



Venezuelan Migrants and Quality of Life in Family from Basic Conditions of Well-being and Health Balance - OECD. El Espinal 2019-2021

Migrantes Venezolanas y calidad de vida en Familia desde condiciones Básicas Equilibrio de Bienestar y Salud – OCDE. El Espinal 2019-2021

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ABSTRACT

The UNHCR (2020) establishes that there are 6.04 million migrant refugees from Venezuela in the world, among them, more than 1,729,000 are located in Colombia, of which 966,000 are in a regular situation. From a social and socio-economic conflict resolution perspective, this phenomenon generates an imperative of attention due to the direct relationship with the environments that bring them, since they must guarantee an effective deference to all their needs and requirements; This article allows analyzing the impact on the quality

of life of Venezuelan residents in El Espinal - Tolima, during the years 2019-2021, from the characterization of their families, the identification of sanitation conditions and their risk scenarios, with a sample of 15 families from the subjective and objective well-being of the same from schemes outlined by ECLAC, from a concurrent mixed research from social mapping, survey and content analysis, concluding from the subjective perception of the members of the nucleus a basic average in their welfare from housing conditions, informal ambulatory jobs, and imbalance in the guarantee of rights such as education and health due to lack of agency.

RESUMEN

La ACNUR (2020) establece que en el mundo hay 6,04 millones de refugiados migrantes de Venezuela, entre ellos, más de 1.729.000 se ubican en Colombia, de los cuales, 966.000 se encuentran en situación regular, que desde el ámbito social y desde la resolución de conflictos socio – económicos, este fenómeno genera un imperativo de atención por la relación directa con los entornos que los allega, ya que deben garantizarles una deferencia efectiva en todas sus necesidades y requerimientos; El presente artículo permite analizar el impacto en la calidad de vida de los venezolanos residentes en El Espinal – Tolima, durante los años 2019-2021, desde la caracterización de sus familias, la identificación de las condiciones de saneamiento y sus escenarios de riesgo, con una muestra de 15 familias desde el bienestar subjetivo y objetivo de las mismas a partir de esquemas trazados por la CEPAL, a partir de una investigación mixta concurrente desde la cartografía social, la encuesta y el análisis de contenido, concluyendo desde la percepción subjetiva de los miembros del núcleo un promedio básico en su bienestar a partir de condiciones de vivienda, trabajos informales ambulatorios, y desequilibrio en la garantía de derechos como educación y salud por falta de agenciamiento.

Keywords / Keywords

Migrants, Venezuelans, Quality of Life, Basic Conditions, Welfare and Health, Health and Welfare

Migrantes, venezolanos, Calidad de Vida, Condiciones Básicas, Bienestar y Salud

Introduction

It is clear that "the International Organization for Migration (IOM), created in 1951, is the leading intergovernmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. It has 165 States Parties." (Mercosur, 2016, p.24). The Venezuelan migrant population living in Colombia experiences various scourges that impact unbalancing their quality of life and welfare, thus, the panorama they present is given to face critical and unstable basic sanitation conditions from the environmental, socioeconomic, political, cultural and living conditions. However, the measurement of this affectation is not given and therefore, there are no accurate data that show the situation of these migrants, making relevant the case study in the Municipality of El Espinal-Tolima, based on the statement of Arango (2019);

In the Municipality of El Espinal-Tolima there is a rate of 1,380 migrants and at the level of the Department of Tolima there are about three thousand 946 Venezuelans and at the national level, Colombia has one million 147 thousand, of which 696 thousand are legal Venezuelans" (p.23).

Which leads to establish the problem question What is the impact of the existing basic sanitation conditions on the health welfare and its correspondence in the quality of life of Venezuelan migrant families residing in the neighborhoods La Esperanza, Caballero y Góngora and Portal Del Bunde in the Municipality of El Espinal Tolima, in the period from 2019 to 2021?

The objective is to analyze the impact on the quality of life of Venezuelan families during the period from 2019 to 2021, based on a characterization of Venezuelan families living in the neighborhoods of La Esperanza, Caballero y Góngora and Portal del Bunde, places where this population is present, to know their basic sanitation conditions and finally, to describe how they are in relation to risk scenarios that emit a greater number of affectations to basic sanitation conditions and quality of life.

