How to Improve the Sexual and Reproductive Health Literacy of Latina Immigrants in Durham, North Carolina

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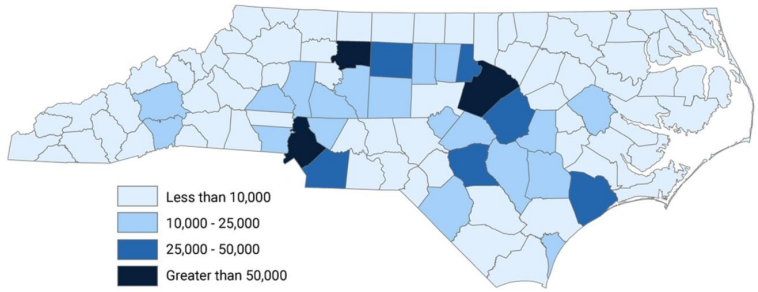
I. Introduction

According to the 2020 United States Census, the Latino population in North Carolina has grown by about 40% in the past decade, surpassing 1.1 million since 2010. Durham county's population is about 13.7% Latino, making it one of the state's largest Latino communities, with a population of about 45,000 (U.S. Census Bureau, 2021). In the Latino population, almost half of the individuals are immigrants. In North Carolina, Latino immigrants have faced "increasing disparities" in the past years, particularly in negative health outcomes (Baquero et al., 2014). And though there are many policies and community programming initiatives in Durham—such as El Centro Hispano and El Futuro—aimed at helping this community and increasing positive health outcomes, there are still many gaps that need to be addressed. Namely, the health issues that affect Latina immigrant women specifically. This group meets unique challenges due to the intersection of their race, sex, and migrant status, among a myriad of other reasons, such as economic and socio-cultural factors unique to the Latina immigrant community (Baquero et al., 2014). As such, Latina immigrants need more time and resources allocated to their specific needs so that this group can truly thrive.

Figure 1
Number of Hispanic/Latino Origin by County in 2019



Source: *North Carolina's Hispanic Community: 2020 Snapshot*. (2021). Carolina Demography.

One such issue that is especially worrying is the sexual and reproductive health (SRH) of Latina immigrants. This group faces a multitude of inequalities in this area, including access to SRH services and access to contraception (Fortuna et al., 2019; Ansari-Thomas, 2018), high

rates of HIV and other STIs (CDC, 2021), and unplanned pregnancies (Hernandez et al., 2020). One important factor influencing these negative SRH outcomes is the systemic barriers to receiving comprehensive sex education and accessing SRH services (Fortuna et al., 2019). As a consequence, Latina women in North Carolina, and especially immigrant women, have limited knowledge about seeking SRH services and misconceptions about fertility, birth control, and STI prevention (Mann et al., 2016; Guzzo & Hayford, 2012).

Through comprehensive SRH education, we may be able to not only increase knowledge about sexual and reproductive health but foster community and empowerment among this group of women. In addition to education, increasing positive SRH outcomes for Latina immigrants is important. In order to do so, these women must not only have access to tools—comprehensive SRH education— but understand how to use them, especially within their socio-cultural contexts. Sexual and reproductive health literacy includes having accurate knowledge about SRH and usage of this information in order to maintain positive SRH outcomes (Dongarwar & Salihu, 2019; Liu et al., 2020). Thus, this research seeks to answer the question: How can we improve the sexual and reproductive health literacy of Latina immigrants in Durham, North Carolina?

II. Background

A. Sexual and Reproductive Health

The World Health Organization defines sexual health as follows:

> …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. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

This operational definition is vital for the implementation of SRH policy and interventions, as it does not merely focus on the "absence of ill health" but instead offers a holistic approach to sexual health (WHO, 2017).

Reproductive health is defined by the World Health Organization as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." It similarly includes a number of wide-ranging concerns: conditions like endometriosis and polycystic ovary syndrome (PCOS), gynecologic cancers, cervical screenings, sexually transmitted infections (STIs), fertility, pregnancy and abortion, menstruation and menopause, contraception, reproductive coercion and sexual violence, and many others (CDC). The World Health Organization emphasizes the importance of the "linked nature" of sexual and reproductive health. Though they may have some differences, the two are "inherently intertwined" (WHO, 2017).

