Original article
Rosa MPC, Manfrini GC, Dabó SG, Silva EG, Boerner S, Rabelo IVM.
Care routines in Venezuelan families participating in the resettlement process.
Rev Gaúcha Enferm. 2026;47:e20250297.
https://doi.org/10.1590/1983-1447.2026.20250297.en

Care routines in Venezuelan families participating in the resettlement process

Rotinas de cuidado em famílias venezuelanas participantes do processo de interiorização

Rutinas de cuidado en familias Venezolanas participantes en el proceso de interiorización

Marcela Possato Correa da Rosa[a] https://orcid.org/0000-0002-1186-4627
Gisele Cristina Manfrini[a] https://orcid.org/0000-0003-0445-1610
Sabado Gomes Dabó[a] https://orcid.org/0000-0002-2782-2106
Elisson Gonçalves da Silva[a] https://orcid.org/0000-0002-3242-6263
Susanne Boerner[b] https://orcid.org/0000-0002-0651-565X
Ionara Vieira Moura Rabelo[c] https://orcid.org/0000-0002-0993-1392

[a]Universidade Federal de Santa Catarina, Departamento de Enfermagem – Florianópolis, Santa Catarina Brasil.
[b]University of Birmingham, School Of Geography, Earth And Environmental Sciences, Centre for Urban Wellbeing, Birmingham, Reino Unido.
[c]Universidade Federal de Goiás, Unidade Acadêmica Especial de Ciências Humanas, Goiás, Goiás, Brasil.

How to cite this article:
Rosa MPC, Manfrini GC, Dabó SG, Silva EG, Boerner S, Rabelo IVM. Care routines in Venezuelan families participating in the resettlement process. Rev Gaúcha Enferm. 2026;47:e20250297. https://doi.org/10.1590/1983-1447.2026.20250297.en

ABSTRACT

Objective: To identify healthcare routines among Venezuelan families participating in the Operation Welcome internal migration program.
Method: Qualitative research, case study type, conducted with four Venezuelan families internalized in Greater Florianópolis, Santa Catarina. Data collection took place between April and July 2021, using the photovoice technique associated with semi-structured interviews. The analysis was thematic and conducted with Atlas.ti® software.
Results: Health routines were organized around childcare and long working hours, with the grandmother playing a central role in family support. Long working hours limited access to primary health care, making it difficult to attend appointments and continue care. Language barriers compromised communication with the teams, influencing adherence to guidelines and health monitoring.
Conclusion: Family routines act as determinants of access to Primary Care among migrant families living in the interior. Vulnerabilities related to working conditions, daily organization, and language barriers were identified, reinforcing the need for intersector and culturally sensitive strategies aimed at promoting mental health and supporting these families.
Descriptors: Primary health care; Mental health; Human migration; Human rights; Photography.

RESUMO
Objetivo: Identificar rotinas de cuidado à saúde de famílias venezuelanas participantes do programa de interiorização da Operação Acolhida.
Método: Pesquisa qualitativa, do tipo estudo de caso, realizada com quatro famílias venezuelanas interiorizadas na Grande Florianópolis, Santa Catarina. A coleta ocorreu entre abril e julho de 2021, utilizando a técnica de *photovoice* associada a entrevistas semiestruturadas. A análise foi temática e conduzida com o software *Atlas.ti*®.
Resultados: As rotinas de saúde organizaram-se em torno do cuidado aos filhos e das extensas jornadas de trabalho, com a avó exercendo papel central no apoio familiar. As longas jornadas laborais limitaram o acesso à Atenção Primária à Saúde, dificultando consultas e a continuidade do cuidado. Barreiras linguísticas comprometeram a comunicação com as equipes, influenciando a adesão às orientações e o acompanhamento em saúde.
Conclusão: As rotinas familiares atuam como determinantes do acesso à Atenção Primária entre famílias migrantes interiorizadas. Foram identificadas vulnerabilidades relacionadas às condições de trabalho, organização cotidiana e barreiras linguísticas, reforçando a necessidade de estratégias intersetoriais e culturalmente sensíveis voltadas à promoção da saúde mental e ao acolhimento dessas famílias.
Descritores: Atenção primária à saúde; Saúde mental; Migração humana; Direitos humanos; Fotografia.

RESUMEN
Objetivo: Identificar las rutinas de cuidado de la salud de las familias venezolanas participantes en el programa de interiorización de la Operación Acogida.
Método: Investigación cualitativa, tipo estudio de caso, realizada con cuatro familias venezolanas interiorizadas en la Gran Florianópolis, Santa Catarina. La recopilación se llevó a cabo entre abril y julio de 2021, utilizando la técnica de *photovoice* asociada a entrevistas semiestructuradas. El análisis fue temático y se realizó con el software *Atlas.ti*®.

