

Media, emotional impact, and health recommendations on Venezuelan migrant women during COVID-19

Medios de información, impacto emocional y recomendaciones sanitarias en migrantes venezolanas durante el COVID-19

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Abstract

The objective of this study is to identify the impact generated by the media on Venezuelan migrant women who live in Lima, Peru, in the context of the COVID-19, and to know how it relates to the emotional state, and to the compliance with health recommendations. This retrospective correlational study collected information from 385 of these migrant women, through a virtual survey conducted during the first weeks (March 19-April 30, 2020) of the mandatory social isolation measures taken by the Peruvian government. The main results show that there is an association between media effects and emotional impact; none of the analyzed media provided reassuring information, but disturbing information. This study concludes that the media sharpen the feelings of concern, fear, terror and anger of Venezuelan migrant women.

Keywords: media, emotional state, health recommendations, migration, Venezuela.

Resumen

El presente estudio tiene como objetivo identificar el impacto generado por los medios de información en las mujeres migrantes venezolanas residentes en Lima, Perú, en el contexto del COVID-19, y saber cómo se relaciona con el estado emocional de ellas, así como con el cumplimiento de las recomendaciones sanitarias. Este estudio correlacional retrospectivo recolectó información de 385 de estas mujeres migrantes a través de una encuesta virtual realizada durante las primeras semanas (19 de marzo-30 de abril de 2020) de las medidas de aislamiento social obligatorio tomadas por el go-

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bierno del Perú. Los principales resultados muestran que existe una asociación entre los efectos de los medios y el impacto emocional; ninguno de los medios de comunicación analizados brindó información tranquilizadora, sino inquietante. Este estudio concluye que los medios de comunicación agudizaron los sentimientos de preocupación, miedo, temor y enojo de las mujeres venezolanas migrantes. Palabras clave: medios de información, estado emocional, recomendaciones sanitarias, migración, Venezuela.

Introduction

COVID-19, the most recently discovered infectious disease of the coronavirus family, keeps global public health on alert. It started in Wuhan, China, in December 2019, and by March 2020, it had spread to five continents (World Health Organization [WHO], 2020). In Latin America, Peru has the fourth-highest number of coronavirus cases (835 662), behind Brazil (5 028 444), Colombia (886 179), and Argentina (856 369) (Ministerio de Salud, 2020; Infomed-Centro Nacional de Información en Ciencias Médicas, 2020).¹ Governmental reactions began with the declaration of emergency and mandatory social isolation measures, in addition to the closing of borders and the stoppage of non-essential industries.

In this context, Peru adopted economic support measures to help vulnerable populations (informal workers, self-employed workers, among others) cope with the emergency (Aguirre, 2020; Fowks, 2020). As part of these measures, on April 23, it announced a universal bonus for all Peruvians listed in the National Registry of Identification and Civil Status (Registro Nacional de Identificación y Estado Civil, Reniec) without a formal job and who have not benefited from other bonuses, as stipulated in Emergency Decree 052-2020. Although measures taken by the state have been an important support for the Peruvian population, migrants residing there have not been the object of these measures.

According to figures from the United Nations High Commissioner for Refugees (Alto Comisionado de las Naciones Unidas para los Refugiados, ACNUR) and the International Organization for Migration (Organización Internacinal para las Migraciones [OIM], 2020), the number of Venezuelan migrants, refugees, and asylum seekers who have left their country is 5 202 270.² Peru has the second-largest number of Venezuelan refugees and migrants worldwide—approximately 862 000 Venezuelans reside there, and more than 482 500 have applied for refugee status (ACNUR, 2020).

Figures from the National Institute of Statistics and Informatics (INEI, 2018, pp. 22, 53) indicate that 80% of Venezuelans residing in Peru are in Lima, mainly in northern Lima districts and San Juan de Lurigancho—the largest district in Peru. Furthermore, 70% of Venezuelan migrants in Peru are between 18 and 45 years of age, 60% of whom arrived in Peru with at least one family member, and 75.3% live mainly with relatives.

¹ Figures as of October 13, 2020.

² Figure as of June 5, 2020.

Their sociodemographic conditions help visualize their precariousness—of 11% who suffer from chronic health problems, 77.9% do not receive treatment, and 91.5% do not have health insurance. The labor situation is equally precarious. Although 78.3% are salaried dependents, 88.5% of these do not have a labor contract (INEI, 2018, pp. 65, 103).

It is important to note that the gender variable marks a difference among Venezuelan migrants. Although women represent 47.7% of the total, more than 50% of them work more than 60 hours per week and their average monthly pay is S/1,026 (\$293 U.S. dollars), which is S/157 (\$45 U.S. dollars) less than that of men who work in the same labor activity as women. Similarly, they mainly work as cooks and kitchen assistants (19.1%), waitresses (16.9%), and cleaners or domestic assistants (10.8%) (INEI, 2018, p. 108).

Furthermore, in the social context, the impact of Venezuelan migration highlights the stereotypes and prejudices of Peruvian society toward migrants. Thus, 70% of the Peruvian population considers that these migrants have a negative impact on the country (Maeda Jerí, 2021), which illustrates a problem present in Latin America—that the “foreigner” is seen as an “other” who represents a “threat to the national identity from outside and corrodes the nation” (Hopenhayn & Bello, 2001, p. 10). In this context, Maeda Jerí (2021, p. 12) indicates the contribution of the media to the construction of an “ideology of Venezuelan migrants as the enemy and also those responsible for all the ills of the country”.

