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Use of Photovoice to Examine Perceptions of Identity, Gender, and SRH Among Venezuelan Youth Aged 10-19

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By

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Bachelor of Arts
Elon University
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An abstract of
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Abstract

Use of Photovoice to Examine Perceptions of Identity,
Gender, and SRH Among
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Introduction: The ongoing political, human rights, and socio-economic developments in Venezuela since 2015 have led to the displacement of more than 6 million people to neighboring countries and beyond, creating a Complex Humanitarian Emergency (CHE). CHEs are caused by a combination of social, political, and economic collapse and express in the disruption of essential services, including, health systems. This negatively affects health outcomes. For instance, Venezuela has one of the highest rates of pregnancy in the region: 101 live births per 1,000 15-19 years old women, with no clear data for those below 14 years old. In this context, the Sexual and Reproductive Health (SRH) needs of youth under 20 are underexamined.

Objectives and Scope: To understand **the perspectives and experiences of SRH for Venezuelan youth.** This is a sub-study of a larger project from Vitala Global focused on adapting an existing digital SRH educational platform (Aya Contigo) for youth under 20 years old.

Methods: We adapted the photovoice methodology to engage adolescents and youth aged 10-19 in photo-taking, in-depth interviews, and focus group discussions about their SRH needs and experiences in the context of a Complex Humanitarian Emergency. We recorded and transcribed the qualitative data and conducted a theme analysis through a 'flexible coding' approach in Dedoose™.

Results: 23 adolescents were recruited and 13 completed the study (56% response). Preliminary findings show 1) the need for safe spaces within and outside of the healthcare system to express their identities and sexuality; 2) participants' feelings of disconnection from institutions like school, health services, and authority figures within the family; 3) despite the effects of a CHE on their life course, participants do have clear, actionable ideas for "more positive" and equitable futures free from stigma.

Conclusions: Taken as a whole, these findings suggest that youth in Venezuela do not feel supported or safe enough to fully form and express their sexual identities under the current social and political conditions. Findings along with recommendations can be used for SRH response planning during CHEs and inform the design of future SRH programs in the country and region.

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Acronyms List

CHE	Complex Humanitarian Emergency
CHW	CHW
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
NGO	Nongovernmental organization
STI	Sexually Transmitted Infection
SRH	Sexual and Reproductive Health
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

Chapter 1: Introduction

The ongoing political, human rights, and socio-economic developments in Venezuela since 2015 have led to the displacement of more than 6 million Venezuelans to neighboring countries and beyond (International Organization of Migration, 2020). In the region, this mass migration of Venezuelans is an unprecedented event and is considered by the UN as a CHE (Human Rights Watch, 2019). The UN defines a CHE as "a humanitarian crisis in a country, region, or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country program." (Burkle, 2006). CHEs are often caused by political and economic collapse and differ from other humanitarian crises (such as disasters and armed conflict) in that they tend to be more protracted and difficult to resolve, often involving multiple layers of political, economic, and social variables. Furthermore, CHEs have destructive impacts on all aspects of life, which often last for years or generations, whereas the effects of other crises (such as natural disasters) tend to be more acute (Brennan & Nandy, 2001).

In Venezuela, the crisis is a direct result of increasingly restrictive economic policies and high levels of corruption, the result of which is a lack of investment in basic services including water, electricity and transportation, and a collapsing health system (Taraciuk & Page, 2020). This has led to an exorbitant rise in inflation rates, reducing individuals' buying power and thus their abilities to purchase food, afford housing, and obtain necessary medical care.

In the short time since the beginning of the CHE in Venezuela, SRH indicators have been declining and the decimated the health system has led to a lack of maternal, sexual, and reproductive health services, including the absence of family planning access and SRH education (Human Rights Watch, 2019, (Amnesty International, 2019). Further, there has been an

alarmingly steady increase in maternal deaths in the country and an increase in the number of abortions that are being performed for Venezuelan women in neighboring countries (Amnesty International, 2019).

In the current situation, SRH needs have languished, negatively affecting citizens, particularly youth. Attempts have been made to offer legal support to youth through laws such as the 2000 Organic/Integrated Children and Adolescent Protection LawOCAPL *(la Ley Orgánica de Protección del Niño y del Adolescente-LOPNA, 2000*) which emphasizes education, establishes the right to reproductive care for youth, and enumerates the rights of individuals 14 years old or older to request reproductive health assistance and protection (including contraception) (National Assembly of Venezuela, 2007). However, despite efforts to protect youth's SRH rights, a lack of youth and CHE- specific information prevents the effective and successful design, implementation, and evaluation of youth-focused SRH programs based on reliable and current data. Local studies suggest that male-identifying Venezuelan youth have their first sexual intercourse at the average age of 14 and female-identifying youth at 15, both with little to no knowledge of "safe sex.", creating robust opportunity for an increase in negative SRH outcomes for youth (Granero et al., 2009, Pan American Health Organization, 2017).

Several populations, including youth, are vulnerable and thus disproportionately affected by ongoing issues posed by the CHE. Those who live in humanitarian settings or emergency contexts, particularly youth (defined here as individuals aged 10-19), are more vulnerable to negative reproductive health outcomes, leading to higher morbidity and mortality from preventable causes (UNICEF, 2021a). At the onset of the CHE, the under-five mortality rate spiked from 19.1% in 2015 to 24.2% in 2016 (UNICEF, 2021b). Although individuals ages 10-19 represent only 19.2% of Venezuela's population, youth are more likely to experience long-

term consequences of failing SRH systems (Pan American Health Organization, 2017). Venezuela has one of the highest rates of adolescent pregnancy in the region, with youth between 15 and 19 years old having 101 live births per 1,000 women, and no reliable data on pregnancy for those younger than 14 years old. According to UNICEF, youth and "adolescents, and girls in particular, are at greater risk of experiencing gender-based and sexual violence in conflict zones" such as Venezuela. In addition, no studies have captured youth perspectives on gender identity or development in Venezuela. Studies such as this one, which use innovative qualitative methods to understand youth perceptions of gender and identity, are needed to illuminate the realities of youth SRH in Venezuela (UNICEF, 2021a).

Purpose Statement

The purpose of this study was to examine perspectives and attitudes towards SRH amongst Venezuelan youth ages 10-19 in hopes of not only understanding the experiences of gender and identity as it relates to SRH but also in order to document how youth experience the humanitarian emergency and the legally restrictive context in which they reside. This is the first study to consider youth perspectives, experiences, and attitudes in both a CHE and restrictive legal context specific to SRH and gender, identity in Venezuela.

This qualitative analysis was part of a larger, mixed methods study to adapt an existing digital SRH educational platform ("Aya Contigo") to Venezuelan youth ages 10 - 19 to be an acceptable and feasible intervention to improve access to SRH information, comprehensive abortion, and contraception care.

Research Objective and Aims

The objective of this study was to examine the perspectives on and experiences of SRH among Venezuelan youth aged 10 - 19.

The aims of this study were to:

Aim 1: To understand the experiences of gender and identity as it relates to SRH.

Aim 2: To document how youth experience SRH and life within a CHE.

Significance Statement

In Venezuela, a CHE is eroding the SRH of youth, thus, with a collapsing health system and inattention to SRH, innovative service delivery methods, including qualitative studies, are necessary. There is potential for SRH education and resources to improve SRH outcomes, however, they need to be restructured to serve the needs of youth (Kwamboka, 2022).

Chapter 2: Literature Review

Youth Sexual and Reproductive Health in Latin America and Venezuela

According to UNICEF, youth comprise about 16% of the world's population (1.3 billion youth) and about 70% live in developing countries (UNICEF, 2022). Youth development is marked by sudden physical, cognitive, and psychosocial growth, which "affects how they feel, think, make decisions, and interact with the world around them," particularly in relation to sexuality, gender, and identity (World Health Organization, 2023).

The World Health Organization defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity…[it] 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 coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled" (World Health

Organization, 2006). Sexual health in this population is a major public health concern globally as young people face unique challenges and risks from the individual to societal levels including. allocation of limited resources, lack of youth-trained personnel, and low political will. With 106 million residents aged 10-19, youth sexual and reproductive health is a critical issue in Latin America. Addressing it requires a comprehensive approach that considers youth's perspectives on sexuality and identity (Hackett et al., 2018). Generally, sexual and reproductive health in the region is heavily influenced by socio-cultural factors including high rates of violence, political instability, strict gender norms, and conservative religious values that shape youth perceptions of, experiences with, and attitudes towards sexual behaviors and identities (Psaki et al., 2019, (Córdova-Pozo et al., 2015). According to recent literature, a high adolescent birth rate and a significant burden of sexually transmitted infections among young people in the region is a result of inequitable gaps in access to youth sexual and reproductive services across many regions in Latin America (Córdova Pozo et al., 2015). Factors including limited access to contraception, early sexual debut, and low socio-economic status contribute to the high adolescent birth rate in Latin America with some countries having rates of over 60 births per 1,000 adolescent girls (UNICEF, 2022, Psaki et al., 2019). According to the Pan American Health Organization, "due to its linkage with poverty, social exclusion, sexual and gender-based violence (SGBV), and early marriage/union, adolescent pregnancy disproportionately affects girls who are already marginalized and is aggravated by lack of access to comprehensive sexuality education, and sexual and reproductive health services" (Pan American Health Organization, 2017). Improving access to SRH services, providing comprehensive sex education, and promoting gender equality have been identified as key target areas for improving sexual health outcomes among young people in the region (UNFPA, 2017). While there is scarce reliable data on youth access to SRH

in Venezuela, research suggests that providers' in the country have noted a difference in the use of SRH services by women in the general population due to more limited access to SRH services as a result of the CHE and COVID-19 pandemic (Guijarro et al., 2023).

Many specific socio-cultural factors of Latin America heavily influence youth's perceptions of sexuality and identity as well their ability to access sexual and reproductive health services and information. With over 4,500 natural disasters causing over 600, 000 deaths in the past 50 years, much of Latin America has been negatively impacted by climate change, contributing to displacement and already high numbers of number of refugees and asylum seekers caused by gang violence (Lancet, 2022). Additionally, stigma around sex and sexuality stemming from purity-based religious practices and machismo culture contribute to erasure and discrimination, particularly against sexual minority communities. The region has the second highest rate of 15–19-year-old mortality in the world, with the primary causes being violence, injury, drowning, and suicide. 41% of deaths in boys aged 15–19 are due to violence (Lancet, 202). Due to decades of entrenched sexual violence and stigma, sexual health education or access to contraceptives has been limited in the region. Latin America and the Caribbean is predicted to have the highest rates of adolescent pregnancy worldwide by 2030, driving an epidemic of mental illness among youth in the region, with 16 million adolescents were diagnosed as having a mental disorder (Lancet, 2022). STIs are also a significant issue among young people in Latin America, with rates of HIV, chlamydia, and gonorrhea remaining high. Stigma around STIs can prevent young people from seeking testing and treatment, leading to further transmission of infections. Additionally, comprehensive sex education is often lacking in schools, leaving young people with limited knowledge about sexual health and STIs. Legal restrictions and limited access to sexual and reproductive health services have further exacerbated youth sexual and reproductive health

issues, heavily impacting young people's relationships with sexuality and sexual and reproductive health services. The aforementioned factors further complicate youth, an already sexually and developmentally tumultuous time for many.

Efforts to address negative youth SRH outcomes in Latin America have focused on improving access to sexual and reproductive health services, providing comprehensive sex education, and promoting gender equality (Córdova Pozo et al., 2015). Programs that involve parents and community members have been most effective in promoting positive sexual health outcomes among young people. For example, one study suggests that Latino fathers can be impactful in shaping Latino youth male sexual decision-making and correct and consistent condom use (Guilamo-Ramos et al., 2018). However, despite said efforts to address youth sexual and reproductive health efforts in Latin America, challenges remain. Limited funding for sexual and reproductive health programs, inadequate access to services in rural areas, and stigma around sex and sexuality create an environment of unique challenges for intervention success. Although youth sexual and reproductive health in the region is suffering greatly, Latin America is often "given insufficient attention by the international press and global policy makers" (Lancet, 2022). Additionally, conservative attitudes toward abortion and contraceptive use in some countries can limit access to safe and legal services that are essential for improving youth sexual and reproductive outcomes in the region. The current SRH outcomes in Venezuela reflect the complex humanitarian crisis that the country is facing. The shortage of essential medicines and medical supplies, limited access to sexual education, stigma and discrimination, and the ongoing political and social crisis have all contributed to the high rates of maternal morbidity and mortality, unintended pregnancies, and STIs (UNAIDS, 2021), (Human Rights Watch, 2019), Health Ministry of the Government of Colombia, 2020).

