexual and reproductive health profile of the Venezuelan migrant population in the study areas has its own characteristics, not comparable to the vulnerability of the Peruvian population, and shows that their sexual and reproductive health needs may vary according to their situation and context⁽⁵⁾. Migrants may face barriers in accessing health care services⁽⁶⁾. It is essential that health systems in receiving countries recognize and address these reproductive health needs of migrant women and their children⁽⁷⁻¹⁰⁾, providing culturally sensitive, accessible and quality services to ensure the well-being and reproductive autonomy of this population.

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