Analysis developed with a sample of 15 Venezuelan families living in the sectors under study, working from the subjective and objective well-being of the actors involved based on ECLAC standards, with an intercultural and human rights approach, working with the ecological theory of Otero (1998) who defined quality of life as

A process susceptible to change and, therefore, must be evaluated systematically. A diagnosis of the Quality of Life is only valid for that moment, for this reason it is important to be away from situations that affect it and thus be able to live in stability and optimal conditions (p.15).

On the other hand, references such as Cabás et al. (2019) conducted a study on the analysis of the protection of human rights of Venezuelan migrants by the Colombian State in the department of Magdalena. Castro (2019) with an investigation on the principle of the integrality of the right to health of forced migrants from Venezuela. Castillo (2017) with a research on Perceptions of Venezuelan migration: causes, Spain as a destination, expectations of return. Pedraza (2016) with the implementation of an instrument to measure the objective, social and subjective well-being of Latin American migrants and their quality of life.

Materials and Methods

Research with Mixed character, within a concurrent model from the vision of Sampieri (2018), with a methodological design in four phases, addressing quantitative and qualitative techniques and instruments for the collection of primary, secondary and tertiary source, such as social mapping, content analysis matrices, as well as the survey that was established to Venezuelan migrant families residing in the Municipality of El Espinal - Tolima, located in the urban sectors of Portar el Bunde, La Esperanza and Caballero y Góngora to find their quality of life and level of basic sanitation to 2021.

The sample was delimited by a total of 15 families composed entirely of 95 people, including older adults, adults, young people, children and adolescents, established within a non-probabilistic chain sampling, which according to Crespo et al. (2007) the avalanche sampling consists of:

Asking informants to recommend potential participants also makes it easier to establish a relationship of trust with new participants thanks to the introduction of the subject already included in the project, and also allows access to people who are difficult to identify. Finally, the researcher has less trouble specifying the characteristics he wants from new participants (p. 02).

In addition, we worked under the observation technique with the development of field diaries that allowed us to establish accurate data for the analysis of the phenomenon, furthermore, and within the techniques used for the analysis of quantitative information, we worked with SPSS, showing the recording of the mean, mode and variance, finally, it should be noted that the levels of basic sanitation and quality of life were delimited within the standards established by ECLAC for their measurement.

Results

From the verification of sources of scientific and practical studies and the field of social work, the measurements of variables from the subjective aspect of well-being and quality of life were established, as follows:

Table 1. *Relationship and Measurement of variables from the subjective in well-being and quality of life.*

Aspects of variable measurement, theoretical, organizational and field results approach.	(Social Protection and Migration) Economic Commission for Latin America and the Caribbean (ECLAC) Copyright © United Nations, August 2018.	Theory of well-being measurement through subjective indicators: a review (Sen, 1985, Nussbaum, 2002, Edgeworth, 1881, Sugden, 1993).	Assessment of findings and results in the research approach to the study population.
Resources	It establishes social protection, and a second part addresses the risks, vulnerabilities and needs of migrants at different stages of the migration cycle. Channels of mobilization resource and circumscribes the role of international migration to three areas of reality: demographic, in the sense of population reproduction; economic, in reference to the reproduction of	According to Sen (1985) points out that the complementary use dispersions of subjective and objective measures give the definition of a minimum list of capabilities based on contemporary standards, this means that resources are identified from standards that are not purely suggestive, since the conventions of society should be treated as "factual" issues and not be approximated through moral criteria.	Housing resource: It was found that 80% of the families live in individual dwellings and 20% in tenements, which is the reason why they are isolated within the environment in which they live together. Ninety-three percent of children do NOT have a vaccination card, which prevents them from accessing growth and development controls and health promotion programs, and 7% have this important benefit. Within the performance of labor resources, as basic sustenance of economic income in the migrant

