

RESEARCH ARTICLE

ACTITUDES HACIA LA SEXUALIDAD EN MIGRANTES VENEZOLANOS

ATTITUDES TOWARDS SEXUALITY IN VENEZUELAN MIGRANTS

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RESUMEN

La salud sexual requiere un enfoque positivo y respetuoso de la sexualidad y de las relaciones sexuales, así como la posibilidad de tener experiencias sexuales placenteras y seguras, libres de toda coacción, discriminación y violencia. Para que la salud sexual se mantenga, los derechos sexuales de todas las personas deben ser respetados, protegidos y ejercidos a plenitud (OMS 2022). La salud sexual se ha convertido en un fenómeno de salud pública en nuestro país. Según la cancillería, Colombia es el país que ha recibido un mayor flujo de refugiados y migrantes venezolanos en el mundo (Cancillería, 2022). En ocasiones esta movilización ha sido en condiciones contrarias a la protección y garantía de sus derechos, generando que el ingreso, tránsito y permanencia en el país de destino sea en condiciones de vulnerabilidad, por lo que requieren de una protección especial por parte del Estado, así como la definición y puesta en funcionamiento de políticas públicas que contribuyan a la garantía de sus derechos (Minsalud, 2023). El objetivo del estudio es describir las actitudes hacia la sexualidad en migrantes venezolanos. Por tanto, es un artículo original de un estudio descriptivo, transversal con la participación de 369 adultos migrantes que residen en Pamplona, Norte de Santander, durante el segundo semestre del año 2022, respetando las pautas establecidas en la Declaración de Helsinki. Se realizó una encuesta de carácter anónimo con información sobre variables sociodemográficas y los 40 ítems de la escala de Hanon et al. Trueblood Sexual Attitudes Questionnaire (tsaq) (Molina & Tejada, 2017) El puntaje promedio del grupo de estudio para el tasq fue de 5,814 ±

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0,65. Por subescala, el promedio más alto se dio en homosexualidad (8,39), seguida por las de variación sexual (6,37) autoerotismo (4,93), comercio sexual (4,70) y heterosexualidad (4,27). Se encontró para la escala total, una actitud hacia la sexualidad propia de 5,81 que, en el rango de 1 a 9, indicaría una actitud moderada hacia ella.

PALABRAS CLAVES: Actitudes, sexualidad, migrantes, conducta sexual.

SUMMARY

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of all coercion, discrimination, and violence. For sexual health to be maintained, the sexual rights of all people must be respected, protected, and fully exercised (1). Sexual health has also become a public health phenomenon in our country. According to the Foreign Ministry, Colombia is the country that has received the largest flow of Venezuelan refugees and migrants in the world (2). Sometimes this mobilization has been in conditions contrary to the protection and guarantee of their rights, generating that entry, transit and stay in the country of destination is in conditions of vulnerability, which is why they require special protection from the State. as well as the definition and implementation of public policies that contribute to the guarantee of their rights (3). The objective of the study is to describe attitudes towards sexuality in Venezuelan migrants. Therefore, it is an original article from a descriptive, cross-sectional study with the participation of 369 migrant adults residing in Pamplona, Norte de Santander, during the second half of 2022, respecting the guidelines established in the Declaration of Helsinki. An anonymous survey was conducted with information on sociodemographic variables and the forty items of the Hanon et al. scale. Trueblood Sexual Attitudes Questionnaire (tsaq)(4). The average score of the study group for the tasq was 5.814 ± 0.65 . By subscale, the highest average was found in homosexuality (8.39), followed by sexual variation (6.37), autoeroticism (4.93), sexual commerce (4.70) and heterosexuality (4.27). For the total scale, an attitude towards one's own sexuality of 5.81 was found, which, in the range of 1 to 9, indicate a moderate attitude towards it.

KEYWORDS: Attitudes, sexuality, migrants, Sexual Behavior.