Complex Humanitarian Emergency in Venezuela

Characterized by multiple and interconnected crises including armed conflict, political instability, and natural disasters, complex Humanitarian Emergencies are "humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from internal or external conflict, and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing UN country programme" (United Nations High Commissioner for Refugees, 2001). These emergencies pose significant challenges to humanitarian actors tasked with remedying the situation, who must address the immediate needs of affected populations while navigating complex political, social, and economic factors (Varynen, 2000). The humanitarian response to complex humanitarian emergencies is multifaceted, with various actors involved, including governments, non-governmental organizations (NGOs), and international organizations (Nabulsi et al., 2021). The response involves addressing immediate needs, such as shelter, food, and medical care, as well as long-term needs, such as rebuilding infrastructure and addressing the underlying causes of the crisis (Brennan & Nandy, 2001). Although current literature points to the importance of coordination and collaboration among actors across sectors in responding to complex humanitarian emergencies, coordination is often challenging due to political and logistical constraints, as well as the diverse perspectives and interests of different stakeholders (Bajoria, 2011). Studies also emphasize the importance of local ownership and participation in the humanitarian response to complex humanitarian emergencies. Local actors, including community leaders and NGOs, are often best positioned to understand the needs and perspectives of affected populations and can play a critical role in delivering effective and culturally appropriate humanitarian assistance (Burkle, 2012). The available literature on complex

humanitarian emergencies suggests that they are becoming more frequent and complex, with the majority of these emergencies occurring in low- and middle-income countries, many in Latin America (Burkle, 2012).

Complex Humanitarian Emergency in Venezuela

Classified as a "fragile state," Venezuela has suffered ongoing political, human rights, and socio-economic developments that have led to the displacement of more than 6 million people to neighboring countries and beyond since 2015, creating a Complex Humanitarian Emergency (Human Rights Watch, 2019, International Organization of Migration, 2022, The World Bank, 2022). The complex humanitarian emergency in Venezuela is a result of multiple and interconnected factors, including political instability, economic collapse, and social unrest that have resulted in significant humanitarian needs, including food and medicine shortages, high levels of violence, and forced migration (Human Rights Watch, 2019, Albaladejo, 2018). Humanitarian actors responding to the complex emergency in Venezuela face many challenges as the politicization of humanitarian aid and restrictions on humanitarian access have made it difficult to provide effective and timely assistance to those in need (International Organization of Migration, 2022, United Nations High Commissioner for Refugees, 2001). Furthermore, humanitarian response is impeded by limited funding and resources, as well as the complex and multifaceted nature of the crisis (Human Rights Watch, 2019). The complex humanitarian emergency in Venezuela has led to a collapse of the healthcare system, resulting in limited access to medicines, medical supplies, and trained health personnel (Brennan & Nandy, 2001). Infectious diseases are a major public health concern in Venezuela's complex humanitarian emergency, with outbreaks of diseases such as malaria, diphtheria, and measles occurring in many parts of the country and lack of access to clean water, sanitation facilities, and adequate

healthcare has contributed to the spread of these diseases (UNAIDS, 2021). The available literature on the complex humanitarian emergency in Venezuela suggests an urgent need for effective and timely humanitarian assistance to address the significant humanitarian need (Human Rights Watch, 2019).

The Venezuelan Ministry of Health stopped releasing official data on maternal and child mortality in 2015. In early 2017, the health minister published data for 2016, which indicated that infant deaths rose by 30.1 percent and maternal deaths by 65.8 percent in 2016 and no statistics have been published since then (Garcia et al., 2019). Additionally, another article published in The Lancet based on government statistics indicated that infant mortality had increased 40 percent between 2008 and 2016, returning to levels last seen in the 1990s (Human Rights Watch, 2019). Gaps in surveillance and reliable health data and dissemination undermine virtually all efforts to address public health efforts in the country (Soucie, 2012). Reliable demographic and surveillance data is critical to strategic planning and implementation of health programs (Soucie, 2012). Large gaps remain in the literature regarding strategies that address the humanitarian needs of affected/vulnerable populations, designing effective frameworks for tailoring response plans to the needs of the population, and co-designing SRH systems in complex humanitarian response plans.

Impact of Complex Humanitarian Emergency on Youth Sexual and Reproductive Health in Venezuela

Venezuela's complex humanitarian emergency has had significant impacts on public health, particularly youth sexual and reproductive health. Current research indicates that young people are at higher risk of adverse reproductive health outcomes due to lack of knowledge, social stigma, legal restrictions preventing provision of contraception and abortion to unmarried (or

any) adolescents, and judgmental attitudes among service providers, especially for people living in low- and middle-income countries where access to sexual and reproductive health services may already be limited (Singh et al., 2014, Chilinda et al., 2014). Sexual and reproductive health is a fundamental aspect of young people's self-perception, affecting their social, economic, and physical development (Savin-Williams, 2011). However, in Venezuela, youth sexual and reproductive health is an under-addressed issue as the complex humanitarian emergency has compromised the sexual health and rights of young people (International Planned Parenthood Federation, 2011, Muñoz, 2001). The crisis has created a challenging environment for young people to access sexual and reproductive health services, leading to an increase of sexual violence, early marriage, unintended pregnancies, and sexually transmitted infections (UNFPA Venezuela, 2021). The complex humanitarian emergency has also increased the risks of STIs among young people, particularly those who are displaced or have limited access to healthcare (UNFPA Venezuela, 2021). Additionally, literature suggests that Venezuela's young people have been disproportionately affected by the country's economic and political crises, with many facing a lack of opportunities and limited access to education and healthcare (Felce-DiPaula et al., 2000).

Moreover, a recent study by Culver et al. (2017) of over 167 complex emergencies and 912 natural disasters suggested that complex emergencies have greater odds of being associated with disease outbreaks compared to other emergencies such as natural disasters. The shortage of condoms, limited access to testing and treatment for STIs, and social disruption have contributed to the spread of STIs among young people (Albaladejo, 2018)). The collapse of the healthcare system, shortages of essential medicines and contraceptives, and the displacement of health personnel have created significant barriers to accessing sexual and reproductive health services

resulting in reduced access to contraception, pre-natal care, and safe abortion services, leading to increased rates of unintended pregnancies, unsafe abortions, and maternal mortality (Dresden et al., 2018). In addition, the complex humanitarian emergency has led to an increase in sexual violence against young people. Dresden et al. (2018) examined the role of gender-based violence and sexual abuse among Venezuelan youth, particularly for girls and young women, highlighting the urgent need for interventions that address gender-based violence and promote healthy relationships among young people. The combination of a lack of protection and support systems, strict traditional gender roles, and the collapse of social structures has increased the vulnerability of young people to sexual violence and exploitation.

Although the complex humanitarian emergency in Venezuela has created dire public health conditions, gaps in the literature still exist regarding identifying effective strategies for preventing unintended pregnancies, reducing the spread of STIs, and addressing emotional cost of trauma and sexual violence against young people (Singh et al., 2014). Gaps remain in examining the role of social determinants of health, such as gender inequality and displacement, in exacerbating the sexual and reproductive health impacts of the complex humanitarian emergency. Furthermore, few studies use qualitative methods to analyze the effects of the complex humanitarian emergency, particularly regarding youth (Calderón-Jaramillo et al., 2020). Public health surveillance systems need to be strengthened to collect the robust data needed to combat the complex crisis as the current scarce information prevents the design, implementation and evaluation of rational health promotion programs based on valid and up-to-date data (Bearinger et al., 2007).

Designing Appropriate Youth Services in Complex Humanitarian Emergencies

Young people also often face stigma, discrimination, and other socio-cultural barriers when

forming or expressing perceptions on sexuality, gender, and identity, particularly in restrictive contexts (UNICEF: *Gender Action Plan*, 2021). The World Health Organization has identified youth sexual and reproductive health topics including reducing HIV/AIDS transmission, promoting gender quality, and empowering female individuals as a priority area, recognizing the significant impact sexual and reproductive health has on the well-being of young people. Studies suggest that strategies and best practices for addressing the priority area include emphasizing the importance of 1) comprehensive sexual and reproductive health education (comprised of information on contraception, sexually transmitted infections, HIV/AIDS), and 2) safe, appropriate, and accessible sexual and reproductive health services (World Health Organization, 2022). Furthermore, a number of studies highlight the importance of utilizing holistic approaches when addressing youth sexual and reproductive health that consider social, cultural, and economic factors that uniquely affect sexual and reproductive health among young people (Rehana et al., 2016, Pan American Health Organization, 2008). Research shows that education and interventions involving parents, peers and community leaders can be effective in promoting sexual and reproductive health outcomes in young people if tailored to the specific needs of the populations, respecting cultural and social norms (UNESCO, 2021). Additionally, studies indicate best practices around designing youth-friendly services and interventions include qualitative co-design features that allow the perspectives of youth to be incorporated (Hackett et al., 2018).

Despite being a cost-effective, promising, approach to delivering sexual and reproductive services that cater to the developmental needs of young people, the design and implementations of youth-friendly sexual and reproductive health services has waned (Obiezu-Umeh et al., 2021, Bearinger et al., 2007). The global commitment to this investment is undermined by several

factors, including underfunding of sexual and reproductive health programs, inadequate access to reproductive health infrastructure or services/goods, and the need for improved education and training of health care providers (Bearinger et al., 2007). Although this developmental period provides “opportunities for health gains both through prevention and early clinical intervention, the development of health information systems to support this work has been weak and so far, have lagged behind those for early childhood and adulthood” (Patton et al., 2012). Successfully addressing youth sexual and reproductive health issues requires investment from a wide variety of stakeholders including governments, international organizations, private institutions, and civil society in comprehensive sexual and reproductive health education and services and the mobilization of parents, peers, and community leaders (Fakoya et al., 2022).

Impact of Complex Humanitarian Emergency on Youth's Gender and Development in Venezuela

The complex humanitarian emergency in Venezuela has had significant impacts on youth's well-being, mental health, gender identity, and development in Venezuela. Gender identity development is a complex and multifaceted process that begins in early childhood and continues into adolescence and beyond (Savin-Williams, 2011). The development of a stable gender identity is critical for young people's sense of self and is influenced by a range of biological, social, and cultural factors. Biological factors such as hormones, genetics, and brain development may play a role in the development of gender identity. Social and cultural factors, including family, peers, and media, also shape young people's gender identity development. Families play a critical role in shaping young people's gender identity through their attitudes, beliefs, and behaviors (Savin-Williams, 2011). Peers and media can also influence gender identity development by providing models of gender expression and gender roles. In the current literature, sexual identity is defined as “the name and meaning individuals assign to themselves

based on the most salient sexual aspects of their life – such as sexual attractions, fantasies, desires, and behaviors" (Savin-Williams, 2011). The differential developmental trajectories model of sexual identity focuses on developmental milestones that contribute to a sexual identity, including trauma (Savin-Williams, 2011). Current findings also highlight the importance of supportive environments for young people's gender identity development (UNICEF, 2021). Schools, healthcare providers, and communities can play a critical role in providing safe and supportive environments for young people to explore and express their gender identity (UNICEF, 2021). For some sexual minority youth, the development of gender identity can be more challenging if they exercise behaviors and expressions that do not conform to traditional gender roles and expectations (Hall et al., 2021). As a result, gender dysphoria, a persistent sense of discomfort or distress associated with one's gender identity, may occur. Best practices regarding sexual minority youth in complex humanitarian setting include recognizing that "existing stigmas surrounding minority sexual orientation and gender identities, coupled with rigid normative systems within the context of emergency response, may further marginalize and compromise the security and well-being of LGBTI persons," requiring specialized protocols and programming that is sensitive to the specific needs of the community (Rumbach & Knight, 2014). These needs include additional protective efforts to mitigate the negative effects of stigma against sexual minority youth, including adverse mental health effects(Hatzenbuehler & Pachankis, 2016). Additionally, research suggests that stigma about STDs may negatively influence how female adolescents disclosure of their sexual behavior to healthcare providers, potentially increasing their risk for negative SRH outcomes (Cunningham et al., 2002).