Fleury (2016) notes the particular situation of migrant women due to their gender. Although migration allows women’s empowerment by accessing work and education, which improves gender equality, it also exacerbates their vulnerabilities: abuse, trafficking, and sex work. Gender segregation at work is among the main characteristics experienced by migrant women. When women migrate, they often work in “feminine” positions (service or domestic sectors), which implies that they are perceived as more “docile” and “cheaper”. This occurs with women in both low-skilled and high-skilled professions. Another characteristic is high rates of unemployment relative to male migrants or local women. In addition, they are more susceptible to abuse and less able to associate with each other, impacting the creation of support networks and awareness of collective and individual rights; they face abuse and discrimination in their workplaces and are more vulnerable to violence. Furthermore, they lack reliable access to health care.

In the specific case of women, the media constructed an idea of Venezuelan migrant women that affects not only their image but also the impossibility of accessing an environment free of mistreatment, discrimination, and harassment: “migrant women are seen as pertaining to cultural otherness, invisible with regard to their needs and, when considered within the migration processes, their capabilities are relegated to the private space and, in some cases, they are hyper sexualized” (Blouin, 2019, p. 98).

Therefore, the rejection of Venezuelan women transcends the media and social construct to materialize in specific actions. In many cases, these women are rejected from the workforce, either directly or indirectly, due to factors related to their status as a migrant “other”—a foreigner (Koechlin & Eguren, 2018, p. 91). This is exacerbated when exclusion from the workforce is tied up with a collective emotional imaginary: “Venezuelan women find it more difficult to get jobs because of the jealousy of the partners of male Peruvian contractors, because of how they look physically” (Velarde Ramirez, 2019, p. 9).

Regarding the background of this study, it is important to note the exponential increase in studies on the impacts of COVID-19 in various contexts. Concerning emotional states, in this context, the Dimensions database (Scopus, WoS, and others) presents only five studies that emphasize the emotional impact of coronavirus on the lives of different population groups: Limcaoco et al. (2020, p. 3) surveyed citizens of 25 countries to measure anxiety, fear, and perceived stress, among which the increase in anxiety levels stands out; Vidyadhara et al. (2020, p. 4) and Venigalla et al. (2020, p. 6) work with citizens in India—the former investigates pharmacy students in southern India, while the latter measures emotional state through reactions on the social network Twitter; Lima et al. (2020) demonstrate that “During disease outbreaks, community anxiety can rise following the first death, increased media reporting, and an escalating number of new cases” (p. 1); and, finally, in a document review article, Brooks et al. (2020, p. 45) note that pregnant women may benefit from access to information in the context of COVID-19.

In the same database, there were no results on articles concerning the effects of the media on the population related to information on the coronavirus, although six articles on compliance with health recommendations were identified: Marasinghe (2020, p. 2) studies recommendations on the use of masks in the asymptomatic population in the initial phase of the pandemic; Irvine et al. (2020, p. 442) analyze the cases of undocumented immigrants detained at the facilities of the Immigration and Customs Enforcement Service (ICE) of the United States of America and report a high probability (72%) that all detainees will become infected within 90 days due to overcrowded conditions; Ammar et al. (2020, p. 3) study the effect of health recommendations on the physical activity of people on five continents and conclude that confinement alters physical activity and eating behaviors in a way that compromises health; Patel and Jernigan (2020, p. 142) and Jernigan (2020, p. 2) study the reactions of the U.S. government in the initial phase of the epidemic to observe how health recommendations were implemented; finally, Khan et al. (2020, p. 215) conclude the need to consider the health recommendations of the WHO (hand washing, covering the mouth when coughing, among others) to “minimize the risk of exportation or importation of the disease” (WHO, 2020, p. 2).

This article has the following structure: first, it presents the theoretical frame of reference for the variables studied (emotional impact, effects of the media, and health recommendations), and the interrelation between them; then it presents the scientific method applied, followed by the findings obtained; it ends with the discussion and conclusions of the authors.

Theoretical frame of reference

Emotional impact

Human beings, as biopsychosocial beings, face various vicissitudes that can affect or alter their psycho-emotional state according to the stimuli caused by the

environmental conditions; therefore, sociocultural interaction is essential in their emotional development (Mulsow, 2008, p. 64). However, the convulsions caused by the postmodern world, the crisis of global markets, and the influence of social networks, among other concerns, are generating negative areas in the emotional state of the individual, causing despair, senselessness, uncontrolled anger, violence, abuse, and illnesses, which leads to stages of emotional imbalance in man (Goleman & Cherniss, 2013, p. 216). These factors are even more relevant in the context of the COVID-19 pandemic, which triggers different emotional episodes.

Although emotions are defined as a complex state characterized by emotion or disturbance that will lead to an action—as the response to an external or internal event faced by the subject—the emotional impact is conceived as a psychosocial consequence since it arises mainly from a set of contextual stimuli to which the individual is exposed (Serrano & Ibáñez, 2015, p. 484). Therefore, this study aims to measure how the context of COVID-19 and the subsequent social, political, labor-related, and economic consequences impacted the lives of Venezuelan migrant women residing in Lima.

To adequately measure this variable, this study considers a six-category classification: fear, surprise, displeasure, anger, joy, and sadness (Serrano & Ibáñez, 2015, pp. 465-466; Ekman & Friesen, 1978, p. 50). Ponce de León et al. (2010, p. 10) also note this classification, which has an application in a pandemic context; thus, these will be the dimensions considered when measuring the emotional impact, that is, when recognizing the “current emotional state versus the experienced health situation”.