INTRODUCTION

The nursing professional is at the forefront of comprehensive people care. Within this context, a fundamental dimension of the human

being is sexual and reproductive health. According to the World Health Organization, "sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual

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experiences, free from all coercion, discrimination, and violence (WHO, 2022). herefore, sexuality should be considered an inherent aspect of the human being and includes gender identity, sexual orientation, affectivity, emotional relationships, pleasure, and reproduction (Alonso et al, 2022). Likewise, the sexual development of human beings is linked to life experiences and is manifested through attitudes, behaviors, beliefs, roles, and desires (Benton, 2021).

The nursing professional can care for individuals to allow them to enjoy physical, mental, social, and emotional well-being, since "stigma and discrimination due to sexual orientation and characteristics, gender expression and identity are social determinants of health" (Forrisi, 2022).

Sexual health has also become a public health phenomenon. According to the Foreign Ministry, Colombia is the country that has received the largest flow of Venezuelan refugees and migrants in the world: 2.48 million, according to official figures from Migración Colombia (Foreign Ministry, 2022). This unprecedented migratory movement is due to the economic, political, and social crisis in Venezuela (Suárez, 2020). This poses a health risk and a phenomenon that needs to be studied since the transit experienced by Venezuelan migrants increases their exposure to various

risks and they can make decisions in a context where their rights are violated, which generates new needs due to changing circumstances (Ortiz et al, 2023). There is a need to understand the behavior of the migrant population in our country, in order to design and implement actions to minimize the impacts this phenomenon causes (Ministry of Labor, 2023). The sexual and reproductive health of migrant women is influenced by various variables, including sociocultural factors and factors associated with access to health care, observing a deficit of information on sexual and reproductive health (Leal et al, 2022).

METHODOLOGY

A descriptive, cross-sectional study was conducted with the participation of 369 adult migrants residing in the city of Pamplona, Norte de Santander, during the second half of 2022. Informed consent was documented digitally.

A digital, anonymous self-administered survey was conducted, which included sociodemographic variables as well as the 40 items of the Trueblood Sexual Attitudes Questionnaire (TSAQ) by Hanon et al. This instrument assesses individuals' attitudes toward their own sexuality ("self"). The scale is divided into five subscales—autoeroticism, heterosexuality, homosexuality, sexual variation, and sexual

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commerce—with 8 items each. Response options ranged from 1 (strongly disagree) to 9 (strongly agree). Higher scores on the scale indicate greater liberalism in sexual attitudes.

This instrument was validated in Colombia through the study “*Conocimiento sobre sexualidad juvenil y educación sexual*” and demonstrated high overall reliability, with a Cronbach's Alpha of 0.96—0.94 for self-directed attitudes and 0.95 for attitudes toward others. The magnitude of sexual attitudes for the scale and its subscales was interpreted based on average scores as follows: 1–3 = low, 4–7 = moderate, and 8–9 = high.

The SPSS Version 25.0 software was used for the statistical processing of the information. For the ratio-level variables, the mean and corresponding standard deviation were estimated, and the proportions of the categories of the different subscales were calculated according to the cutoff points suggested by the instrument.

RESULTADOS

A total of 369 Venezuelan migrants participated in the study, of whom 53.4% were female and 46.6% male. The mean age of the participants was 31.18 years. In terms of educational

attainment, 28.7% reported having no formal education, while the majority (68.6%) had completed secondary education. Regarding marital status, 4.9% were married, 33.3% were single, and 61.8% were in a consensual union. Migratory status revealed that 89.7% were documented, whereas 10.3% were undocumented. With respect to economic activity, 10.8% were unemployed, 78% were engaged in dependent employment, 5.7% in self-employment, and 5.4% reported being homemakers. Notably, 81% reported having a sexual partner. In terms of sexual orientation, 0.8% identified as bisexual, 97% as heterosexual, and 2.2% as homosexual. Regarding gender identity, 1.1% identified as non-binary, while 45.3% identified as male and 53.7% as female.

Regarding the descriptive statistics of the dimensions of attitudes towards sexuality in the study population (Table 1), the following results can be observed:

Descriptive statistics of the dimensions of attitude toward sexuality in the study population.