	<p>capital, and; social, specifically, in relation to social Inequality from the labor field presents the reproduction of class structures (Canales, 2016). There is a reverse flow not of people but of remittances, which migrant workers send to their families and/or communities, contributing to their social reproduction from a distance. Refugee category, there is a migratory condition related to the request for asylum or refuge, which consists of the time during which the need for protection by the destination country is evaluated.</p>	<p>In other words, resources are the intrinsically valuable performance standards. Example: work, education, health, etc.</p>	<p>population in their family typology systems, it was determined that 14% of the members of the extended family typology provide sustenance, 7% of the single-parent typology reflects these resources, and 5% of the nuclear typology,</p>
Capacity	<p>In the social sphere, Canales sustains the thesis that international migration "configures a system of relations between social classes that transcends and crosses national borders" (Canales, 2016, p. 45). articulation, between the reproduction of the migrant labor force, supported by a system of social networks and transnational social dynamics, and the social reproduction of the middle and upper classes in the places of destination, through the occupation of migrant labor for their care and reproduction. International migration links, articulates and complements the reproduction of the popular classes in</p>	<p>Nussbaum (2002) refers that capabilities advocate the notion of well-being that integrates freedom (self-sufficiency) with dependence. This recognition is based on Sen's critique of freedom as intrinsically positive, since there are freedoms whose exercise compromises the dignity and rights of others (e.g., the freedom to sexually abuse a woman). Thus, for Nussbaum, human beings have the capacity and the need to perform a set of vital activities essential to their human condition and dignity.</p>	<p>Health factor: Within the family system, they stated that when they suffer from symptoms of illness in some cases 72% go to the drugstore, 22% go to the hospital and in some situations the hospital provides care, and 6% go to a private doctor when they have financial resources. Eating habits factor: Of the 15 families surveyed, some do consume the main ingredients of the family basket, as shown in the following table. Access to the health insurance system: 87% of the families are NOT affiliated with the general social security health system because they do not have the Special Permit to Stay (PEP), followed by 13% of these inhabitants who do have health insurance. Control of basic services: The water that these families consume is directly from the aqueduct; therefore, the 15 families stated that the</p>

	the country of origin with the middle and upper classes in the country of destination.		smell, color and taste is completely normal. For this reason they do not have a precaution of this action and the precautions that can be experienced if this activity continues to be practiced.
Operations	<p>Within the health sector, it includes (low fertility and advanced demographic aging process) with others that present demographic backwardness (relatively high fertility, with younger age structures). Violence, i.e., social contexts with high levels of public conflict and insecurity have motivated desperate migration flows, where the main motivation is the forced search for better living conditions, particularly in Central America and Mexico, in order to avoid violence and forced recruitment into criminal organizations. Refuge refers to a category of residence governed by a specific international regulation (UNHCR, 1951), which calls for the humanitarian reception of the migrant at destination "...because of a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion (p. 2).</p>	<p>Performance according to (Sugden, 1993) is based on intrinsic value, which means that they are not defined by preferences or individual desires. On the other hand, the functioning aspect covers the aspects of well-being and, like the capabilities approach, pronounces in favor of a self-founded perspective of adventure (one in the space of utilities and the other in the space of freedoms to function).</p>	<p>Actual and ideal functioning of family adaptation: Within the Venezuelan migrant family population, 95% did not present a special entry and stay permit (PIP), which must be granted to generate the procedure for entry into the country by Migration Colombia, and 5% have acquired it, generating attention in terms of health services affiliation and guarantee in labor performance. There was isolation in terms of citizen attention and security with entities such as the police and health care. Among the migrant population of Venezuelan families, there are 47 adults and 18 minors, of which 17% are women who work and contribute to the labor income, and 9% are men.</p>
Utility	The labor category would correspond to migration motivated by labor purposes, also known as	It allows the sum of the pleasures and pains experienced by an individual, Edgeworth (1881).	<p>Tasks and family coexistence: The lack of privacy and good circulation caused by the lack of adequate space</p>

economic migration, social protection, it is essential to refer to the condition of irregular migration. In terms of migratory movement, this is irregular when it occurs outside the regulations of the country of origin, transit or destination for family reunification by migrants or nationals residing in the country of destination. Thus, family reunification refers to, for example, the right of migrants to request the immigration of spouses, children or dependent family members (i.e. the elderly). Migration for studies refers to migrants who are motivated to pursue educational or research activities.	It compares the notion of the impossibility of interpersonal comparison of utility, allowing the mastery of a structural approach to welfare in the classical abandonment of what sustains it example emotions or affinities. He points out that he does not need to know the reasons why one alternative is preferred over another.	can consequently cause alterations in both physical and mental health by triggering situations of psychological stress, favoring the spread of infectious diseases and increasing the occurrence of accidents in the home. Space development: It was detected that people must share rooms, kitchens and other spaces that they use for their well-being. Another indicator to measure the intensive use of space is the amount of m ² available per person, another aspect presented would be the amount of space available per person.
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Source: Own elaboration.

