



The Sexual and Reproductive Health of Latinas in North Carolina

A Five County Needs Assessment

Dana Talmi, MSW

In collaboration with:
Robyn Schryer, MPA, Deborah Billings, PhD,
and Rivka Gordon, PA-C, MHS



Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive-health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices.

For more information on Ipas products, programs and publications:

Ipas
P.O. Box 5027
Chapel Hill, NC 27516 USA
1-919-967-7052; 1-800-334-8446
E-mail: ipas@ipas.org
Website: www.ipas.org

Copyright 2005 Ipas.
ISBN: 1-882220-92-7

Suggested Citation: Talmi, Dana, Robyn Schryer, Deborah Billings and Rivka Gordon. 2005. *The sexual and reproductive health of Latinas in North Carolina: A five county needs assessment*. Chapel Hill, NC, Ipas.

Graphic Design: Evangeline Christie
Editor: Kezia Scales

Produced in the United States of America.

The photographs used in this publication are for illustrative purposes only; they do not imply any particular attitudes, behaviors, or actions on the part of the any person who appears in the photographs.

The Sexual and Reproductive Health of Latinas in North Carolina

A Five County Needs Assessment

By Dana Talmi, MSW

In collaboration with:
Robyn Schryer, MPA
Deborah Billings, PhD
Rivka Gordon, PA-C, MHS

Acknowledgments

We would like to gratefully acknowledge the many people who contributed to this work. We appreciate the dedicated efforts of Kathy Colville and Sarah Covington, who provided much of the foundations for this research through the work they did for Ipas in the summer of 2004. We would like to thank Tom Vitaglioni from the North Carolina Child Advocacy Institute, Adam Searing from the NC Justice Center, Antonio Villalva and Florence Siman from El Pueblo, Paige Johnson from Planned Parenthood of Central North Carolina and Laurie Fox and Sabrina Simon from the Carrboro Community Health Center for attending a strategic brainstorming meeting in November 2004. Their insights were instrumental in designing this assessment.

We would also like to acknowledge the contribution and support of many people at Ipas, especially Kate DeMayo, Kelly Fuller and Leila Hessini.

This research would have been impossible without the participation of the 20 key informants who were interviewed as part of the assessment. We would like to extend our thanks for their collaboration and contribution.

Finally, we would like to acknowledge the work that has already been done with regards to Latino/a health in the state of North Carolina. In particular, the Latino Health Task Force's report, *NC Latino Health, 2003*, served as an invaluable resource and the basis for much of our work.

Table of Contents

Executive Summary.....	1
Background.....	2
Methods.....	5
Results	6
Discussion.....	12
References.....	14

Executive Summary

Purpose

The state of North Carolina has the fastest growing Latino/a population in the country. Despite the increasing contribution of Latinos/as to the state economy, this population is characterized by disproportionate poverty levels and growing health disparities. The purpose of this assessment was to learn about the sexual- and reproductive-health issues faced by Latina women in North Carolina in order to contribute to efforts to increase their access to reproductive-health care.

Methods

In-depth interviews were conducted by a Masters of Social Work intern from the University of North Carolina at Chapel Hill. The interviews were conducted with 20 key informants in five NC counties. Counties were chosen based on the percentage of Latinos/as in the overall population and on the percent increase in the Latino/a population over the last decade. The key informants were identified by their involvement in the field of reproductive health and/or their knowledge of the Latino/a community. An effort was made to speak to a variety of informants, including health-care providers, directors and staff of community-based organizations, and health educators. The data were subjected to qualitative analysis.

Major findings

- Latinas address their reproductive-health needs through the formal medical system, informal care and self-medication. Informal care includes the services of alternative healers.
- Contraceptive use varies depending on cost, availability, education levels and cultural norms.
- Adolescent pregnancy, high rates of sexually transmitted infections (STIs) and domestic violence were identified by study participants as major problems.
- Clandestine abortions are occurring despite the perception that there is a cultural preference among Latinas to maintain pregnancies.
- Respondents reported the existence of a variety of beliefs concerning reproductive health among their Latina clients.
- Barriers to care include transportation, language, lack of knowledge, and cultural norms.

