Born on a Journey

Experiences of Pregnancy and childbearing of

Venezuela Immigrants in Colombia.

Name Sandra Patino
Student Number s2554960
Supervisor Koen Suidgeest
Submission date 25 June 2020
University Universiteit Leiden
Program MSc Cultural Anthropology
And Development Sociology
Visual Ethnography

Abstract

Venezuela's economic and political crisis has exponentially increased the transnational migration of Venezuelans to Colombia. Many migrants have established in central locations of Bogotá and the surrounding area searching for economic stability and healthcare services. Undocumented pregnant immigrants who need to access these services sometimes face roadblocks based on their documentation status. This thesis will explore and analyze undocumented migrants arriving in Bogotá and the surrounding area experience the process of pregnancy, and childbearing. To further understand how they negotiate and navigate policies and healthcare services using their social networks. This research took place over the course of two and a half months, using written analysis and audiovisual methods consisting of semi-structured interviews and participant observation in non-profit organizations, hospitals, and homes of pregnant Venezuelan immigrants. The result is a film and text that work side by side to argue how pregnant immigrants navigate barriers of local policy and healthcare and acquire goods and services through the practice of bonding and bridging social networks. These networks allow them to obtain goods and services while also developing strong connections that provide emotional support.

Keywords:

Undocumented Migration; Immigration; Healthcare; Policies, social capital.

Acknowledgments

This research could not have been possible, without the welcoming hand from the non-profit organizations who are working tirelessly on providing aid to the Venezuelan population in Colombia. It has been an honor to take part of the workshops hosted by the International Organization of Migrants. and the Bethany Christian Services FundaZión. I thank Carolina Soto, Carolina Sanchez, David Rodrigues, Adriana Betancourt, Maria Clara Robayo, Gladys Pachon, Astrid Machado, Adriana Trujillo, and all their colleagues for being so welcoming. I am grateful for the helpfulness of staff, doctors, and nurses that granted me access and allowed me to conduct my research at San Antonio Hospital, Chía, and Kennedy Hospital.

This research owes so much to the people that have trusted me and welcomed me to their lives and homes: Sabrina Cano, Aura Riera, Sarai Carucy, Jesus Patiño, and their children: Jessuanys Patiño, Isaias, Anastasia, and Cristal Betancourt and Sair Alejandro Carucy. Thank you for sharing your stories with me, Glenda Pereira, Karla Elles, Zuleika Pereira, Katherine Ortiz, Mary Marquez. And all the other women who took part in the Organization for Migrants and Bethany Christian Services Workshops.

To Koen Suidgeest, thank you for guiding me throughout this research with your creativity and enthusiasm. I am grateful for the knowledge and feedback of Ildikó Plájás, Mark Westmoreland, Federico De Musso, and the support and feedback of the visual ethnography class of 2020. Thank you for guiding me with your feedback throughout this process, and for being great study companions, even from a long distance.

Finally, a deep thanks to my family, who encouraged me and kept me going. Particularly, Fernando, my father, an excellent fieldwork companion. And most importantly to Carlos, my rock, who supporting me with kindness throughout this journey.

Table of Content

Introduction

During my first week in Bogotá I headed to the bus terminal as I had heard that this location was the first point of contact for Venezuelan immigrants who arrive daily to the city. Many non-profit organizations have been providing migrants with aid and information inside the bus terminal. As I was getting closer, a dark cloud of smog lingered on the street that was inundated with an overwhelming number of buses, taxis, and people. I could sense the anxiety of families who exited the terminal with boxes, backpacks, totes, and luggage of all sizes. Kids played with each other while men and women negotiated ride fares with taxi drivers or sat on the sidewalk looking puzzled as they stared at their phones. Once I entered the terminal, I noticed a small sign on the wall signaling the location of the office of the organizations that were working with Venezuelan immigrants. This sign led me to a quiet area of terminal, where a security guard stood by a tinted-glass door. He briefly questioned me but opened the door and told me to check in with the receptionist inside.

As he opened the door, a large room was revealed. Organizations such as the Bethany Christian Services, International Organization of Migrants, and the United Nations Higher Commissioner of Refugees had tables with representatives providing information about their services. To the left, there was a play area where nuns played with young children as the adults waited. Tired faces stared at a small screen that displayed a number indicating who was to go next. Time seemed to stand still inside this room. As people slowly trickled in, I realized that although the city, and organizations were providing some resources, many of the people arriving missed or overlooked these resources. I left wondering how the people that stood by the sidewalks, navigating this complex and foreign place on their own.

Migration has been a constant topic of interdisciplinary debate among policymakers, scholars and within international organizations throughout the globe. Within the field of anthropology, there has been an interest of the study of identity, diaspora, ethnicity, and kinship within migration studies. Vertovec argues, “The study of migration has long been central and marginal to the development of social anthropology (Vertovec 2007: 962). In the 1990s, the study of migration placed the focus on gender migration. Until recently, migration scholars assumed that women migrated as a form of family reunification, following their male partners (Brace 2013: 874). Yet, this different gender migration perspective is focusing not only on gender roles but also on the situational aspects of gender migrations (Mahler & Pessar 2006: 28).

The trends of gender migration have allowed women to become a prominent subject of migration in the field (Shipper 2010: 12).The focus on gender migration brings new light to how gender influences border policies, demand-driven migration, and gender-based-violence through transnational borders. For instance, many of the policies that control healthcare services or resources are influenced by gender (Mahler & Pessar 2006: 40-47). This move to gender migration where the focus is not on comparing different gender

roles, but rather on thinking about their positionality, can be seen as an emergence in studies. Recently, some scholars have focused on the experiences of pregnancy, motherhood and migration, and the policies set in place. As they play a role in the type of pre-natal and antenatal care women receive (Doocy et al. 2019; Fernandez-Niño et al. 2019; Benza & Piamputtong 2013; Castañeda et al. 2014; Chekero & Ross 2018)

Migration and Trajectory

Throughout history, the Venezuela and Colombia border has shared a close economic and cultural relation. Along the 2,200-kilometer border, pendular migration was common, as merchants crossed on a daily or weekly basis to exchange goods and services. Until recent years, Colombia's emigration to other countries was higher than its immigration. In addition to a close economic and cultural relation, Venezuela was a migration destination for many Colombians. This was an effect of an armed conflict in the latter nation which caused internal displacement and transnational migration for several decades (Perez-Murcia 2019:1517). Although Colombia is still experiencing an internal armed conflict, many Venezuelan Citizens have decided to migrate towards Colombia. In 2017 the emigration rate in Colombia was surpassed by immigration rate (Gehring 2019: 9). The United Nations High Commissioner for Refugees (UNHCR) estimates that the population of immigrants who have left Venezuela is close to 5 million, of that number, around 1.8 million are currently residing in Colombia.[1] However, the read numbers vary greatly as many cross the border through beaten paths, or fields commonly known as *trochas* and as many as 50,000 pendular migrants cross the border every day (Betts 2019:1).

The context of Venezuelan migration is based on the current economic and political crisis and health crisis (Doocy et al. 2019:80). After Nicolás Maduro took office in 2013, Venezuela faced not only an economic but also a political crisis. In 2014, Venezuela became heavily dependent on oil exports, making oil the country's most important resource. The drop in oil prices led to an economic recession that caused hyperinflation of 10,000,000% (Doocy et al. 2019:80). Driving the country to an economic recession and causing shortages of goods and services, most notably food and healthcare (Monaldi 2015:5). According to statistics done by the National Survey or life expectancy (ENCOVI), in 2017 eight in 10 Venezuelan households had food insecurities. This has contributed to losing 3.5 of life expectancy within recent years (Grehil et al. 2019; Gandini et al. 2019).

In 2015, Nicolás Maduro decided to close the Colombia-Venezuela border, and subsequently deport 20,000 Colombian citizens who had been residing in Venezuela (Koechlin & Eguren 2018: 21). According to Venezuelan government, the border's closure was to stop the immigration of Colombian armed groups to Venezuela. This led to many Venezuelan migrants trying to access the border through trochas. In 2017,

[1] This data was las updated in February 29th, 2020, by the GIFMM an interagency group led by the IOM and UNHCR, that focuses on flows of migration. https://r4v.info/es/situations/platform/location/7511.

the Venezuelan supreme court gave full legislative power to Nicolás Maduro and his United Socialist Party, stripping the National Assembly of its power (Romo 2017). This led to four consecutive months of violent protests by civilians against the armed forces, causing many deaths and much destruction in major cities of Venezuela (Jatar & Michel).