Due to the many constraints of a complex humanitarian emergency, many gaps in the literature remain regarding the intersections of emergency settings, youth sexual and reproductive health,

and gender identity. The limited research on the impact of Venezuela's complex humanitarian emergency on youth's development of gender identity indicates the need for more research in this area as youth's vulnerabilities and needs are distinctly different from those of general public and often remain unaddressed. Future research is needed regarding identifying effective interventions to support young people who already experience challenges in their gender identity development, including individuals exhibiting early gender non-conforming behavior and gender dysphoria, specifically in the context of the humanitarian crisis. Additionally, research should examine the impact of the crisis on the provision of education that includes material regarding sexuality and gender identity. Chandra-Mouli et al. (2015)) concluded that current literature does not address 1) what "optimal level of intensity and duration" are ideal successfully achieve sustained behavior change and 2) how to scale successful intervention in emergency settings without compromising quality. Research also indicated that many youths sexual and reproductive health interventions can or have not be properly evaluated due to a lack of investment in "enabling the participation of young people in programs and in evaluations to assess its benefits." Ultimately, gaps in the literature reiterated the importance of reaching marginalized groups of adolescents (e.g., because of ethnicity, sexual orientation, conflict, out of school) that have been previously failed to reach by learning how to "involve them because they are more likely to experience health and social problems and are less likely to enjoy family and community support and access health and counseling services… new technologies such as digital media and mobile phones offer enormous opportunities for reaching and engaging adolescents with SRH information and services. However, there is limited understanding of how adolescents are already using and engaging with new technologies to learn and communicate with their peers or trusted adults about sexuality and SRH" (Chandra-Mouli et al., 2015). Sound qualitative research is needed to

assess how youth are engaging with and being impacted by the multi-faceted stimuli they experience in an emergency setting. As one study noted, “further studies with rigorous designs, longer term follow-up, and standardized and validated measurement instruments are required to maximize comparability of results of future efforts that should be directed toward scaling-up evidence-based interventions to improve adolescent sexual and reproductive health in low- and middle-income countries, sustain the impacts over time, and ensure equitable outcomes” (Rehana et al., 2016). Only an extremely limited number of studies were identified that qualitatively examined the impact of Venezuela's complex humanitarian emergency on youth's development of gender identity.

In a review of literature published between 1980 and 2018 using search terms for adolescents, young people, humanitarian crises in low- and middle- income countries, and SRH in four databases and relevant websites, Jennings et al.’s (2019) systematic review of sexual and reproductive health interventions for young people in humanitarian settings resulted in nine peer-reviewed and five grey literature articles pertaining to youth SRH interventions. A majority of studies were published post-2012, of mostly high- or medium-quality, and were centered around the prevention of unintended pregnancies, HIV/STIs, maternal and newborn health, and prevention of sexual and gender-based violence. While thirteen studies reported positive effects on outcomes (majority were positive changes in knowledge and attitudes), seven studies reported no effects in some SRH outcomes measured, and one study reported a decrease in number of new and repeat clients(Jennings et al., 2019). Additionally, the review indicated that strategies to increase intervention utilization by young people include adolescent-friendly spaces, peer workers, school-based activities, and involving young people (Jennings et al., 2019). Systematic reviews such as these highlight the neglected nature of youth SRH in CHEs in the literature. This

study hopes to contribute to the currently scarce body of work regarding youth SRH in emergency settings.

Chapter 3: Student Contribution Statement

With the great help of the larger research team, I participated and aided in qualitative data collection design, conceptualized the research questions, conducted all qualitative analyses. In writing and dissemination, I wrote the full manuscript and constructed all tables and graphs.

Chapter 4: Manuscript

Introduction

The ongoing political, human rights, and socio-economic developments in Venezuela since 2015 have led to the displacement of more than 6 million Venezuelans to neighboring countries and beyond (International Organization of Migration, 2020). In the region, this mass migration of Venezuelans is an unprecedented event and is considered by the UN as a CHE (Human Rights Watch, 2019). The UN defines a CHE as "a humanitarian crisis in a country, region, or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country program." (Burkle, 2006). CHEs are often caused by political and economic collapse and differ from other humanitarian crises (such as disasters and armed conflict) in that they tend to be more protracted and difficult to resolve, often involving multiple layers of political, economic, and social variables. Furthermore, CHEs have destructive impacts on all aspects of life, which often last for years or generations, whereas the effects of other crises (such as natural disasters) tend to be more acute (Brennan & Nandy, 2001).In Venezuela, the crisis is a direct result of increasingly restrictive economic policies and high

levels of corruption, the result of which is a lack of investment in basic services including water, electricity and transportation, and a collapsing health system (Taraciuk & Page, 2020). This has led to an exorbitant rise in inflation rates, reducing individuals' buying power and thus their abilities to purchase food, afford housing, and obtain necessary medical care. In the short time since the beginning of the CHE in Venezuela, SRH indicators have been declining and the decimated the health system has led to a lack of maternal, sexual, and reproductive health services, including the absence of family planning access and SRH education (Human Rights Watch, 2019, (Amnesty International, 2019). Further, there has been an alarmingly steady increase in maternal deaths in the country and an increase in the number of abortions that are being performed for Venezuelan women in neighboring countries (Amnesty International, 2019). In the current situation, SRH needs have languished, negatively affecting citizens, particularly youth. Attempts have been made to offer legal support to youth through laws such as the 2000 Organic/Integrated Children and Adolescent Protection LawOCAPL *(la Ley Orgánica de Protección del Niño y del Adolescente-LOPNA 2000*) which emphasizes education, establishes the right to reproductive care for youth, and enumerates the rights of individuals 14 years old or older to request reproductive health assistance and protection (including contraception) ((National Assembly of Venezuela, 2007). However, despite efforts to protect youth's SRH rights, a lack of population and CHE- specific information prevents the effective and successful design, implementation, and evaluation of youth-focused SRH programs based on reliable and current data. Local studies suggest that male-identifying Venezuelan youth have their first sexual intercourse at the average age of 14 and female-identifying youth at 15, both with little to no knowledge of "safe sex.", creating robust opportunity for an increase in negative SRH outcomes for youth (Granero et al., 2009, Pan American Health Organization, 2017). Several populations,

including youth, are vulnerable and thus disproportionately affected by ongoing issues posed by the CHE. Those who live in humanitarian settings or emergency contexts, particularly youth (defined as individuals aged 10-19), are more vulnerable to negative reproductive health outcomes, leading to higher morbidity and mortality from preventable causes (UNICEF, 2021a). At the onset of the CHE, the under-five mortality rate spiked from 19.1% in 2015 to 24.2% in 2016 (UNICEF, 2021b). Although individuals ages 10-19 represent only 19.2% of Venezuela's population, youth are more likely to experience long-term consequences of failing SRH systems (Pan American Health Organization, 2017). Venezuela has one of the highest rates of adolescent pregnancy in the region, with youth between 15 and 19 years old having 101 live births per 1,000 women, and no reliable data on pregnancy for those younger than 14 years old. According to UNICEF, youth and "adolescents, and girls in particular, are at greater risk of experiencing gender-based and sexual violence in conflict zones" such as Venezuela. In addition, no studies have captured youth perspectives on gender identity or development in Venezuela. Studies such as this one, which use innovative qualitative methods to understand youth perceptions of gender and identity, are needed to illuminate the realities of youth SRH in Venezuela (UNICEF, 2021a).

Purpose Statement

The purpose of this study was to examine perspectives and attitudes towards SRH amongst Venezuelan youth ages 10-19 in hopes of not only understanding the experiences of gender and identity as it relates to SRH but also in order to document how youth experience the humanitarian emergency and the legally restrictive context in which they reside. This is the first study to consider youth perspectives, experiences, and attitudes in both a CHE and restrictive legal context specific to SRH and gender, identity in Venezuela.

This qualitative analysis was part of a larger, mixed methods study to adapt an existing digital SRH educational platform ("Aya Contigo") to Venezuelan youth ages 10 - 19 to be an acceptable and feasible intervention to improve access to SRH information, comprehensive abortion, and contraception care.

Research Objective and Aims

The objective of this study was to examine the perspectives on and experiences of SRH among Venezuelan youth aged 10 - 19.

The aims of this study were to:

Aim 1: To understand the experiences of gender and identity as it relates to SRH.

Aim 2: To document how youth experience SRH and life within a CHE.

Significance Statement

In Venezuela, a CHEis eroding the SRH of youth, thus, with a collapsing health system and inattention to SRH, innovative service delivery methods, including qualitative studies, are necessary. There is potential for SRH education and resources to improve SRH outcomes, however, they need to be restructured to serve the needs of youth (Kwamboka, 2022).

Methodology

Overview

The study team designed data collection tools and strategies in alignment with the International Planned Parenthood Foundation's best practices around youth sexual health "to secure and promote young people's sexual rights, we first have to develop a clear understanding about what

sexual rights are and how they relate to young people." [16] The research methodology was multi-stage and included a modified, qualitative Photovoice cycle with individual semi-structured interviews preceded by a prompt-based photos taken by each participant.

Study Setting

This study was conducted virtually based in Venezuela with youth aged 10-19 based. Members of Vitala Global's staff were physically present in their Caracas office virtually connecting with youth in both rural and urban settings (Valles del Tuy, Maracaibo, and Caracas) via Zoom. Although the option to conduct interviews in person was presented to participants, all opted for a virtual interview.

Study Team

The research team consisted of members from both Vitala Global's 'Aya Contigo' project and Emory University:

Team Member	**Role**
Roopan Gill	Principal Investigator
Genevieve Tam	Study Coordinator
Genesis Luigi	Research Team Lead
Estefanía Angulo	CHW: *data collection, recruiting, advising*
Isabel Perez	CHW: *advising*

Vanessa Blanco	CHW: *data collection, recruiting, advising*
Yndira Silvera	CHW*: data collection, recruiting, advising*
Diana Mateusg	Translator
Lallo Yadeta	Graduate Research Assistant
Subasri Narasimhan	Manuscript Supervisor

Youth Advisory Board (YAB)

A Youth advisory Board was created to help support the research team and include youth perspectives at all phases of the project. The study team and YAB co-created a Community Based Participatory Action Research model for qualitative data collection and analysis. Youth Advisory Board members had the duties of youth researchers/fellows, including but not limited to:

- Approving/ providing feedback on project structure/design
- Aiding in participant recruitment
- Co-creating focus group discussion guide
- Co-facilitating/conduct in-depth interview (in-depth interview (narrative extractions)/focus groups
- Analyzing qualitative data by providing feedback throughout the flexible coding process
- Participating in User-testing/storyboarding

Youth Advisory Board members committed to 180 (10 hours/month) hours of active participation for the duration of the project. Youth advisory board members were compensated $150 per quarter. Compensation was awarded in the form of cash. Members also had the

opportunity to receive a certificate of achievement detailing all skills learned at the completion of the 180 hours of service.

Individuals were recruited for the youth advisory board through the distribution of virtual flyers through trusted local SRH partner network (**Appendix A**). All members of the board were properly consented/assented in an age-appropriate matter. All members of the Youth Advisory Board were under the age of 30. Study team members selected ⅔ of board were younger than 24. The board consists of 4 members who were compensated $150 USD per quarter (3 months/year).

Participant Recruitment, Compensation, and Inclusion Criteria

Three recruitment sites and partners were chosen as they were part of the study team's existing trusted partner network of organizations that provide essential reproductive and sexual health services to the youth population affected by a humanitarian crisis. While 23 participants were recruited via social media and trusted partner reproductive and sexual health organizations in Venezuela that are providing essential services to youth, 12 participants were enrolled and 10 of those interviews were analyzed for this study. A majority of participants who were recruited but not enrolled were lost to follow up. Two interviews conducted with participants aged 10 and 11 were omitted from analysis as study team members discerned interview conditions were not favorable due to lack of privacy and poor internet connection.