B. Health Literacy

The current clinical definition of health literacy is an "individual's capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Rikard et al., 2016). Health literacy thus tends to cover three broad concepts:

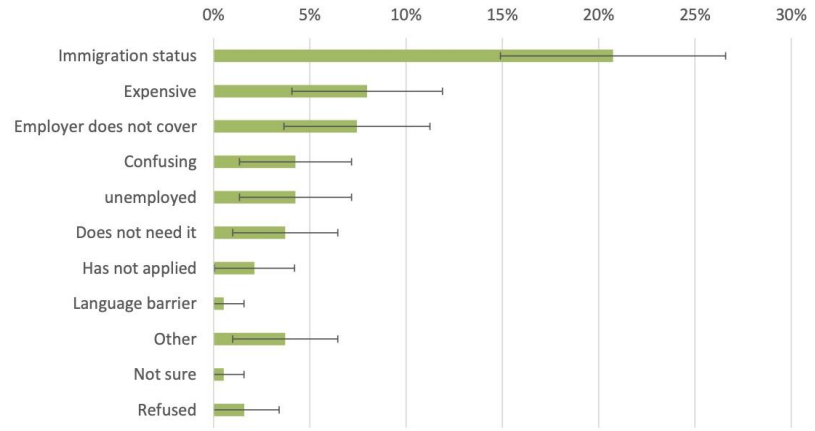
> (1) knowledge of health, healthcare, and health systems; (2) processing and using information in various formats in relation to health and healthcare; and (3) ability to maintain health through self-management and working in partnerships with health providers (Liu et al., 2020).

Researchers, however, suggest an alternative, more comprehensive definition of health literacy that focuses on health literacy as an asset and "directs attention to empowerment or social and environmental factors that enable individuals to have greater control over health" (Rikard et al., 2016).

C. Latina Immigrant Population in Durham County, North Carolina

Data from the American Community Survey (ACS) in 2020 shows that over 45,000 individuals identify as Hispanic or Latino. About 22,000 of these individuals are foreign-born (U.S. Census Bureau, 2021). Of foreign-born Latinos, about 43% are female, and most (94%) are over the age of 18 (U.S. Census Bureau, 2021). This means that there are almost 8,700 Latina immigrant adult women in Durham County (U.S. Census Bureau, 2021). Though it is difficult to get an accurate estimate of the undocumented population, the ACS estimates that around 76% of Latina immigrants are non-citizens[1] (U.S. Census Bureau, 2021). The vast majority of the Latino immigrant population in Durham hails from Mexico and Central America—particularly Honduras and El Salvador (U.S. Census Bureau, 2021). Over 50% of the Latino immigrant community over the age of 25 did not graduate from high school, 21% have a high school degree, and about 26% have some college, a Bachelor's, or a graduate degree (U.S. Census Bureau, 2021). The majority (66.8%) of immigrants from Latin America describe themselves as speaking English "less than 'very well'" (U.S. Census Bureau, 2021). The median earnings for Latina female immigrants from Latin America is $29,508 (U.S. Census Bureau, 2021). According to the 2019 Durham County

Figure 2
Reasons for Break in Insurance



Source: 2019 Durham County Community Health Assessment Survey

[1] The U.S. Census Bureau divides the foreign-born population into naturalized U.S. citizens and "non-citizens" which can range from "lawful permanent residents, temporary migrants, humanitarian migrants, and unauthorized migrants."

Community Health Assessment Survey, 46% of Latino residents of Durham County had a break in their health insurance coverage in the previous 12 months. Of those with a break in insurance coverage, immigration status was the most common barrier (Partnership for a Healthy Durham, 2019).

III. Methods and Justification

An action-oriented literature review was conducted to ascertain the issues most pressing to the Latina immigrant community both across the United States and in North Carolina. My approach is community-centered, orienting both my research and consequent policy recommendations in the Latina immigrant community. Often, research on marginalized groups can be condescending, out of touch, and, in fact, do more harm than good. As a Latina myself, and a child and grandchild of Latina immigrants, it is important to me that this not be the case. As such, I conducted my research with the specific goal of creating comprehensive SRH literacy programming *by* and *for* the Latina community. Priority was put on literature that discussed community-based interventions.

Additionally, I have chosen to focus on adult immigrant women, from ages 18 and up. Most research and policy on sex education are focused on adolescent women and schooling, leaving a gap in the literature as it pertains to young adult and adult women. This is why it is so important to target adult women in policy— they are often underrepresented in this type of research and policy-making. And though it is, of course, important to target young women early in life (the reason, I gather, why most research centers on them), it is imperative that adult women receive equal attention. It is never too late, psychology and biology tell us, to learn new things.