Effect of the media on the population

The construction of reality by the media affects not only the placement of a topic within the public agenda (*agenda setting*) but also the presence of a perspective or approach (*frame*) that interprets that reality in users. Media constructs configure and reconfigure the boundaries of the public agenda, thus shaping reality by establishing social representations and collective imaginaries (Gutiérrez San Miguel et al., 2010, p. 283).

Nevertheless, the construction of social reality is also reappropriated by citizens in their spaces of socialization (family, school, social networks, among others). Therefore, Reguillo (1998, p. 26) notes that there prevail “nodes of tension from which different social meanings are negotiated or opposed in conflict, in and about the city and the world”. In the present context, these spaces of socialization have been transformed thanks to digital platforms so that digital media devices “contribute to reconfiguring numerous aspects of everyday life and contemporary subjectivation and socialization processes” (Lasén Díaz, 2014, p. 7).

Finally, in this social construction, the mass media and a broad set of information providers challenge the subjects and the subjects’ individual and group historical practices. Although digital social media have played a significant part in the construction of social reality in recent years, mainly for constituting a broad network of socialization with an increasingly greater presence, they have also contributed to increasing the social capital of users (Pastrana Valls, 2017, p. 31). Therefore, digital and non-digital social networks where citizens participate constitute a socially shared imaginary in constant reconfiguration (Cogo, 2014, p. 4).

Based on the above, the idea of the effect of the media refers to the fact that the media exert an “impact on the individual’s life in both a positive and negative way, influencing all age groups in one direction” (Adewunmi et al., 2021, p. 165). Thus, the information sent and shared by a wide information network—in which the media and opinion leaders play a more significant role than others—affects the subjects. However, this information has a mediated impact; it is reconstructed and retrieved by the subjects in their online and offline socialization environments (Angulo-Giraldo & Bolo-Varela, 2021).

Health recommendations during the COVID-19 pandemic

The governments of the countries most affected by the COVID-19 pandemic have taken a series of measures to prevent, as far as possible, the spread of the virus. Regarding health recommendations from and for ordinary citizens, one must think of two levels—one aimed at not contracting the disease, at the individual level, and the other at not spreading the virus, at the social level. As in all planned actions, as Guanipa Ramírez (2019, p. 30) states, it is necessary to look at states as macro-organizations where there is a balance between the individual (citizens) and the collective (local, regional, and national governments).

At the individual level, the measures focus mainly on strict care of personal hygiene, the place of residence, and the objects that enter it. First, according to the World Health Organization (WHO, 2020, pp. 1-2), it is important to optimize hand hygiene, for which the recommendation is to clean hands with plenty of soap and water, if at home; however, if it is necessary to go out, to periodically use an alcohol-based disinfectant (especially when in contact with potentially infected objects). Similarly, the cleaning of the rooms of the house that have been in contact with elements coming from outside should be ensured, and products from the market should be disinfected. Therefore, sanitary barriers will be placed in homes, reducing the risk of entry of the virus.

Staying at the individual level, if the person has to go out, either for work or to purchase commodities, it is necessary to take certain preventive measures. First, they should cover their nose and mouth using a mask, which is the first line of defense to avoid inhaling possible virus particles present in the air, in addition to prevent becoming an agent of contagion (if one is an asymptomatic carrier). Secondly, they should keep a certain distance from people with whom they share the environment and avoid physical contact. When arriving home, people should wash the clothes worn during the outing and wash their hands as mentioned above.

At the social level, the main recommendation is isolation. According to Jefferson et al. (2011, para. 1), this measure is effective as a barrier to the transmission of any virus. In the case of the COVID-19 pandemic, it has been the strategy implemented by most governments in the world. This measure should be strictly adhered to, especially by people aged 50 years and older, who represent, according to the New Coronavirus Pneumonia Emergency Response Epidemiology Team (Surveillances, 2020, para. 7), 81% of deaths due to Coronavirus in China as of February 11, 2020.

Another high-risk group is people with comorbidities such as cardiovascular disease, hypertension, or diabetes.

Is there a relationship between media reporting, compliance with health recommendations, and emotional impact?

The information that appears in all social spaces in which citizens circulate has an impact on their daily lives to different extents; thus, it is recognized that the representations that the media and social spaces construct about reality affect them (Durkin & Wakefield, 2008, p. 667; Ma & Stahl, 2017, p. 303; Stanley et al., 2017, p. 648). This effect becomes more noticeable in emergency contexts, such as epidemics or social disasters (Akingbade, 2018, p. 139; Moore & Friedsam, 1959, p. 135; Rodríguez, 2006, p. 178; Wang, 2006, p. 250; Yang & Ma, 2020, para. 1), which merits an ethical awareness of the informational responsibility not only of citizens as individuals but, above all, of the media, which should contribute not to alarming the population but to identifying ways to act.