Participants were recruited through multiple methods including social media ads and through trusted partner networks to participate in the study. A flyer **(Appendix A)** containing the following information about the study was circulated through a trusted partner network of local SRH organizations:

- A brief overview of the study

- Compensation information
- Contact information of appropriate study personnel
- Link/QR code to access registration

Partners shared the flyer through social media channels such as Facebook, Instagram, and WhatsApp as well as through internal email listservs.

All members of the study were compensated with a $5 phone credit for their participation in each phase of the photovoice cycle. All youth between the ages of 10-19 that spoke either Spanish or English and live in Venezuela currently were eligible to participate in this study.

Approach

The project's study design was based on the traditional Photovoice methodology (Figure 1). Photovoice is "a participatory action research methodology used to catalyze personal and community change by creating and discussing photographs." (Wang & Burris, 1997). As a popular, evidence -based qualitative research methodology, the technique has been used to engage and empower disenfranchised groups through photography, in-depth interviews, and focus group discussions (Hannay et al., 2013). The three main goals of photovoice are "1) to enable people to record and reflect their community's strengths and concerns; 2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs; and 3) to reach policymakers"(Budig et al., 2018). Photovoice has been proven as an innovative method of participatory research that is effective for people with lower literacy skills (such as youth) to encourage critical self-reflection and communicate their experiences, barriers, and perceptions (Chilton et al., 2009). Photovoice allows researchers to determine how youth, and communities are affected by social, political, economic, and cultural factors. The process aims to "support the self-empowerment of participants by providing them with the

opportunity to express their experiences and "speak" through photographs about issues that bother them and connect with others in their community" (Amos et al., 2012). Furthermore, major international organizations such as The WHO and the UN have highlighted photovoice as a global strategy particular to youth that successfully mobilizes youth by empowering them through innovative, participatory engagement (World Health Organization, 2023).

In the Photovoice process, participants are instructed to photograph their daily activities that may focus on a specific need or issue pertinent to the community or individual. The photos are then discussed with other study members in a focus group discussion and narratives are constructed around the themes of each photo. Photo voice has previously been used successfully as a tool for youth to document their own lived experiences in wide variety of conflict settings including CHEs. For the purpose of this study, the traditional Photovoice process was modified to be conducted in 4 steps involving a combination of in-depth interviews that utilize the SHOWeD mnemonic method **(Figure 2).** This method uses five sequential questions (What did you see here? What is really happening? How does this relate to our lives? Why does this problem or strength exist? What can we do about it?) to "stimulate discussions and get participants to focus on the meaning of each picture"(Necheles et al., 2007). Modifications of this Photovoice cycle included additional/youth-friendly camera training, parental consent for all participants younger

than 14, extended time for photo-taking sessions, and elimination of the focus group discussion in order to accommodate the needs of participants experiencing a CHE.

Figure 1. Traditional Photovoice Cycle (CGIAR Research Program on Climate Change & Agriculture and Food Security, 2017)

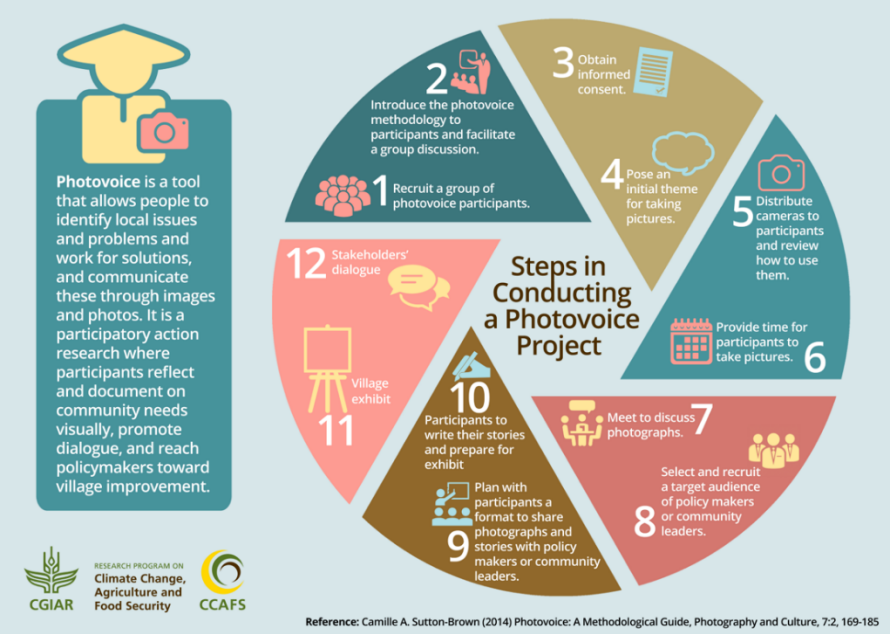


Figure 2. *SHOWeD* Method *(*Wang, 2003; Wang & Burris, 1997)

S	What do you *See* here?
H	What's really *Happening* here?
O	How does this relate to *Our* lives?
We	*Why* does this problem or asset *Exist*?
D	What can we *Do* about it?

Data Collection

The traditional Photovoice methodology was simplified to just a single in-depth interview following the photo-taking period (with no focus group discussion portion) in order to accommodate for a variety of constraints caused by the CHE including safety concerns, transportation delays, and limited availability. CHWs conducted 10 interviews with youth participants from September to November 2022 that lasted approximately 45 minutes each. In-depth interviews were chosen as the methodology of choice for this research study as it complemented the photovoice process in bringing out community norms and barriers while also catering to many youth-specific needs such as creating a peer pressure free environment.

Step 1: Facilitator Orientation and Training

CHWs were trained to facilitate the adapted Photovoice process. Members of Vitala Global's staff underwent two Facilitator Orientations in order to serve as CHWs. CHWs guided youth through the Photovoice process for the duration of the project. The orientation covered:

- Thematic aims of the Photovoice methodology
- Logistics of camera access for participants
- In-depth interview (narrative extractions) techniques
- Focus group discussion facilitation
- Human Centered Design principles
- General project structure

In the initial Facilitator Orientation, particular instruction was provided on guiding youth through the process, with a focus being placed on youth empowerment techniques. The second orientation was a continuation of the original and covered topics such as how to facilitate a focus group discussion and the in-depth interview (narrative extractions) process, and youth empowerment techniques. CHWs also engaged in interactive activities such as role-playing and in-depth interview guide design workshops to ensure their familiarity with the process.

Step 2: Participant Orientation

CHWs then facilitated an orientation that provided an opportunity for study participants to get acquainted with the Photovoice process. The research team conducted the Photovoice orientation for study participants which covered a) Photovoice instructions on the number of photos to take/how to take them (on participants' cell phone), b) a SRH prompt to respond to, and c) details on the location, date, and time of the follow-up in-depth interview and focus group sessions. Participants received their first photo-taking prompt at the virtually conducted Participant Orientation that included flexible options for acceptable cameras (smartphones, tablets, computers, disposable, digital etc.). Study team members ensured that participants 1) had access to a camera, 2) were well versed in how to use them, and 3) understood the ethics and safety of consent while photographing individuals, spaces, and items.

Study participants were then presented with the framing question for the three-to-four-day photo-taking period: “What does SRH Rights (SRHR) mean to you?” Participants were then instructed to take two to three photos depicting their answers to the question over the next three to four days. CHWs also provided a link to a Google Drive folder where participants were instructed to upload the photos they took. At the end of the session study team members also recommended each participant have a pen and journal with them to document any other thoughts or perspectives they had when taking photos that would be discussed upon reconvening.

Step 3: In-Depth Interviews (Narrative Extractions)

CHWs met with study participants and discussed the photos taken in response to the framing question. During this virtual interview, CHWs utilized the previously co-designed interview

guide to lead participants through a process that encouraged youth to explain the reasoning and narratives behind each photograph. Additionally, CHWs asked participants about the state of youth SRH in Venezuela generally as well as what they would like adults and leaders to know about current youth SRH in the country. After interviewing the participants about their reasoning/perspectives, CHWs extracted a narrative around the photographs and summarized it in a short write-up after the in-depth interviews were conducted.

Step 4: Rapid Analysis

After all narratives had been extracted from the images and summarized, study team members conducted a rapid qualitative analysis cycle to compare narratives and identify overlapping themes. Popular or relevant themes were then emphasized/discussed further in the focus group session. A collaborative thematic analysis method was then utilized to allow various members of the study team (including YAB members) to select pertinent or particularly salient quotes and create themes based on them.

Data Analysis

In-depth interviews were conducted in Spanish by native Spanish speakers from Venezuela. Two CHWs were present in each interview in order to allow for one worker to conduct the interview and the other to take notes. Since all study team members did not speak Spanish fluently, the transcripts from each interview were then run through the translation software DeepL Translate for the purposes of coding. Once the raw English transcripts were created, they were then reviewed for quality control by a professional translator and input to a project space in the Dedoose™. qualitative coding software where all study team members could access them.

In-depth interview transcripts were then read by study team members who selected quotations they felt were particularly salient or relevant to the study's aims. Study team members coded the transcripts for important concepts using the thematic analysis methodology (Vaismoradi & Turunen, 2013). After all members had individually selected quotes, they reconvened to identify overlap. After grouping quotations together based on thematic content, they generated initial codes that they felt emerged from the session. The study team then gathered a second time to refine and define the in the generated themes and create a master list of themes was created.

Qualitative data analysis for the visual components (photographs) of this project followed validated photovoice protocol to ensure data quality. CHWs conducted the photovoice visual analysis method which includes a system of previewing, reviewing, cross photo comparison, and theorizing (Tsang, 2020). Additionally, in-depth interviews were secondarily coded by study team members to attempt to identify "the participant-attributed meaning given relevance to the topic at hand" through key phrases solely pertaining to the photos (Gill et al., 2016). Photographs and highlighted text were coded into groups representing similar ideas using Dedoose™ software.

All participants as well as members of the Youth Advisory board were invited to be active participants in the data analysis. Youth Advisory Board members were trained for data analysis using the "the student evaluator model in which [study team members] select [participant] for training, help them to formulate questions and collect information, guide them in report preparation, and support them throughout the process" (Checkoway & Richards-schuster, 2003). After training, members were allowed to review both photographs and transcripts, generating themes they interpreted in both. Generated themes were also further reviewed by members of the research team who were not directly involved with the data collection process in order to further the reliability of the data.

Data Management

Digital data (survey results, translated transcripts of interviews) were stored in password-protected files on an encrypted password-protected computer. The sharing of files was done through a secure network and using encrypted passwords. All data were anonymized, and each study participant was given a unique study ID number in place of identifying information.

Ethics Statement

This research was approved by Allendale Investigational Review Board (AIRB) of RTA Inc. All members of the study team completed training in the ethical conduct of research prior to the start of data collection.

Results

Participant Demographics

Of the 10 youth interviewed, 8 were female-identifying participants (80%) and 3 male-identifying participants (30%). A majority of the participants resided in Caracas (n=8, 80%). While the mean age of the participants was 16 (10-19 years), a minority of participants were age 13 (n=2, 20%) (**Table 1).**

The results of this study are presented under four themes: 1) the value of a safe, visible space to autonomously express and form their identities 2) shame and judgement as a result of sexual and non-sexual self-expression, 3) current socio-political state does not allow for conditions that sufficiently meet the basic and SRH needs of youth, and 4) a specific, actionable vision of what a more positive future of SRH education and resources can be.