The Inter-American Commission on Human Rights considered the Venezuelan migration as forced migration due to the human rights violations and the lack of food and healthcare services in Venezuela (Koechlin & Eguren 2019:22). Therefore, Colombia kept its transnational border with Venezuela open. The Venezuelan government has sporadically closed and reopened the Colombia–Venezuela border. Throughout this time, many Venezuelan immigrants accessed Colombia through trochas. Although local Colombian government officials have voiced concern over the number of migrants crossing daily and have requested the border's closure (Dinero 2019). Permanently closing the border and formal checkpoints could drive the 50,000 pendular migrants to cross the border through trochas, increasing the risk of smuggling, and potential human trafficking. Many of the people migrating through these trails are Venezuelans searching for healthcare services, medication, and food. This group of immigrants moving to Colombia includes a considerable number of persons who are in vulnerable conditions, such as young children, people with special needs, and those who require special medical attention (Gandini 2019: 13). The political crisis along with the shortage of medical supplies and food forced Venezuelans to leave their homes and migrate to neighboring Latin American countries.

In Colombia there has been an increase of healthcare needs for Venezuelan immigrants. This has been a financial challenge for local, regional, and national healthcare centers in the recent years (Fernandez-Niño 2019: 209). An added layer of complexity is added to migrants who enter Colombia through trochas or do not have formalized documentation. Since the access to healthcare becomes limited to just emergency room visits, but do not have access to preventive services or regular check-ups. In the Colombian border, maternal healthcare services recorded by the hospital Erasmo Meoz in 2018, stated that more than half the birth performed were from Venezuelan migrants (Docy et al. 2019: 84). Pregnant migrants who are seeking to give birth in Colombian territory, face health risks and systemic challenges. In effect there has been an increase on low birth weights and neonatal and maternal mortality along the border (Ibis 2019: 84). Bogotá is mirroring these challenges, as pregnant migrants who require healthcare services face roadblocks. I met Venezuelan migrants who during their pregnancy to understand how their migration experience was affecting how they get access to healthcare services in Bogotá and Chía. Each with their own unique experience.

Living and Learning

On January 31st, I attended a workshop hosted by the International Organization for Migrants (IOM). This workshop focused on providing undocumented pregnant immigrants from Venezuela a six-week course that teaches them about nutrition, lactation, and what to expect during childbirth and the first months of motherhood. The meeting was set to take place in a conference room of the clinic, Samper Mendoza, located in the Santa Fé neighborhood of Bogotá. Once I arrive, I ask the security personnel where the workshop is taking place, and he vaguely points to the second floor of the clinic. I walk up and become disoriented as I move through the corridors. I hear a familiar voice call my name. As I turn, I see Carolina, who I had met a week earlier at the organization. She is an IOM member who focuses on on-site research and was going to instruct the six-week course. She takes me to a room at the very end of the corridor.

The chairs inside this room were arranged to form a circle, I sit near the door as women slowly come in through the door. Some in very advanced stages of pregnancy carrying their bellies, moving slowly towards empty chairs, while other have tiny bellies that can barely be seen. After 15 minutes of waiting, there are about 20 women and a few young children playing around. It was a warm morning and women are fanning their faces with notebooks as they patiently wait or talking to one another. Soon after, Carolina introduces herself and tells everyone to get up! We were going to start the day by singing to the babies. Once we are done, we sit and one by one the women introduce themselves, stating how long they have been in Colombia and with whom they live. As I sit there listening to the women and rapidly trying to write everything down in my notebook I recall the words of Anna Tsing, “Surrounded by patchiness, that is, a mosaic of open-ended assemblages of entangled ways of life” (Tsing 2015: 4). About to embark on my fieldwork, I slowly start to put the first pieces of the puzzle together.

This research was conducted between January and March 2020, in two very close, but different locations. As I was doing research on Bogotá, I was led to a town just north of Bogotá called Chía. My connection to these locations was based on the prenatal and lactation workshops hosted weekly by the IOM in both, locations. The research conducted in Chía was parallel to the research done in Bogotá and to have a consistent and thorough understanding of the similarities and differences. The initial meeting sites for this research consisted of workshops created for undocumented Venezuelan women, these were hosted by two non-profit organizations the IOM and Bethany Christian Services. I worked alongside the scheduled classes and workshops, which consisted of two meetings per week with the OIM and a biweekly workshop meeting with Bethany Christian Services. The meeting places moved to more private locations as I built rapport with and was invited to the homes of some of my interlocutors. Aside from visiting my interlocutors

in their homes, I accompanied some to get pre-natal and antenatal check- ups in the San Antonio Hospital in Chía and came along to additional organizations where they received services.

The very first few days of my research consisted of written sensory notes, along participant observation. I was meeting the gatekeepers of my research, such as the directors international organizations, team leaders of the workshops, and managers of hospitals my research. With them I conducted written semi-structured and structured interviews.[2] By writing fieldnotes during my semi-formal meetings I managed to get historical information of my research through the organizations and people that I visited. I was able to gather the historical context of the Venezuelan migration in Colombia, how organizations have got involved, and what type of aid are they providing undocumented Venezuelan migrants. These interviews and meetings were key in connecting me with the Venezuelan women with whom I would spend most of my research time whose families and friends I would get to know.

Once, I was given verbal consent to attend the workshops organized for Venezuelan women, I conducted participant observation and record my findings and informal interviews in written form. As Clifford explains, "Participant observation obliges its practitioners to experience, at a bodily as well as intellectual level, the vicissitudes of translation. It required arduous language learning, some degree of direct involvement and often derangement of personal and cultural expectations" (Clifford 1983: 119). I participated alongside and learned with the women that attended these workshops about the topics being taught. Acter my initial meeting with the women at these organizations, I moved to conducting written semi-structured interviews with them. These notes are complemented with text and mapping. I used mapping to understand the commonalities and differences of the workshops, to understand the layout of the rooms, how they differed from one another, what was taught and what were the dynamics in each of these workshops.

Audio-visual methods are the biggest aspects of my methodology. My approach throughout this research has been focused on observational cinema and participant observation, including semi-structured interviews and collaborative methods. By incorporating observational cinema, I would be able to capture soundwaves, images, and montage so as to portray my interlocutors doing daily activities and focusing on the mundanity of daily life in a way that shows the invisible. I thought these practices "Observation is not straightforward or everyday of looking at the world. It involves cultivation of a special kind of attention" (Grimshaw & Ravetz 2009: 542). Using the camera as an extension, as Suhn and Willerslev argues, "Allowing the viewers intimate access to the filmmaker's sensuous engagement with the social life portrayed" (Suhr & Willerslev 2012 :284). I conducted filmed interviews in the Kennedy Hospital in Bogotá, and medical visits in San Antonio Hospital in Chía. I recorded interviews with my interlocutors and conducted observational cinema and participatory mode while my interlocutors were in their homes, or while they attended workshops and medical visits. This way, we allowed each other to share our stories and gave

[2] I met the directors of the IOM and Bethany, who paved the way to meet the coordinator of the different teams in Bogotá who directed the workshops.

room for reflection of the questions that arise, and the experiences lived. Not only observing, and learning, but also giving and collaborating.

My aim with the film “Born on a Journey”, is to focus on three protagonists who represent the core of my research. These three protagonists have many similarities but are also strikingly different in the way they get access to resources and how their social networks are constructed. They allow me to portray the differences on policies about healthcare services between the two locations of Bogotá and Chía. The key protagonists of the film are Sabrina, Sarai and Aura. Sabrina is a 26-year-old mother of three. She lives in Bogotá with her partner, Jesus. She gave birth to her daughter, Jessuanys in Colombia, and her two older boys are currently staying with her mother in Venezuela. Sarai is a 23-year-old woman who is about to give birth to her first child and lives with her brother, cousin and nephew in Chía. Aura meanwhile, is a 28-year-old who migrated to Chía with her two young children. She recently gave birth to a baby girl named Cristal.

This written text goes hand in hand with the film, yet it will expand on issues. By using data collected by interlocutors who I met and interviewed during the workshops. It will guide the reader through the research that answers questions raised on how undocumented immigrants from Venezuela experience pregnancy and motherhood as they navigate policies and healthcare services by using their social networks in Bogotá and a town 10 miles north of Bogota called Chía. It will use the concept of precarity as a tread to guide the reader through the theoretical concepts used. How difference policies implemented by the Colombians government affect undocumented pregnant imimigrants and their families. How the type of healthcare pregnant immigrants receives contains determinant internal and external structural factors affect their well-being during and after the pregnancy. Lastly, it will cover why social capital is an important aspect to their experience and how their social networks can have positive as well as negative effects.