Resultados: Las rutinas de salud se organizaron en torno al cuidado de los hijos y las largas jornadas laborales, con la abuela desempeñando un papel central en el apoyo familiar. Las largas jornadas laborales limitaron el acceso a la atención primaria de salud, dificultando las consultas y la continuidad de la atención. Las barreras lingüísticas comprometieron la comunicación con los equipos, lo que influyó en el cumplimiento de las orientaciones y el seguimiento de la salud.
Conclusión: Las rutinas familiares actúan como determinantes del acceso a la atención primaria entre las familias migrantes interiorizadas.Se identificaron vulnerabilidades relacionadas con las condiciones de trabajo, la organización cotidiana y las barreras lingüísticas, lo que refuerza la necesidad de estrategias intersectoriales y culturalmente sensibles orientadas a la promoción de la salud mental y al acompañamiento de estas familias.
Descriptores: Atención primaria de la salud; Salud mental; Migración humana; Derechos humanos; Fotografía.

INTRODUCTION

The UNHCR (United Nations High Commissioner for Refugees) Annual Report for 2023 reveals a record 117.3 million forcibly displaced people globally. Of these, 5.4 million are Venezuelans, making up the largest migration crisis in Latin America. The majority are families with children and pregnant women[1].

The crisis in Venezuela has severely impacted the health system, already weakened by its historical fragmentation and dependence on oil revenue. The economic crisis and international sanctions exacerbated the situation, culminating in the collapse of the system. The interruption of health surveillance, the suspension of vaccination campaigns, and the scarcity of resources and medicines deteriorated health indicators. Chronic patients faced a lack of access to health services, and there was an increase in preventable and endemic diseases, further harming the population[2].

In Brazil, according to the Response for Venezuelans Platform (R4V), the number of Venezuelans, up to mid-2024, was 570,000. This figure includes recognized refugees, asylum seekers and Venezuelans with residence permits, which characterizes the flow as mixed[3].

Since the crisis began after 2018, Venezuelans have entered Brazil through the northern states of the country, mainly Roraima, in the cities of Pacaraima and Boa Vista. Given the massive flow at the borders, this movement alters the routines of health, education and social assistance services, generating additional demand. In the case of the health system, Roraima already had a precarious structure before the arrival of the immigrants, which worsened the overload in services[4].

Initially, the newly arrived population was welcomed by Non-Governmental Organizations (NGOs) such as Caritas and the Red Cross. However, the massive arrival of immigrants and the lack of infrastructure generated a humanitarian crisis, leading many families to occupy public spaces with tents or to share houses and apartments with several people[5-6].

In 2018, faced with the massive influx of Venezuelans and the humanitarian crisis in the state of Roraima, Brazil, in partnership with international agencies, established Operation Welcome, structured around the axes of border management, welcoming, and resettlement[7]. The resettlement strategy enables the movement of families to other Brazilian municipalities, through different modalities, including family reunification, social ties, and assisted labor insertion[8].

By January 2025, approximately 145,000 people had been resettled, with 32,000 destined for the state of Santa Catarina, which recorded the highest number of Venezuelans received through this strategy. The social reunification option was chosen by 47% of those resettled, followed by family reunification, with 17.8%[8].

In the context of forced migration, families often face separation and need to rebuild their lives in new circumstances, frequently without legal or institutional support. Access to health services in receiving countries depends on information in different languages, while the local culture may be unreceptive, and cases of xenophobia and prejudice are not uncommon[2,4-5]. Assessing the health of Venezuelan immigrants in the Unified Health System (SUS) requires considering the territory, population distribution, complexity of care, transcultural aspects, and specific needs in different phases of the life cycle[5,9-11].

The mental health of migrants is impacted by job instability and economic insecurity, and concern about the education and future of their children increases anxiety and depression[10-12]. The lack of understanding about comprehensiveness, care pathways, and Health Care Networks (HCNs) leads many to seek highly complex services with a curative focus, hindering actions to promote health and family integration [2,5,11-12].

During the COVID-19 pandemic, restrictive measures, border closures, and stays in shelters affected family routines, increasing domestic violence, anxiety, changes in sleep and eating habits, financial and educational concerns, and physical inactivity. These repercussions highlight the social vulnerability and responsibility of the Brazilian health system[13].

This study perceives family routines as dynamic patterns of behavior, respected by individuals, subsystems, and the family as a whole within the domestic environment, but susceptible to change as members interact with broader contextual systems[14-16].

Daily routines can be classified as primary or secondary. Primary routines involve behaviors necessary for survival and biological needs, such as hygiene, sleep, and eating. Secondary routines reflect individual circumstances, motivations, and preferences, including physical activities, leisure, practices associated with work or study, adherence to schedules, and personal goals[17].

Studies on family routines indicate that family dynamics function as a source of security and adaptation to change, directly influencing health and illness processes. Extraordinary events, such as pandemics, demonstrate the sensitivity of these routines: economic factors, stress, and restrictions on social contact, such as isolation, can alter daily behaviors, impacting family mental health[16].