Theme 1: Value and desire for a safe, visible space to autonomously both express and form their identities

All youth cited the value, but ultimate lack, of safe, visible, accessible spaces to create, explore, and express the many aspects of their identities, including sexuality. All participants also expressed a desire to explore aspects of their identities such as youth, passions and hobbies, gender, gender identity, relationships (platonic, familial, and romantic), and religious affiliations. All participants also emphasized the importance of a safe space where they could express themselves authentically without fear of judgment, violence, or other negative social consequences. Many stated the desire for a safe space would allow them to be their authentic selves and feel accepted and validated. As one 19-year-old female youth described:

> "For me as a young adult here in my country, for me it is essential to seek freedom. And we are not talking about wanting to go out, to be rebellious, no. I am talking about the freedom to be yourself, which is sometimes so difficult for many." *(19-year-old female participant)*

Additionally, the majority of Participants often described feeling like they needed to hide certain aspects of their identity in public spaces, which limited their ability to fully express themselves. Here, one 16-year-old female participant highlighted the importance of spaces also being "visible", meaning making "the topic of sexual and reproductive rights more visible and to directing it towards a specific group of people. For example, going into Catholic schools where this is forbidden; where it is totally blacked out." Half of participants linked the lack of visibility to a lack of awareness in their communities that led to stigma, judgment, and discrimination. The participants then went on to describe the need for a safe space where they could express themselves authentically without fear of judgment or violence. As one 16-year-old male participant stated regarding judgement,

> "So many teenagers keep quiet because a person can judge you…but maybe that person can understand you and support you in every way, where you can talk, where you can say

> who you are. Where you can say what you like, be understood, not be judged, I feel that helps society a lot." *(17-year-old male participant)*

The stigma surrounding certain SRH topics created a lack of safe spaces in participants' homes, schools, and other community sites resulting in a lack of effectiveness in even existing SRH programs. One 16-year-old female participant discussed societal judgement she has witnessed towards sexually active female youth:

> "There are also those people who judge because your daughter tells you that she had her first sexual interaction, her first sexual relationship at the age she had it, and those parents judge her, many girls do not tell you and many girls do not tell you for fear that their parents will scold them or tell them something."

Notably, participants discussed the particular need for these spaces among individuals and communities whose identities (or aspects of their identities) do not conform to traditional Venezuelan social norms (i.e. LGBTQIA+, women, secular, etc.). Another 16-year-old female participant expressed that, "when you are young, you are experiencing your desires, who you like. If, I don't know, you like women, but not men, then you are usually afraid that [adults and peers] might not understand that. They say, 'No, because you can't be like that, because you are a woman, and you have to like men.'" This sentiment also extended to participants who had partners whose identities (or aspects of their identities) do not conform to traditional Venezuelan social norms. One 19-year-old female youth with a transmasculine partner noted how being in a relationship has exposed her to the discrimination her partner faces both now and prior as female-presenting lesbian:

> "That's what I mean by misinformation here, I don't know if it's in other places, but I know that, here talking to so many people, even talking to [transmasculine partner], he always tells me, 'I've always been judged because before I was trans, I was super mega lesbian and my mom told me a lot of things that weren't right.' So talking like that with him and with many other teenagers, I realized that misinformation is big. And for me,

> even though my parents talked to me, it's never all-encompassing, because they always talked to me about heterosexuality, but they don't talk to you beyond that…about who gay community is, how they take care of themselves, for example. Well I mean, in this case they never gave me that class, they never explained all that to me …even though they are human beings just like everybody else…So I may have information of something general, but there is more specific information." *(19-year-old female participant)*

Youth also described the importance of spaces or activities that foster the exploration and development of multiple aspects of their identity. They emphasized the need for a space where they could experiment with different expressions of their identity and learn from others who had similar experiences. One 19-year-old female youth described her involvement in the country's sexual and reproductive rights movement as one of the only safe, communal experiences she had to fully express herself:

> "Well, the time I went to the march here in Venezuela was this year and there I saw freedom... I am proud to feel that way and- I am going to cry!- to see that freedom of the people. I love seeing that, I feel like...it's liberating. It's like taking a thousand pounds off your shoulders." *(19-year-old female participant)*

A majority of participants also identified youth, sexual identity, and gender expression as aspects they would like to explore. Five participants cited a lack of mutual respect (particularly from adults) as a source of oppression and restriction. According to a 16-year-old female participant, youth struggles and experiences are not given validity by adults and authority figures:

> "Well, for me to be that child, youth or young person in Venezuela, and in the community, well, it is something very complicated. Clearly, they have totally different responsibilities, but they are no less important one from the others. Yes, it is easier to be a child, but ...in youth, there are changes that you have to face. There are problems with your family, problems with yourself, with your identity, with who you are. And you are discovering yourself." *(16-year-old female participant)*

The participant went on to connect this lack of validation to the low prioritization Venezuelan society has placed on created safe spaces that are available youth in the country.

Theme 2: Shame and judgement as a result of sexual and non-sexual self-expression

Shame and judgment were cited as significant barriers to sexual self-expression among many youth participants. A majority of participants described how prevailing cultural and religious values of the country, along with social norms and expectations, create an environment that stigmatizes those who engage in sexual behaviors, particularly if those behaviors are outside of the traditional norms.

Of the youth who cited shame and judgement as significant barriers to sexual self-expression, all named either experiencing or witnessing instances of shame and judgment as a result of three main factors: 1) strict traditional gender roles, 2) anti-LGBTQIA+ sentiments, 3) general societal expectations of youth (from peers, family members, authority figures, other community members, etc.). A majority of participants connected the repression to feelings of guilt and isolation. Furthermore, three participants connected the fear of being judged or ostracized to repression of their sexuality/sexual preferences, leading to further emotional distress.

Subtheme 2.1: strict traditional gender roles as a source of shame and judgement

Six participants cited strict traditional gender roles as a source of shame and judgement (particularly from adults and other authority figures). Of the participants who cited strict traditional gender roles as a source of shame and judgement, a majority discussed how they are expected to conform to strict gender norms that dictate what behaviors, activities, and interests are 'appropriate' for their gender (as assigned at birth). One male-identifying participants discussed how men are expected to be "strong", independent, and "tough", while girls are expected to be nurturing, submissive, and compliant in Venezuelan society:

> "And that comes from a young age, from when dad tells you maybe, "don't play with that stroller because it's for boys" or mom tells you maybe, "sit like a lady, don't put your legs this way or that way." *(17-year-old male participant)*

Similarly, a female participant noted how she felt Venezuela's strict gender norms limited her opportunities and experiences as a young child:

> "You grow up with those little things. But then growing up you realize that the color pink is not for girls or blue for boys, but that they are colors and that adults give them the context. And just like that, they also tell you, you can't dance because you're a boy, you can't play soccer because you're a girl, but why?" *(16-year-old female participant)*

Similarly, three participants discussed the immense pressure to conform to these traditional gender roles, stating that it is especially challenging for young people who do not fit into these narrow categories. Many participants noted that those who deviate from traditional gender roles are often subject to shame and judgement from their peers, family members, and community, leading to issues such as low self-esteem, social isolation, and even mental health problems. One 16-year-old female participant noted that she has witnessed social repercussions for her peers who deviate from the aforementioned gender roles:

> "I have a case of a friend, he's a very close friend of mine, and he loves the arts, he draws super cute, he makes balloon arrangements, you know? Something that in this city a man shouldn't do, nor should he like it. Because you are taught that a man has to be masculine, with testosterone, play soccer, play sports, be a heartthrob, and he is not that kind of guy. And here, I remember that I remember that many people accused him of being gay, of being homosexual and so on. He said 'but, I have nothing to do with that, these are simply the things I like, and I do them because they fulfill me, because I like them, because I love doing them, but that does not mean anything in my sexual orientation, that does not influence my sexual orientation.' he told me. And I told him, I don't understand why people here say that. But I imagine that it is because of the same condition, that they are old-fashioned people, as they say. And I feel that here, more than in other places in Venezuela, there is a lack of awareness." *(16-year-old female participant)*

Additionally, a few participants, such as one female youth, also described feeling like Venezuela's strict gender norms limits their personal growth and development while also hindering their future mindsets as adults:

> "I found a group I follow discussing the topic of the colors for the genders, if you are a woman you have to wear pink, and if you are a man blue, but they are babies, so the

colors are supposed to be genderless. So, I wanted to represent that since we are very young, very small, since we are babies, they already want to tell us if you are a woman, you have to be pink, you are a man blue, as I said. And so on-until we grow up." *(16-year-old female participant)*

Furthermore, one participant noted that specifically adult women are major enforcers of both strict gender norms and shame as a result of sexual activity:

> "Well, the woman herself is a wonderful person, she is a person who gives life and well, even the women themselves among us criticize, for example, in my community several teenagers have gotten pregnant and they have been treated badly, "You should have taken care of yourself" or "Stop being so rowdy" and one understands that it is the hormones, too, that incite that, but the same women, even older or 30 year old women say, "You should have taken care of yourself", "That was because you are a troublemaker" and they do not think that one would not say: "No, I'm going to get pregnant", one doesn't think that." ." *(16-year-old female participant)*

One 19-year-old female participant highlighted the negative impact of these strict gender roles on sexually active young people's self-esteem and sense of identity:

> "By reproach I mean to be reproached for having an active sexuality. Or already in itself, if you know a lot about that topic, it has happened to me and to other people, that if you know a lot, they reproach you for that. Because it's like, "Why are you finding out about it? What do you want to do? It seems weird to me that you want to find out so much about it." (*19-year-old female participant)*

Many participants also discussed how gender roles are reinforced through socialization processes that begin at home and continue in schools and wider society. One female participant described the desire to eliminate the strict gender roles, particularly in home settings, in order to achieve equality:

> "Well, right, because we will be a new generation. We are supposed to be trained in colors that have no gender. Second, the occupations, the help at home is also genderless and everyone has to contribute, help, and everyone can use whatever they want in terms of clothes, colors, etc. So it is mostly equality in education, equality in education more than anything else. So…that we all know that we are all equal and we should share, share chores, share colors, share occupations or is that all I think that is it, education." *(18-year-old female participant)*

Seven participants expressed how it is important to address and challenge these strict gender roles in Venezuela and to promote comprehensive sex education for all young people. A majority of those participants described specifically providing accurate and inclusive information about sexuality and relationships, promoting a culture of respect and acceptance for all individuals, and improving trust with adults and authority figures.

Subtheme 2.2: Anti-LGBTQIA+ sentiments as a source of shame and judgement

Participants discussed prevalent anti-LGBTQIA+ sentiments in Venezuela and how they can contribute to feelings of shame and judgement among youth through labeling members of the community as deviant and immoral, resulting in marginalization and stigmatization of this community. Four participants discussed witnessing Anti-LGBTQIA+ sentiments as a source of shame and judgement for their peers. One participant recounted how she had also seen discrimination against the LGBQIA+ community during a rally and in the media:

> "I imagine that in Mexico, being a country where there have been several campaigns and things like that, there might be more awareness. In Venezuela, on the other hand, it is very difficult for you to see, I don't know, a campaign about sexuality and support for the LGBT community. Although, in fact, recently…was the march of this community, and yet, I saw it on the networks, they received a lot of criticism. And I, in fact I saw people

> stood around them and shouted offensive things at them. It is a matter of this people, in a certain ignorant way, who think that if you dress in a certain way you have a preference for a person you like. Regardless of their gender, their sex, their sexual orientation, it does not change who you are as a person. So I think it can, although it's going to be very uphill." (." *(16-year-old female participant)*

A majority of participants connected traditional gender roles dictating that individuals should conform to strict gender norms and expectations to discrimination and stigma against those who do not conform, particularly LGBTQIA+ individuals who may be perceived as violating gender norms. A majority of participants also discussed how LGBTQIA+ youth who are open about their sexual orientation or gender identity may face harassment, bullying, or even violence, both in their communities and in schools. One female youth specifically discussed the inability to be open about their sexual orientation or gender identity without facing harassment, bullying, or even violence, both in their communities and in schools:

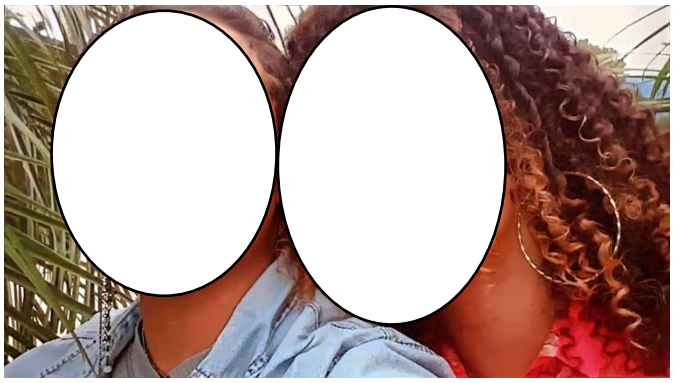
> "Those photos are for those young people who still exist here and who feel, feel they can't share their sexuality with others because they feel they're going to be judged and mocked." *(18-year-old female participant)*

> "I remember when I was a little girl, I used to see men, as I said, dressed as women, and I would ask my mother why they dressed as women and she would tell me that it was bad, that it was not of God. That was her answer." *(16-year-old female participant)*

Many participants were eager to address issues of discrimination, claiming it is essential to challenge and dismantle the traditional gender roles and attitudes that contribute to

discrimination against LGBTQIA+ individuals in Venezuela. At least two participants were active members in organizations or fields of study relating to SRH access and/or inclusivity of diverse sexual orientations and gender identities. One female participant discussed the need to increase accessibility to LGBTQIA+ SRH information:

> "And that's what I wanted to express. It [homosexuality] is good, that this also exists, that there are also heterosexual couples with a trans person, that not everything is always cisgender. And how when it is cisgender, then there is more open information, and when there is a trans person, how it is talked about in a different way and that, that people have the right to be part of it, obviously they are part of it, but sometimes the world doesn't show it to me or doesn't show it. I wanted to express that." *(19-year-old female participant)*



**[Identifiable Images Redacted]*

Participants also identified strategies for supporting LGBTQIA+ individuals including advocating for legal protections and rights and educating communities about the importance of creating safe and supportive environments for all youth, regardless of their sexual orientation or gender identity.