Table 2. Categories of Risk Factors

Category N 1: Biological risk factor: This category presents the situation of the migrant population in relation to the control of drinking water and the effects of diseases triggered by the environmental system in which they live, as well as the frequency of the manifestations that most affect the quality of life and basic sanitation.	Operationalization of subcategories N1: This category presents the perception of the quantitative collection of information applied to families or migrant population through a survey. Drinking water quality and access to the liquid service per day. Control of diseases such as: intestinal parasitosis, malaria, flu viruses, mumps, acute tonsillitis, gastritis, dengue.
Categories N2. behavior: This category presents the control of personal hygiene	Operationalization of subcategories N2: presence of harmful habits and lack of

and consumption of breast milk feeding to children in their early childhood and the usual access that migrant families have in their feeding within their personal development. It also seeks to establish the informative representation presented within the context by the intervened subjects.

hygienic-sanitary habits" personal hygiene when bathing or oral hygiene", lack of knowledge of the importance of individual and family self-care, inappropriate lifestyles in relation to food Access to basic family basket products.

Category N3: Health services: Consequently, this category shows how the interaction and access that the population has to health services that provide their right to a balanced quality of life within the international human rights system is established. Thus, the following relationships were established in the applied technique: The children have a vaccination card, when they suffer a symptom of illness where they usually go for medical consultation, and finally, it establishes the access of affiliation to the general health security system that this population has.

Operationalization of subcategories N3: lack of health services that refer to the aspects of promotion and prevention, cure and rehabilitation, in addition to an increase in the demand for health services and characteristics of persistent deficits in the provision of health services in relation to..:

- Breastfeeding program.
- Early Childhood Care and Feeding by the UN
- Early Childhood Protection Program ICBF
- Access to basic health services in case of emergencies.

Category N4 social: establishes the inadequacy of the application of public policies that protect the rights of integrity of individuals to be subject to violation and maintenance of social groups without integration, little attention to fundamental human needs.

Operationalization of subcategories N4: this subcategory presents the impact of migration on aspects of limitations in the social dynamics that take place in the concentration of places of residence, shelters or access to decent housing, presenting possible problems of overcrowding that cause instability factors such as:

Category N5 Economic.

Within this category, the scale of state investment in infrastructure and services in health and basic sanitation, deficiencies in roads and transportation, local cost overruns due to the influence of companies and insufficient access to labor production of goods and social services.

Lack of privacy and good circulation caused by the lack of adequate space can, consequently, cause alterations in both physical and mental health by triggering situations of psychological stress, favoring the spread of infectious diseases and increasing the occurrence of accidents in the home.

Category N5 Economic.

Within this category, the scale of state investment in infrastructure and services in health and basic sanitation, deficiencies in roads and transportation, local cost overruns due to the influence of companies and insufficient access to labor production of goods and social services.

Operationalization of subcategories N5:

Within this category, the following subcategories are presented:

Failure to remunerate labor fairly or pay at a low cost labor supply change caused by the increase of migrants can generate the implementation of informal employment.

Increase in the number of tax and service inputs has both positive and negative aspects: e.g. increase in the interest rate.

Affected by the increase in poverty in Colombia.

Inability of local labor markets to accommodate the influence of short-term migrants

Category N6

environmental. Little harmony between human activities and adverse climatic conditions, little consideration for the region's natural threats.

Operationalization of subcategories N6: This

subcategory presents the possible environmental impacts produced within environmental spaces.

Increase in the number of temporary shelters located in areas that are unsuitable by the state, such as public, vacant or at-risk zones or areas.

Spread of localized diseases in climatic environments of transmission.