Conclusion

The most urgent reproductive-health issues among Latinas in North Carolina are the high rates of unintended adolescent pregnancies and STIs and the problem of domestic violence. There is a need to find effective and culturally appropriate ways of providing reproductive health-care services to this population; relying on existing resources and strengths intrinsic to the culture and the community is recommended. The findings of this assessment may have implications for further research, the design of future interventions and the direction of public-health and advocacy initiatives.

Background

Demographic

The state of North Carolina today has the fastest growing Latino/a population in the country. The Latino/a population has grown by almost 400 percent within the last decade and is currently estimated at more than five percent of the total population (US Census Bureau, 2000; Silberman et al., 2003). Most NC Latinos/as (65.1 percent) are recent immigrants from Mexico. Other points of origin include Puerto Rico, Cuba and other Central and South American countries (Silberman et al., 2003). The Latino/a population of North Carolina is characterized by a young average age, very low levels of education and disproportionate poverty (Herrick and Gizlice, 2004; Silberman et al., 2003). More than half of adult Latinos/as in North Carolina (54 percent) have no health insurance and rely heavily on community and migrant health clinics as well as free clinics (Silberman et al., 2003). A 2003 report by the NC Latino Health Task Force outlined the many new health-care challenges the state is currently facing with this rapid population increase. These challenges influence the well-being of the Latino/a population in many areas, including sexual and reproductive health.

Sexual- and reproductive-health issues

Maternal and child health

Nationally, Latinas have the highest fertility and birth rates compared to other ethnic groups. These trends are mirrored among Latinas in North Carolina (NC DHHS, 1999). The rate of low birth weight babies for Latinas in North Carolina is lower than that of non-Hispanic Whites (Buescher, 2003). An additional favorable birth outcome is the infant mortality rate, which is lower among Latinas than any other racial or ethnic group in the state (Buescher, 2003). These trends exist despite the fact that Latinas in North Carolina are more likely to begin prenatal care late or have no prenatal care. Almost one-third of Latinas in North Carolina initiate prenatal care after the first trimester, which is twice the statewide average (NC DHHS, 2003). Latinas in North Carolina are less likely to take folic acid than the general population, and the rate of neural tube defects in Latino/a babies is twice as high as that of African-American and non-Hispanic White babies (Buescher, 2003).

Adolescent pregnancy

Study participants identified adolescent pregnancy as an important problem that needs to be addressed. Between 1991 and 2002, birth rates for girls aged 15 to 19 in the general population of North Carolina decreased by 25 percent. During the same period, however, the number of pregnancies among Latina teenagers increased by 55 percent, in part due to the dramatic increase in the population of adolescent Latinas in the state (National Campaign to Prevent Teen Pregnancy, 2002). Intervention and prevention efforts designed specifically for Latina adolescents in North Carolina are clearly needed, yet

little information exists concerning these adolescents' specific needs and experiences (Russell et al., 2004).

Unintended pregnancies

The rate of unintended pregnancies for Latinas at the national level (69 per 1000 women) is nearly twice the rate of non-Hispanic White women (36 per 1000 women) (NARAL, 2000). In North Carolina, the Pregnancy Risk Assessment Monitoring System has found smaller differences between Latina and non-Hispanic White women (NC DHHS, 2004). Further information is needed to reconcile the national and state statistics.

Abortion

Latina women report having substantially fewer abortions than other population groups in North Carolina (Buescher et al., 2003). Little is known beyond anecdotal evidence, however, about clandestine (and thus non-reported) abortions within the Latina community. Further research is needed in this area as well.

Sexually transmitted infections (STIs)

The rates of sexually transmitted infections (STIs) among Latinos/as in North Carolina is disproportionately high compared to non-Hispanic Whites. The rate of new cases of STIs among Latinos/as between 1998 and 2002 was 480 per 100,000 people, more than double that of non-Hispanic Whites. A similar ratio exists for new cases of HIV (Buescher et al., 2003).

