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The Sequelae of Pre-Migration Hunger Among Venezuelan Immigrant Children in the U.S.

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INTRODUCTION

Since 2015, two defining features of life in Venezuela are hunger and emigration. In the face of the once prosperous nation's hyperinflation and severe economic collapse, food scarcity is a regular occurrence such that undernourishment is a growing issue.¹ The UN² estimates that more than 4 million Venezuelans have left their country as a result of their nation's manifold social and economic challenges. Although prior research has shown that hunger and the stress of migration can potentiate risk for behavioral health problems, no research has examined the experiences of Venezuelan children in diaspora.^{3,4} Venezuelans are by far the fastest growing Hispanic origin group in the U.S.,⁵ and it is critical that policymakers and practitioners understand how hunger among children impacts post-migration adaptation. Such knowledge will directly inform ongoing/future programs to support this at-risk population.

METHODS

This investigation utilized data from the *Venezolanos en Nuevos Entornos* Project, a web-based survey conducted between November 2018 and July 2019 with Venezuelan youth aged 10–17 years (N=399) arriving in the U.S. since 2015. Participants were recruited via partner organizations working with Venezuelan immigrant families. Analyses were completed in 2019.

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Hunger was assessed using items adapted from the Health Behavior of School-Aged Children study: *Some young people go to school or to bed hungry because there is not enough food at home. How often did this happen to you in Venezuela and the U.S.? (never=0, sometimes or more often=1)*. Several psychosocial outcomes were examined that reflect youth adjustment to their post-immigration context. Perceived discrimination (unfair/negative treatment by teachers for being Venezuelan) and negative context of reception (6-item scale [$\alpha=0.87$], e.g., *People from my country are not welcome here*) were assessed using validated measures.⁴ Measures of transnational communication (*How often do you communicate with friends in Venezuela*) were adapted from the Health Behavior of School-Aged Children study. Depression was measured using items/categories from the Patient Health Questionnaire.⁶

RESULTS

Half of surveyed Venezuelan children (49%) reported having experienced hunger prior to emigrating from Venezuela. Among those reporting hunger, 49% reported *sometimes* experiencing hunger and the remainder reported *often/always* going hungry. Only 10% of Venezuelan children reported experiencing any hunger in the U.S. and only 2% reported this happened *often/always*.

Using logistic regression, no significant associations were observed between pre-migration hunger and demographic factors, including post-migration hardship (based on youth reports of their family's economic situation as *not good* or *not good at all*). However, supplementary analyses showed that pre-migration hunger was associated with increased odds of hunger in the U.S. (AOR=5.45, 95% CI=2.32, 12.80). Children reporting pre-migration hunger reported higher negative context of reception and discrimination, and more infrequent communication with friends in Venezuela via phone/chat and social media. The odds of moderate/severe depression were higher among children who experienced hunger in Venezuela compared with Venezuelan children reporting no pre-migration hunger. Controlling for hunger in the U.S. weakened the association between pre-migration hunger and cultural stress (AOR=1.29, 95% CI=0.97, 1.72, $p<0.10$) and discrimination ceased to be significant. However, while controlling for post-migration hunger, robust associations were observed between pre-migration hunger and both transnational communication and depression.

DISCUSSION

The severity of Venezuela's crisis only continues to intensify as millions—including many children—flee their nation's unprecedented economic collapse.^{1,2} Half of all recently arrived Venezuelan children in the U.S. experienced hunger prior to migration, and many often/always went hungry. Critically, there is compelling evidence that Venezuelan children exposed to hunger report, compared with children who did not experience hunger, markedly higher levels of post-migration cultural stress, greater disconnection from their friends in Venezuela, and higher risk of depression. It is possible that pre-migration hunger predisposes youth to post-migration challenges such as depression via biopsychosocial mechanisms.³ Alternatively, it may be that pre-migration hunger is a proxy for other pre-

migration factors that are related to cultural stress and mental health problems (e.g., migration precipitated by harsh circumstances).⁷ Findings should be interpreted in light of the use of convenience sampling and youth self-reports.

CONCLUSIONS

Children who have immigrated to the U.S. after experiencing significant hardship, specifically hunger, in their countries of origin are particularly vulnerable to negative psychosocial outcomes, even when their material well-being has improved after immigration. Developing targeted programs to support the psychosocial well-being of this population is an important area for future research.

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Table 1.

Self-Reported Hunger in Venezuela and Its Association With Key Demographic and Psychosocial Factors

Factors	Full sample (N=399),% or M (SD)	<i>Some young people go to school or to bed hungry because there is not enough food at home. How often did this happen to you in Venezuela?</i>		
		Never (N=204, 51%),% or M (SD)	Sometimes or more often (N=195, 24%),% or M (SD)	AOR (95% CI)
Demographic factors				
Age	14.4 (1.75)	14.3 (1.69)	14.4 (1.82)	1.08 (0.83, 1.41)
Male	56.39	60.29	52.31	0.74 (0.49, 1.11)
Family hardship in U.S.	49.75	50.50	48.97	0.91 (0.61, 1.37)
Years in U.S.	2.12 (0.84)	2.13 (0.81)	2.12 (0.87)	0.97 (0.76, 1.23)
Post-migration adversity				
Negative context	2.27 (0.76)	2.16 (0.69)	2.37 (0.81)	1.44 (1.09, 1.90)
Perceived discrimination				
Never/rarely	94.19	97.06	91.15	–
Monthly or more	5.81	2.94	8.85	3.06 (1.17, 7.98)
Communication with friends in Venezuela				
Via video/talk	2.93 (1.06)	3.12 (1.05)	2.74 (1.04)	0.70 (0.57, 0.85)
Via text/chat	3.00 (1.02)	3.21 (1.01)	2.77 (0.98)	0.64 (0.51, 0.78)
Via social media	2.62 (1.12)	2.73 (1.18)	2.49 (1.04)	0.82 (0.69, 0.99)
Mental health				
Depression (PHQ-9)				
Minimal/mild	94.74	97.93	91.44	–
Moderate or more	5.26	2.07	8.56	4.40 (1.43, 13.5)

Notes: AORs calculated while controlling for demographic factors. AORs and 95% CI in bold indicate a significant association at $p < 0.05$.

PHQ-9, Patient Health Questionnaire.