Subtheme 2.3: General strict societal expectations of youth as a source of shame and judgement

When asked about the state of SRH resources in Venezuela, all participants expressed a need for more support within SRH resources including mental health and community-based initiatives that promote overall youth safety and well-being. A majority of participants emphasized the

powerful impact increased support in these areas would have on their personal growth, self-expression, and overall emotional well-being.

A majority of participants described feeling unsupported by the adults and the wider community. Similarly, many participants felt that the authorities or adults in their lives were unable or unwilling to provide protection and support and instead often criticized or reprimanded them. Furthermore, a minority of participants noted the need and desire to become self-reliant and not depend on adults or authority figures for SRH information in order to be truly knowledgeable and prepared for sexual encounters. An 18-year-old participant discussed how feelings of shame and judgement resulted in a level of anxiety that caused self-doubt, making her life more difficult:

> "Well, when we are self-conscious, everything is much more difficult, much more difficult to establish that role in society, in the world. The important thing is to generate that, that freedom, because I feel free, I feel free in affection and free as I am, I feel free to decide things for myself." *(18-year-old female participant)*

Each participant noted discrepancies and misalignment with the ethics and priorities of larger societal institutions in Venezuela such as religion and education. Citing mainly generational differences, participants described feeling disconnected from values and ethos of larger Venezuelan society. As one female participant stated:

> "Well, where I live I am surrounded by very old people, so most, if not all of them, have a backward mentality. So many young people I know prefer, I don't know, to look for information elsewhere, that is, anything but focus on these older people, because they are people who scold a lot, reproach. So, there is this fear that invades that feeling of uneasiness because you know that if, I don't know, you ask something, they may think badly of you, or they may even insult you." *(19-year-old female participant)*

Religion and other conservative Catholic socio-cultural values were cited as one of the main sources of the stigma surrounding more robust SRH education in older generations, particularly in school settings:

> “In the school where I studied, they have a very good education, a very good student plan, it is a very demanding school, but these issues, talking about SRH, I never saw it. I never have a basis that I can say that I learned it from school, no. I never have a basis that I can say that I learned it from school.” *(16-year-old female participant)*

> “Because, for example, I am in a Catholic school where talking about sexuality was a sin, "oh, they are encouraging young people to have sexual relations" when it is the opposite, you know? It’s like "look, protect yourself, you have the right to this, you can do this, being careful with this", you know?” *(16-year-old female participant)*

Furthermore, participants discussed feeling reprimanded or chastised by adult members of their community for pursuing SRH information and education. A 16- year-old female participant discussed witnessing adults utilize shame to deter youth from pursuing SRH information:

> “And now, how do they talk in Venezuela about sex education, about sexual relations between young people? If I am honest, in my house, here in my house, my family is quote-unquote, or well, not quote-unquote, they are conservative. And that is also a taboo here. So much so that a certain part of me has been kind of adapting to that. And I feel ashamed, even talking to my siblings, because that's what my grandmother felt when talking about those things, right? She felt sorry to tell me “Look, this is how you put on a condom", "look like this, look at this contraceptive method, such and such.” *(16-year-old female participant)*

Across multiple cases, participants noted that the dynamics between authorities or adults and young people can be a significant barrier to self-expression and can lead to emotional distress and/or trauma. Participants described feeling a fear of judgment and rejection from authorities or adults, particularly in the context of expressing their sexuality or gender identity A 16-year-old participant highlighted the importance of trust in parent/child relationships:

> “Sure, because if they had that perspective, communication between the family would be a little better, so that the daughter or son could express themselves, like this: "I feel this way, why is this happening, and what can I do?” But now there is not much trust between parents.” *(16-year-old female participant)*

A majority of participants also noted feeling that generational differences were main contributors to an increased burden being placed on youth. Many youth described having perspectives on gender that were antithetical to the traditional values of older generations. As a result, two participants feel isolated and alone in their search for SRH information and resources:

> “I feel that right now our generation, or our youth, feels much more informed than adults.” *(16-year-old female participant)*
>
> “And I discovered that little by little, but through me. I would have liked to have had a mother, a grandmother, a father, a grandfather, to guide me to this point where I am. Because I learned all of this by hard work to tell you the truth. Researching here and there, researching on my own.” *(16-year-old female participant)*

Additionally, seven participants also described feeling isolated and disconnected in mainstream society, and expressed a need for a space where they could build relationships with others who understood their struggles and experiences without feeling oppressed by authority figures. A 19-year-old female participant discussed feeling stifled and stressed the importance of authority figures amplifying the voices of youth:

> "There are youth who wanted to raise their voice but in some other way they cannot because of fear...we are people who have also been affected by many things, we are full of worries, we are full of unanswered questions. So, in a way, we would like them [adults] to see that our problems are not less important just because we are children or youth, so they could really help us to approach these problems from a different point of view." *(19-year-old female participant)*

Many felt that their identities were not accepted or understood by the dominant culture and that they would face consequences for being their authentic selves. Many participants including one 19-year-old, also reported feeling of being dismissed or invalidated during interactions with adults or authority figures:

> “Well, there is always someone who wants to tell me something, but they are invalidating me a little bit...I go out and say my rights and respect me and respect that and I respect you a lot, etc. I always try to try to make people feel good, to make you, an adult, aware of how things are different from how you were taught. I think it doesn't make you less of

> an adult or less of a man or less of a woman to respect that someone feels different than the way you feel." *(19-year-old female participant)*

Furthermore, participants additionally provided justification as to why strengthened relationships with adults is crucial in ensuring youth feel safe. Two participants suggested that improving youth' relationships with authority figurers is an integral part creating safe environments for sexual self-expression:

> "I feel that this trust should be established between adults and teenagers. That is why I like the activities in which I participated as a volunteer, because there are many teenagers who serve to explain things to adults in any area, and to other teenagers, and you can see that adults are not always the ones who are right, and that adults are not always the ones who influence knowledge. Sometimes we help adults to know things." *(16-year-old female participant)*

> "Maybe a person has a lot of trust with their guardian and can ask them things that someone else doesn't because of embarrassment or fear of being judged or being told something negative. And this is what influences and causes the youth to make many mistakes, or to be manipulated, or to be abused in any way. So, I feel that this is something we can change, giving more talks to adults." *(16-year-old female participant)*

Participants provided insights into the ways in which social norms and values in Venezuela are resulting in young people experiencing alienation or marginalization by the dominant culture. Participants ultimately illuminated a novel dimension of the complex relationship between cultural norms, values, and social change, particularly in the context of Venezuela's rapidly changing political and cultural environment.

Theme 3: Current socio-political state does not allow for conditions that sufficiently meet the basic and SRH needs of youth

Some participants attributed barriers youth face to accessing SRH information and resources to the general precarity caused by the tumultuous socio-political climate. One participant noted these challenges were exacerbated due to relocation:

> "I come from the State of Oriente, but now I am living in Caracas because the situation where I used to live is very difficult. My mother couldn't get a job and then my parents

> separated, they divorced, so there were a lot of problems and we had to come here. So we have been here for two years now and the truth is that I have not seen these kinds of issues before." *(16-year-old female participant)*

Furthermore, a majority of youth highlighted how precarious and uncertain their day-to-day life felt. As one 17-year-old male youth who created a self-portrait said, "To be young in Venezuela I think is to live in fear and uncertainty."

These participants, including an 18-year-old female discussed general barriers of living in a CHE such as poor transportation, financial burdens, and unreliable internet access as further barriers to SRH education and resources:

> "Take [resources to] adult and youth in low-income places, such as neighborhoods where low-income children cannot have this information, because they do not even have enough to eat, and the parents do not want to be responsible for that as well." *(18-year-old female participant)*

Experiences described by youth depicted unsafe environments and communities where participants felt both physically and emotionally unable to express, learn, and ideate around SRH. A female participant discussed her lack of trust in her community due to taboos surrounding SRH topics:

> "It's not a safe space-like the community-to learn because of that (stigma)...I feel that we should all feel safe with something that is normal, that is, with something that has nothing wrong with it." *(16-year-old female participant)*

According to a majority of participants, this uncertainty extended to support for SRH resources as several youth highlighted the environment created by a CHE as not supportive. Many participants highlighted how the perception of safety and instability in a community affects young people's access to and utilization of SRH resources, such as programmatic interventions, clinics, education, and contraception.

Additionally, youth also discussed the need for an increase in the number of SRH resources to be created and made more accessible for youth experiencing this humanitarian crisis. Participants, such as one 16- year-old youth, highlighted that SRH initiatives are often non-existent or executed poorly, leading to a lack of resources and limited accessibility:

> "They didn't really go into what sexuality really means for young people, that is, it was something very superficial. what they always give you: menstruation, contraceptive methods and the most common ones, condoms, pills, copper T and those little things like that, well, the basics." *(16-year-old female participant)*

According to participants, the aforementioned stigma also resulted in a decrease of the quality and effectiveness of existing SRH programs. Many participants stated that the taboo surrounding sexual and reproductive topics (particularly gender identity and expression) in combination with the effects of the CHE prevented them and their peers from pursuing information or meaningfully engaging in programs that attempted to deliver it to them. A 16-year-old female participant discussed how schools perpetuated insufficient sexual education as well as general censorship of the topic:

> "As you grow up, in schools there are also sometimes spaces to talk [about SRH], but they talk with filters, so to speak, and they don't talk to you in an explicit way so that you can understand how things are in real life. It's one thing for you to explain to me how I'm

> supposed to take care of myself sexually, but you don't tell me why I have to do it, why it's important, why I have to understand to do it, why I have to go through with it. You just listen until you go through it and you don't understand what you are supposed to do." *(16-year-old female participant)*

Of participants who called for more robust SRH education and information access, almost all participants expressed the need to include mental health information and resources. As one 16-year-old female participant stated:

> "In terms of the education, [it is important that they are] expressing that young people should not only study, they also have to take care of themselves mentally and not everything is "you only have one goal in your life and that is to study and be well", but one has to take care of oneself mentally." *(16-year-old female participant)*

Additionally, a majority of participants also noted that the novel and diverse challenges of the CHE create a lack of both literal and mental bandwidth, increasing the difficulty in not only the creation of adequate SRH resources but in their uptake as well. Another youth discussed how mental health services would have benefitted her during a period when she was struggling with her mental health:

> "I went through a time when I was kind of in a bad mood, in a bad mood, sadness, and it was every day like that. When I was 13, you could find me upset. At one point I would even scream. Also sad, in my bed doing nothing thinking about many things and happy. It's a moment when you can have several emotions in the same, in the same body. I mean, not all the time you are going to be happy because there are times when things happen that are not to your liking or you can get angry or sad or happy because of the situation, or simply not happy because of the sad situation that is happening." *(14-year-old female participant)*

Many participants discussed the negative impacts the general CHE has on their community's ability to produce effective, quality SRH information and resources.