A recent study on STI services for adolescents and young adults in North Carolina identified several perceived barriers to care, including lack of knowledge about STIs and available services (Tilson et al., 2004). The study identified perceptions of high cost, inconvenient services and shame as additional barriers. The authors of the study mention that Latino males identify racial discrimination as another barrier to care, but more information is needed to better understand this particular factor. STIs contribute to other negative health conditions such as infertility, ectopic pregnancy, cancer and HIV; thus, understanding the barriers to prevention and care is critical. Recent studies have also shown that the increase in HIV cases among migrant workers is affecting HIV rates among women in their countries of origin, particularly in Mexico (Tilson et al., 2004; Parrado et al., 2004).

Cervical cancer

Latinas have the highest cervical cancer rates of all population groups in North Carolina (NC DHHS, 2004). Several factors might explain this higher rate, including limited access to and the cost of health care and disproportionately high rates of STIs. However, more research is necessary to ascertain the causes and extent of this problem.

The role of Ipas

Ipas, an international nongovernmental organization (NGO) that works around the world to increase access to sexual and reproductive health and rights, has a long history of working in the Latin American and Caribbean region. With country offices in Bolivia,

Brazil and Mexico and a regional office in Nicaragua, Ipas has vast experience working with NGOs, health providers, major health institutions and policymakers throughout the region. This provides Ipas with the knowledge and tools to relate the experiences of immigrant Latinas in North Carolina to those of Latina women generally. The work of Ipas Mexico is particularly relevant to North Carolina since 65.1 percent of Latinos/as in the state are of Mexican origin (Silberman et al., 2003). As part of the organization's policy and programmatic objectives, Ipas is interested in learning more about the sexual- and reproductive-health experiences of Latina women in North Carolina and tying this knowledge to ongoing work in Latin America and the Caribbean and in other regions of the United States.

Needs assessment: Filling the gaps in understanding

Purpose of the needs assessment

In the fall of 2004, Ipas conducted a needs assessment in order to learn more about the sexual- and reproductive-health experiences of Latina women of reproductive age (15 to 49) in North Carolina. The main goals of this assessment were to:

1. Contribute to the existing body of knowledge, specifically in the area of contraceptive use and abortion.
2. Illuminate the role that Ipas can fill on the local level, particularly by adapting work done in Latin America to the North Carolina context.

Although quantitative information exists concerning the sexual and reproductive health of Latina women in North Carolina, Ipas was interested in learning more about the context of these problems, their manifestation, the barriers to care and the niche Ipas could fill in helping addressing these problems. More specifically, the objectives were to:

1. Understand the sexual and reproductive behavior and practices of Latina women of reproductive age in North Carolina, specifically related to their use of contraceptive methods and abortion services.
2. Determine the use of formal and informal sexual and reproductive health-care services by Latina women of reproductive age in North Carolina.
3. Document the knowledge and beliefs of Latinas of reproductive age in North Carolina regarding sexual and reproductive health and connect the roots of these beliefs to their countries of origin.
4. Identify the barriers to effective sexual- and reproductive-health care for Latina women in North Carolina.

Factors influencing the design of the needs assessment

Because Ipas's global expertise includes working with health-care providers, community advocates and policymakers, the needs assessment targeted these groups as the primary sources of information about the Latina population in North Carolina.

Methods

Study setting

Between December 2004 and April 2005, 20 interviews with key informants were conducted in five counties in North Carolina. The selection of the counties was based on the overall percentage of Latinos/as and the percent increase in the Latino/a population in recent years. The counties included in the assessment were Chatham (9.6 percent Latino/a population in 2000), Durham (7.6 percent in 2000), Green (8.0 percent in 2000), Lee (11.7 percent in 2000) and Wake (5.4 percent in 2000) (US Census Bureau, 2000). Counties were not equally represented; more interviews were conducted in the larger counties.

Sample selection

The key informants, who were identified from the personal networks of people involved in the research as well as through referrals from other key informants, were chosen based on their involvement in the field of reproductive health and/or their knowledge of the Latino/a community. An effort was made to speak to a variety of informants, including health-care providers, directors and staff of community-based organizations, and health educators. The number of key informants in each county differed depending on the size of the county and the availability of services.