For the case of the migrant population, the importance of the work of the media in constructing social representations about them lies in the fact that “The metaphor of immigrant as pollutant articulated in popular discourse is significant for the ways in which it construct immigrants, through racial and xenophobic stereotypes, as objects, aberrations, and dangers” (Cisneros, 2008, p. 591). Here, Valenzuela-Vergara (2019)—in the case of Chile—highlights that the media construct a dual vision (good/bad) of migrants in which one group are criminals who should be punished, while the others lack social benefits and should be cared for and protected. Meanwhile, Kalfeli et al. (2020)—in the case of Greece—note that there are two subplots in the media narrative about migrants: one of direct conflict in which immigrants are stereotyped, immigration is emphasized as a social problem, and the issue is polarized; and another of indirect conflict characterized by “systematically not using migrant voice as a source, by focusing only on negative events around immigration, by not debunking stereotypes [...] consistently leaves critical pieces of information out of its content” (p. 14).

Based on the above, the main problem of the media narrative is not only in the language used but also in its function as a social act that impacts the inclusion of others (Rosa, 2012). Thus, “images of immigrants by constructing them as threatening substances, denying them agency and reinforcing common stereotypes. Immigrant’s primary identity is marked by their racial difference and illegal migrant status. Their brown bodies are portrayed as dirty and dangerous because of their ethnicity (Cisneros, 2008, p. 591).

The information spread by different social actors—mainly the media—affects the environments of people in vulnerable situations, especially how other social groups construct an image of them: “[the] perceptions about people and communities can

be incredibly potent and compelling when it comes to prejudices about how they are depicted in the media”, so that “much of our views and behaviors towards certain classes of people could be based [...] on what we see in the media” (Issaka, 2021, p. 2).

Finally, in the context of a pandemic, it is worth distinguishing the social amplification and risk attenuation approach (Kasperson et al., 1988) to understand that the media cause an increase in the perceived risk in the face of a health emergency caused by the treatment of the context by the media (Kasperson & Kasperson, 1996, p. 95). The influence of the press on compliance with health recommendations has been demonstrated in previous studies (Eggner, 1998, p. 1400; Mboera & Rumisha, 2004, p. 76) and, in the context of COVID-19, it is known that media information has been essential for compliance with health measures that contribute to the con-propagation of COVID-19 (La et al., 2020).

Thus, the preceding shows the existence of relationships between the three variables studied, so this study aims to demonstrate whether in the context of COVID-19 there was a relationship between the emotional impact, the effects of the media, and compliance with health recommendations—specifically by Venezuelan migrant women residing in Lima.

Materials and methods

In accordance with the associative paradigm, the design of this study is correlational-explanatory since the researcher collects data from real-life situations to find relationships between them and explain the reasons that led to these attitudes on the part of the population studied. Similarly, this work is retrospective and cross-sectional since it gathers information on some characteristic of interest in the population at a single moment in time.

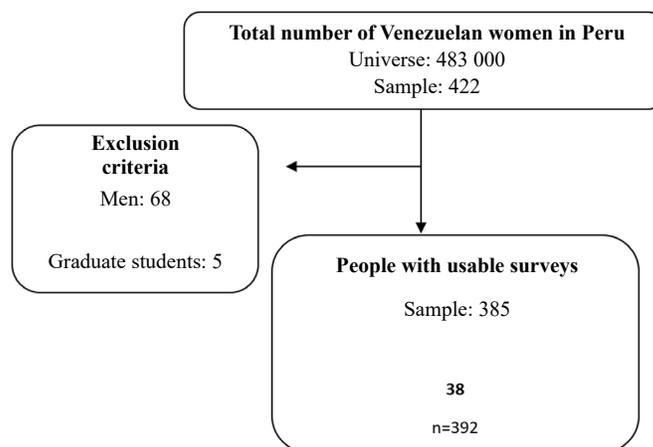
Concerning the population, it was methodologically decided to work only with Venezuelan migrant women given their majority status in the Peruvian population—58% of Venezuelan migrants residing in Lima, Peru, are women, i.e., approximately 483 000 people (Mendoza & Miranda, 2019, p. 501; Vargas, 2019, para. 2)—, in addition to the greater vulnerability of this group to the COVID-19 crisis, which is aggravated by the conditions inherent to migration (Organización de las Naciones Unidas [ONU], 2019, p. 20; Portal de Datos Mundiales sobre la Migración, 2021; Programa de las Naciones Unidas para el Desarrollo [PNUD], 2020, p. 10; Wenham et al., 2020, p. 846; Women’s link worldwide et al., 2020, pp. 6-7). The reasons behind the choice of the unit of analysis had no impact on the methodological development of the study.

Therefore, when considering migrant women as the unit of analysis, the decision was to use two associations of Venezuelan migrants residing in Lima—the ONGs Unión Venezolana and Asociación Pasos Firmes. The first is a non-profit association founded in 2015 whose objective is to promote migration regularization and integration projects for Venezuelans in Peru. It is located in Miraflores (Lima, Peru) but operates all over the country. The second is a humanitarian civil association comprised of 12 people

founded on July 21, 2019, whose objective is to support migrant women, girls, boys, and adolescents residing in Peru. Its center of influence is in Comas (Lima, Peru).

The study used a non-probabilistic convenience sample. This sample had a maximum exposure prevalence of 50%, a margin of error of 5%, and a confidence level of 95%. The sample of 384 people had to be increased by 10% due to loss or rejection, resulting in a sample size of 422 (Figure 1).