Positionality

I feel that the position of the researcher in the eyes of my interlocutors initially made me a Western outsider. Yet, by being reflexive on my position and by using participant observation as a method I was able to build rapport. I found a balance in which I still held my position as an ethnographer. I remained open to their sensibilities and understood subjectivities would arise. Given my background as a Colombian citizen but also as an immigrant and an ethnographer in the field and being aware of the different positions I, as well as my interlocutors had within the research. “In order to be objective, one must be subjective” (Blommaert & Jie 2010: 66). Although I conducted research and gathered data from the institutions, organizations and hospitals which granted me the access, I must remain true to my position as an ethnographer and represent my analysis accurately, even if objections arise. As Mosse states, “We should not forget that in the end anthropological knowledge is a ‘social achievement’” (Mosse 2006: 951).

Ethical Considerations and Challenges

The nature of this research and the participants makes this topic complex, and as a researcher I had to approach it with a very conscious step. I was aware that there would be ethical challenges involved, which would be amplified by the use of visual methods, as their stories will not have total anonymity as they are sharing their stories,, struggles and vulnerable moments with a lens in between as they and share with me the most intimate aspects of their life, most vulnerable moments. I obtained informed consent and made sure they understood the purpose of the research to continue in a collaborative knowledge and construct “documentary art” where the participants become social agents (Battaglia 2014: 9). Although most of the time, my interlocutors were aware of my financial limitations as a student there were times that some will approach me asking for financial compensation. Yet, I made sure there were aware of my capabilities of compensation and sometimes I was able to compensate them with medication for their younger children or with food. Additionally, I expressed my gratitude by offering to take films and photos that they could keep and share with family and friends.

New Destinations

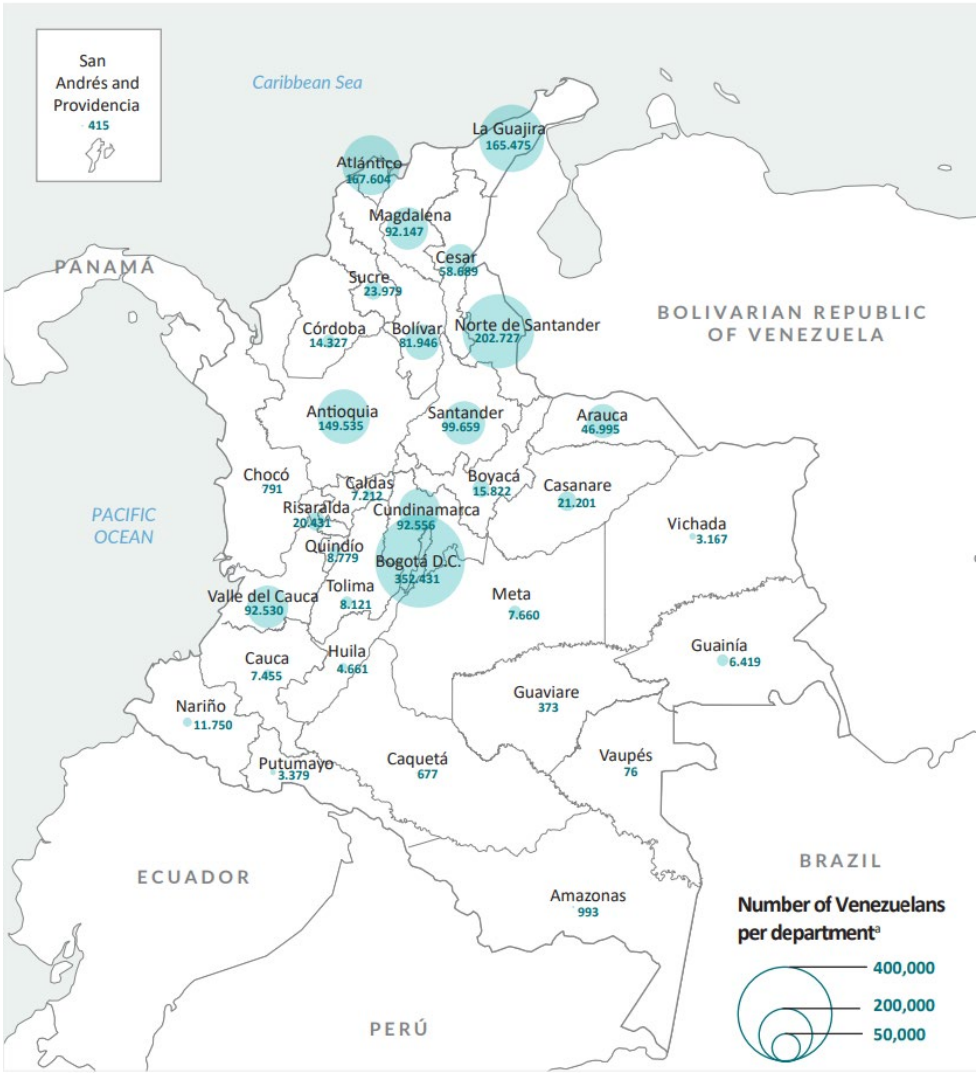

Image obtained by: Coordination Platform for Refugees and Migrants from Venezuela, part of the UNHCR. The Migratory Report of Venezuelans in Colombia. As of February 29, 2020.

Getting to Bogotá and Chía

According to statistics from the UNHCR, many Venezuelan immigrants have moved inward to Bogotá and the surrounding area in search of better employment opportunities and as a way to send remittances back home. Many immigrants spend days moving from different parts of Venezuela to the border, then once they reach the transnational border, they must decide how to cross, either by going through the immigration checkpoint or walking through the trochas. Some 70% of the Venezuela-Colombia migration goes through the state of Norte de Santander, through the city of Cúcuta. Waiting near the Colombia-Venezuela border

at the Simón Bolívar Bridge, the most common international checkpoint, are coyotes.[3] Disguised as travel agents, these coyotes wait for immigrants and offer them package deals where they set the price on crossing the border along with them.

Once immigrants reach Colombia, they head to the bus terminal to catch a bus to Bogotá. Bogotá is a 14-hour bus ride from Cúcuta. Along this journey, people can be seen walking along the Andean country with their families, strollers, and luggage. They are commonly referenced by locals and other immigrants as *los caminantes*.[4] Once immigrants reach the terminal; they have to figure out where to go. Some have family waiting for them, while others search for resources Many migrants continue their journey from the Capital to a small town 10 miles North of Bogotá. Chía is an agricultural town that has been slowly growing over the past few years. Chía has a population of around 135,000 inhabitants (Department of National Planification 2019). Yet in recent years, some Venezuelan immigrants have arrived. A report conducted in 2019 from the ministry of foreign affairs stated that there are about 9,000 Venezuelan immigrants living in Chía (Migración Colombia 2019). Within this migration research, components will be used to understand and answer the question: how undocumented immigrants from Venezuela experience pregnancy and motherhood as they navigate policies and healthcare services by using their social networks in Bogotá and a town 10 miles north of Bogota called Chía.

[3] Persons that smuggle immigrants to the countries.
[4] Venezuelan migrants that walk across Colombia to reach destinations such as Medellin, Bogotá or reach countries such as Perú or Ecuador. https://www.hrw.org/news/2018/09/06/venezuelan-walkers

Precarity

Precarity has become a prominent concept in the field of anthropology. It is a concept that fully encapsulates the feeling of uncertainty. Anna Tsing, states, “Precarity is a condition of being vulnerable to others. Unpredictable encounters transform us; we are not in control, even of ourselves. Unable to rely on structure of community, we are thrown into shifting assemblages” (Tsing 2015: 20). This sense of precarity can be described by immigrants who have very little control of their daily experiences are constantly on the move as they arrive to new locations, some feel that sense, the precarity on feels when everything is unknown, in every encounter, and interaction. For many, this unknown is constant as some destinations are temporary as they live day-to-day without anything really being concrete. Immigrants are unable to plan as they are constantly focused on the present day and how to get by. Lapinske considers precarity, “a condition of existence without predictability or security, habituation to expecting a life of unstable labor and unstable living” (Lapinske 2018 72).