A total of 20 interviews were conducted. Fourteen interviews were conducted with health-care providers, including doctors, nurses, maternal-care coordinators, program coordinators and health educators. Six interviews were conducted with staff and directors of community-based organizations or programs affiliated with the Latino/a community. Of the total number of respondents, 11 were either of Latino/a origin or closely affiliated with the Latino/a community.

Interviews

All key informants were interviewed individually at their agency, with the exception of two interviews that were jointly conducted with two people. The responses from each joint interview were combined and counted as one interview. The interviews were semi-standardized and conversational, following an interview guide. The interview guide had been written for Ipas and tested once on a health-care provider from a non-participating county; minor modifications had been made to the guide based on the results of that test.

Each interview took approximately one hour and included 23 open-ended questions. The interviews were conducted in person and notes were taken manually, entered electronically and then analyzed using qualitative methods. In order to protect the identity of the informants, data were not broken down by county. No remuneration of any kind was provided.

Results

Reproductive health-care services: Access and use

Latinas address their reproductive-health needs through the formal medical system, informal care and self-medication. Latinas' initial contact with the formal health-care system is usually due to pregnancy or for a pregnancy test; many follow through with prenatal care after this first visit. Several health-care providers indicated that Latina women access prenatal care later than other populations. Family-planning services are usually accessed post-partum or after a negative pregnancy test. Health-care providers also mentioned that, since many Latina women have never seen a doctor before coming in for a pregnancy test or for prenatal care, this first visit often becomes a primary-care visit. Few Latina women have a history of Pap smears from their countries of origin or from the United States. Some Latinas' first contact with formal medical care results from fertility problems.

"I have more experience working with Mexicans. It very much depends on their age and origin—whether they are from a rural or urban setting in Mexico. Women from the cities have more information. People from rural areas, especially if they are older—it is more rare that they will ask for services... Their principles or husband will prevent them from seeking services... Women usually seek services when they are pregnant or after three to four years of being married and not getting pregnant."

—Assessment Participant

Just over half of the respondents indicated they were aware of the existence of alternative, informal sources of health care accessed by Latinas. In general, formal health-care providers knew little about alternative healers, or *curanderas*, whereas respondents affiliated with the Latino/a community tended to have direct knowledge of the *curanderas* practicing in their area. Respondents that were familiar with *curanderas* indicated that their services are commonly accessed—although they mentioned the reluctance of Latinas to discuss *curanderismo* openly. Although quantitative data on rates of Latina use of *curandera* services are unavailable, seven respondents (out of the 11

Curanderismo is an alternative folk-healing method commonly used in Latin America and among Latinos/as residing in the United States. This alternative therapy is an ancient practice that has its roots in the indigenous Aztecan, Mayan and Incan cultures. Historically, these cultures believed that illness is a punishment for sin afflicted by the gods. Today, spirituality is still an important component of *curanderismo*. *Curanderos* often use prayer, massage, herbs and emotional support as their methods of treatment. A study conducted in Denver, CO, listed the following problems as the most frequently treated by *curanderos*: headaches, *empacho* (blocked intestines), *nervios* (nerves), *susto* (fright), impotence and several others. Other known traditional healers are *yerberos* (herbalists) and *sobadores* (masseuses).

(Silberman et al., 2003; Padilla et al., 2001)

who were aware of the existence of *curanderas*) gave specific examples of *curanderas* providing reproductive-health services, most commonly abortion. Abortions are carried out using herbal teas given by the *curandera*, sometimes in combination with medicines. A few respondents reported cases in which such abortions led to complications, with some cases severe enough to require hysterectomy. Respondents also indicated that *curanderas* help in repositioning fetuses, treating STIs and providing spiritual and emotional support.

“When older rural women have an infection, they will not go to get it checked out. They do not want to admit that their husband was cheating on them or believe that a curse was put on them. Four years ago, I met a woman who was very sick and had a high fever. She went to be treated by a curandera who told her that the spirit of her husband was not letting her rest... She would not agree to go and see a doctor. When things deteriorated there was a horrible smell around her. She also said she saw shadows which the curandera interpreted as the spirit of her husband... Finally she agreed to see a doctor who said that she had syphilis... These things are very common.”