Given this context, the present study aims to identify the health care routines of Venezuelan families participating in the Operation Welcome internal migration program, guided by the following research question: What are the health care routines of resettled Venezuelan families?

METHOD

Type of study

This is a qualitative study of the case study type[18].

Location and period of collection

Data was collected between April and November 2021 in the municipalities of Florianópolis and São José, in Santa Catarina. These cities were chosen because of the number of families resettled there, whose data were extracted from the federal government's platform on Operation Welcome[8].

Participants and selection criteria

Four Venezuelan families who were resettled to the interior of the country between 2019 and 2021, coming from Roraima, participated in the study. One of these families passed through Manaus before arriving in Santa Catarina. The selection process began with an active search on social media networks focused on Venezuelans and

direct contacts, followed by snowball sampling, with the following criteria: being over 18 years old, having entered Brazil through Roraima, and having participated in the Internal Migration Program. Each participant received an anonymous code (e.g., F1 – Family 1; MF1 – mother of Family 1).

Based on the genograms, characteristics of the participating family units were obtained, as described below:

Family 1 (F1): Composed of six members: the mother, currently a caregiver (MF1, 35 years old, caregiver); a teenage niece who came to be cared for by her aunts in Brazil (SF1, 17 years old, student); the maternal grandmother (AF1, 52 years old, retired); an aunt (TF1, 28 years old, caregiver - completed higher education in accounting); and two children, a boy (F1F1, 4 years old) and a girl (F2F1, 8 years old). The mother and aunt play a central role in financial support, while the grandmother is responsible for caregiving and organizing family routines.

Family 2 (F2): Composed of five members: the mother (MF2, 28 years old, completed higher education in sociology, informal worker); the father (PF2, 32 years old, completed higher education in sociology, informal worker); the son (F1F2, 8 years old, student); and the maternal grandmother (AF2 and F3, 57 years old). The parents provide financial support, and the grandmother cares for the children. The family had experienced a pregnancy loss the previous year.

Family 3 (F3): Composed of four members: the mother (MF3, 25 years old, completed high school, unemployed); the father (PF3, 26 years old, informal worker); the daughter (F1F3, 6 years old, student); and the maternal grandmother (AF2 and F3, 57 years old). A baby in the family died during the research due to pneumonia. The mother assumes direct caregiving responsibilities and manages health routines, the father contributes to economic support, and the grandmother assists with childcare. It is worth noting that the mothers of families F2 and F3 are sisters and daughters of the same grandmother, who shares the care of the grandchildren.

Family 4 (F4): Composed of four members: the mother (MF4, 30 years old, graduated as an Electronics Technician, currently unemployed); the father (PF4, 42 years old, formally employed), who remained in Amazonas; and 3 children, a teenage son (F1F4, 11 years old, student) and two girls (F2F4, 6 years old); (F3F4, 4 years old). The family had arrived in the state 15 days prior, and the mother is responsible for organizing the family's initial routines and care.

Data collection

The data collection combined Photovoice and semi-structured audio-recorded interviews, conducted in homes while respecting COVID-19 precautionary measures during the period. Disposable cameras were provided, and in two cases, participants used cell phones. Families were encouraged to produce images based on the guiding question: "Which of your family's routines represent care for your health?".

Photovoice, which combines photographs and interviews, allows participants to represent their daily experiences from their own perspective, while the researcher acts as a facilitator. The proposal was based on Wang and Burris, who conceive photography as an instrument of social participation, critical reflection, and empowerment, enabling participants to express perceptions about their care routines, living conditions, and experiences in contexts of vulnerability[18].

Originating in the feminist movement of the 1990s and grounded in health education using the Paulo Freire method, Photovoice is particularly useful in research with vulnerable communities, disasters, and contexts of forced migration[19-20]. The technique allows highlighting aspects of home, community, social integration, mutual support, and experiences related to physical and mental health[21-22].

Data analysis

Thematic Analysis, using Atlas.ti® software (v. 9.1.3). The analysis followed the steps proposed by Minayo: (1) Pre-analysis, characterized by a floating reading of the material, organization of the *corpus* and definition of the units of registration and context; (2) Exploration of the material, a stage in which the data were coded and grouped into thematic categories based on significant expressions; and, (3) Processing of results and interpretation, the moment in which the findings were systematized and interpreted in light of the adopted theoretical framework and the research objectives[23]. From the themes, categories of results were described that integrate data from the narratives collected in the interviews and the narratives represented in the images from the photographs.

Ethical aspects

Among the ethical aspects of the research, it is noteworthy that all documents used were provided to the participants, such as the Informed Consent Form and the instruction manual for using the camera, printed and translated into Spanish, including

the transcribed interviews. The study was submitted to the Research Ethics Committee with Human Beings of Universidade Federal de Santa Catarina, and approved under Protocol number: CAAE: 45602121.6.0000.0121.