Yet, many scholars have argued that precarity goes beyond material possessions (Das & Randeria 2015), and affects the ontology of time and place. For instance, Coppola et al. explain, “the past is imaginary for all migrants: there is no longer day-to-day or a real relation to one’s country” (Coppola et al. 2007: 97). While conducting research on internal displacement and war in Colombian, Perez-Murcia argued that home becomes neither “here: nor “there” it is “a contested site which may need to be renegotiated over time and space” (Perez-Murcia 2019: 1516). Precarity can be used to understand immigrant communities, as they are often invisible to the state and can sometimes only become visible once their documentation status changes. The difficulty here is getting the status to change, so many migrants live in this invisibility and precarious situations for years and sometimes even decades. For example, in the United States, many children who immigrated with their parents from Latin American Countries, did not know they were undocumented and invisible to the rights of the country until they graduated high school and either tried to apply for a job or college (Garcini et al. 2017).

In Bogotá, immigrants have moved to central parts of the city, to lower socioeconomic neighborhoods such as Santa Fé, Las Cruces, San Bernando, the surrounding neighborhoods of Kennedy Hospital, and a town to the south of Bogotá called Soacha.[5] Many Venezuelan immigrants live in small rooms called pagadiarios. The price of the rooms varies depending on the amenities available, but the average cost a room is €3.5 per day. This form of housing has become popular among the immigrant community in the city, due to the easy accessibility. These rooms are usually furnished and does not require large deposits or contracts requiring documentation, bank accounts, or employment. Yet, this form of housing is unstable as failure to pay the daily rent will result on instant eviction. This is important since many migrants working informal jobs, such as selling sweets or coffee on street corners or on busses, live day to day and make just enough to

[5] Although this is a town that has its own municipality, due to the rapid growth of Bogotá, it is oftentimes considered a neighborhood of the city.

cover the costs of the room and food. The amount of money undocumented migrants make in Bogotá varies from day to day.

After talking to interlocutors in Bogotá and their living conditions, there was a sense of detachment from the places where they were living and the sense of home. “Individuals on the move do not – and perhaps cannot – know whether their residence is a given location is temporary or permanent” (Special Issue Introduction 2012: 806). Although pagadiarios are not common in Chía, Venezuelan immigrants struggle to find landlords who will rent to them. Sarai and Aura had to negotiate with their landlords to find housing. Within three years of living in Chía, Aura has moved places six times. She explained how some apartments or houses that were offered to Venezuelan immigrants were overpriced, as landlords took advantage of the precarity to charge double the rent. In Colombia, immigrants who cross the border through trochas, are invisible and sometimes, this can lead to precarious situations where human trafficking takes place and they are invisible to the protection granted by the Colombian authorities.

> Sarai is sitting in front of me, she seems very calm as she relates stories from her immigration experience. Her decision to move to Chía a year ago, was not only for the violence she witnessed in Venezuela, but also because minimum wage was not enough to buy food. Her older brothers had immigrated to Colombia and Ecuador a year before her. She felt that she could not stay in Venezuela any longer as it did not feel like a home anymore. She crossed the border through a trocha, along with her sister in law and her one young nephew. They hired a coyote near the Símon Bolivar checkpoint, that guided them through the dry river and an open field. The border was easily walkable. Yet, throughout her journey as the coyote guided them through the border, she felt fear and uncertainty. These coyotes carried riffles and demanded additional money during different instances. She not only feared for her safety but the safety of her nephew who was only a toddler. Once the reached Colombia, they booked a bus ride to Bogotá, and then took another bus to Chía, where her brother was waiting for them. As she is sitting in her living room, she pauses often and contemplates as she caresses her growing belly. In the background we hear her nephew playing upstairs with his mother.

Precarity is not only visible from their lived experiences, but additionally from their beliefs and how they may feel in the time and space in their everyday life and this sense is ever-present or identified in the other concepts covered in this research. By sharing fragments and snippets that my interlocutors shared with me, this concept will be visible throughout the analysis. My aim with this concept is to show that within my research my interlocutors experience their own unique precarity, through their stories. “Precarity is a universal condition of human life, yet we experience it in highly singular way” (Ruti 2017: 94). Therefore, through the continuity of this text snippets of precarity will guide the reader to of the journey of my interlocutors, tracking how precariousness moves from one concept to another, and completely overtakes the senses of the interlocutors, the migrants, the people experiencing the transnational movement.

Policies

Policy is a plan of action created by governmental authorities that is rooted in the cultural norms and moral compass of each country or community (Haines 2013: 78). Policies are designed and implemented to regulate individuals and to bring about order within the cultural context of the location. Within the framework of migration, policies define the context in which immigrants are viewed and treated by their new country or community of residence. Policies are multi-tiered, and they can extert influence on a macro level, such as a global or national level, or on a micro level such as the individual. Within the macro level, governmental organizations are influenced by the manifestation of such migration movements. Not only from each country and location own political and cultural context, but by international organizations such as, the UNHCR, the World Health Organization, or the IOM. As Feldman-Bianco states, “issues related to transnational migrants, refugees and asylum seekers have become central to the agendas of national governments and multilateral agencies” (Feldman-Bianco 2018: 204). Although these agencies have set parameters for multiple transnational movements, there are difficulties in predicting the effects of such policies on each cultural context. Since undocumented migration can be difficult to track, assessing how these policies have had an effect may take years (Haines 2013: 79).

Within the framework of migration, policies define the context in which immigrants are viewed and treated by their new country or community of residence by being compartmentalizing in categories. Policies implemented for documented immigrants differ to those implemented for immigrants who are categorized as undocumented. De Genova argues, “The law defines the parameters of its own operations engendering the conditions of possibility for “legal” as well as “Illegal” practices (De Genova 2002: 424). The construction of classifications such as “refugee” by international organizations, grants the immigrant a humanitarian-oriented policy such as political asylum (Malkki 1995: 505). Yet, this term or classification can only be applied only when the governmental and international organization think it is appropriate a fit the parameters set in place. Leaving out many undocumented immigrants from these human oriented policies and categorizing them as “irregulars”.

On a micro level, the policies of categorization implemented ascribe identities for immigrants in relation to the migration trajectories documentation status or ethnicity. Within their experiences, the cultural context and the policies in place, identity is altered. Shipper argues that “different citizenship takes into account the different positions, interests and identities, of citizens that emerge from gender, racial, ethnic and religious discrimination” (Shipper 2010: 14). Using the term “illegal”, “alien” or “irregular” has implications that polarize and draws identities of otherness or delinquency to immigrants (De Genova 2002: 425). These implications set roadblocks during and after the mobilization of transnational border (Salazar 2010: 55). Many policies in place have additional constraints that affect immigrants’ access to the labor market, housing opportunities or integration as a member of the new culture. I noticed that policies had a significant effect on the types of jobs and housing undocumented immigrants were able to find. therefore, I collected

experiences from my interlocutors to see how these policies were affecting them and how they navigate them.

Policies and Challenges

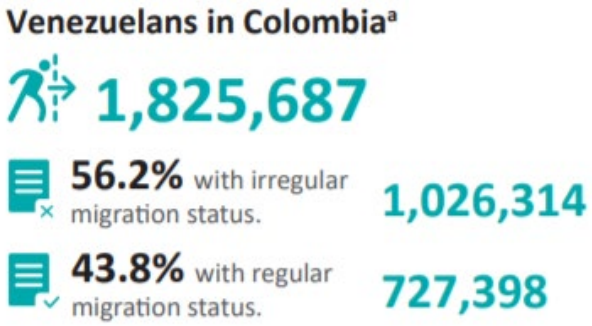

Image obtained by: Coordination Platform for Refugees and Migrants from Venezuela, part of the UNHCR. The Migratory Report of Venezuelans in Colombia. As of February 29, 2020.

Colombia has an open-door policy with Venezuela at multiple immigration checkpoints on the border, giving access to migration to and from Venezuela (Wemer 2019). While the border allows migrants to cross without a visa or passport, people are required to have a border identification card called the Tarjeta de Movilidad Fronteriza (TMF). This identification card can be obtained online through the Colombian immigration website and allows pendular migration. Although this identification card grants easy entry to Colombia, it does not grant immigrants access to formal job markets, housing or healthcare services such as regular check-ups. To formalize their stay, Venezuelan immigrants require an official passport which needs to be stamped at the border checkpoint. With this stamp, Venezuelan immigrants can apply for the Special Stay Permit (PEP) and can access the formal labor market and healthcare services. In 2019 the cost for obtaining a Venezuelan passport was €180 (Díaz & Castillo 2019). This cost is too high for immigrants who are fleeing the country due to economic hardship, were the monthly minimum wage is €3 (Lanz 2020). Therefore, many Venezuelans must cross the border through unsafe trochas that controlled by coyotes. While crossing the border through trochas is more affordable, immigrants who use these routes are affecting their possibility to formalize their stay. The implementation of these parameters and policies of the formalization of their residence impedes undocumented migrants when trying to access the labor market, housing, and healthcare services. As a result, undocumented migrants rely on informal and precarious forms of housing, and labor practices. Additionally, they health wellbeing and health is compromised, since their access to healthcare services is limited.