Table 1. Subscale Scores

Subescala Ítem o pregunta	Promedio	Desviación estándar
AUTOEROTISM	4,93	1,14
Recording sexual activity with a partner is acceptable if it arouses you.	5,72	3,727

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It is acceptable to think or daydream about sexual activity.	1,7	1,401	HOMOSEXUALITY	8,39	1,21
Fantasizing about someone else during sex with a partner is acceptable.	7,94	2,078	Oral sex would be performed with a same-sex partner.	8,75	1,362
Masturbation within marriage is acceptable as a sexual outlet.	5,75	3,79	It is acceptable to be involved with people of both sexes.	8,92	0,737
Using pornography as a means to stimulate one's own arousal.	3,64	3,279	It is acceptable to be attracted to members of the same sex as well as the opposite sex.	5,65	3,933
Masturbation releases sexual energy when single.	1,23	1,177	It would be acceptable to accept sexual advances from a person of the same sex.	8,78	1,222
During sexual intercourse, people can fantasize about someone else.	8,51	1,576	Would participate in sexual relations with a same-sex partner.	8,76	1,348
HETEROSEXUALITY	4,27	0,66	Would participate in mutual caressing with a person of the same sex.	8,75	1,362
Having sexual relations with a partner before marriage.	1,05	0,5	It is acceptable to share sexuality with members of the same sex.	8,76	1,351
Using sexual activity for personal pleasure.	1,15	0,971	It is acceptable to be attracted to members of the same sex.	8,72	1,415
Having sex with a person of the opposite sex on the day they meet.	8,11	2,408	SEXUAL VARIATIONS	6,37	1,43
Practicing oral sex with someone of the opposite sex.	1,13	0,952	Could be involved in more than one sexual relationship at the same time.	8,38	2,056
Engaging in anal sex with a partner of the opposite sex.	8,41	1,986	It is acceptable to wear clothes of the opposite sex if found arousing.	8,3	1,58
Sexual participation is for reproduction, not for pleasure.	1,29	1,382	It is acceptable to inflict pain on another person with their consent.	6,37	3,482
Sexual relations are only practiced with an emotional partner.	6,66	3,594	It is acceptable to observe other people during their sexual activity.	6,66	3,62
Sexual relations are only had with the partner one loves.	6,07	3,496	It is acceptable to enjoy being dominated in a sexual relationship.	5,67	3,798

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It is acceptable to enjoy being the dominant partner in a sexual relationship.	3,03	3,426
It is acceptable to receive an obscene phone call if it is arousing.	3,69	3,56
It is acceptable to practice group sex.	8,86	1,022
COMMERCIAL SEX	4,7	1,78
Watching pornography with a partner to learn new sexual techniques.	2,79	3,189
There should be no censorship of pornography in order to enjoy it.	3,11	3,47
Would practice sex more frequently if watching pornography.	6,36	3,681
It is acceptable to sell sexual services for money.	4,38	3,938
It is acceptable to engage in prostitution.	4,37	3,932
Is watching pornography bad?	2,85	3,318
Total scale score	5,81	0,65

Average item scores by subscale and total for personal attitudes in 369 Venezuelan migrants.

Upon examining Table 1, the average score for the study group on the TASQ was 5.814 ± 0.65 . By subscale, the highest average was observed in homosexuality (8.39), followed by sexual variation (6.37), autoerotism (4.93), sex work (4.70), and heterosexuality (4.27).

Autoeroticism Subscale.

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A higher percentage of moderate attitude toward sexuality was observed in this dimension, with 87.8% and a score of 4.93. The items with greater acceptance were recording sexual activity with a partner is acceptable if it arouses you (5.72), masturbation within marriage is acceptable as a sexual outlet (5.75), and fantasizing about someone else during sex with a partner is acceptable (7.94). A high degree of acceptance was observed for the item stating that during sexual intercourse, people can fantasize about someone else (8.51).

Heterosexuality Subscale.