–Assessment Participant

Self-medication by Latinas was mentioned by nine respondents. Commonly, self-medication involves using contraceptives obtained at small local Latino stores, or *tiendas*, brought from countries of origin, or sent directly from family members in countries of origin. Abortions performed at home via self-medication—using herbs and unprescribed pharmaceuticals—were mentioned by several respondents.

Tiendas are local stores that usually sell food and other products. Many of the products that are sold at *tiendas* are brought from Latin American countries. A recent article in the Charlotte Observer discussed the practice of buying medicine at *tiendas*: “*In North Carolina, a Gaston County woman could have died early this year after she bought [an unprescribed pharmaceutical] at a tienda and used it for a home abortion, said Colleen Bridger, Gaston County Health Department director. The woman didn't know she needed a second drug to expel the fetus.*”

(Cimino and Coto, 2005)

Contraceptives

Latina clients are familiar with several forms of contraception from their country of origin; the best-known methods are oral contraceptive pills, intrauterine devices (IUDs) and Depo Provera, a hormonal injection.

According to most respondents, Latinas obtain contraceptives either through the county health departments, through pharmacies at other clinics or by purchasing them at *tiendas*. The contraceptives most commonly obtained at *tiendas* are oral contraceptive pills and monthly hormonal injections.

When asked which kinds of contraceptives providers generally recommend to Latina clients, most respondents talked about recommending all available methods. Choice of method reportedly depends greatly on its availability and cost. IUDs were mentioned as one of the more costly methods; use of this method reportedly varies according to the availability of subsidies in each health-care setting. Several respondents referred to an increase in requests for the contraceptive patch, which was mentioned frequently as not being available in most county health departments. Finally, respondents mentioned tubal ligation, or female sterilization, as a method that is sometimes requested but only offered in limited settings.

Respondents reported that choice and use of contraceptive methods among Latinas also depends on their level of education and place of origin.

“Indigenous women or women from rural areas often do not know about contraception and pregnancy prevention.”

–Assessment Participant

Abortion: Attitudes and access

The majority of the respondents reported offering comprehensive options counseling to Latina women with unintended pregnancies. More than half of the respondents reported that most women decide to continue with their pregnancies, and several reported that many Latina women do not consider having an abortion. However, six respondents mentioned that abortions are performed clandestinely by *curanderas* or at home. The herb *ruda*, or *rue*, was said to be commonly used.

“I know of two to three women who went to a curandera for an abortion and ended up needing to go to the hospital. One lost a lot of blood and they had to have her uterus removed. Many do the abortion at home, alone, and they know what to take.”

–Assessment Participant

Ruda (*Ruta chalepensis/graveolens*) is a bitter herb known throughout the world for its medicinal value. The herb is used for the treatment of many different conditions including intestinal problems, headaches, sciatica and bronchitis. Excessive doses of the plant can be dangerous. A study conducted in Montevideo, Uruguay, identified *ruda* as one of a number of herbal infusions used for inducing abortion. This study reported that in several cases the use of *ruda* alone or in combination with other herbs led to multiple organ systems failure. Four deaths from use of this plant were reported.

(Ciganda and Laborde, 2003)

Knowledge and beliefs

Eighteen respondents identified sexuality and domestic violence as two topics that are particularly difficult to discuss with Latina clients. Related to sexuality, respondents

mentioned several sensitive issues, including sexual practices, multiple partners, men having sex with men, condoms, and how to discuss sex with children. Many respondents mentioned that women’s shyness and the existence of cultural taboos limit discussion about sexuality. When asked to discuss unusual beliefs regarding reproductive health held by Latina clients, most respondents referred to misconceptions about contraceptive use and pregnancy prevention. One common belief is that using an IUD will cause birth defects; several respondents quoted women saying that “*the IUD will get stuck on the baby’s head.*” Respondents mentioned that some women fear the consequences of using contraceptives, in terms of risks to both physical health (infertility, weight gain, even death) and spiritual well-being. Respondents also mentioned a series of misconceptions held by Latinas regarding natural pregnancy prevention. Examples include “*doing it quickly,*” “*doing it with clothes on*” and “*if a woman doesn’t have an orgasm, she will not get pregnant.*” Several respondents related these misconceptions to low levels of understanding about the reproductive system among many women.