Figure 1. Universe and sample selection flow chart



Source: created by the authors

A questionnaire adapted from the original work of Ponce de León et al. (2010, p. 10) was applied for the three variables analyzed and modified to contextualize it for COVID-19. Initially, a set of questions related to the sociodemographic characteristics of the population was asked: academic education (incomplete high school, complete high school, complete university, incomplete university, complete technical, incomplete technical, complete postgraduate, incomplete postgraduate); current employment status (whether they have a work contract or not); employment activity (open response); characteristics of the people with whom they live at home (identified from the people with whom they live at home among siblings, children, nephews, friends, partners, grandparents, among others);³ number of people with whom they live (from one to more than 7); length of residence in Peru (from less than 1 year to 5 years); type of identity document held (active or expired Temporary Permit to Stay [Permiso Temporal de Permanencia, PTP], foreigner ID or passport with humanitarian visa, refugee applicant card or the processing thereof, other

³ To classify the answers to this question, the study used the categorization suggested by Vargas Murga (2014, p. 57): the extended family ("more than two generations in the same household"); the nuclear family ("parents and their children"); the nuclear family that has close relatives residing with them; the nuclear family that has no other close relatives; the large nuclear family; the extended nuclear family ("with relatives or with additions"); the single-parent family in which only one of the spouses lives with their children; the reconstituted family ("composed of two adults in which at least one of them brings a child from a previous relationship"); people without a family (people who live alone); and family equivalents (people who live together in the same household without constituting a traditional nuclear family).

document, and do not wish to answer⁴); and access to the health system during the last three months (outpatient care, Comprehensive Health Insurance [Seguro Integral de Salud, SIS], EsSalud, private insurance, Health Provider Entity [Entidad Prestadora de Salud, EPS], or other).

The study evaluated the *emotional impact* variable based on the confluence of the rating of their emotional state at the current moment of the situation in light of COVID-19 (“calm”, “worried”, “fearful”, “terrified”, “angry”, “disoriented”, and “excited”), using a Likert-type estimate rating scale (“not at all”, “very little”, “a little”, “somewhat”, “a lot”, and “extremely”).

The variable *effects of mass media* considered information distributed by the press, television, radio, the workplace, co-workers or bosses, universities, press conferences and messages to the nation from President Martín Vizcarra, WhatsApp groups with family and co-workers, WhatsApp groups with friends, social networks (Twitter and Facebook), and text messages. Their evaluation used the options suggested by Ponce de León et al. (2010): “reassuring information”, “disturbing”, or “none”.

Finally, for the variable *compliance with the health recommendations implemented by the Peruvian government*, the study considered three measures: social isolation; frequent hand washing with soap and water for 20 seconds; and covering the nose and mouth with a forearm or disposable handkerchief when coughing. The scale for the responses was: “always”, “almost always”, “sometimes”, “almost never”, and “never”.

The survey was carried out between March 19 and April 30, 2020, in the context of the health emergency and mandatory social isolation declared in Peru on March 16, 2020. The associations that collaborated with this study disseminated the surveys in the WhatsApp groups, which included all of their associates. The message sent by the organization leaders (Asociación Pasos Firmes and Unión Venezolana) asked for the surveys to be filled out mainly by women. Thanks to the groups that both organizations have, it was possible to distribute the survey virtually.

With the surveys completed, the respective corrections were made in Microsoft Excel. Then, the information was processed in Python software version 3.8.2. Significance was considered to be $p < 0.05$.

Due to the epidemiological emergency, individuals agreed to participate in the study in strict compliance with ethical considerations and consideration of Peru’s Personal Data Protection Law (29733). All those who completed the survey agreed that their data would be used only for this study.

⁴ The option of not answering was included because the vulnerability of Venezuelan migrants in Peru means that there is fear on the part of this population of revealing that their migratory status is irregular, which would imply a problem for them to continue living in the country.

Results

Table 1. Characteristics of the population in relation to academic background

Academic background	N	%
Completed undergraduate university education	114	29.6
Completed secondary education	79	20.5
Completed technical education	70	18.2
Incomplete secondary education	38	9.9
Complete postgraduate university education	36	9.4
Incomplete undergraduate university education	25	6.5
Incomplete technical education	14	3.6
Incomplete postgraduate university education	9	2.3
Total	385	100

Source: created by the authors

Table 2. Characteristics of the population in relation to their area of occupational activity

Area of occupational activity	N	%
Street vendor	107	27.8
Without work	59	15.3
Independent	52	13.5
Housemaker	47	12.2
Health	35	9.0
Other	25	6.5
Sales	14	3.6
Food	13	3.8
Management	10	2.6
Beauty	9	2.3
Teaching	7	1.7
Cleaning	7	1.7
Total	385	100

Source: created by the authors

Table 3. Characteristics of the family with whom you live

Type of family	N	%
Single-parent	179	46.5
Nuclear family	85	22.1
Nuclear with close relatives	43	11.2
Expanded	35	9.0
Extended	15	3.9
Living by yourself	15	3.9
Other	7	1.8
Nuclear	4	1.0
Reconstituted	1	0.3
Without family	1	0.3
Total	385	100

Source: created by the authors

Table 4. Number of people you live with at home

Number of people you live with at home	N	%
2	98	25.5
3	80	20.8
4	67	17.4
1	47	12.2
5	42	10.9
7 or more	25	6.5
6	17	4.4
By yourself	9	2.3
Total	385	100

Source: created by the authors

Table 5. Length of time living in Peru

Years of residence	N	%
Between 1 and 2 years	216	56.1
Between 2 and 3 years	102	26.5
Less than 1 year	51	13.3
Between 3 and 4 years	12	3.1
Between 4 and 5 years	4	1.0
Total	385	100