Of the 1.8 million Venezuelan immigrants currently reside in Colombia, and about 56% of them do not have proper documentation. Colombia has faced challenges in implementing policies related to the Venezuelan migration phenomenon as it did not have policies and processes set in place for the complexities of a migration of this magnitude. The Colombian government took two years to set up the strategies and policies

required to deal with this crisis. This was done once the mass displacement had been documented by local and international human rights organizations. A few policies addressing immediate emergency relief related to the Colombia-Venezuela border were put in place in 2017. However, the Colombian government too a fundamental step in March of 2018, when it created policy 542 to ensure there was an accurate statistical report on the number of Venezuelan migrants in Colombia (Koechlin & Joaquin 2018:25). This set-in motion a focus by the government along national and international organizations to documented and undocumented immigrants in the nations data base, while they provided additional humanitarian services. The goal was to have an accurate statistical report to set parameters and strategies on nationwide policies. This first official governmental response materialized in November 2018 in the document COMPES 3950 (Estrategia para la atencion Migratoria desde Venezuela). This three-year plan put in place parameters and strategies that referred to key aspects and needs of the immigration community. The measures included education, healthcare, temporary housing, and assistance to the most vulnerable. These national measures provided by the Colombian government were estimated to cost €114 million. This initial document brough temporary policies and relief to public sectors that needed structural support.

Over the past five years, Colombia has implemented multiple policies to aid the Venezuelan migration community in Colombia. The town of Chía has set local and cultural parameters for vulnerable communities to gain universal access to healthcare. These parameters have aided undocumented immigrants. These parameters were set in place by two policies, decree 1538 and decree 2042, which focused on providing universal healthcare to this rural community. The motivation of these two policies was to decrease the maternal and infant mortality rate, lower the transmission of infections, and treat chronic conditions in this rural community. With the aid of these policies, pregnant immigrants and children with chronic conditions can have access to regular healthcare services, without the need of a formalized immigration document. In Bogotá, there is no policy with similar parameters, therefore, pregnant Venezuelan immigrants and Venezuelan children can only access healthcare when their condition is deemed as an emergency by healthcare professionals.

> Sabrina sat on her bed next to her partner Jesus. Behind them, their newborn daughter, Jesuanny lay sleeping. The temperature of the room rose as we sat on the bed. The grainy television was playing in the background, yet the two of them gazed at their baby checking her temperature every few minutes. Sabrina seemed exhausted. She told me her baby had been up all night, unable to breath properly. She said that although the room was hot, they could not open the door to let air in. The owner of the building had painted the walls and ceiling the day before and the paint smell lingered inside the building and rooms. The rooms in this pagadiario were windowless therefore the was very low ventilation and the chemicals from the paint stayed inside. Worried, Jesus decided to stay home from work in case the baby's condition worsened and she needed to be taken to the hospital. Although the baby was

breathing rapidly, they decided to stay home and wait to see if her breathing improved as Sabrina was still in considerable pain after giving birth.

Jesus and Sabrina crossed the border through one of the official checkpoints by using the border identification card (TMF), they do not qualify for the special work permit (PEP), since they did not have the Venezuelan passport. I asked Jesus if he knew about the (PEP) policy before arriving to Colombia. He assumed that the border identification card would suffice to formalize his stay. Like many others, The Colombian government categorizes them as undocumented immigrants. This negatively affects their work opportunities as well as their housing and healthcare. Those who wish to settle in Colombia and who cross the border using the border identification card or through trochas must rely on informal jobs and housing.

Sabrina's partner, Jesus, works at Corabastos. This is the largest fruit and vegetable market in Bogotá. Most farmers from nearby towns drive there every morning to sell their crops. He wakes up every day at 4am and commutes to this market that is an hour from his home. Although the work permit (PEP) is required to enter the market, he has been able to access the market by each day bribing the security guards who stand by the front gate with money or free vegetables. Yet, there have been times when he has been denied access and stayed without work. This normally occurs when the security guards change schedule. Some have discriminated him for his nationality and has been told that he will not be let in until he has the special work permit. On the days he is able to enter the market, his work varies from day to day. Some days he buys and then re-sells the fruits and vegetables in other parts of the city. Other times, he helps the farmers with loading and unloading the trucks.

The money he makes is just enough for things such as food and rent. Before Sabrina was pregnant, she would walk about the city with a coffee cart, due to her pregnancy, she was forced to stop as the cart was too heavy for her to push. Therefore, Jesus became the sole provider. By missing one day of work could greatly affect not only his income but Sabrina's and the newborns safety and well-being. For example, he must pay the landlord daily, if the payment is overdue for more than three consecutive days, they are locked out of their room and can only access the belongings once they pay their overdue rent. Although Jesus and Sabrina want to rent an apartment in the city, but they cannot afford the deposit and do not have a required bank account since their stay is not formalized.

When narrating their experience, the women I met at the Bethany Christian Services workshop, confirmed how they faced similar roadblocks. They were unaware of the policies in place before arriving in Colombia and now relied on informal work and housing. They experience social oppression often when they were offered jobs in restaurants or cafes. They would get hired only to be dismissed a day or two after, since they could not provide proper documentation. Therefore, many rely on other forms of informal jobs such as selling coffee and sweets or panhandling in the streets or buses. Although many Venezuelan immigrants have relied on selling sweets on buses, they face the risk of getting fined €30 by local authorities. Not only

preventing them from their source of income but imposing a fine that constitutes several days of rent and food.

Through interactions with my interlocutors, I learned how these policies of categorizing the status of immigrants, obstruct Venezuelan immigrants from entering the formal work market. This affects their housing and healthcare and as a result their well-being is compromised. They have been inflicted upon polarizing identities by local authorities and Colombians who categorize them as “irregulars”, making their informal source of income a crime. Policies implemented should, be appropriate to the context in which they were implemented. They should have reasonable courses of action and should accomplish what they were set out to do (Haines 2013: 79). Which was to provide aid for this community. 56% of Venezuelan immigrants in Colombia are undocumented. Many of whom are pregnant women oftentimes cannot have a reliable source of income. Understanding how the short-term policies implemented by the local government have effects on the immigrant experience, can help implement long-term policies that reflect the cultural context of the Venezuelan migration.

Reproductive Healthcare

Reproductive healthcare is an essential part of a healthy pregnancy, and it is vital for the mother's and child's overall health and well-being. Yet, many women face barriers while attempting to access healthcare services. For instance, many women lack health insurance due to their low-income or lack of knowledge of the services available (Grant & Burton 1996: 258). An extra layer of complexity is added for undocumented pregnant immigrants. As they try to settle in a new country by looking for income and housing, they also must readjust to a different culture and different norms and understand what resources are available to them. "When migrant women settle into a new country, they bring with them embedded cultural values and traditional beliefs of pregnancy and birthing practices" (Benza et al. 2014:576). Different obstacles could arise from language barriers, lifestyles and/or practices related to diet, lactation, nutrition or bathing the newborn.

Undocumented immigrants encounter additional internal and external barriers that prevents them from accessing healthcare services. Benza and Liamputtong argue in their meta-synthesis analysis that "migrant women, being the minority group in a society, experience social oppression, racial discrimination, disempowerment and negative interactions with health caregivers" (Benza & Liamputtong 2014: 576). This in turn negatively affects the likelihood of women attending prenatal and antenatal healthcare. Chekero and Ross argue that undocumented immigrant women who are declined prenatal healthcare services or face discrimination are forced to give birth in precarious conditions. This can in turn affect the likelihood that women will seek healthcare services and in turn will affect the health of the mother and child. According to Higgins and Burton, "Any prenatal care is better than no prenatal care" (Higgins & Burton 1996: 258). It is more cost-effective and healthier to provide prenatal healthcare since this lowers the risk of complications during the birth. (Kullgren 2003 & Higgings and Burton 1996).