RESULTS

The families experience different routines during the migratory flow, characterized by the time and route traveled. Of the four families interviewed, three had been in Santa Catarina for more than a year (F1, F2, F3), and one family (F4) had been in the state for 15 days.

Contextualizing the cases, in family 1, the mother and aunt play a central role in financial support, while the grandmother is responsible for caregiving and organizing family routines. In family 2, the parents provide financial support, and the grandmother cares for the children. This family had experienced a pregnancy loss the previous year. In family 3, the mother assumes direct caregiving and health management responsibilities, the father contributes to the financial support, and the grandmother assists with childcare. Family 4 had arrived in the state 15 days prior, and the mother is responsible for organizing the family's initial routines and caregiving.

Data analysis led to two main categories, through which it is identified how resettled Venezuelan families reorganize their care practices and face challenges related to migration, work, the pandemic, and adaptation to the new environment, revealing the interrelationship between structural aspects of routines and contextual factors in maintaining family health.

CATEGORY 1 - CHARACTERISTICS OF CARE ROUTINES

Subcategory 1.1: Starting from scratch

Starting over was a recurring event throughout the migration for all the families in the study, being recognized both upon arrival in Brazil and in Santa Catarina. Family F4, for example, spent 2 years in Manaus, experiencing new beginnings in the local context. Daily, the families faced changes in routines, adapting to the needs for sleep, food, and the social, environmental, and climatic aspects of each destination.

The idea of starting over, or even "starting from scratch" when new routines are established, represents a break, but at the same time renews hope. The way families try to minimally organize the new spaces is reminiscent of everything that was previously organized, but which they had to abandon. The captured image unites the two moments and manages to renew hope.

Table 1 - Analytical table with photograph, quotation and analysis relating to the subcategory: starting from scratch. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis
	*This photo that I took shows a beginning. I had everything arranged, everything organized, and we had everything in Manaus, all the things at home, so starting over, from scratch, from zero, is difficult. I decided then to organize everything. And I thought, it's going to be alright. I took the photo to look at it and think, when I feel anxious, that everything is ready. So this photo brings peace of mind [...] (MF4).* *Then we started from scratch, but when he and I decided to leave home, we went alone, without taking anything. We preferred to leave it for the boys who are there. I bought a refrigerator, this small one here, and then, a stove. Thanks to my work and his, we built our home and, thank God, now we are working (MF2).*	The image represents a fresh start for the family, on a journey marked by difficulties and material and emotional losses. The hope of a new beginning brings a sense of security to the new location.

Source: prepared by the authors, 2024.

Subcategory 1.2: Children's daily routines

This subcategory addresses aspects of children's daily routines that are affected by migratory and family transitions. The respondents' statements and the records show that parents attempt to align daily routines and seek to maintain stability in childcare despite constant changes.

It is interesting to note that photo (TF1) highlights an important change for one of the children who has become more relaxed in preparing to go to school. The mother recalls that before, the same child refused to study, and now, the backpacks are all ready, long before leaving for school.

Table 2 - Analytical table with photograph, quotation and analysis referring to the subcategory: Children's daily routines. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis
 	*The boy did well! He used to say that he wouldn't go to school, but now he's ready at 12:00. He takes a bath at 11:30, and goes to school at 1:00 pm. We take him to school [...](TF1).* *And when I work, I can't manage to get home at 8, 8:30, 9 pm to do the homework, so I get her (aunt) or my mother to do the homework and I just revise it [...] (MF2).*	The excerpt highlights the concern for ensuring the child's educational development, despite daily challenges and the adaptation of the family routine to guarantee the child's school attendance; it shows a positive change in their behavior and greater commitment to schedules. It is also possible to see the importance of the support network, since, faced with difficulties in balancing activities, the mother delegates tasks to the aunt and grandmother.

Source: prepared by the authors, 2024.

Subcategory 1.3: Daily work routines

Just as daily routines aim to provide stability for children, work schedules are also crucial for families. In addition to working long hours, some members seek or already have a second job, which impacts their time for rest, leisure, meals, and sleep.

Table 3 - Analytical table with photograph, quotation and analysis referring to the subcategory: daily work routines. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis

	*Regarding time, since he and I work every other day, we work the same shift. The next day, we take time off to tidy up, so I share (the tasks) with him. Time passes, the morning goes by very quickly. He (son) is at school. So, we like it when he arrives and everyone has lunch [...] (MF2).* *I think this is a stressful situation, especially for my mother (grandmother), because we are often very busy, and my mother ends up responsible for everything related to the children, making breakfast, lunch, bathing the children. So, my mother is the one who ends up with the most stress in the house. (TF1).* *I wasn't used to the stress because I don't know... if we experience more stress...but I was more used to it because I've always been a housewife, so it's not difficult for me, it's just another task. Now that I'm older, maybe it's a little harder, but I'm used to it because I gave her two daughters (AF1).*	The family quote suggests an attempt to balance professional obligations with caring for the home and children, prioritizing moments in the routine when the family can come together for meals, considered moments of well-being in family life.