Source: created by the authors

Table 6. Type of document held

Type of document held	N	%
PTP (active or expired)	131	34.0
Foreigner ID (or passport with humanitarian visa)	92	23.9
Other	73	19.0
Refugee applicant card (or in process)	72	18.7
Do not wish to answer	17	4.4
Total	385	100

Source: created by the authors

Table 7. Treatment at a health center

In the last three months, have you been treated in a medical center of the following type	N	%
None	274	71.2
Outpatient care (private outpatient clinics, clinics, solidarity hospital)	58	15.0
Comprehensive Health Insurance (SIS)	35	9.1
Other	9	2.3
EsSalud	6	1.6
Private Insurance (EPS)	3	0.8
Total	385	100

Source: created by the authors

The tables present the sociodemographic characteristics identified in the population studied. Table 1 demonstrates that 47.8% of the respondents had attended university—regardless of whether they completed it or not. Table 2 indicates that at least 41.3% of the sample worked as street vendors or independent workers, i.e., they have jobs in the service sector, which have been the most affected (Seminario et al., 2020, para. 5-10). Table 3 illustrates that almost half of the respondents (46.5%) live only with their children, and Table 4 characterizes their households, demonstrating that 46.3% live with 2 or 3 people.

Table 5 indicates that 82.6% of the respondents have been living in Peru for less than three years. Similarly, 57.9% have an active or expired PTP, foreigner ID, or humanitarian Visa (Table 6). Concerning their health (Table 7), it is important to note that only 11.5% have been treated with health insurance in the last three months.

Table 8. Significant correlations between emotional impact and media effect

Media	Emotional states						
	Calm	Worried	Fearful	Terrified	Angry	Disoriented	Excited
Television	0.08	0.00	0.53	0.57	0.40	0.11	0.66
Newspapers	0.01	0.00	0.02	0.03	0.04	0.02	0.15
Radio	0.00	0.00	0.00	0.00	0.11	0.09	0.50
Work center	0.00	0.00	0.02	0.00	0.15	0.02	0.03
Messages and press conferences by President Vizcarra	0.00	0.00	0.00	0.00	0.01	0.01	0.01
Bosses	0.00	0.02	0.10	0.03	0.26	0.04	0.11
WhatsApp groups with family members or co-workers	0.30	0.00	0.05	0.20	0.04	0.82	0.74
WhatsApp groups with friends	0.01	0.00	0.04	0.02	0.62	0.48	0.11
Twitter	0.03	0.01	0.00	0.00	0.08	0.01	0.26
Facebook	0.00	0.00	0.00	0.00	1.00	0.12	0.98
Text messages	0.03	0.01	0.16	0.03	0.32	0.00	0.60

Source: created by the authors

Table 9. Significant correlations between emotional impact and compliance with health recommendations, effect of media

Health recommendations	Emotional state						
	Calm	Worried	Fearful	Terrified	Angry	Disoriented	Excited
Compliance with mandatory social isolation	0.88	0.46	0.62	0.12	0.33	0.54	0.56
Compliance with frequent handwashing with soap and water for 20 seconds	0.62	0.38	0.59	0.05	0.43	0.53	0.83
Covering nose and mouth with the forearm or disposable handkerchief when coughing	0.30	0.02	0.02	0.00	0.03	0.09	0.47

Source: created by the author

Table 10. Significant correlations between the effect of media and compliance with health recommendations

Compliance with health recommendations			
Media	Compliance with mandatory social isolation	Compliance with frequent hand-washing with soap and water for 20 seconds	Covering nose and mouth with the forearm or disposable handkerchief when coughing
Television	0.06	0.73	0.91
Newspapers	0.19	0.97	0.12
Radio	0.60	0.49	0.84
Workplace	0.13	0.65	0.00
Messages and press conferences of President Vizcarra	0.51	0.41	0.20
Bosses	0.00	0.25	0.93
WhatsApp groups with family members or co-workers	0.77	0.21	0.09
WhatsApp groups with friends	0.97	0.38	0.10
Twitter	0.01	0.89	0.81
Facebook	0.82	0.47	0.08
Text messages	0.08	0.79	0.34

Source: created by the authors

At the correlation level, the main findings demonstrate a weak positive correlation between the variables of *emotional impact* and *effect of media* (22.3%) with a significant association ($p=0.00$). The same happens with the correlation between the variables of *emotional impact* and *compliance with health recommendations* (-11.78%), which is negative and significant ($p=0.02$). However, there is no correlation between the variables of *effect of media* and *compliance with health recommendations* ($p=0.46$). This coincides with Ponce de León et al. (2010, p. 13), for whom the variables indicated are not correlated.

A detailed review of the correlations between the dimensions of the correlated variables demonstrates that they are significant when considering the emotional impact and media effects (Table 8). However, the same is not true when analyzing the correlations between the dimensions of these variables and those related to compliance with health recommendations (Table 9 and Table 10).

Based on the information provided in the tables, it is important to mention that each media (whether mass media, such as radio or television, or social networks) is associated with the emotional state of Venezuelan migrant women residing in Lima. The messages of President Martín Vizcarra are more related to all the emotional states analyzed; furthermore, the state of concern of these women is related to all the media studied.

On the other hand, there are few significant correlations between the media and compliance with health recommendations or between the latter and emotional impact. For the former, only the impact of the information provided by the radio has a weak relationship with covering the mouth while coughing or sneezing. At the same time, messages on Twitter are also associated with compliance with handwashing with soap and water for at least 20 seconds. Meanwhile, for the latter, only covering the mouth while coughing or sneezing impacts emotions related to being worried, fearful, terrified, and angry.