When discussing knowledge and beliefs, respondents also referred to the importance of spirituality and religion in the lives of many of their Latina clients. Spiritual practices and rituals, such as those performed by *curanderos*, often include treating ailments through ceremonial customs.

Barriers

Respondents mentioned that Latinas face many different barriers to accessing reproductive-health care, among which transportation and language are the most significant. Although many respondents from health-care settings mentioned that more bilingual staff and interpreters are being hired, language barriers still present a formidable challenge to the provision of high-quality care for Latinas. Finding bilingual physicians and nurse practitioners is a challenge, and working with interpreters can also pose problems. For example, one respondent from a community-based organization suggested the possibility that an interpreter at the health department may be selectively translating because of religious convictions. Respondents identified the additional challenge that an increasing number of clients speak neither English nor Spanish, but rather their indigenous language.

Top barriers to accessing reproductive health-care services:

1	Transportation
2	Language
3	Lack of knowledge and education
4	Cultural norms
5	Cost or perception of cost

Respondents also cited lack of knowledge and education among Latinas as a main concern. This includes a lack of personal knowledge of the reproductive system as well as a lack of information about available services and options. Several respondents tied the lack of knowledge of the reproductive system to a lack of comprehensive sex education and to cultural norms, including taboos surrounding discussion of sex in the home and the religious value placed on pregnancy. One explanation given for the lack of knowledge about available services was that many Latinas are unaccustomed to seeking preventive

care and have trouble navigating a formal health-care system that differs from what they are used to.

“Knowing where to go, especially for people who are isolated, is a major barrier. Some women do not even know where they live and how to get around.”

–Assessment Participant

In addition, some Latina women do not know their own medical history. Several respondents reported cases in which women did not know they had an IUD since it had been inserted immediately after delivery, apparently without full informed consent. This lack of knowledge presents a major obstacle to addressing women’s health-care needs.

Many clients are uninsured and thus have difficulty accessing services for financial reasons. Finally, respondents mentioned that some clients avoid seeking care out of fear that services will be more expensive than they really are or concern about their legal status.

Reproductive-health concerns

In accordance with statistical data about reproductive health in North Carolina, a majority of respondents identified STIs, adolescent pregnancy and domestic violence as the most pressing reproductive-health issues currently facing Latinas in North Carolina.

According to the North Carolina Coalition Against Domestic Violence, battered immigrant women face increased barriers, including isolation and intimidation. Some women’s partners may not allow them to learn English, or may threaten to report them to the Immigration and Naturalization Service or to withdraw the petition to legalize their immigration status.

“Some women have miscarriages as a result of domestic violence. Sometimes women get pregnant because they think it might help them with domestic violence issues. In one case, when a woman did this, she was beaten by her husband and lost her baby. In another case, the woman ended up going to Planned Parenthood to get an abortion.”

–Assessment Participant

Many respondents discussed the complexity of the issue of adolescent pregnancy, which is influenced by a range of factors. Those factors include the limited sense of future felt by many undocumented immigrants, who face significant barriers to attending college and otherwise improving their circumstances. Also, there are perceived advantages to having a child in the United States, which include citizenship and benefits for the child. Lack of comprehensive sexual education in schools, cultural norms that place great value on motherhood and family, and difficulty talking about sexuality in the home were also mentioned as contributing factors.

Addressing challenges

Finally, respondents were asked to reflect on what could help them improve services for Latina clients. Respondents mentioned many different ideas, the most common of which were to provide training and to develop appropriate educational materials. A range of training topics were identified, including: in-depth cultural training for health-care providers; information about services and practices in countries of origin; continuing education for health-care providers about Latina women's health needs; and sexual education in the community, including training for parents on talking to children about sexuality.

In terms of educational materials, most respondents mentioned the need for simple Spanish-language materials that are culturally appropriate and useful for clients with basic reading skills. Respondents mentioned that many currently available materials are directly translated from English, often very long and wordy, and unsuitable for many clients.