Source: prepared by the authors, 2024.

In Family 1 (F1), the two adult sisters work for the same home care company, alternating work shifts, which often prevents them from seeing each other at home. This dynamic is evident when one of them reports that she hasn't seen her sister at home at the same time for about eight months, as one needs to get to work so the other can

leave. Despite efforts to spend more time together, such as invitations for coffee after work, their interaction mainly occurs at work. The family routine is organized to meet the children's daily needs, with the support of their grandmother during this period in Brazil.

Subcategory 1.4: Home care routines during the COVID-19 pandemic

The research took place during the Covid-19 pandemic, and the results reveal the impacts of this context on health and family routines. All participating families had members infected with the virus at some point during their migration. The main concerns were health, stress, and adaptation to domestic routines and childcare, which were affected by restrictions on social interaction and leisure.

Table 4 - Analytical table with photograph, citation, and analysis referring to the subcategory: domestic care routines during the COVID-19 pandemic. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis
	*Because he became very anxious during the pandemic. Really very anxious. Since we wouldn't take him outside, he was used to it. We used to take him to the park, for a moment of leisure. During the pandemic, we were confined with him. Even so, he was the first to catch coronavirus, but he was quite calm, it was very easy. We took him to the doctor and did everything properly. The confinement lasted 15 days, all of us locked up together here. Then he became very anxious. Very anxious indeed, he wouldn't stop. Now that we're back to normal again, he's starting to de-stress. He watches a lot of TV, he likes to play a lot with the ball, but since we live in an*	The passage presents the psychological difficulties experienced by children during the pandemic. It highlights, Specifically, it addresses the emotional impact of confinement. Furthermore, it explores aspects of family dynamics during social isolation, highlighting the intense interaction between family members within a context of restriction and social distancing.

	apartment building, it's kind of complicated, even so we take him outside so he can play a little. [...] (MF2). *I thought that everyone who went [to the hospital] had to stay in the ICU and so "What about the children?" (I wondered) I was feeling very bad, but I have to thank God first and then the children because they took care of me too. She (the girl) is 7 years old and he (the boy) is 4, but they come into the room, onto the bed, all the time. They brought me water. They were always there, so I was a little more at ease in that respect, because at least I could see the children, I was here, I could be with them (AF1).*	

Source: prepared by the authors, 2024.

In two families, there was a choice not to seek formal medical services. In family 1, the grandmother and mother opted for home care with the help of the children, who, despite their young age, helped with simple tasks and offered companionship, providing emotional comfort. In family 4, in Manaus/AM, during the period in which they contracted Covid-19, all family members treated the symptoms at home with natural remedies, following guidelines passed down through generations.

CATEGORY 2 – ASPECTS THAT INFLUENCED THE ORGANIZATION OF HEALTH CARE ROUTINES IN FAMILIES

In this category, the centrality of concern for the quality of life offered to children stood out as a fundamental element in the organization of routines, with children's well-being being the main priority. Furthermore, the change of residence proved to be a determining factor in shaping these routines, both in Roraima and Amazonas, as well as in Santa Catarina, where the impacts were predominantly positive.

Subcategory 2.1: Children's living conditions

Migration, both transnational and to Santa Catarina, is primarily driven by parents' concerns about safety, access to education, and a better future for their children. In this context, intense changes in routines occur, with migration seen as a strategy to improve quality of life and psychosocial health.

In the accounts below, one can perceive the impact on routines, with sheltering bringing fear and great apprehension regarding urban environments and violence in the first few months. In contrast to all this experience, one of the families chooses a photo of a bird amidst vegetation to express the freedom they can feel at this moment.

Table 5 - Analytical table with photograph, quotation and analysis referring to the subcategory living conditions of children. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis
	*That was beautiful, because the children had no contact with animals. They couldn't because Manaus is very busy, I mean, they have contact with our animals. I see them free, which is what I've always wanted for them[...] (MF4).*	The speeches illustrate the changes in family routines resulting from a change of environment, where families reorient themselves towards the inclusion of new values and desires in raising children in a healthier and more rewarding family environment.

Source: prepared by the authors, 2024.

Subcategory 2.2: General housing conditions

In the excerpts from the subcategory: general housing conditions, the accounts compare living situations before migrating to Santa Catarina and in shelters. In family 1, the aunt lived in a shelter in Roraima and describes the experience as uncomfortable; while the mother stayed temporarily in municipal shelters in Florianópolis until she was able to rent a house. The difficulties and uncertainties upon arrival in the new country explain the delay in the arrival of the children, who generally do not accompany their parents at the beginning of the migration.