IV. Overview of Literature

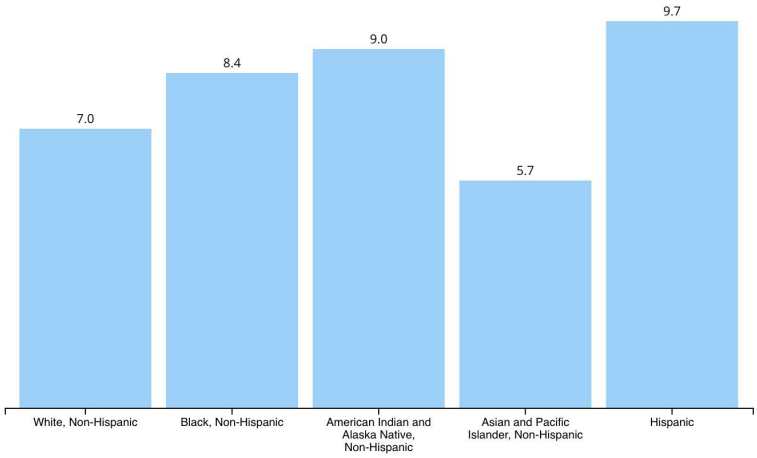
A. Sexual and Reproductive Health Challenges Faced by Latinas

Many studies have shown why it is important to study the sexual health of women of color. Researchers have found that gendered racism "may play an important role" in sexual and reproductive health disparities and subsequent outcomes (Rosenthal & Lobel, 2020). In the United States, Latinos are more likely than other groups to have low-quality health care (Calvo, 2016). Latinas specifically face a multitude of obstacles in seeking sexual and reproductive healthcare. There are existing barriers to accessing contraception, sex education, treatment of sexually transmitted infections, prenatal care, and interpersonal violence services (Fortuna et al., 2019).

Consequently, Latina women are disproportionately at risk for poor health outcomes (Mann et al., 2016). Rates of HIV are four times higher for Latinas than their white counterparts, and rates of other STIs such as chlamydia, gonorrhea, and syphilis are more than double those of white women (Mann et al., 2016; CDC, 2021). Even when accounting for socioeconomic status, levels of cervical cancer are higher for Latina women than for white women (Pratte et al., 2018). According to the CDC, Latina women have the highest rates of developing cervical cancer (**Figure 3)** and have among the highest cervical cancer mortality rates (2022).

Figure 3

Rate of New Cervical Cancer By Race and Ethnicity, Female



Note. Rate per 100,000 women. Source: *Cervical Cancer Statistics | CDC.* (2022).

Additionally, rates of cervical cancer screening are some of the lowest for Latinas compared to other ethnic groups and are 25-40% lower for foreign-born Latinas compared to those born in the United States (Paz & Massey, 2016; Mann et al., 2015). These outcomes are more pronounced for immigrant Latinas who are undocumented. A survey of immigrant women in the United States shows that, when asked about why they did not receive SRH care, almost half of the sample stated it was because of their immigration status (Ansari-Thomas, 2018).

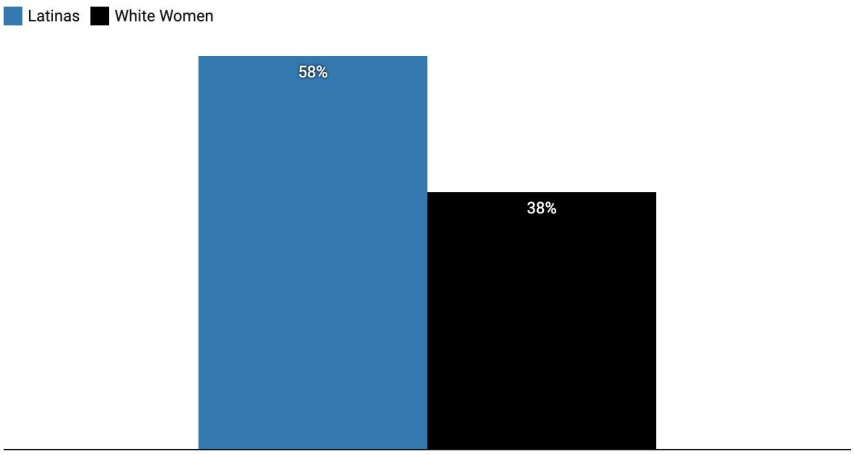
According to the Center for Women's Health Research at UNC, 60% of pregnant women in North Carolina who did not intend to be pregnant reported that they were not doing anything to prevent pregnancy (2022). For those who were trying to prevent pregnancy, the most common form of prevention was "withdrawal" (Center for Women's Health Research at UNC, 2022). This is made worse for women of color, who face systemic barriers to accessing contraception (Fortuna et al., 2019). Studies have shown that Latina women, when compared to white women, are more likely to choose condoms over other contraception methods that are more effective (Troutman et al., 2020). Latinas are also less likely to have access to family planning services compared to white women (Mann et al., 2016). According to Durham Public Health Latina women in Durham County have *significantly* higher rates of pregnancy and infant mortality than other races (Partnership for a Healthy Durham, 2020). More than half of pregnancies in Latinas are unintended (Hernandez et al., 2020), and their odds of having an unintended pregnancy are 71% higher than white women (Grace et al., 2020). Additionally, Latina women have the highest rates of alcohol use during the last 3 months of pregnancy (Center for Women's Health Research at UNC, 2022).