Overall, a moderate attitude toward this dimension was observed in 68.8% of participants, with a score of 4.27. The highest acceptability scores were for having sex with a person of the opposite sex on the day they meet (8.11) and engaging in anal sex with a partner of the opposite sex (8.41). Attitudes toward sexual relations being practiced only with an emotional partner (6.66) and having sex only with the partner one loves (6.07) were moderately accepted.

Homosexuality Subscale.

This subscale had the highest average scores among the five subscales (above 8), indicating a high degree of acceptance toward this dimension at 95.9%. The only item out of the eight



comprising the subscale that received a moderate score was "It is acceptable to be attractive to members of the same sex" (5.65).

Sexual Variations Subscale.

A moderate attitude toward sexual variations was observed in 79.4% of participants, with a score of 6.37, the second highest value on the scale. The items receiving the highest acceptance scores were "Could be involved in more than one sexual relationship at the same time" (8.38), "It is acceptable to wear clothes of the opposite sex if found arousing" (8.3), and "It is acceptable to practice group sex" (8.86). Items with low acceptance included "It is acceptable to enjoy being the dominant partner in a sexual relationship" (3.03) and "It is acceptable to receive an obscene phone call if it is arousing" (3.69).

Sexual Commerce Subscale.

The items measuring personal attitudes toward pornography showed moderate agreement with the following statements: Would have sex more frequently if watching pornography (6.36), it is acceptable to sell sexual services for money (4.38), and it is acceptable to engage in prostitution (4.37).

DISCUSSION

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This study applied the instrument to 369 Venezuelan migrants in the city of Pamplona, Norte de Santander. For the total scale, a personal attitude toward sexuality score of 5.81 was found, which on a scale from 1 to 9 indicates a moderate attitude toward sexuality. In Ecuador, the sexuality of migrants from Peru and Colombia is perceived as exotic, attractive, immoral, and promiscuous. Women migrating to North and South America face assumptions related to the perceived uninhibited way they will experience their sexuality (Rosas & Gayet, 2019). According to Pérez, there are differences between sociodemographic variables and attitudes toward sexuality, as well as a significant positive relationship between the personality traits Agreeableness and Openness and attitudes toward sexuality (Pérez, 2019). Parra et al. (2018) mention that youth and adolescence are still early stages that are favorable for modifying rigid teachings, myths, taboos, beliefs, and behavioral patterns that have influenced their development, thus contributing to their manifestation of self-responsibility in health care during adulthood.

In the autoerotism scale, a moderate attitude toward sexuality was observed (4.93), with greater acceptance of recording sexual activity with a partner, masturbation being acceptable as a sexual outlet within



marriage, and fantasizing about someone else during sex with a partner. A high degree of acceptance was noted for the item indicating that during sexual intercourse, people can fantasize about someone else. These findings diverge from those reported in an exploratory study on attitudes toward sexuality, masturbation, and sexual fantasies (Ruiz et al., 2019), which included university students of different ages, sexes, and sexual orientations, yielding a mean score of 51.3 for erotophobia and 28.88 for erotophilia, indicating a stronger negative tendency toward sexuality in terms of eroticism. Another study defines autoerotism as a self-managed possibility of individual pleasure that is not limited to masturbation but also includes fantasies, dreams, explorations, arousals, and desires. Furthermore, it infers from its results that autoerotism and enjoyment (Gaudibilidad) are associated with feminism, viewing autoerotism as the appropriation of the body and liberation from patriarchal gender mandates (Vilet & Galán, 2021). Another study shows that both men and women exhibit an erotophilic attitude toward the pursuit of sexual pleasure, the use of applications or the internet to find affective or erotic partners, and a positive attitude toward the recognition of homosexuality as a human condition (Andrés & Palacio, 2020).