Table 6 - Analytical table with photograph, quotation and analysis referring to subcategory: general housing conditions. Florianópolis, SC, Brazil, 2021.

Photography	Quote	Analysis
	*I ended up living in the shelter. It was a horrible thing. I stayed in the shelter for about 15 days, but it was really tough. Because at that time the Army hadn't taken over to manage and organize things, and it was madness, madness. On Thursdays, all the knives would disappear. The policemen would walk around with knives (on their waistbands) and there were fights... and then policemen from the BOPE (a special police operations battalion) would arrive and it was madness, a horrible rush. And the weather makes everything worse, the sun is very hot, the temperature is 36 degrees Celsius during the day and 30 degrees at night. Imagine the heat, and we slept in tents, things like that, you know? During that period I would leave the shelter and walk the streets, to be far from that place, to escape my reality, I felt very bad, but then little by little*	The accounts reveal how the anxiety experienced in Roraima was alleviated by the move to a new environment that promotes peace and emotional resilience. The desire to transmit this tranquility to the children highlights the mother's role in creating an emotionally safe and healthy environment, reflecting a conscious effort to prioritize psychological well-being within the family dynamic.

	things changed (TF1). *My mental health was affected during that time in Manaus, so when I wake up and see this view, this nature... I can feel tranquility and stay calm, and feel peace to transmit to my children. So that's it. Every time I wake up, I see nature, right? [...] (MF4)*	

Source: prepared by the authors, 2024.

DISCUSSION

Regarding the change of state, the findings show that migration to Santa Catarina was mainly motivated by parental concern for safety, access to education, and better prospects for their children, even in the face of economic limitations. This type of unexpected transition, as occurs in forced migrations, significantly alters the functions and structure of families. Situations such as the initial separation between members, adaptation to a new culture, cohabitation in shared residences, and the search for housing and employment – often in lower-level positions – interfere with the typical daily tasks of the different phases of the family life cycle[24-25].

The migratory trajectory is marked by two different moments: pre-migratory and post-migratory. In the pre-migratory period, children and adolescents face risks such as gender violence, exposure to potentially traumatic events, and uncertainties that increase symptoms of stress and anxiety[23-24]. In the post-migratory period, financial precariousness impacts the mental health of adults, while family cohesion, school interaction, and peer support favor the emotional well-being of children[24,26].

Thus, family routines undergo significant transformations, with migration being a strategy to promote more favorable living conditions and strengthen psychosocial health[26].

The results of this study show that family routines function as dynamic structures of organization and adaptation in contexts of forced migration. There were constant restarts, especially regarding the reorganization of children's activities, work

hours outside the home, and domestic care during the pandemic, configuring behavioral patterns that aid in family cohesion and provide emotional security, even in the face of social disruption and family distancing.

Analysis of primary routines, such as sleep and feeding, and secondary routines, such as work, leisure, and school activities, proved useful in understanding how families prioritize children's well-being and maintain a certain intra-family balance. For example, the centrality of grandmothers in direct care and family support, as well as the maintenance of structured activities such as school preparation and shared meals, reveal mechanisms of resilience and promotion of mental health, in line with the adopted theoretical framework.

Furthermore, external and contextual factors, such as job insecurity, frequent changes of residence, and language barriers, are determinants in the reorganization of routines and access to health services, reinforcing the sensitivity of families to external influences[27-28].

During the COVID-19 pandemic, social isolation and school restrictions required families to adapt their routines to reduce child stress and maintain domestic care. Both primary routines, such as meal and sleep schedules, and secondary routines, including homework, school attendance, and structured leisure time, took on a central role in protecting children's health and emotional stability. These adjustments reflect the function of family routines as dynamic patterns of behavior, acting as resilience mechanisms in the face of social disruptions and abrupt changes in the cultural context. The reorganization of these activities demonstrates how families manage to maintain security, predictability, and family cohesion, even in situations of high vulnerability and uncertainty[12].

Finally, the role of grandmothers proved central in contexts of forced migration, assuming responsibilities for childcare and social support, while parents provide for the family. This dynamic strengthens family cohesion, but can lead to overload and limit the self-care of older women, especially in the face of cultural and linguistic barriers. Home visits and culturally sensitive care thus become essential strategies to support these families[29].

FINAL CONSIDERATIONS

The study revealed that the routines of Venezuelan migrant families are centered on children and the work of the breadwinners, while grandmothers, although essential for domestic care, face vulnerabilities and lack time for self-care. Despite improvements in quality of life compared to their initial destinations, precarious working conditions, low wages, and limitations on leisure and healthcare persist. These findings reinforce the need for public policies focused on mental health, support, and visibility of the vulnerabilities of these families, as well as the training of managers of the Unified Social Assistance System for better organization of temporary shelters.