Furthermore, immigrant women face additional structural challenges such as lack of access to healthy foods, proper reliable housing, or transportation to healthcare appointments. Therefore, migration should be considered a social determinant that affects health for pregnant migrants. Castañeda et al. argue, "A social determinant of health approach focuses of the structural factors, aside from medical care, that are determined by social and economic policies and inequalities and have important effects on health" (Castañeda et al. 2015: 376- 379). Since immigration adds a layer of complexity to the pregnancy process along the process of a healthy baby and recuperation post-partum. Therefore, their status or lack of documentation affects their quality of life, health during their pregnancy and their health of the child beyond prenatal and antenatal appointments. These experiences were shared by my interlocutors and it gave great insight on the type of healthcare services undocumented Venezuelan migrants are receiving.

Healthcare in Colombia

In Colombia, emergency care is a fundamental right for everyone. Every person who needs urgent care is accepted regardless of their nationality or documentation. This means that undocumented Venezuelan immigrants can have access to healthcare in cases of an emergency. However, healthcare service needs have increased since the arrival of large numbers of Venezuelan immigrants. The figure below shows statistical data from the number of healthcare services provided in 2017 and 2018 to the Venezuelan population throughout the country (CONPES 2018). The number of cases went up an additional 375% between January 2018 and January 2019. (Gehrin 2019: 11). Due to the sudden influx of immigrants, the Colombian municipalities are having a hard time providing sufficient healthcare services to meet the needs of immigrants who require attention. Therefore, medical services vary in different cities, towns, or from hospital to hospital (ABECÉ 2018). Medical practitioners in line with the policies in place, decide who gets treatment and what is deemed as an emergency.

Healthcare services provided to the Venenzuelan Migrant Community 2017-2018

Tabla 8. Atenciones en salud brindadas a la población migrante venezolana 2017-2018

Healthcare Services				Percentage Change
Atenciones en salud		**2017**	**2018**	**Variación porcentual**
Urgencias	Emergencies	8.926	130.708	183,4 %
Hospitalización	Hospitalization	4.562	16.900	270,5 %
Consulta externa	External consultation	48.589	130.708	169,0 %
Procedimientos	Procedures	10.600	47.019	343,6 %
Total		**72.677**	**219.923**	**202,6 %**

Fuente: SISPRO Ministerio de Salud y Protección Social 2018.

Image obtained from the Ministry of Health and Social Protection. Healthcare Services Provided to the Venezuelan Migrant Community. Dated 2018

> I met Glenda on an early February morning. She came to an event hosted by Bethany Christian Services. The focus for this event was to register undocumented Venezuelan immigrants in the national database and to understand what their most urgent needs are. Bethany Christian Services collaborated with a Norwegian organization called the Norwegian Refugee Council. Glenda came to the event with her four children and her mother. Along with the other women, she sat in a room that appeared to be used as a classroom. As children played and ran around the different rooms in the organization, women carefully listened to Astrid, the event coordinator, as she gave instructions on how the day was going to be structured. Although Astrid was expecting 20 women, a total of 52 women came to the event. Many women stood or sat by the doorsteps as the could not fit in the room. I was able to talk to Glenda after she registered herself and her kids with the Norwegian Refugee Council. We sat in a quiet area to the side of the main room. She told me she had arrived in Colombia

> seven months ago with her mother and three young children, she was eight months pregnant at the time. She did not receive any prenatal healthcare services for fear that she would be turned down. One early morning, while she was getting ready to go out to work, she felt contractions. With the help of her mother, she gave birth to a baby girl in the bathroom of her room. Her baby slept in her arms as she explained that she had yet to register her baby with the national civil registry. When I asked her why she took so long, she said that she must work every day to pay for her room and provide food for her family daily.

Social determinants add layers of complexity to the experience of undocumented Venezuelan immigrants in Bogotá. Glenda did not attend a hospital to give birth for fear of discrimination and lack of economic support. She was not aware that she was not able to receive antenatal healthcare. As a single mother and the sole provider of her household, she could not take time off work to register her newborn. Registering a newborn baby is vital for their health and well-being, since they could miss out on services. Glenda may face additional repercussions for not registering her child and not having a birth record since in order to register her child now she would need proof that her child was indeed born in Colombia.

Many undocumented immigrants also experience structural challenges that in turn affect their access to healthcare services, such as not understanding the infrastructure of the city, and how the public transit system works, or not having means to pay for bus rides. In the event of the latter, they are forced to either skip the line and risk of getting caught by the transit security or spend money on the bus fare. Although Sabrina did not have any prenatal check-ups, she did have a positive experience the day her baby was born. Along with the birth, undocumented Venezuelan immigrants in Bogotá are scheduled an antenatal appointment to hand out the results of test done while giving birth. However, after this appointment, they do not have any additional antenatal check-ups. Due to structural challenges she was not able to attend her antenatal appointment that is scheduled. She got lost in the city on her way to her appointment, and after searching for the clinic for a few hours, she decided to go home without having had her antenatal checkup.

On one of my visits to the Kennedy Hospital, the largest hospital in the Southwestern subdivision of the Bogotá Department of Health. I was able to speak to the director of obstetrics and gynecology. He stated that 80% to 90% of the women seeking healthcare services through urgent care in this hospital were undocumented Venezuelan immigrants. The daily average number of births in Bogotá is 700, of which 50% are to undocumented migrants. Although the city had been setting parameters in place to provide antenatal check-ups, many women do not attend them. Due to additional structural barriers it is often the case that after the antenatal check-up is performed the women do not have access to additional healthcare services. The reason for the lack of additional services is the large volume of people that are being treated Bogotá. Therefore, the city can only provide emergency room visits, as procedure are paid by the District Health Financial Fund. The figure below shows the average costs of births in 2018.

Average cost of Frequent procedures perfomerd through the emergency room

Tabla 9. Costo promedio de procedimientos frecuentes realizados por urgencias

Type	procedures perfomerd through the emergency room	Cost (Colombian Pesos)
Tipo	**Procedimientos realizados en urgencias**	**Costo promedio (pesos)**
Births (Natural, C-Section) **Partos (normal y cesárea)**	1) Cesárea segmentaria transperitoneal	1.928.995
	2) Cesárea extraperitoneal	1.823.389
	3) Asistencia del parto espontaneo normal (expulsivo)	1.590.599

Image obtained from the Ministry of Health and Social Protection. Dated August 2018. Average Costs of C-sections, natural Births performed through emergency care. [6]

As previously mentioned, the town of Chía has set in place two policies, (decree 2042 and decree 1438) that allow undocumented immigrants who have pre-existing health conditions or who are vulnerable, or are pregnant to gain access to healthcare services. The women who attended workshops hosted by the IOM in Chía all have been able to receive prenatal, ultrasound and antenatal healthcare services due to these policies. Aura, learned about these decrees after her young son had to be taken to the hospital due to his asthma, since then, all his medical costs have been covered. Once she was pregnant, a member of the IOM to inform her about The workshop on prenatal healthcare and also to informed her that she qualified for this policy as well. Pregnant undocumented immigrants in Chía, are able to access prenatal healthcare services such as check-ups and were given nutritional advise along their pregnancies. However, they sometimes did not agree with the advice given by the health practitioners, such as that on nutrition and lifestyle, and did not follow it as they felt the diets were too different and they could not get accustomed to the Colombian diet.

Although Colombia has set some parameters to ensure pregnant immigrants and their newborn babies have some access to healthcare services, for instance, more programs conducted by social services to understand the most urgent needs for undocumented pregnant immigrants. Additional structural and social determinants should be considered as they prevent women from accessing these services. “immigration must be understood as a key social determinant of health in its own right” (Castañeda et all. 2014: 386). Healthcare services are vital for not only a healthy pregnancy and birth, but for the overall health of communities.

[6] The average cost of births in Euros. 1) Transperitoneal Segmental C-Section €469. 2) Extraperitoneal C-Section €436. 3) Natural Birth €380.

Social Capital

Social capital is part of moral resources that operate through mutual solidarity and social exchange. Putnam argues that social capital allows social organization and social networks to form as social collateral. By working together, social networks achieve and facilitate the access or actions that would bring socio-economic gains. (Putnam 1993: 167). The social collateral can be divided into two groups in line with different forms of social ties. These two groups are bridging and bonding. Bridging is vertical and creates upward mobility within social relations, while bonding is horizon and creates social relations between people who share similarities (Ryan 2013: 710). In recent years, this form of social bonding has been surfacing in migration studies, to understand how integration occurs within immigrant communities (Nannestad et al. 2008). Many immigrants leave behind their family and moving transnationally is an emotional and economic burden. Lapinske explains, “Emigrating and thus departing from that circle of care is likely to produce even bigger uncertainty and exclusion” (Lapinske 2018: 65). Social networks and linkages allow for an easier transition to new destinations. “Migrant women, without extended family, also find themselves isolated, lonely unable to cope with a newborn at home” (Benza & Liamputtong 2013: 576). For undocumented pregnant immigrants, the creation of social not only provide potential financial gain with goods and services acquire, but It also provides emotional support, trust and form a circle of care for the newborn as it is a crucial stage when emotional burden. Which can be crucial to permanent settlement in a new country (Ryan 2011: 709).