Moreover, rates of reproductive coercion are disproportionately high for Latina women (Grace et al., 2020). Latina immigrants are also at an increased risk for intimate partner violence

and sexual trauma, particularly those who are undocumented (Fortuna et al., 2019). One study of Latina immigrant women found that 30% had experienced sexual trauma (Fortuna et al., 2019). Women from Guatemala, Honduras, and El Salvador[2] were eight times more likely than other Latina immigrants to have experienced sexual trauma (Fortuna et al., 2019).

Dobbs v. Jackson Women's Health Organization, the 2022 Supreme Court case that overturned constitutional protection on abortion, provides another pressing reason that increasing SRH literacy is so important for women. As of December 2022, there is a 20-week gestational age ban on abortion in North Carolina under the North Carolina General Statutes (G.S. 14-45.1). After 20 weeks, the abortion is not unlawful if it is a medical emergency—defined as "involving a serious risk of the mother's death or substantial and irreversible physical impairment of a major bodily function" (G.S. 14-45.1; G.S 90-21.81). Except for the case of medical emergencies, women must also go through a 72-hour waiting period before an abortion, which includes state-mandated counseling (G.S 90-21-82). Research from UCLA reveals that the *Dobbs* case, and the abortion bans and restrictions resulting from it, will disproportionately affect Latinas (Flores Morales & Hernandez

Figure 4
Shares of Latina and White Women of Childbearing Age in the United States, 2019



Note: We define childbearing age as ages 18 to 44.
Source: American Community Survey, 5-year estimates, 2019 • Created with Datawrapper

[2]This is important to note because, as mentioned previously, the majority of Latina immigrants in Durham hail from Honduras, El Salvador, and Mexico.

Nierenberg, 2022). According to the American Community Survey, a larger share of Latinas is of childbearing age compared to white women (U.S. Census Bureau, 2021). UCLA researchers suggest promoting policy programs that provide accurate abortion information in multiple languages (Flores Morales & Hernandez Nierenberg, 2022).

B. Sexual and Reproductive Health Literacy

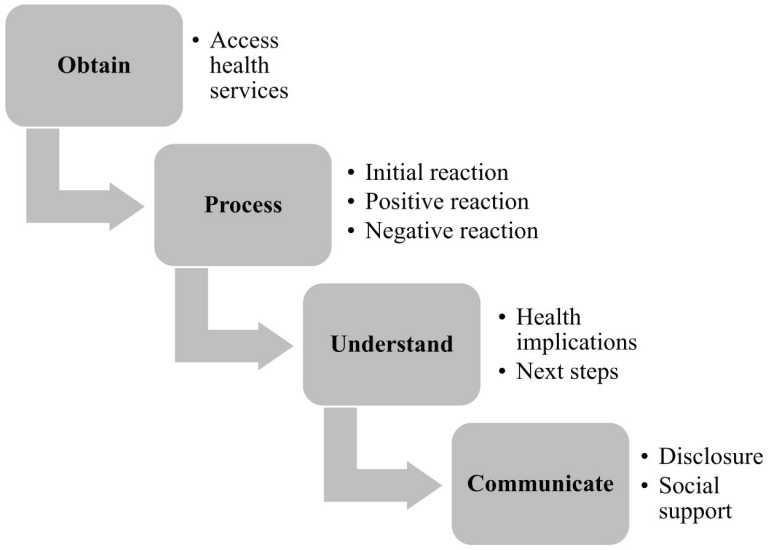
In a systematic literature search on the connection between health literacy and reproductive health, researchers found that health literacy was associated with reproductive health knowledge, prenatal vitamin use, and breastfeeding (Kilfoyle et al., 2016). Specifically, lower levels of health literacy were found to be associated with "less knowledge regarding the meaning, mechanism of action, and risks of oral contraception" (Kilfoyle et al., 2016). Additionally, women with low levels of health literacy were 4 times more likely to not know "when a woman could get pregnant during her menstrual cycle" (Kilfoyle et al., 2016).