Important findings became apparent when observing the disaggregated data for each variable studied. First, when Venezuelan migrant women residing in Lima refer to the impact that the information provided by the media, their social networks, and other media had on them, it stands out that all these communicative spaces had a disturbing effect on them. The information issued daily by the circles close to this population group does not generate tranquility, but the opposite.

If only the traditional media (television, newspapers, and radio) are considered, the informative impact on Venezuelan migrant women is high: they all say they feel disturbed by these media (86.7%, 73.5%, and 61.3%, respectively).

Similarly, Venezuelan migrant women residing in Lima report that messages sent through social networks (Facebook and Twitter) and WhatsApp groups have had, like the media, a mainly disturbing impact on them: 87% of WhatsApp groups with family members and co-workers (for those who have one) spread disturbing information; 85% of groups only with friends on this application felt that the messages received were equally of this type; and 81% of the content observed by those with a Facebook account was also disturbing. This phenomenon also occurred in those who viewed the information on Twitter (of 48% of the total who accessed this social network, 94% found this information disturbing).

Additionally, when noting the impact of the information provided by the Peruvian authorities, it is relevant to mention that the study considered two channels: press conferences and statements by President Martín Vizcarra and text messages. Regarding the latter, it is worth noting that the Peruvian government had a policy of sending help messages and information to all those with a cell phone registered in Peruvian territory.

For Venezuelan migrant women, however, these two channels had a mainly disturbing effect—70% for the former and 56% for the latter. It is worth noting that 82% of the information sent in this environment was also disturbing for those in a stable work environment.

The data revealed in the survey make it possible to determine that, beyond the media, the spaces of digital socialization of Venezuelan migrant women are causing concern. These spaces are mostly composed of their closest circles. On the one hand, all of those left behind in the country of origin, family and friends who reside there; on the other hand, friends, acquaintances, co-workers, and relatives who also migrated and now live in the place of destination.

When referring to the impact of digital social networks as information, the emotional impact of these and the media and government messages has been overlooked. The Venezuelan migrant women surveyed for this study claim to have a high preponderance of feelings such as worry (extreme 39% and a lot 41%), fear (extreme 27% and a lot 36%), terror (extreme 20% and a lot 21%); in other words, emotions that imply high levels of stress in them. Similarly, they admit to feeling between not at all and very

little excited (54% and 16%, respectively); not at all and a little angry (35% and 19%, respectively); and equally little and not all disoriented (23% in both cases). Finally, the feeling of calm, which had already been mentioned concerning the information provided by the media, demonstrates that the emotional impact on them has had a significant effect: 31% feel very little calm, while 28% feel not at all calm.

Regarding the third variable of analysis, it is important to consider that Venezuelan migrant women always and almost always complied with the health recommendations recommended by the Peruvian government and the WHO: they maintained mandatory social isolation (70% and 26%, respectively), washed their hands with soap and water for at least 20 seconds (84% and 12% respectively), and covered their nose and mouth with a handkerchief or forearm when sneezing (92% and 5%, respectively).

Discussion and conclusions

The messages sent by Peruvian authorities could not reassure Venezuelan women living in Lima in this context. This reaffirms the observation by Luzes et al. (2020, p. 2) of the Research Center of the Universidad del Pacífico, who indicate that public policies to reduce the impact of COVID-19 on vulnerable populations have not considered the Venezuelan migrant population—they were not included within the bonus for people in a state of vulnerability allocated by the Peruvian government, nor within the bonus for the people who work without a labor contract. Furthermore, even after distributing some basic food baskets, many local governments decided not to include the migrant population. Finally, families renting a house have not been considered since no concrete measure has solved this issue. In this context, the information provided by the authorities failed to have a positive effect on them.

Traditional media consumption has increased in the context of COVID-19 in Peru (Instituto de Estudios Peruanos [IEP], 2020, p. 4). Nevertheless, the messages sent by the media also failed to have a calming effect on Venezuelan migrant women; on the contrary, they were mainly disturbing to them. These data are significant insofar as several studies demonstrate that the media are important in the conformation of spaces of social representation of the whole society in a plural and democratic manner (Angulo-Giraldo et al., 2020, p. 397; Lario, 2006, p. 41; Masanet Ripoll & Ripoll Arcacia, 2008, p. 183). Furthermore, in addition to the migrant population, they are important both as settings that contribute to the transit of the migrants themselves to the places of residence (Echeverría Victoria, 2013, p. 68), as well as in the reconstruction of the imaginary of the social relations that they establish in the places where they arrive (Castilla-Vázquez, 2017, p. 149).