Primary healthcare teams should consider aspects of family routines, such as workload and time availability, when planning care, promoting physical and emotional support, strengthening family bonds, and fostering social integration. Coordination with other public policies, including professional training courses, is fundamental for improving the quality of life and well-being in the post-migration context. Furthermore, the participation of women, the elderly, children, and young people in the design, implementation, and monitoring of programs and public policies is essential to understanding the factors that impact adaptation, health, and family care in humanitarian situations.

REFERENCES

1. Alto Comissariado Das Nações Unidas Para Refugiados (ACNUR). Global trends [Internet]. 2025[cited 2025 Apr 2]. Available from: https://www.unhcr.org/global-trends
2. Arruda-Barbosa L, Sales AFG, Torres MEM**.** Impacto da migração venezuelana na rotina de um hospital de referência em Roraima, Brasil [Internet]. Interface (Botucatu). 2020;24:e190807. Available from: https://doi.org/10.1590/Interface.190807
3. Alto Comissariado Das Nações Unidas Para Refugiados (ACNUR). Plataforma R4V – Resposta a Venezolanos y Venezolanas: Informe de Interiorización de diciembre de 2020. 2020[cited 2025 Apr 2]. Available from: https://r4v.info/es/situations/platform/location/7509
4. Arruda-Barbosa L, Sales AFG, Cavalcante Neto AS, Oliveira MAC. Migrantes venezuelanos e direito à saúde: percepções de técnicos de enfermagem de um hospital geral [Internet]. Physis (Rio de Janeiro). 2024;34. https://doi.org/10.1590/S0103-7331202434036pt

5. Dias RS. As implicações da imigração venezuelana sobre o trabalho dos agentes comunitários de saúde do município de Pacaraima [Dissertação] [Internet]. Rio de Janeiro: Fundação Oswaldo Cruz, Escola Politécnica de Saúde Joaquim Venâncio; 2019[cited 2025 Apr 2]. 79 p. Available from: https://arca.fiocruz.br/bitstreams/5196b7b6-823f-4d74-badc-ae073311cadf/download
6. Silva PS, Arruda-Barbosa L. Imigração de venezuelanos e os desafios enfrentados por enfermeiros da atenção primária à saúde. Enferm Foco. 2020[cited 2025 Apr 2];11(2). Available from: http://revista.cofen.gov.br/index.php/enfermagem/article/view/3091/768
7. Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome (BR). Operação Acolhida [Internet]. 2025 [cited 2025 Apr 2]. Available from: https://www.gov.br/mds/ptbr/acoes-e-programas/operacao-acolhida#eixos
8. Ministério do Desenvolvimento Social e Combate à Fome (BR). Painel de Interiorização [Internet]. 2025[cited 2025 Apr 2]. Available from: https://www.acnur.org/br/interiorizacao
9. Santos NN, Martin D, Silveira C. "Eu moro aqui, trabalho aqui, vivo aqui, mas tenho a cabeça lá": famílias transnacionais, redes e cuidado entre migrantes venezuelanos. REMHU Rev Interdiscip Mobil Hum. 2024;32:e321807. https://doi.org/10.1590/1980-85852503880003204
10. Silva JC. Aproximar-se para dialogar: imigrantes venezuelanos e saúde mental [Dissertação]. Manaus: Universidade Federal do Amazonas, Faculdade de Psicologia; 2019[cited 2025 Apr 2]. 126 f. https://tede.ufam.edu.br/bitstream/tede/7370/5/Disserta%c3%a7%c3%a3o_J%c3%a9ssicaSilva_PPGPSI
11. Delamuta KG, Mendonça FF, Domingos CM, Carvalho MN. Experiências de atendimento à saúde de imigrantes bengaleses entre trabalhadores da atenção primária à saúde no Paraná, Brasil. Cad Saúde Pública. 2020;36(8):e00087019. https://doi.org/10.1590/0102-311X00087019
12. Barreto MS, Barbieri-Figueiredo MC, Garcia-Padilla FM, Mendia RS, Silva RA, Sá FLFRGD, et al. Variables related to perceived stress and resilience among international migrants: a multicenter study (AFFAIR Project). Rev Esc Enferm USP. 2024;58:e20240222. https://doi.org/10.1590/1980-220X-REEUSP-2024-0222en
13. Souza JB, Heidemann ITSB, Geremia DS, Madureira VSF, Bitencourt JVOV, Tombini LHT. Pandemia e imigração: famílias haitianas no enfrentamento da COVID-19 no Brasil. Esc Anna Nery. 2020;24(spe):e20200242. https://doi.org/10.1590/2177-9465-EAN-2020-0242
14. Denham S. Family routines: a structural perspective for viewing family health. Adv Nurs Sci. 2002;24(4):60-74. https://doi.org/10.1097/00012272-200206000-00010
15. Denham S. Family Health: a framework for nursing. Philadelphia: F.A. Davis Company; 2002. 313 p.
16. Fernandes GCM, Boehs AE. Mudanças das rotinas familiares na transição inesperadapor desastre natural. Esc Anna Nery. 2013;17(1):160-7. https://doi.org/10.1590/S1414-81452013000100022