Table 3. *Migratory Status, in Family, Socioeconomic and Social Protection Scope*

Aspects	findings
Socioeconomic status	<p>Structural problem significant reductions in poverty and extreme poverty levels (ECLAC, 2012). Poverty of the rural population was the main trigger for migratory flows to urban areas.</p> <p>Vulnerability to insufficient and unstable income is an important consideration in the decision to migrate in search of higher paying jobs. Family strategy in which remittances constitute a form of informal social protection</p>
Family structure condition	<p>The family structure and the gender roles within it have been profoundly transformed in Latin America and the Caribbean (Sunkel, 2006; Arriagada, 2005; Ullmann, Maldonado Valera and Rico, 2014).</p> <p>Loss of validity of the traditional family model that placed the man as the sole provider and the woman in charge of domestic and care work.</p> <p>Increase in single-parent households, consolidating the female gender in the labor market and as an income and care provider.</p> <p>Breakdown of the family bond. Changes in terms of household structure at origin and destination.</p>

	<p>Family migration takes place in stages, with the adult (male or female) moving first and then the rest of the family, if the project is the migration of the entire group.</p> <p>Gender as a structuring axis of social inequality in the case of migrants.</p>
Territorial dimension condition	<p>Population at lower levels of welfare and scarcity of job opportunities for its inhabitants.</p> <p>Disparity of results in terms of income, opportunities, access to services, well-being and effective enjoyment of rights.</p> <p>Loss of the factor of origin and identity when born in another place.</p> <p>Passage to the return of temporary, stationary or definitive permanence.</p>
Condition of access to social protection and human development	<p>Social protection in places of origin: as a system of income support and access to public and basic services, (Vargas Faulbaum, 2015).</p> <p>Vulnerability in contexts of violence, domestic, social or armed conflict, have motivated migration for reasons other than labor and economic.</p> <p>Motivation of migratory flows due to political and economic crises.</p> <p>Possibility of carrying out a life project free of violence and with a basic level of well-being and security.</p> <p>Financing transfer costs for administrative procedures to leave or enter the country.</p> <p>Displacement generates an increasing risk of disconnection and loss of benefits in universal, territory-wide access mechanisms in the country of origin.</p> <p>Vulnerability in physical integrity, violation of human and labor rights.</p>

Phenomena of extortion and kidnapping by individuals or groups that abuse their unprotected situation. Risks of psychological abuse, physical mistreatment, sexual abuse. Possibility of access to basic care, health, education (especially at school age), and nutrition services.

Source: prepared according to adaptation of information ECLAC, 2017.

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Table 4. *Dimensions Established by ECLAC from Social Protection and Migration Factors*

Aspects dimension Social protection and migration: a look from vulnerabilities ECLAC, (2017).	Territorial dimension of findings in population
Sociodemographic or territorial factors	Population 15 migrant families 57 civilians as a sample, located in residence within the urban geographic context of the municipality of Espinal Tolima in the neighborhoods of La Esperanza, Caballero Góngora and Portal del Bunde.
Family structure factor (women, men and minors)	Extensive typology of 5 families, 23 adults and 10 children. Nuclear typology 3 families and 6 adults 1 minor. Single-parent typology 7 families, 12 adults and 5 minors.
Socioeconomic role factor (economic income,)	Income by gender within the 15 families is 65% female and 45% male.

factor Social protection

100% of the 15 migrant families report having access. To drinking water, sewage and energy services.

Of the 15 migrant families, 65% do not have access to health care and 35% report having access to health care.

Source: own elaboration (2021).

Table 5. *The characterization of the population was given within five components established specifically below.*

Component	Variable	Indicator	Dimensional dad	Type of Variable	Variable Type Category
Staff	Genre	It has two indicators (age marking of subjects and male or female gender)	Multidimensional	Category	Nominal
	Age				Nominal
Family	Family typology	It has two indicators, family typology (nuclear, single-parent, extended) and type of housing (tenant, rental, shelter).	One-dimensional	Category	Nominal
Welfare	Type of food consumed by the population of migrant adults and children during their stages and conditions of malnutrition.	It has a level of two indicators (yes, no) to the food you usually eat and consume during childhood, adulthood and their	One-dimensional	Category	Nominal

		respective nutrition.			
	Control of personal cleanliness, living spaces and drinking water	It has a level of two indicators (yes, no) for personal and housing hygiene control.	One-dimensional	Category	Nominal
Social and territorial	Portability of permission to stay in the country Access to labor and economic resources	It has a level of two indicators (yes, no) for the portability of permits to migrant population. It has a level of two indicators (yes, no) before having labor and economic resources.	Multidimensional	Category	Nominal

Source: Own elaboration.