Many respondents also mentioned that there is a lack of financial and human resources for working with the Latino/a population. Particularly needed are more bilingual health-care providers and staff, as well as lay health advisors, who were mentioned as being extremely effective in providing health education.

Main areas for improvement:	Number of respondents who mentioned this need:
Training	15
Educational materials	12
Funding	8
Bilingual staff	8
Outreach and education	6

Discussion

The sexual and reproductive health of the Latina population in North Carolina needs greater attention. As this population continues to grow, it will be crucial to enhance their access to reproductive-health services and find ways to improve the quality of care. This must be done in a way that is both effective and culturally appropriate.

Conversations with 20 key informants helped shed light on the realities and challenges faced by Latina women with regards to sexual and reproductive health. Before discussing the results, however, it is important to highlight the limitations of this assessment. First, given the study's non-random sampling technique and relatively small sample size, the conclusions must be regarded as preliminary. In addition, the differences between Latinas from different countries of origin were not examined; respondents were asked only to discuss their experiences with the general Latina population. Furthermore, there was no distinction made between recent immigrants, Latinas who have resided in the United States for long periods of time and second-generation Latinas. Finally, the broad scope of this assessment made it difficult to capture nuances, especially those related to cultural norms and beliefs.

Many of the findings of this assessment reflect and provide more information about known statewide statistical trends. In addition, many findings reinforce results from other studies, such as the comprehensive report on Latino/a health in North Carolina presented by the NC Institute of Medicine's Latino Health Task Force in 2003. Several findings, however, provide more clarity on and help deepen understanding of the specific issues of sexual and reproductive health.

Perspectives of health-care providers versus community workers

The assessment found that community health workers have a different understanding of the reality and needs of Latinas than other health-care providers. Respondents from community-based organizations were well aware of informal care such as *curanderismo*, whereas many health-care providers were not aware that Latinas address their sexual- and reproductive-health needs via this approach. Improving communication and collaboration between community health workers and other health-care providers would improve access to and ensure a higher quality of care for Latina clients.

Clandestine abortions

The study revealed that clandestine abortions are occurring among Latinas in North Carolina. This finding is particularly concerning since legal abortion is a right protected by law in the United States. Several factors might influence these clandestine practices, including the difficulty in accessing abortion services, a lack of knowledge about the legality of abortion in the United States, and cultural norms surrounding abortion. More information is needed to understand the scope of this practice.

Barriers to care

The study found that there are many barriers preventing Latinas from accessing the formal health-care system and thus seeking care “under the radar.” Many of these barriers affect general health-care access, while certain barriers specifically relate to sexual and reproductive health. For example, working with interpreters—a challenge in many health-care settings—is particularly problematic with regards to sensitive issues such as abortion.

Addressing major reproductive-health issues

Adolescent pregnancies, STIs and domestic violence were identified as the most pressing reproductive-health issues among Latinas. Adolescent pregnancy was not discussed in sufficient depth to determine why respondents defined it as a problem. Additional work on the experiences of adolescent immigrants in the cultural, political and economic context of North Carolina is required to better understand why young Latinas are becoming pregnant, what barriers and/or advantages pregnancy presents for them, and whether they view adolescent pregnancy as a problem.

The findings of this assessment indicate that a comprehensive solution to the problems identified should focus on increasing Latinas access to sexual- and reproductive-health care. In addition, there is a need to enhance existing knowledge within the community. It is important to take advantage when possible of the many resources and strengths that exist within the Latino/a community. Collaboration with informal care providers such as *curanderas*, *tienda* owners and community-based organizations may be particularly effective.

Further research recommendations

This assessment focused on broad patterns about Latina health in North Carolina. Further research is needed in order to further illuminate the different issues raised by this assessment. In-depth research into clandestine abortions is critically needed to determine the real rate of abortion among Latinas, why abortions are being performed outside of formal clinics, what the conditions of these abortions are, and what impact they are having on women’s health.

Further research is also needed to better understand cultural norms and beliefs surrounding sexual and reproductive health. Finally, there is a need to investigate the links between these findings and trends and practices in countries of origin.