17. Hou WK, Lai FT, Ben-Ezra M, Goodwin R. Regularizing daily routines for mental health during and after the COVID-19 pandemic. J Glob Health. 2020;10(2):020315. https://doi.org/10.7189/jogh.10.020315

18. Yin, RK. Estudo de caso: planejamento e métodos. 5. ed. Porto Alegre: Bookman; 2015. 290 p

19. Wang C, Burris MA. Empowerment through photo novella: portraits of participation. Health Educ Q. 1994;21(2):171–186. https://doi.org/10.1177/109019819402100204

20. Schumann RL, Binder SB, Greer A. Unseen potential: photovoice methods in hazard and disaster science. GeoJournal. 2018;84:273-89. https://doi.org/10.1007/s10708-017-9825-4

21. Köckler H, Shrestha R, Bilal Aslam A, Berger T, Börner S, Cheung C, et al. Physical activity in public space: insights from a global community of practice applying photovoice as a tool for digital participatory place analysis. Cities Health.2024;1–13. https://doi.org/10.1080/23748834.2024.2307739

22. Feen-Calligan H, Grasser LR, Nasser S, Sniderman D, Javanbakht A. Photovoice techniques and art therapy approaches with refugee and immigrant adolescents. Arts Psychother. 2023;83:102005. https://doi.org/10.1016/j.aip.2023.102005

23. Minayo MCS. O desafio do conhecimento. pesquisa qualitativa em saúde. ed. Sirius. 2014.

24. Carter EA, McGoldrick M. As mudanças no ciclo de vida familiar: uma estrutura para a terapia familiar. 2. ed. Porto Alegre: Artes Médicas; 1995. 504p.

25. Speidel R, Galarneau E, Elsayed D, Mahhouk S, Filippelli J, Colasante T, et al. Refugee children's social-emotional capacities: links to mental health upon resettlement and buffering effects on pre-migratory adversity. Int J Environ Res Public Health. 2021;22(18). https://doi.org/10.3390/ijerph182212180

26. Silva SA. Imigração e redes de acolhimento: o caso dos haitianos no Brasil. Rev Bras Estud Popul. 2017;34(1):99-117. https://doi.org/10.20947/S0102-3098a0009

27. Arruda-Barbosa L, Melo Filho JMM, Godoy Fonseca RMS. Migração e precarização do trabalho: compreendendo a interseção entre categorias sociais. Saúde Debate [Internet]. 2025 [cited 2026 Feb 10];49(esp2). Available from: https://www.saudeemdebate.org.br/sed/article/view/10458

28. Silveira SV, Schneider F, Detoni PP. Mulheres imigrantes na Atenção Básica em Saúde: trajetórias venezuelanas no norte do Rio Grande do Sul. Acta Sci Human Soc Sci. 2025;47(3):e75889. https://doi.org/10.4025/actascihumansoc.v47i3.75889

29. Wang SC, Creswell JW, Nguyen D. Vietnamese refugee elderly women and their experiences of social support: a multiple case study. J Cross Cult Gerontol. 2017;32(4):479-96. https://doi.org/10.1007/s10823-017-9338-0

Acknowledgments

The authors thank the Coordination for the Improvement of Higher Education Personnel (CAPES) and the National Council for Scientific and Technological Development (CNPq) for the financial support that made this study possible.

Authors' contribution

Conceptualization: Marcela Possato Correa da Rosa, Gisele Cristina Manfrini, Susanne Boerner, Ionara Vieira Moura Rabelo

Data curation: Marcela Possato Correa da Rosa, Gisele Cristina Manfrini

Formal analysis: Marcela Possato Correa da Rosa

Fundraising acquisition: Marcela Possato Correa da Rosa

Investigation: Marcela Possato Correa da Rosa, Gisele Cristina Manfrini

Methodology: Marcela Possato Correa da Rosa, Gisele Cristina Manfrini, Susanne Boerner, Ionara Vieira Moura Rabelo

Supervision: Gisele Cristina Manfrini

Validation: Gisele Cristina Manfrini, Susanne Boerner, Ionara Vieira Moura Rabelo

Writing - original draft: Marcela Possato Correa da Rosa

Writing – revision and editing: Marcela Possato Correa da Rosa, Gisele Cristina Manfrini, Sabado Gomes Dabó, Elisson Gonçalves da Silva, Susanne Boerner, Ionara Vieira Moura Rabelo

The authors declare that there is no conflict of interest.

Corresponding author
Marcela Possato Correa da Rosa
Contact: marcela.correadarosa@gmail.com

Received: 10.26.2025
Approved: 02.24.2026

Associate editor:
Elen Ferraz Teston

Editor-in-chief:
João Lucas Campos de Oliveira