These social capital groups are formed through the exchange of communicative channels within groups. Elyachar expands on the concept of “Phatic communication”, which was first introduced by Malinowski, to understand how phatic labor can be used as a form of casual communication where valuable information can be learned. “This labor produces communicative channels that can potentially transmit not only language but also all kinds of semiotic meaning and economic value” (Elyachar 2010: 453). By engaging in phatic communication, ideas and information are exchanged, and valuable bonding and bridging occur. Although bonding networks have positive linkages that can lead to socio-economic gains and emotional support, it can also have a negative impact on agents. While bridging has positive integration and upward mobility (Ryan 2011: 710). With the help of these concepts, it would help me understand motherhood and pregnancy of undocumented migrants navigate their bridging and bonding social capital.

Social Connections

After attending a workshop about reproductive healthcare practices organized by Bethany Christian Services. Sabrina, along with the other women who attended the workshop, decided to go to a nearby park. Laughing, they recalled funny moments from the workshop. As they sat on a bench, many of them voiced how they felt comfortable around one another, they shared their experiences after arriving to Colombia, and pointed out similarities between those experiences. Many expressed how this group has educated them on

different topics but also provides them with emotional support. The conversation drifted to the types of organizations each had taken a part of. Many of them planned different trips to organizations helping undocumented immigrants. Through this exchange of communicative channels Sabrina, and her friends were able to exchange vital information that would benefit them financially. Through vertical linkages they bonded and formed horizontal social capital. they acquired information that could lead to further their vertical linkages such as organizations by sharing information through their communicative channels.

> I planned to meet up with Sabrina and her friends the following weekend to accompany them to one of the organizations that had been brought up the day at the park. Although I had asked her what the name of the organization was, as I was trying to arrange the commute, she told me she did not know and neither did her friends. I met them at the bus station, we hurried along as it was starting to rain and none of us had brought umbrellas. Sabrina came along with her newborn daughter and two friends from the organization. The partner of one of the women from the organization came to guide us, as she had been there before. We followed her through a residential neighborhood and stopped in front of a garage. She waved us goodbye and left, she had to work to make money for rent. We ring a doorbell to the side of the garage, and we are greeted by Adriana the director of the organization FundaZión. On the second floor of this garage, this Christian organization had set up a church, that served as the main place where they also provided services to Venezuelan immigrants. After Sabrina and her friends, Katherine and Mary, were registered, they were taken to a room where the organization keeps all its donations. The three of them were able to collect food and clothing for themselves and their children, including Sabrina's newborn baby. Before leaving, Adrina gave Sabrina two additional toys, after learning that her two boys were in Venezuela. Sabrina later told me that she was going to send them these toys along with school supplies, with a neighbor who was moving back to Venezuela.

With the use of her bonding relations, Sabrina was able to obtain valuable information and economic gain, as she learned from this organization. Not only was she able to expand her social networks and have bridging connections which this organization. Yet, sometimes these social networks can have a negative impact. Misinformation is sometimes spread throughout groups. For instance, many women I talked to experienced fear of attending hospitals, even when they required urgent medical attention. Before giving birth, Sabrina voiced her concern of going to a hospital. She was afraid to go to the local hospital to give birth, since one of her neighbors believed they had switched her child, since she had previously been told she would have a boy but she gave birth to a girl. This misinformation and fear can be detrimental to the health of the mother and the newborn.

Bridging networks provides undocumented immigrants with economic gain, through the semi- formal connections of the nonprofit organizations. It additionally provides women with information regarding their

reproductive healthcare, prenatal and antenatal information, the warning signs of domestic violence, and the policies that are set in place regarding Venezuelan immigration and how to navigate the services. Additionally, they form relations with directors of grassroots organizations who could give them additional forms of participation within the groups and growing their bridging relations. Both groups of women who attended the workshops in Bogotá and Chía were given resources that could empower. For instance, Aura was given the opportunity to be part of the leadership team. This means that she, along other Venezuelan migrants in her community will volunteer with the IOM and will train her to learn more about the resources available and this way to empower her community. Programs such as this empower and educate women so that they can in turn empower and gain upward mobility for their community.

Conclusion

Within this thesis the aim was to use the linking components that encapsulates the main findings of this research. Drawing on the four concepts, precarity, policies, healthcare, and social capital along with the methodology has allowed me to gain understanding of the broader context in which undocumented immigrants from Venezuela experience pregnancy and motherhood, as they navigate through policies and healthcare services with the use of they navigate policies healthcare services use their social networks in Bogotá and Chía.

With the use of audio-visual methods and written ethnography, I was able to produce multilayered research. Which allowed me to gain insight on the historical aspect of the Venezuelan migration while also gaining insight of the personal stories and experiences that constitute this current Venezuelan migration. The film will allow me to focus on personal portraits while we get to see and understand their daily live and how they experience their pregnancies and motherhood. emphasizing the concepts, of precarity, policies healthcare and social networks. While the written part allowed me to look at the historical and statistical data, expanding on the analysis from the data collected during the research.

Through the linking concepts of the research I was able to understand the parameters set in place that easily permits transnational movement between Venezuela and Colombia, but simultaneously applies roadblocks to Venezuelan immigrants. These roadblocks affect their opportunities for the labor market, housing, and healthcare. Facing uncertainty while they work their informal job or panhandle in order to pay for food and rent. They must live in precarious conditions where the forms of housing available for undocumented migrants are overpriced or are informal and unsafe to live in. This affects their overall well-being and experience as an immigrant in Bogotá and Chía.

Drawing on the concept of healthcare, the experiences in Bogotá and Chía varied greatly, as women in Chía had access to prenatal healthcare services, and prenatal workshops. Therefore, the women in Chía felt more confident in trying to access healthcare services. In contrast, Bogotá the women that talked about their experience with pregnancy and motherhood echoed the internal and external social determinants and structural challenges that affected their experiences and health.

Lastly, I covered social capital and how they navigate their bridging and bonding networks. These networks are essential to the emotional and economic wellbeing of pregnant migrants and migrants who are new mothers, as they are the linking component that allow pregnant undocumented migrants to gain access to resources, such as housing, jobs, and the knowledge of vertical networks. They are a valuable resource and can alter the experiences of pregnant undocumented immigrants and their families.

This thesis was presented to guide the audience and the reader through the daily lives of undocumented Venezuelan women who are facing the challenges of pregnancy and motherhood. With the hopes that the the insights collected can be a building block of analysis that go beyond this thesis.

Library

2012: Migration, “Illegality”, and Health: Mapping Embodies Vulnerable and Debating Health-Related Deservingness. In Special Issue Introduction. Social Science and Medicine. 74(1): 805:811.

2018 Strategy for Migration Assistance from Venezuela. National Council of Economic and Social Policy. (Accessed 11/5/2019). https://www.cancilleria.gov.co/documento-conpes-estrategia-atencion-migracion-venezuela

2018
CONPES 3950 Consejo Nacional de Política Económica y Social República de Colombia Departamento Nacional de Planeación.
https://colaboracion.dnp.gov.co/CDT/Conpes/Econ%C3%B3micos/3950.pdf (Acessed 11/6/2019).

2019 venezolanos en Colombia. Ministerio de Relaciones Exteriores. (Acessed 5/4/2020). https://www.cancilleria.gov.co/abc-registro-administrativo-migrantes-venezolanos-colombia-ramv

Benza, Sandra and Pranee Liamputtong
2014 Pregnancy, Childbirth, and Motherhood: A Meta-synthesis of the Lives Experiences of Immigrant Women. Midwifery 30:575-584.

2019 Venezuela Survival Migration as a Development Opportunity, *Research in Brief 12. Oxford: Refugee Studies Center.*

Battaglia, Giulia.
2015: Crafting Participatory’ and ‘Collaborative’ Film-Projects in India. Anthrovision. 2(2): 1-21.