References

- Buescher, P. 2003. A review of available data on the health of the Latino population in North Carolina. *North Carolina Medical Journal*, 64(3): 97–105.
- Ciganda, C. and A. Laborde. 2003. Herbal infusions used for induced abortion. *Journal of Toxicology and Clinical Toxicology*, 41(3): 235–239.
- Cimino, Karen and Dánica Coto. 20 March 2005. Prescription for danger. *Charlotte Observer*.
- Herrick, Harry and Ziya Gizlice. 2004. Spanish-speaking Hispanics in North Carolina: Health status, access to health care, and quality of life. *SCHS Studies*, 143. Available online at <http://www.schs.state.nc.us/SCHS/pdf/SCHS143.pdf> (last accessed July 2005).
- NARAL Foundation. 2000. *The reproductive rights and health of women of color*. Washington, DC, NARAL Foundation.
- National Campaign to Prevent Teen Pregnancy. 2002. *Teen pregnancy and childbearing in North Carolina*. Washington, DC, National Campaign to Prevent Teen Pregnancy.
- North Carolina Coalition Against Domestic Violence. 2002. NCCADV immigrant project advocate's toolbox. Available online at http://www.nccadv.org/nccadv_immigrant_project.htm (last accessed July 2005).
- North Carolina Department of Health and Human Services, State Center for Health Statistics and Office of Minority Health and Health Disparities. 2004. *Racial and ethnic differences in health in North Carolina: 2004 update*. Raleigh, NC, State Center for Health Statistics and Office of Minority Health and Health Disparities.
- North Carolina Department of Health and Human Services, Office of Minority Health and Health Disparities and State Center for Health Statistics. 2003. *Racial and ethnic health disparities in North Carolina: Report card 2003*. Raleigh, NC, Office of Minority Health and Health Disparities and State Center for Health Statistics.
- North Carolina Department of Health and Human Services, Office of Minority Health and State Center for Health Statistics. 1999. *North Carolina minority health facts: Hispanics/Latinos*. Raleigh, NC, Office of Minority Health and State Center for Health Statistics. Available online at <http://www.schs.state.nc.us/SCHS/pdf/HL-facts.pdf> (last accessed July 2005).
- Padilla, Ricardo, Veronica Gomez, Stacy L. Biggerstaff and Philip S. Mehler. 2001. Use of *curanderismo* in a public health care system. *Archives of Internal Medicine*, 161: 1336–1340.

Parrado, Emilio A., Chenoa A. Flippen and Chris McQuiston. 2004. Use of commercial sex workers among Hispanic migrants in North Carolina: Implications for the spread of HIV. *Perspectives on Sexual and Reproductive Health*, 35(4): 150–156. Available online at <http://www.agi-usa.org/pubs/journals/3615004.html> (last accessed July 2005).

Russell, Stephen T., Faye C. H. Lee and the Latina/o Teen Pregnancy Prevention Workgroup. 2004. Practitioners' perspectives on effective practices for Hispanic teenage pregnancy prevention. *Perspectives on Sexual and Reproductive Health*, 36(4): 142–149. Available online at <http://www.agi-usa.org/pubs/journals/3614204.html> (last accessed July 2005).

Silberman, Pam, Andrea Bazan-Manson, Harriet Purves, Carmen Hooker Odom, Mary P. Easley, Kristie K. Weisner and Gordon H. DeFries. 2003. *North Carolina Latino health, 2003: A report from the Latino Health Task Force*. Durham, NC, North Carolina Institute of Medicine. Available online at <http://www.ncmedicaljournal.com/may-jun-03/ar050304.pdf> (last accessed July 2005).

Tilson, Elizabeth C., Victoria Sanchez, Chandra L. Ford, Marlene Smurzynski, Peter A. Leone, Kimberley K. Fox, Kathleen Irwin and William C. Miller. 2004. Barriers to asymptomatic screening and other STD services for adolescents and young adults: Focus group discussions. *BMC Public Health*, 4(21).

United States Census Bureau. 2000. North Carolina quick facts by county. Available online at <http://quickfacts.census.gov/qfd/> (last accessed July 2005).