Table 6. *The characterization of the age of the members was worked under frequency with the SPSS program, obtaining the following results:*

	Frequency	Percentage	Valid percentage	Percentage to cumulative
Valid	1	3,2	3,4	3,4
	1	1,6	1,7	5,1
	1	1,6	1,7	6,8
	1	1,6	1,7	8,5
	1	1,6	1,7	10,2
	1	1,6	1,7	11,9
	1	1,6	1,7	13,6

		4,8	5,1	18,6
		3,2	3,4	22,0
	1	1,6	1,7	23,7
		3,2	3,4	27,1
		3,2	3,4	30,5
		3,2	3,4	33,9
		6,5	6,8	40,7
		3,2	3,4	44,1
		4,8	5,1	49,2
	5	8,1	8,5	57,6
		6,5	6,8	64,4
		4,8	5,1	69,5
		3,2	3,4	72,9
	5	8,1	8,5	81,4
		3,2	3,4	84,7
		4,8	5,1	89,8
	1	1,6	1,7	91,5
	1	1,6	1,7	93,2
45	1	1,6	1,7	94,9
	1	1,6	1,7	96,6
	1	1,6	1,7	98,3
	1	1,6	1,7	100,0
	Total	95,2	100,0	
Lost	System	4,8		
	Total	100,0		

Source: Own elaboration (2021) SPSSV23 data output of the survey instrument applied in migrant population.

Detailing that the ages present range from 0 to 66 years of age, within which 40% are within the ranges of 16 to 33 years with greater presence of youth and adulthood and 33% of the population from 33 to 66 years of age, manifesting the range of adults and with 26% of the population from 1 year of age to 12 years of age in the childhood stage.

The analyzed migratory phenomenon presented single-parent, nuclear and extended family characteristics, with a high presence of minors, who due to their condition of vulnerability affected the condition of

cleanliness, services, with an imbalance in the welfare during their human development in the different stages and life cycles they sustain.

On the other hand, the target population does not register a temporary protection permit PPT (Migratory Regulation Mechanism), which disqualifies them from holding regular employment, health, citizen security, a situation that led them to move from their country of origin, along with processes of inequality and lack of goods, therefore, it is denoted that this population has had to change their cultural customs and territorial appeasement with the acquisition of new identities and diversity of nationalities among the members of their families.

However, the perception of well-being of migrant families in terms of social security was of a basic average, with no vaccination coverage for the youngest children, with housing isolation due to having to share the same space among different members, depriving them of privacy, with high rates of poverty, with a majority of them working in informal jobs,

Finally, and from the position of Durkheim (1893) "the evolution of societies from simpler societies to more complex, structured and organized societies, require a greater effort to be understood", hence, the social role and skills developed within the Venezuelan migrants located in the Municipality of El Espinal -Tolima are postulated to sustain these individuals in the face of the humanitarian crisis challenge in which they are immersed.

Conclusions

It is concluded that the impact of basic sanitation conditions on health welfare and its correspondence in the quality of life of Venezuelan families residing in the neighborhoods of La Esperanza, Caballero y Góngora and portal del bunde in the municipality of El Espinal Tolima in the period from 2019 to 2021, was given from the subjective perception of welfare presented by the members of the family nucleus in terms of social security with a basic average, due to their housing condition in asylum, poverty and an imbalance in the guarantee of their rights, with linkage to informal and ambulatory jobs.

On the other hand, and from the ECLAC measurements, the characteristics of the conditions of the Venezuelan migrant population residing in El Espinal, with a predominant single-parent family

structure with a total of 7 families of the 15 studied, being this 46.66%, with a socio-economic role measured from the income by gender, are set as characteristics of the Venezuelan migrant population living in El Espinal, The socio-economic role measured from the income by gender, established with a measurement of 65% female and 45% male, determining as within these family structures a loss of the traditional model that placed the man as the sole provider, as a factor of social protection, 65% do not count with attention and access to health services.

It is determined within the territorial dimensional condition that the migrant population of the sectors of La Esperanza, Caballero y Góngora and Portal del Bunde do not have stable labor opportunities, since they work informally and therefore their welfare levels are low, with a loss of cultural identity and with a definitive stay in the city of El Espinal, with low possibilities of carrying out a life project with welfare and security.

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