In regards to Latina women specifically, those with low levels of health literacy were twice as likely to suffer from postpartum depression (Kilfoyle et al., 2016). One study found that immigrant Latinas have a "significantly higher" number of misconceptions about pregnancy risk than any other group (Guzzo & Hayford, 2012). Additionally, misconceptions about birth control are twice as high for Latina immigrants compared to white women, specifically that "birth control does not matter when it is 'your time' to get pregnant" (Guzzo & Hayford, 2012). When surveying Latina attitudes surrounding cervical cancer screening, researchers found that the women did not know the causes of cervical cancer and therefore did not feel the need to be screened unless they were experiencing symptoms (Paz & Massey, 2016). Latina women have also been found to have low levels of knowledge in regard to what pap test results mean, as well

as having high levels of anxiety or fear associated with pap tests (Vamos et al., 2018). Particularly among Latina immigrants, research has shown that it is important to learn of "the nature of HPV transmission, its role in the etiology of cervical cancer, and the importance of Pap smear screening in the absence of symptoms" (Mcmullin et al., 2005).

Researchers have similarly found that Latinas had limited health-related knowledge, including knowledge about SRH services, STDs, and pregnancy prevention (Mann et al., 2016). This is, again, especially true of immigrants: 28% of immigrant women stated that they did not seek care because they "did not know how" (Ansari-Thomas, 2018). Speaking English is also associated with higher health literacy levels, which is important in understanding the low levels of health literacy among Latina immigrants (Rikard et al., 2016). Socio-cultural context and beliefs, such as stigma, may also contribute to a lack of knowledge and access to services, such as avoidance of cervical screening (Metusela et al., 2017; Baquero et al., 2014). They are, for example, often embarrassed to discuss SRH care with others (Mann et al., 2016).

Figure 5
Health Literacy Framework



Source: Vamos, C. A., Lockhart, E., Vázquez-Otero, C., Thompson, E. L., Proctor, S., Wells, K. J., & Daley, E. M. (2018). Abnormal pap tests among women living in a Hispanic migrant farmworker community: A narrative of health literacy. *Journal of Health Psychology*, *23*(12), 1622–1634. https://doi.org/10.1177/1359105316664137

Lack of knowledge and attitudes about SRH—or "sexual literacy"—may impact unintended fertility and lead to high unintended birth rates

(Guzzo & Hayford, 2012). A community-based study in Raleigh, North Carolina revealed that there are many levels influencing the SRH disparities that Latinas face. For instance, many of these women did not believe that they had the power to make decisions about their own sexual and reproductive health (Baquero et al., 2014). SRH stigma, lack of communication with their partners, misogyny, and *machismo* were factors leading to this lack of power (Baquero et al., 2014).

C. Past Interventions and Programs

One study on sexual and reproductive health interventions for Latina women in North Carolina found components that would be important to possible policy interventions. These suggestions were developed by listening to the Latina community. First, such programs should be Latina-specific, meaning that the socio-cultural context of these women is taken into account; programs should be *taught by* and *for* the Latina community (Mann et al., 2016). Programming should also go beyond simple SRH knowledge and be feminist theory-oriented, such as discussing the "power dynamics of condom negotiation" and learning how to take control of sexuality (Mann et al., 2016). Interventions should also be face-to-face and flexible, account for childcare and transportation, have Latina facilitators fluent in Spanish, and incorporate multigenerational sessions with mothers and their daughters (Mann et al., 2016).

A past intervention done in women's prisons to promote cervical health literacy found additional evidence for the importance of rooting interventions in feminist theory and socio-cultural context. The intervention was "rooted in social and feminist theory" and emphasized "romantic and sexual partnerships, family, and community" as well as race, class, and gender differences in health outcomes (Ramaswamy et al., 2017). This intervention was shown to improve the cervical health literacy of the women in the prison. Additionally, because

of the critical role that misogyny and racism play in SRH inequalities, “interventions addressing gendered racism at multiple levels are needed to promote health equity” (Rosenthal & Lobel, 2020).