Brace, Laura
2013 Borders of Emptiness: Gender, Migration and Belonging. *Citizenship Studies* 17(6-7): 873-885.

Blommaert Jan and Dong Jie
2010 *Ethnographic Fieldwork: A beginner’s Guide*. Great Britain: Short Rum Press.

Castañeda, Heide, Seth M. Holmes, Daniel S. Madrigal, Maria-Elena de Trinidad Young, Naomi Beyeler, and James Quesada
2015 Immigration as a Social Determinant of Health. Annual Review of Public Health 36:375-92.

Chekero, Tamuka and Fiona C. Ross
2018 “On Paper” and “Having Papers” Zimbabwean Migrant Women’s Experiences in Accessing Healthcare in Giyani, Limpopo Province, South Africa. *Anthropology Southern Africa* 41(1): 41-54.

Coppola, Manuela, Lidia Curti, Laura Fantone, Marie-Hélène Laforest, Susanna Poole
2007 Women, Migration and Precarity. *Feminist Review* 87: 94-103.

De Genova, Nicholas P.
2002 Migrant “Illegality” and Deportability in Everyday Life. *Department of Anthropology and Latina/o Studies*.31:419-47.

Das, Veena and Shalini Randeria
2015 Politics of the Urban Poor: Aesthetics, Ethics Volatility, Precarity. Current Anthropology 56(11):s3 - s14.

Díaz, Jackelin and Juan Castillo

2019 ¿Qué tan caro es obtener el pasaporte Venezolano respecto a otros países? In Medium. https://medium.com/@ElDiariodeCCS/qu%C3%A9-tan-caro-es-obtener-el-pasaporte-venezolano-respecto-a-otros-pa%C3%ADses-e9e912eb60a6 (Accessed 20/6/2020).

Doocy, Shannon, Kathleen R. Pag, Fernando de la Hoz, Paul Spiegel, Chris Beyer
2019 Vanezuelan Migration and the Border Health Crisis in Colombia and Brazil. Journal on Migration and Human Security 7(3): 79-91.

Elyachar, Julia
2010 Phatic Labor, Infrastructure, and the Question of the Empowerment in Cairo. American Ethnologist 37(3) 452-464.

Feldman-Bianco Bela
2018 Anthropology and Ethnography: The transnational Perspective on Migration and Beyond. *Ethnografica* 22 (1): 195-215.

Fernandez-Niño, Julián Alfredo, Maylen Liseth Rojas- Botero, Ietza Bojorquez-Chapela, Vanesa Giraldo-Gartner, Rita Aleksandra Sobczyk, Jorge Acosta-Reyes, Víctor Flórez- Garcia, David Alejando Rodríguez
2019 Health Situation of Venezuelan Pregnant Migrants in Colombian Caribbean: First Report for Rapid Response in Public Health. Salud 51(3): 208-219.

Gandini, Luciana, Fernando Lozano Ascencio, Victoria Prieto
2019 Crisis y Migración de Población Venezolana: Entre la Desprotección y la Seguridad Jurídica en Latinoamérica. Coyoacan: Universidad Nacional Autonoma de Mexico.

GIFMM
2019 refugiados y Migrantes Venezolanos in Migración Colombiana infografía. (Accessed 05/11/2019).

2020 The Migratory Report for Venezuelans In Colombia Infographic. (Accessed 21/5/2020).

Gehring, Hubert, Maria Paula Leon Linares, Freancesca Ramos, Ronal Roduigez, Maria Clara Robayo
2018 Retos y Oportunidades de la Movilidad Humana Venezolana en la Construcion de una Política Migratoria Colombiana. Observatorio de Venezuela. Universidad del Rosario. Opciones Graficas Editores Ltda Bogota.

2019 *Las Migraciones en el Contexto Colombo-Venezolano*. Observatorio de Venezuela. Universidad del Rosario. Opciones Graficas Editores Ltda Bogota

Grimshaw, Anna and Amanda Ravetz
2009 Rethinking Observational Cinema. Journal of the Royal Anthropology Institute 15(3):538-556.

Haines, David
2013. Migration, Policy and Anthropology. *International Migration* 51 (2): 77-89.

Grant Higgins, Patricia and Martha Burton
1996 New Mexico Women with no Prenatal Care: Reasons, Outcomes, and Nursing Implications. Health Care for Women International 17(3): 255-269.

Jatar, Braulio and Anaïs Michel
2019 *Where Chaos Reigns.* (10 min).

Koechlin, Jose and Joaquin Eguren
2018 El Exodo Venenzolano: Entre el Exilio y la Emigracion. España: Observatorio Iberoamericano Sobre Movilidad Humana, Migraciones y Desarrollo.

Lanz, Jose Antonio
2020 Venezuela raises monthly mínimum wage to 0.04petros (Roughly $2USD). In Decrypt. https://decrypt.co/26928/venezuela-raises-minimum-wage-petros-2-dollars-usd (Accessed 22/6/2020).

Lapinske Laura
2018 Living in Precarity: Ethnography of Everyday Struggles of Single Mothers in Lithuania. Sociologija 60 (1): 64-83

MacDougall, David
1998 *Transcultural Cinema:* Princeton: Princeton University Press.

Mahler, Sarah J. and Patricia R. Pessar
2006 Gender Matters: Ethnographers Bring Gender from the Periphery Toward the Core of Migration Studies. *Center for Migration Studies* 40(1): 27-63.

Malkki, Liisa H.
1995 Refugees and Exile :From "Refugee Studies" To the National Order of Things. Annual Review of Anthropology 24(1):495-523.

Monaldi, Francisco
2015 The Impact of the Decline in Oil Prices on the Economics, Politics and Oil Industry of Venezuela. Mimeo, *Center on Global Energy Policy*. Columbia SIPA. New York.

Mosse, David
2006 Anti-social Anthropology? Objectivity, Objection, and the Ethnography of Public Policy and Professional Communities. *Journal of the Royal Anthropological Institute* 12:935-956.

Nannestad, Peter, Gunnar Lind Haase Svendsen, Gert Tinggaard Svendsen
2008 Bridge Over Troubled Water? Migration and Social Capital. Journal of Ethnic and Migration Studies 34(4): 607-631.

Perez Murcia, Luis Eduardo
2019 'The Sweet Memories of Home Have Gone': Dsiplaced People Searching for Home in a Liminal space. Journal of Ethnic and Migration Studies 45(9): 1515-1531.

Putnam, Robert, D., Leonardi, R., & Nanetti, R.
(1993). Chapter 6: Social Capital and Institutional Success. In *Making democracy work: Civic traditions in modern Italy*. Princeton, N.J: Princeton University Press.

Restrepo, Juan Pablo Uribe, Ivan Dario Gonzalez ortiz, Diana Isabel Cardenas Gamboa, Gerardo Burgos Bernal
2019 Plan de Respuesta del Sector de Salud al Fenomeno Migratorio. Govierno de Colombia. Ministerio de Salud y Proteccion Social.

Ryan Louise
2011 Migrants' Social Networks and Weak Ties: Accessing Resources and Constructing Relationships Post-migration. The Sociological Review 59(4): 707-724.

Ruti, Mari
2017 The Ethics of Precarity: Judith Butler's Reluctant Universalism in *Remains of the Social: Desiring the Post-Apartheid* Johannesburg: Wits University Press.

Shipper, Apichai W.
2010 Politics of Citizenship and Transnational Gendered Migration in East and Southeast Asia. *Pacific Affairs* 83 (1): 11-29.

Suhr, Chistian and Rane Willerlev
2012 Can Film Show the Invisible? The work of Montage in Ethnographic Filmmaking *Current Anthropology* 53(3): 282-301.

Tsing, Anna Lowenhaupt
2015 *The Mushroom at the End of the World: On the Possibility of Life in Capitalist Ruins.* Princeton: Princeton University.

Wemer, David A.
2019 As Crisis Continues in Venezuela, Colombia's "borders are open" Foreign Minister Says. In Atlantic Council. https://www.atlanticcouncil.org/blogs/new-atlanticist/as-crisis-continues-in-venezuela-colombia-s-borders-are-open-foreign-minister-says/ (Accessed 6/6/2020).

Willerslev, Rane and Christina Suhr
2013 "Montage in Writing" *In Transcultural Montage*. Edited by C. Suhr and R. Willerslev. Berghahn Books.

Vertovec, Steve
2007 Introduction: New Directions in the Anthropology of Migration and Multiculturalism*. Ethnics and Racial Studies* 30(6): 961-978.