The feeling of uneasiness evidenced by Venezuelan migrant women in the face of information provided by radio, television, and the press should be considered in relation to three media contexts: narratives about migrants that influence a feeling of exclusion and expulsion toward them;⁵ representations of female migrants in which they

⁵ Two narratives have been constructed about migrants. In the first, derived from the elites, the voice of migrants is always a passive voice or a secondary source and they are categorized as a “problem” to be excluded and rejected. In the second, coming from the popular sectors, an attempt is made to exclude and alienate migrants (Martínez, 2008, p. 25; Ordóñez & Ramírez Arcos, 2019, p. 64; Sar, 2016, p. 30; Vázquez-Aguado, 1999, p. 58).

are victimized or passive subjects;⁶ and, in the case of the study group, a categorization of them as tragic, dramatic, criminal, or as those who take away job opportunities.⁷

Therefore, the feeling of unease about the information received from these media may be due not only to the rejection of contextual information about the pandemic and its management but also to a recent historical narrative in which these media have constructed and reconstructed stereotypes and prejudices about migrants (Masanet Ripoll & Ripoll Arcacia, 2008, p. 173) and in which they have also been underrepresented or seen as passive or secondary subjects. Based on the above, it remains to analyze the role of the press in contexts of social crisis and to consider it essential not to promote social alarm, not to increase the perception of risk, and, on the contrary, to contribute to the reduction of anxiety and panic (Jurado Salván & Jurado Izquierdo, 2014, p. 99; Lázaro-Rodríguez & Herrera-Viedma, 2020, p. 8).

Beyond the traditional media spaces, it is worth looking at the more intimate areas of socialization of Venezuelan migrant women, i.e., digital social networks. While the importance of these digital socialization spaces has already been demonstrated in previous research (Aire Laureano, 2017, p. 75; Komito, 2011, p. 1081; Komito & Bates, 2011, p. 292; Larsen et al., 2008, p. 430; Lin, 1986, p. 55; Ogáyar-Marín et al., 2018, p. 112), it is even more relevant for the specific case of Venezuelan migrant women since studies have demonstrated that negative comments about them on networks such as Facebook generate feelings of insecurity and rejection in them (Velarde Ramirez, 2019, pp. 11-12; Blouin, 2019, pp. 88-89; Mesa Reina, 2020, p. 63).

In Peru, consumption of digital social networks such as Facebook is about four hours (Ipsos, 2019, p. 1); moreover, during the pandemic, consumption through fixed networks (at home), such as WhatsApp and Facebook, increased by 184% and 177%, respectively (Organismo Superior de Inversión Privada en Telecomunicaciones [Osiptel], 2020, p. 1). In this high-use context, digital socialization spaces did not allow Venezuelan migrant women to receive messages of calm and tranquility—both WhatsApp groups with friends, family, and co-workers and Facebook were platforms for disseminating disturbing information.

Therefore, in addition to the effects produced by the information shared from the media, digital social networks—the most intimate family, friends, and work environment—also have a negative impact by generating unease (and not tranquility) in Venezuelan migrant women (Ogáyar-Marín et al., 2018, p. 113).

In this situation, the emotional state of these women is affected threefold: not only because of their sociodemographic conditions described above (that they are women, migrants, and that they belong mainly to the labor sector working in the informal sector and that they are in a situation of poverty [Ramírez Lasso, 2018, p. 47]), but because in a context of global and national crisis, their local context generates stress for them and contributes little to improve this situation. Consequently, the effects on the mental health of Venezuelan migrant women coincide with the findings in cases

⁶ Media representations are accentuated when considering the gender variable. Thus, migrant women are classified in two ways: as victims who transgress the social norms of the places where they have migrated, or as passive subjects who suffer the actions of a victimizer (Masanet Ripoll & Ripoll Arcacia, 2008, p. 170; Ordóñez & Ramírez Arcos, 2019, p. 64; Van Dijk, 2008, p. 13-14).

⁷ The Peruvian media have constructed a partial representation of these, characterized in three ways: the tragic and dramatic ones that are “part of large families with several children” and “pregnant women;” the criminal ones; and those who threaten the local, arguing that they are “unfair competition for the local worker” (Mesa Reina, 2020, p. 170).

such as Jordan, where women have been more affected than men in their mental well-being and economic burden (Abufaraj et al., 2021).

The stress derived from the migration process (Millán-Franco et al., 2019, p. 123) affects the lifestyles, values, and dignity of people, and favors the “presence of emotional states that affect mental health” (Torres López et al., 2014, para. 8), which combines negatively with the high rates of worry, fear, terror, and anger that they manifest. Therefore, it is necessary to establish public policies that allow for the construction of social support mechanisms for them.

Similarly, when observing the high incidence of emotions that affect the mental health of migrant women, especially in the context of the COVID-19 pandemic, it is necessary to delve into the characteristics of social support networks (family, friends, among others)—both of the migrant nationals and the host group—, given that the existence of these networks “provided invaluable ‘stress-buffering’ effects” (McKay et al., 2003, p. 13). Therefore, recognizing the importance of these networks invites us to reflect on the role played by both the media and the digital social networks as work and friendship environments that share messages with them.

Although the two variables analyzed above have not been demonstrated to have a significant correlation with the proper compliance with health recommendations (third variable) carried out by Venezuelan women, the studies indicate that social ties and relationships positively influence the health of migrants (Alegría et al., 2017, p. 149), so that, to the extent that social relationships are weaker, depression or anxiety problems increase (Kiang et al., 2020, p. 386). Therefore, the absence of support networks that provide moderate health advantages (Ruiz et al., 2016, p. 470) places them in greater vulnerability. The above should be considered for future studies and the development of public policies.

In contrast to the absence of correlation presented in this study, recent studies find that restrictions on staying at home have an impact on mental health (depression, anxiety, insomnia, stress) with respect to other populations (Killgore et al., 2021), which is aggravated for people in a state of greater vulnerability as they receive a greater impact on their health, and suffer the restrictions on mobilization and social isolation more (Kim & Laurence, 2020). Therefore, a more in-depth study of the impact on Venezuelan migrant women is still pending.

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