Theme 4: Youth had a specific vision of the future, which includes tailored SRH education/resources for youth

Across all interviews, youth reported self-generated solutions almost exclusively unprompted. Participants not only had a specific vision for points of improvement to SRH education and resources but had similar visions for that future as well. Participants' vision included:1) creating

safe virtual and in-person spaces (particularly in the home), 2) de-stigmatizing SRH topics (particularly around LGBTQIA+ issues), and 3) increasing the visibility of SRH topics.

A majority of participants who highlighted the need for an increased number of safe spaces also cited the desire for SRH training for adults in their communities, particularly amongst older family members (parents, grandparents, aunts/uncles, etc.), as a means to ensure the home is a youth sexual and reproductive-friendly safe space. One 16-year-old female participant states education is crucial in combating misinformation, one of the main barriers to family members serving as effective SRH support systems for youth:

> "I refer to misinformation...it comes from home first and then the media. It depends a lot on where you are emotionally, because sometimes adults use words that are a little, I don't know, zero percent designed to be said to a child. So it is possible to misinterpret situations or they misinterpret what you are trying to explain." *(16-year-old female participant)*

Furthermore, a majority of participants also reported a need to include parents, teachers, and other adults/authority figures in youth-specific SRH education so as to both 1) increase the number of SRH-friendly safe spaces as well as 2) strengthen a pivotal potential channel of SRH information to youth. As one two female youth stated:

> "Since I started puberty, my mother was already talking to me about the topics in a way that would not traumatize me or create a dangerous curiosity. According to my age, she was already talking to me about sexuality…Yes, in my family they are quite open about it and [because of that] I don't to allow other people to impose something on me or not accept my opinions." *(18-year-old female participant)*

> "So what I say primarily is that education must always start at home. Break those taboos more than anything else with the guardians, with the parents…even though there is an adolescent education, like this one, there should also be many workshops for adults in areas with low resources, high society, in many places, because I really don't... I really feel that having money or not does not influence this so much." *(16-year-old female participant)*

Moreover, almost all participants reiterated the importance of normalizing SRH topics, particularly in spaces that have traditionally not been effective champions of SRH education

(churches, sports clubs, etc.). As one 19-year-old female participant discussed, increasing visibility will contribute to the de-stigmatization of many currently taboo SRH topics:

> "Regarding sexual and reproductive rights, I think it is important to continue making them visible, because by making them visible we can achieve many changes, and changes are the things that transform the world and are the things that will make us reach what we want to reach, which is to be more respectable, more valued, etcetera*." (19-year-old female participant)*

Additionally, all participants stated that the current state of SRH information for youth is extremely sparse. Four individuals reported that the SRH education they received in school pertained mainly to STIs, menstruation, and pregnancy. Across many interviews, participants called for a more robust definition of SRH when designing resources so as to include issues of mental health, intimate partner violence, pleasure, and more. Two 16-year-old participants specifically suggested SRH topics to be included in future SRH education courses:

> "Focus on the youth population and giving talks to youths about their lives, not so much on the issue because sexuality does not only include your body or sexual relations, penetration, and those things, but also issues such as love." *(16-year-old female participant)*

> "They always tried to give these talks about contraceptive methods, sexually transmitted diseases, gender, those things, but I don't know if it's because of religion or because of the school, they were never given, they were never willing to give that kind of complete education, and that's what I more or less saw." *(16-year-old female participant)*

Collectively, youth reported the need to remove existing barriers such as a lack of safe spaces and stigma surrounding SRH topics in order to allow the exploration of a wide variety of SRH topics including sexual expression, gender identity, sexual pleasure, intimate partner violence, and more. One 18-year-old participant stated that the ultimately, youth need to feel equal in order to be empowered to make autonomous SRH choices:

> "Everything in equality. We all need to know that we are all equal and we should share, share chores, share colors, share occupations, that is all I think that is it." *(18-year-old female participant)*

Discussion

The purpose of this study was to understand the nature of Venezuelan youth's relationship with SRH topics (i.e., sexuality and gender expression) in the context of the current complex humanitarian crisis, and from the perspective of individuals ages 10-19. Despite being a group that is heavily impacted by the effects of negative SRH outcomes, youth are often overlooked in literature as they require the use of additional precautions and specialized methodologies due to their status as a vulnerable population. This study aids in addressing a critical gap in the understanding of SRH information-seeking behaviors, perspectives, and experiences of youth, specifically those experiencing a complex humanitarian crisis. Consequently, understanding the additional negative impacts brought on by the complex humanitarian crisis on youth's perceptions of identity and gender expression is crucial in understanding how to design education and programs that effectively provide appropriate SRH support to youth in Venezuela. The overarching themes presented by participants when participants discussing experiences with SRH were 1) the need for safe spaces within and outside of the healthcare system to express their identities and sexuality, 2) participants' feelings of disconnection from institutions like school, health services, and authority figures within the family, 3) current socio-political state does not allow for conditions that sufficiently meet the basic and SRH needs of youth, and 4) despite the effects of a CHE on their life course, participants do have clear, actionable ideas for "more positive" and equitable futures free from stigma. Both positive and negative experiences with and gaps in SRH services identified by youth can be identified and addressed in current and

future best practices, recommendations, resources, programs, and services as the CHE progresses and future challenges continue to arise.

Safe Spaces

Participants described the need for an increase in safe spaces where youth can go to express and form their identities while accessing information and resources without fear of negative repercussions. According to UNFPA, "it is increasingly recognized as best practice to create and allocate specific safe spaces during humanitarian crises (UNFPA, 2016). Safe spaces "are formal or informal places where [adolescents] feel physically and emotionally safe. For [youth], safe spaces can be a haven in which to learn livelihood skills, socialize with friends to rebuild social networks, enjoy creative outlets such as art and dance, receive psychosocial counselling, obtain GBV response services and, over time, learn about their SRH and rights and where to find services. Such issues may include how to deal with GBV, HIV, pregnancy, early and forced marriage and other topics. Safe spaces can help [adolescents] cope with new realities" (UNFPA, 2016). Many participants highlighted how the CHE in Venezuela has created a climate in the country that contributes to a sense of instability and insecurity for many young people who may feel marginalized and unheard. Safe spaces were potential solutions participants discussed to address the needs of Venezuela's youth population experiencing the consequences of an emergency situation by providing elements that promote a feeling of safety in chronically violent or emergency situations such as " protective social ties, social control, and the sense of one's ability to avoid danger, the perceived danger of association with violence, being previously victimized, and the absence of social control (DaViera et al., 2020). Participants who highlighted the importance of safe spaces also discussed them as a potential solution to misinformation, stating that the spaces could serve as reliable sources of SRH information. However, participants

attributed the lack of safe spaces in the country is due to a combination of the restrictiveness of a CHE setting and the conservative norms surrounding SRH topics. Currently, there is "relatively scarce information available on the role, characteristics, and the potential impact of 'safe spaces'" in emergency settings (Bustamante Duarte et al., 2021). Continued research in the subject could support "more informed participatory and reflective processes and rigorous conversations on how to implement practices which properly explore the knowledge of these communities and their unique experiences." Although safe spaces could aid in mitigating some of the negative effects of the CHE on youth's physical, mental, and emotional health, further research is needed to understand the specific components of safe spaces that best support youth facing complex challenges. Many studies have highlighted the capacity of virtual safe spaces to successfully foster feelings of belonging in youth, particularly if they identify as a sexual minority (Lucero, 2017; Martinez et al., 2022). This is important to note as virtual safe spaces could be a potential strategy to addressing logistical barriers to service access during CHE.

Sexual Shame

This is one of the first studies to capture identity and development shifts in youth in a CHE environment, but also to capture the experience of shame within the context. Of the participants who discussed experiencing instances of shame, a majority reported feeling shame and judgment about their individual identities because they violated the social norms that were expected of them. Participants stated differing identities stemmed from three main areas: 1) identifying as part of the LGBTQIA+ community, 2) adhering to strict gender roles, and 3) feeling pressured by general societal expectations of how to act/ behave. Many young people attributed this misalignment to a cultural shift, a change in the societal expectations and norms in their generation, that differed greatly from the previous lives of their parents and grandparents. While

previous research has captured a CHE's generational impact on livelihood, (Lautze & Raven-Roberts, 2006) employment opportunities (Lautze & Raven-Roberts, 2006), and maternal and child epidemiological markers (Al Gasseer et al., 2004; Devlin, 2019; Gallo Marin et al., 2021), the finding of this study uniquely illuminates youth's socio-cultural perspectives on generational differences, and the changes in attitude around gender and identity. Furthermore, participants reported internalizing fear and shame when feeling like their identities were ostracized or marginalized. The current literature surrounding sexual and non-sexual shame in youth reflect participants' sentiments, stating that shame is an "affective reaction that follows public exposure of some deviation from accepted norms" (Cunningham et al., 2002). Although existing literature negates differences in reported shame between genders, when asked more general questions about their personality traits, research suggests that internalized shame has differential effects on male and female-identifying youth as women tend to report feeling more shame and guilt than men in specific situations or scenarios, including how they feel about their body or eating habits, potentially resulting in poor self-esteem and disordered eating. (Rodney et al., 2021); (Else-Quest et al., 2012). Furthermore, almost all participants noted that the CHE has also had a negative impact on their own mental health with at least two participants reporting depressive episodes. These perspectives concur with current perspectives such as the UN findings which state that attribute conflict to increased lifetime rates of post-traumatic stress disorder, anxiety and depression in children (UNICEF, 2021a). This work suggests that further studies may need to be conducted to more clearly understand the multi-faceted effect of youth's shame around gender or identity expression in emergency settings.

Precarity and CHE

Participants also pointed to the general instability brought on by the CHE as a barrier to the creation and uptake of SRH services, resources, and education. The negative effects of the current political and economic climate of Venezuela caused participants to report feeling anxious in the face of a host of novel challenges. Many participants connected the circumstances with a lack of prioritization of SRH needs among both adults and larger Venezuelan society. The majority of participants stated that they felt this precarity undermined their ability to access SRH services and education largely due to their inability to sufficiently meet youth's unique SRH needs. The unique fusion of factors including political turmoil, food/energy insecurity, social unrest, violence, and migration/displacement has created an unstable environment that participants describe as having a negative influence on their relationship with SRH resources and information. Mainly, participants stated that the crisis did not leave any bandwidth in adults/authority figures for the successful creation and execution of appropriate SRH resources. Participants' sentiments aligned with Chandra-Mouli et al.'s (2015) review of evidence on interventions that proposes five main thematic areas that are preventing progress in youth SRH programming in low and middle-income countries: 1) significant numbers of adolescents are not adequately reached by the interventions intended for them, 2) interventions that have been shown to be ineffective continue to be implemented, 3) interventions that have been shown to be effective are delivered ineffectively, and 4) interventions have limited effects because they are delivered piecemeal, 5) interventions are delivered with inadequate dosage (i.e., they are of low intensity or for a short duration) resulting in limited or transient effects. Participants also associated poor mental health with a decrease in will, desire, and ability to pursue and advocate for more robust SRH tools and information. Of participants who discussed mental health, all communicated the need to both strengthen mental health services and include mental health

education in all SRH training. While there is a robust literature on the dangerous effects emotional and psychological fatigue in emergency settings for first responders and providers (Jennings et al., 2019; Surya et al., 2017), further research is needed on effects of fatigue and burnout caused by CHEs on the psychological resilience of the youth who reside in these settings.

