Social Disadvantage and Food Security in a Forcibly Displaced Population in Bogotá, Colombia

Selina Roy, MSc. Global Health, Maastricht University

Abstract
Forcibly displaced status constitutes a significant and unfair social disadvantage in reaching a state of food security. Qualitative data among a forcibly displaced community in Bogotá, Colombia, revealed that participants experienced social marginalization, political barriers and economic hardships that hindered their access to food and were directly related to their displacement. The results of this study underscore the need to strengthen social integration efforts and expand mental health and counselling services.

Introduction
The city of Bogotá, Colombia, is facing a crisis of food security among its rising population of forcibly displaced persons. Internally displaced persons and international refugees are forced to endure indirect violence at their destination through social, political and economic structures imposed by their displacement. Studies have shown that internally displaced migrants have a lower quality of life than the urban poor, indicating a social disadvantage associated with displacement that deserves further investigation.

The objectives of this study were to evaluate the perceived state of food security among displaced persons in Ciudad Bolívar, Bogotá, by exploring the specific structures imposed by their displacement that prevent them from accessing food, how participants adapt to their behavior when confronted by food scarcity, and the effects of food insecurity on health.

Methodology
Information was collected via semi-structured interviews, which explored perceived state of food security, perceived state of vulnerability, individual experience of displacement and a description of eating patterns. A domiciliary visit was also carried out to gather information about nutritional contexts within the home and neighborhood.

Results
A total of 10 semi-structured interviews and 1 domiciliary visit were carried on a total of 12 forcibly displaced persons in Ciudad Bolivar, the poorest locality of the city of Bogotá.

Socially, participants faced marginalization through loss of support from family members that previously protected them against food shortages. Politically, participants were restricted from accessing the aid they were entitled to through complicated bureaucracy. Economically, moving to the city represents a significant increase in cost of life, and a negative impact on ability to earn. Few forcibly displaced persons arrive in Bogotá with formal qualifications, literacy or the education necessary to find stable employment in the city, making it difficult to earn a sufficient income. From a behavioral perspective, participants coped with food shortages by changing their diet, withstanding hunger, buying less food and accepting charitable donations.

Psychologically, participants described a sense of apathy and hopelessness. Physical health effects of the displacement manifested themselves through changes in weight, gastrointestinal issues and states of malnutrition such as anemia.

Discussion
The results of the domiciliary visit showed that living conditions are below an acceptable standard. Food preparation facilities were unhygienic in that there was no place to safely store and refrigerate food, and there was evidence of food rot that presented a hazard to occupants of the household. Based on the description of their diet and the foods kept in the kitchen, there was an absolute lack of fresh produce and sufficient protein to warrant a nutritious diet for neither adult nor child. The structures imposed by
poverty and displacement weaken the ability to exert freedom of choice in favor of the necessity to survive. Such violence is indirect in that it does not explicitly cause bodily harm, but affects mental and physical wellbeing through deprivation of essential resources, including nutrition. Violence is seen in the difference between what can be potentially achieved, and what is actually achieved, increasing the distance between the two or impeding an individual from accessing the former. Such deprivation violates one’s needs for survival and well-being, lowering quality of life to an unacceptable level.

Conclusion

Perceived food security appears to be directly and negatively affected by structural factors imposed by forced displacement in Ciudad Bolivar. Participants experienced indirect violence that restricted their ability to reach a state of general wellbeing and development, and access sufficient and nutritious food through socially acceptable means. The main mechanisms of structural violence were segmentation and marginalization. Through segmentation, participants were given second class citizenship and exclusion from protective social networks. Participants experienced marginalization as they were placed in a situation that limited their ability to protest their living conditions, mobilize political resources to improve their quality of life, and receive sufficient education to remove themselves from food insecurity.

Strong social support networks were important in helping participants feel secure. Therefore, it is important to keep family unified as much possible during the displacement process, and provide opportunities for expansion of social networks. Judging from the level of psychological distress expressed by the trauma of violence but also the stress of hunger and food security, mental health is a concern that should be addressed by expansion of mental health and counseling services targeted toward forcibly displaced populations.

REFERENCES

Rethinking Health Systems

Informal Healthcare Provision Among Syrian Refugees in Lebanon

Opinion Editorial

Spencer Rutherford, Global Health Institute, American University of Beirut

While the ongoing conflict in Syria has had an enormous impact on the health needs of Syrian refugees, relatively little attention has been given to the effects the conflict has had on the health systems of refugee-hosting countries bordering Syria. Due to the scale of the refugee crisis, how these health systems function has dramatically altered in ways that are difficult to describe using current models. Indeed, this difficulty is often exacerbated by the interaction of outside organizations, as well as legal and socio-political factors that are generally not present in higher-income countries.

The present op-ed will attempt to highlight this disconnect by examining the effects of the current refugee crisis on Lebanon’s health system. By evaluating the informal network of health provision among refugees, the present paper argues that this newly emerging sector does not easily subscribe to Western models of health systems. Traditional “pillars” (as outlined by the WHO’s “Six Building

Global Health Inequalities

Global Health: Annual Review
journals.mcmaster.ca/ghar
Issue 3 (2018)
Published online April 2018