Another study describes the way low-income women seek health information and proceeds to provide suggestions for intervention. This is quite relevant as it has been established that a significant percentage of Latina immigrants in Durham County are low-income. Researchers found that low health literacy was correlated with “an inability to decipher quality online health information” (Zimmerman, 2018). The study also found that low health literacy scores are correlated with a lack of internet information seeking regarding reproductive health in low-income pregnant women (Zimmerman, 2018). As the internet is a huge source of information for people, and rates of Latinas using the internet are rising, interventions should include instruction on how to effectively find quality information, give out “usable online resources targeted toward groups with lower literacy levels,” teach searching strategies and familiarize women with available resources (Klein et al., 2017; Zimmerman, 2018). Studies show that there are many benefits to online sexual education programs. Among these benefits are greater efficiency in implementation, low costs, and higher user interactivity (Widman et al., 2018). Additionally, these programs may be able to reach Spanish-speaking individuals and increase convenience for individuals who may otherwise be unable to attend in-person programming (Klein et al., 2017). Technology-based STI prevention programs have also been shown to have similar efficacy to in-person programs (Widman et al., 2018).

Project SAFE, a group-level education program to promote sexual health and reduce the risk of STIs, has been studied in both an in-person and computer format, called C-SAFE (Klein et al., 2017). The original, face-to-face version had a curriculum that included various elements,

such as presentations, roleplays, discussions, and videos (Klein et al., 2017). This is an example of an evidence-based program that has been studied since around 1996 in both English and Spanish with Latina communities. However, the C-SAFE study, the online version of SAFE, which consisted of Latinas aged 19 to 34, was not as effective as the original SAFE program. Researchers believed that these results might have been influenced by the fact that the online program was a 2-hour long program, which may be less impactful than the multiple sessions of the in-person group intervention (Klein et al., 2017). It may, perhaps, be less impactful because it did not include the group element of the original program. A key component of effective sex education programs, according to the American College of Obstetricians and Gynecologists, is that they are centered in the community (2016). It is also important that socio-cultural context be taken into consideration in these programs, something that C-SAFE was lacking (Klein et al., 2017).

Further, researchers posit that health literacy "can be used to complement many fields" ranging from individual care to "community level development" to empowerment of women (Batterham et al., 2016). Others assert that social resources are vital in promoting higher literacy levels and as a consequence, promote interventions that focus on "connecting with one's community in ways that promote health literacy" (Rikard et al., 2016). The "expansion of social networks" and social interaction lead to higher levels of health literacy and can even prolong lifespans (Rikard et al., 2016). Most of the effective, evidence-based SRH education programs compiled by the CDC have group and community components, emphasizing how important this aspect is (CDC Promising Practices). The importance of community in education programs was addressed by the "Mi Cuerpo, Nuestra Responsabilidad" study in Raleigh, North Carolina. This

program utilized "*promotoras*," or helpers from the community who are "socioeconomically, ethnically, and culturally similar" to the individuals they serve (Baquero et al., 2014).

Education that was non-interactive and not action-oriented, according to *promotoras* in Raleigh, did not increase positive SRH outcomes (Baquero et al., 2014). Simply making brochures or handing out condoms is not enough. Instead, education must focus on increasing access to services, especially for undocumented women who fear authorities (Baquero et al., 2014). This is why health literacy is so important. In fact, the most common reasons for women not seeking SRH services were undocumented status and lack of proficiency in English (Baquero et al., 2014). This emphasizes what other studies tell us about *comprehensive* SRH education and health literacy for Latina immigrants. It is not enough to simply hand out information. The most effective programs are community-based, and interactive, and take socio-cultural context (*machismo,* immigration, etc.) into account. According to *promotoras*, community-based programs should dispel misconceptions about contraceptives, address language barriers, inform individuals about services for undocumented immigrants, alter social norms, and build confidence (Baquero et al., 2014).

A similar community-based program, MuJEReS, focused on Latina immigrants in the Southeast U.S. and trained Latinas to serve as lay health advisors or *comadres* (Rhodes et al., 2012). This intervention was designed specifically for Spanish-speaking Latina immigrants and was based on their community values (Rhodes et al., 2012). Researchers believe that using lay health advisors may help reach a larger number of Latinas in the community (Rhodes et al., 2012).