Future Vision

Across nearly all cases in this study, youth depicted a very clear vison for including an expansive range of topics within their SRH education. Topics raised by youth include mental health, emotional safety/security, trust, intimate partner violence, pleasure, and comprehensive LGBTQIA+ sexual education. Furthermore, participants called for secularized SRH education as religion was a perceived barrier to accessing effective resources. All youth discussed insufficiencies in the SRH education they had received up to this point. Taken as a whole, these findings suggest that youth in Venezuela are 1) dissatisfied with the sexual information and resources available to them, 2) not in alignment with the values and priorities of their society, and 3) combating mental, physical, and financial challenges because of the Complex Humanitarian Emergency. Although extensive literature on youth and adolescent friendly SRH education is available (Desrosiers, 2020) this study is one of the first to consider youth's perspectives on creating more robust sexual and reproductive education systems in an emergency setting (Desrosiers, 2020). While previous research has suggested that several approaches may be suitable for administering SRH resources education, the findings in this study highlight the important role of identity, participant buy-in, and self-efficacy when designing resources for to youth in emergency settings (Desrosiers, 2020). There have been studies in non-emergency settings that have highlighted the value of expanding SRH resources to include topics like

pleasure, consent, and mental health (deFur, 2012; Mark et al., 2021). For example, Cameron-Lewis and Allen (2013) analyzed the Health and Physical Education Curriculum in Aotearoa New Zealand, finding that the separation of sexual abuse prevention education and sexuality education did not allow youth to grapple with critical concepts of consent, negotiation, pleasure, danger, and ambivalence within sexually intimate and complex settings, restricting sexuality education's ability to "embrace a discourse of ethical erotics that includes space for the exploration of desire and pleasure; for it is not possible to discuss ethical erotics when one is not allowed to discuss ethics and erotics within the same conversation" (Cameron-Lewis & Allen, 2013). While the diversity of experiences and perspectives identified in this study demonstrates that tailoring is required for SRH solutions, particularly for youth in challenging settings, participants identified many common barriers among youth regarding sexual and reproductive health in low-resource settings in the broader literature (Catalano et al., 2019; Gavin et al., 2010; Hurtig et al., 2022.). Specifically, Kirby's '17 common characteristics of successful curricula' based on a global review of 83 evaluations of sex and HIV education programs for youth is a useful, evidence-based tool to determine what effective sexuality education programs should include (Casale & Hanass-Hancock, 2011). Further research may be needed to adapt criteria for strong comprehensive sexuality education to emergency settings.

Strengths and Limitations

The present study has several limitations that should be taken into consideration when interpreting its findings. Given the combination of population vulnerability, legally restrictive contexts, and a complex humanitarian emergency, there were many challenges that arose during data collection. Firstly, as social media recruitment was one of the primary methods of recruiting participants, this may have impacted the diversity and representation in age groups of the study.

This limitation is compounded by the challenges of meaningfully and objectively engaging youth in research studies, which may have affected the data collected. Secondly, the study explored topics related to SRH in a legally restrictive and conservative setting. This context may have limited the scope and depth of the information that participants were willing to provide, which in turn may have impacted the accuracy of the study's findings. Due to legal restrictions on virtual contact with individuals under the age of 14, it was difficult to enroll participants ages 13 and younger due to parental consent. Thirdly, the study encountered difficulties in recruiting participants due to stigma around SRH, particularly among boys. This limitation may have resulted in an unbalanced sample that is not representative of the broader population and may have limited the study's ability to provide a comprehensive understanding of the topic under investigation. Finally, the study faced many logistical challenges due to the rainy season and lack of resources in the research setting. These challenges resulted in the elimination of a focus group discussion from the Photovoice cycle, an arguably integral component to the technique's success. While the present study provides important insights into the perceptions of gender and identity among Venezuelan youth aged 10-19 to youth in a legally restrictive and conservative setting, its findings should be interpreted with caution due to the limitations outlined above. Future studies should aim to address these limitations and build upon the insights provided by this study to advance knowledge and understanding in this important area.

The study also had a variety of strengths that reinforced both its data quality and equity. Firstly, utilization of the Photovoice methodology allowed the team to engage young people in the research process, encourage critical thinking, and generate rich and diverse data. Photovoice allows youth to express themselves in a creative and visual way, which can be especially beneficial for those who may not be comfortable expressing themselves through traditional forms

of communication, such as writing or speaking. By taking photos and reflecting on their meaning, participants explored and articulated their experiences, emotions, and perspectives in a way that was meaningful and accessible to them. The methodology allowed the team to engage ten youth and gain a deeper understanding of the social, cultural, and political factors that shape the lives of young people, as well as the strengths and resources that they draw on to navigate challenges and overcome adversity the face. Additionally, this study benefited greatly from a strong team that understood the setting intimately and were familiar with youth engagement and empowerment techniques. Study team members were culturally and linguistically fluent, creating the most ideal environment for participants to express their potentially private sentiments comfortably.

Chapter 5: Recommendations, Public Health Implications, and Conclusions

Recommendations

Due to the precarity of the current Venezuelan government, systemic or institutional reform should not be considered as feasible or immediate solutions. Instead, funding should be directed to utilize existing cultural knowledge and empower community leaders to employ a grassroots approach of training networks of CHWs who are well equipped to deliver youth appropriate SRH education. Networks would be responsible for facilitating conversations across demographics in the community (i.e. between youth, parents, teachers, religious leaders, etc.) and host SRH workshops/educational sessions. Additionally, local governments and private sources should allocate more resources and advocate to increase funding for free or subsidized programs for youth to meaningfully engage with a wide variety of robust SRH topics in a safe space. Finally, pathways of communication and collaboration should be increased between schools and local

youth SRH organizations with the goal of standardizing and improving the quality of current SRH education curriculums.

Public Health Implications

The purpose of this study was to use Photovoice to examine and document perceptions of identity, gender, and SRH among Venezuelan Youth aged 10-19. Findings from this study provide rarely documented insights from youth experiencing a CHE regarding barriers and catalysts to identity formation, gender expression, and SRH access. Data regarding reduced access to information and contraception, increased sexual violence, higher teen pregnancy rates, and resource challenges documented by SRH research conducted during this and other CHEs suggest that while the interactions between its negative effects and youth's perspectives on gender and identity are not unique to the crisis in Venezuela, the CHE in conjunction with conservative social norms has greatly complicated issues of identity, gender, reproductive health, and sexuality among youth, resulting in frustration and poorer SRH confidence (UNFPA Venezuela, 2021; UNICEF, 2021b).

Firstly, the study demonstrates youth's willingness and ability to provide insightful and transparent feedback regarding their experiences with a wide range of SRH topics. These findings have important public health implications for the development of SRH education and programs in complex humanitarian emergency settings as it emphasizes the need to create safe spaces for youth to discuss SRH issues. This can be achieved by providing confidential and youth-friendly services that are both accessible and affordable. Additionally, findings highlight the importance of tailoring SRH education and programs to the specific needs of youth in complex humanitarian emergency settings. This can be achieved by involving young people in the design and implementation of SRH programs and by providing information that is culturally

and linguistically appropriate and responsive to youth desires. Youth underscores the need for a comprehensive approach to SRH education and programs in complex humanitarian emergency settings. This includes addressing the social determinants of health, such as poverty, gender inequality, and conflict, that may affect young people's access to SRH services. Additionally, findings from this study suggest that current and future SRH resources cannot be limited to sexual information and must consider gender and other psychosocial aspects to be appropriate to youth. By broadening the focus of SRH resources beyond sexual information and contraception options, public health interventions can better meet the diverse needs and experiences of youth, and ultimately contribute to improved sexual health outcomes. SRH resources and information that considers gender and other psychosocial aspects are critical in promoting healthy sexual behaviors and preventing negative outcomes, such as unintended pregnancies and sexually transmitted infections. Public health interventions that fail to consider the gendered nature of sexual health would undermine SRH prevention strategy efforts and may fail to effectively address the sexual health needs of youth. Moreover, SRH and resource access remains a priority for youth and thus must remain a priority for those supporting countries in complex humanitarian emergencies. Public health interventions must consider the unique challenges and needs of youth in complex humanitarian emergencies, such as lack of privacy, mobility, and security concerns. Additionally, public health interventions must engage with local communities and organizations to ensure that SRH resources are both culturally appropriate and youth friendly. The implications of health behaviors in such settings must be given serious consideration as CHEs continue to arise and SRH needs expand. Ultimately, youth involvement in designing resources is an extremely productive avenue of rebuilding SRH education in areas where it has

been reduced. Findings from this study will inform youth engagement strategies for youth in conflict and emergency contexts.

Conclusion

The findings of this study reveal important insights into the experiences and needs of youth in relation to their identities, sexuality, and access to healthcare. The participants highlighted the importance of safe spaces both within and outside of the healthcare system to express themselves freely and without judgment. The study also revealed that participants often feel disconnected from institutional structures such as school, health services, and authority figures within the family. Additionally, the current socio-political state does not allow for conditions that sufficiently meet the basic and sexual and reproductive health needs of youth. Despite these challenges, the participants were able to offer clear and actionable ideas for creating more positive and equitable futures, free from stigma. Overall, these findings highlight the need for greater attention and investment in the provision of safe and supportive environments for youth in CHEs. The findings from this study have implications for CHE response teams, SRH implementation and program designers, and international health organizations.

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Table 1. Characteristics of Participants (N=10)

ID	Age	Gender	Location	Occupation	Hobbies	Notes	Additional Photo
1	19	Female	Caracas, El Junquito	studying social communication	thesis student, modern languages	*recognizes the importance of young people being able to learn about sexuality* *does not place importance on having a fully active sex life to access SRH resources* *feels it is important to have access to holistic and robust SRH information* *clearly sees SRH access as a necessity and a right* *recognizes that adult centrism does not allow young people to learn their SRH rights* *has a reflective and artistic vision*	
2	19	Female	Caracas	first year in university	participates in performing arts (dancing)	*very aware of socio-political issues in Venezuela* *states that having a transmasculine partner has sensitized them to many of SRH issues* *uses art as an escape or as a space for expression* *spoke about social conditions needing to change in order for youth to the exercise their sexual and reproductive rights fully*	
3	18	Female	Caracas, Petare	high school graduate	starting university to study political science next year	*Discusses gender norms and the stifling nature of prominent gender norms in VE society* *states that openness from family is important to creating safe SRH spaces and improved education*	
4	17	Male	Caracas	student studying Administrative Assistance working at a restaurant	looking to study medicine in university	*very open in giving his opinion on various SRH and general social topics* *has critical views about other young people his age*	
5	16	Female	Valles del Tuy, Cúa edo Miranda.	high school student		*recognizes that young people are judged and criticized for learning and expressing themselves* *stated young people are forced to repress the way they dress and speak do what they really want* *reflected that her experience in the capital is not the same context as the place where she lives/has lived* *says that the sex education they are given is not comprehensive enough*	

6	16	Female	Maracaibo	financial high-school diploma (3rd year)		*fully aware of the different forms of violence that parents or caregivers often generate in childhood* *aware of GBV*	
7	16	Female	Caracas	university student		*sensitized to human rights issues through participation in organizations and health services on SRH issues*	
8	19	Female	Caracas, Palo Verde	first year in university,	studying education	*highly sensitive to LGBTI rights issues and the difference between sexual orientation, gender identity and expression*	
9	13	Male	Caracas, Los Dos Caminos	8th grade student	plays sports	*lives with his two parents and his younger sister* *very interested in sports* *discussed SRH topic through the lens of personal and academic development* *knowledgeable about SRH current issues*	
10	13	Female	Caracas, Barrio Bucaral (formerly in Sucre)	Second year, high school		*recognizes the difficulties that adolescents have to express themselves and meet safely* *mentioned how the police make interventions in homes (framed as something to watch out for or something that can easily happen)* *aware that she is taught very little about prevention and comprehensive sex education*	

Table 1. Characteristics of Sample (N=10)

	Frequency (n)	Proportion (%)
Age		
13	2	20%
16	3	30%
17	1	10%
18	1	10%
19	3	30%
Gender		
Male	2	20%
Female	8	80%
Location		
Caracas	8	80%
Maracaibo	1	10%
Valles del Tuy	1	10%

Appendix A. Vitala Global Recruitment Flyer