Homosexuality was definitively removed from the list of disorders when, in 1990, the World Health Organization excluded it from the International Classification of Diseases and Related Health Problems. Despite this, some studies reflect low social tolerance toward homosexuality, such as a descriptive study in Mexico (Báez et al., 2020) among nursing university students, where 45.40% showed a tolerant attitude toward homosexuality; 54.60% demonstrated a positive relationship with adherence to the customs and traditions of their professed religion. International studies have shown that lesbian, gay, and bisexual (LGB) individuals report lower life satisfaction compared to their heterosexual peers (Orellana et al., 2022). According to the United Nations (2022), lesbian, gay, bisexual, transgender, and gender-diverse people face greater exclusion and discrimination when fleeing their countries in search of refuge and protection. Another study, regarding attitudes associated with sexual orientation, shows that men's and women's views differ. For 17.8% of men and 15.9% of women, the existence of homosexual women represents a sin, while 26% of men and 19.4% of women consider the existence of homosexual men unnatural. However, 54.8% of men and 56.8% of women disagree that



homosexuality is an inferior form of sexuality (Fernández et al, 2018). In contrast, in our study, the heterosexuality subscale presented a moderate attitude toward this dimension (4.27), while the homosexuality subscale had the highest average scores (above 8), indicating a high degree of acceptance toward this dimension at 95.9%. Regarding heterosexuality, Amat et al. (2018) argue that heteronormativity does not need to be named or made visible. According to Zambrano (2022), factors such as education level, social norms, religious socialization, country of origin characteristics, and personal and social experiences regarding homosexuality intervene in each generation. At the level of gay spaces, a tolerant environment is required, as the visibility of the male community depends on it; whether or not they express a homosexual gender identity and feel respected and free from discrimination regarding their sex-gender practices in public spaces (Paz et al., 2019).

Sexual variations are terms used to refer to sexual desires and behaviors considered atypical, including exhibitionism, fetishism, voyeurism, masochism, and sexual sadism. In our study, 79.4% of participants showed moderate attitudes toward sexual variations, with an average score of 6.37—the second highest value on the scale. The most commonly accepted

behaviors included being involved in more than one sexual relationship at the same time, wearing clothes of the opposite sex if found arousing, and engaging in group sex. Meanwhile, another study states that paraphilias pose a threat to the normal development of social relationships for those who exhibit them, as they undermine the healthy, socially conditioned enjoyment of sexual relations, may lead to legal transgressions, and may violate social norms (Rodríguez et al., 2020).

Another study conducted among university students in Barranquilla found that 87% had engaged in one or more risky sexual behaviors: vaginal sex without a condom (73%), fellatio without a condom (60.3%), multiple sexual partners (66.2%), and unexpected sexual experiences (54.4%) (Badillo et al., 2019). The diversity of sexual expression is determined not only by constitutional, genetic, and biological factors, but also by cultural components that shape both the public and private sexual lives of individuals (Arias & Herazo, 2018).

The sexual commerce subscale in this study had an average score of 4.7, indicating a moderately positive attitude toward pornography (6.36), selling sexual services for money (4.38), and engaging in prostitution (4.37). Ruiz (2018) notes that sexuality and ethnicity become patterns of

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consumption, while a study in Mexico reports that one of the intended occupations of migrant women is sex work. It has been documented that in border areas of Mexico, Guatemala, Costa Rica, Colombia, Ecuador and Peru, regions with commercial and economic activity, sex commerce is sustained by migrant women who cross borders to engage in sex work autonomously within a context of irregularity, illegality, detentions, blackmail, abuse by authorities, secrecy and precarious conditions (Rosas & Gayet, 2019). The lack of legislation and protective policies, insufficient access to health, social and legal services, limited information for negotiating condom use with clients, frequent geographic mobility and high risk of sexually transmitted infections contribute to various vulnerabilities faced by women involved in sex commerce (Juárez et al., 2021). From a legal perspective, the invisibility of the realities of sex work and the absence of public policies to regulate this industry and ensure safety for both workers and clients constitute a form of institutional violence against this socioeconomic group (Vera, 2019).

CONCLUSION

This study observed that Venezuelan migrants generally exhibit a moderate attitude towards sexuality. By subscale, homosexuality obtained the

highest average, followed by sexual variation, autoeroticism, sexual commerce, and heterosexuality, in that order. These attitudes towards sexuality become a public health problem, from which arises the need to promote knowledge for a healthy and responsible sexuality.

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