V. Existing Programs & Recommended Strategies in Durham

A. El Centro Hispano

El Centro Hispano works to strengthen the community, build bridges, and advocate for equity and inclusion of the Latino community. El Centro has Education, Health & Well-being, and Civic & Community Participation departments. SRH programming for women would exist at the intersection of these topics. I have been in contact with the CEO of El Centro, Pilar Rocha-Goldberg who directed me to the manager of the Civic & Community Participation department. This department is working on developing a women's initiative and support group.

B. El Pueblo

One non-profit organization for Latinos in Wake County, El Pueblo, has an SRH education initiative called Leaders in Reproductive Justice. The program covers reproductive justice, rights, anatomy, contraception, STI prevention, sexuality, abortion, and legislation. This is a program that can be adapted for the Durham community, particularly through El Centro Hispano (El Pueblo). Leadership at El Centro Hispano spoke to me about initiating a woman's support group and were open to hearing my ideas about SRH education and policy.

C. Durham Public Health

Durham Public Health offers Women's Health Services, including a Maternal Health Clinic, Family Planning Program, and Breast & Cervical Cancer Services. The Family Planning Program provides education, counseling, and birth control methods to "decrease the number of unwanted pregnancies or to prepare for a healthy pregnancy" (Durham County Public Health).

One recommended strategy of the Partnership for a Healthy Durham and the Durham County Department of Public Health is engaging in community-building strategies, such as increasing the recruitment of *promotoras* or community health workers and "developing institutional cultures that provide culturally sensitive and multilingual services" (2020).

Additionally, one recommended strategy is to integrate health literacy classes into women's groups (Partnership for a Healthy Durham, 2020).

VI. Policy Recommendation

Simple infographics or brochures are not enough to increase sexual and reproductive health literacy alone. Studies have shown that, while beneficial, these alone do not result in positive health outcomes and an increase in the use of SRH services. It is also not enough to simply educate these women on only basic sexual health topics (STI prevention and care, fertility, etc.), research shows that effective SRH education must expand to encompass such topics as sexual and bodily autonomy, communication, and empowerment. It is also important to address the specific needs of Latina immigrants. The review of the literature also reveals that there are benefits to both face-to-face and internet-based programs for SRH education. Effective policy must, then: (1) focus on interactive, community-centered solutions, *by* and *for* the Latina immigrant community, (2) be comprehensive, rooted in feminist theory, and the liberation and empowerment of women, (3) cater to the specific obstacles that immigrant women face (increased risk of IPV, PTSD, healthcare access, immigration policies, etc.), including those who are undocumented (4) be available in a hybrid format that allows women to choose a program that bests suits their schedules and needs.

Taking the current services available into account, as well as the four evidence-based goals of my policy solutions, I propose the following policy recommendations:

Community Level

1. ***Durham Public Health to work with El Centro Hispano to create a SRH literacy program***

a. To work in partnership with non-profit organization, El Centro Hispano, in a sexual and reproductive program for Latina immigrants. This program, taking into acount the suggestion of the Partnership for a Healthy Durham and the Durham Public Health Department, would integrate SRH literacy education into a woman's initiative in El Centro Hispano's Civic & Community Participation department.

b. To create an evidence-based feminist curriculum that promotes community building, women's empowerment, and comprehensive SRH education and literacy. CDC's promising programs can be used as a baseline for this curriculum, in conjunction with input from Latina immigrant community members.

c. To recruit and train *promotoras de salud* (community health workers) from the Latina immigrant community who will facilitate the program

d. To advertise this program in existing Latina social networks in the Durham community

e. To provide this program in a group, face-to-face setting

f. To create an internet-based version of the program or provide program materials online, on the DCPH and El Centro website, for women who cannot attend in person

2. Durham County to increase funding to Durham County Public Health department for initiatives focused on increasing SRH literacy in the Latina immigrant community

a. To facilitate the community SRH program in partnership with El Centro Hispano

    i. To provide childcare and transportation for women participating in this program

b. To enable the Durham Public Health Department to continue providing and expand access to Maternal Health services, Family Planning Programming, and Breast & Cervical Cancer Screening to the Latina immigrant community
c. To provide readily available educational brochures, in Spanish, geared toward Latina immigrants and specifically undocumented immigrants on where to receive services and what to expect

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