

## RESEARCH ARTICLE

# The Evolution of *Nuestros Cuerpos, Nuestras Vidas*: Latinas' Health Education in the Midst of Socio-Political Change

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### Abstract

Comprising 18% of the total population in the United States, Latinos are one of the fastest growing minority groups in the country and an important demographic group for our public health efforts. In the current socioeconomic and political climate, the development of resources and health education materials tailored to specific cultural groups is urgently needed. To be effective, these materials must acknowledge the role of history, social and physical environment, cultural and economic conditions, migration history, and politics as key determinants of health and well-being. This article describes the development of *Nuestros Cuerpos, Nuestras Vidas*, the Spanish-language translation and cultural adaptation of the classic women's health book *Our Bodies, Ourselves*, and the companion Spanish-language training guide for community health workers (*Guía de Capacitación para Promotoras de Salud*). Further, it examines the relevance of these health education materials to our current sociopolitical and historical moment. The Spanish-language and cultural adaptation process of *Our Bodies, Ourselves* is predicated on the social determinants and the cultural models of health. Both represent strong approaches that promote health and well-being in the midst of the current dramatic social change that adversely and disproportionately impacts the health of US minority groups.

**Key words:** health education, Latina health

## **Introduction: Health Education, Well Being, and Social Justice**

It has been well established that health education promotes health and wellbeing, increases knowledge and awareness about illness and risk factors, and advances social justice and health equity.<sup>1</sup> Nestled within the larger health promotion field, health education has been defined as “activities that seek to inform the individual on the nature and causes of health/illness and that individual’s personal level of risk associated with their lifestyle behavior. Health education seeks to motivate individuals to accept a process of behavioral change through directly influencing their values, beliefs, and attitude systems.”<sup>2(p 313)</sup> The World Health Organization furthers this definition by including communities in its description of health education: “Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.”<sup>3</sup>

Central to advancing the health of individuals and communities is the imperative of social justice.<sup>4</sup> Defined as the view that society’s benefits and opportunities should be fairly and equitably distributed among everyone, including the right to good health, social justice is a fundamental component of health education.<sup>4</sup> It is essential that the resources and activities that are developed serve not only to increase knowledge about illness and risk factors, but also to create awareness of the social determinants of health that unequally distribute risk and sickness. Social determinants of health are those “conditions

in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>5</sup> Studies have unequivocally demonstrated that poor conditions in the places and environments that surround us can create an excess of risk and illness among the most vulnerable members of society.<sup>6-8</sup>

In this article, we examine the relevance of the book *Nuestros Cuerpos, Nuestras Vidas (NCNV)*,<sup>9</sup> the Spanish translation of the classic women’s health book *Our Bodies, Ourselves (OBOS)*,<sup>10</sup> and its accompanying training manual for community health workers, *Guía de Capacitación para Promotoras de Salud*<sup>11</sup> for health education and public health efforts among minority groups. These resources represent tools for addressing the current health education needs of Spanish-speaking Latinas in the United States. They are especially important for mitigating the existing poor health outcomes that are characteristic of the current sociopolitical and economic conditions. Efforts to alleviate these negative outcomes using culturally responsive tools and methods can be effective in addressing the health needs of diverse communities.

### **1. Latinas’ Health**

Comprising 18% of the total population in the United States, Latinos are one of the fastest growing minority groups in the country and are, therefore, an important target group for our public health efforts.<sup>12</sup> The US Latino population reached nearly 60 million in 2018,<sup>13</sup> with Latino women (Latinas) comprising approximately

50.8%.<sup>14</sup> Latinas of Mexican (59%) and Puerto Rican (10%) ancestry comprise the two largest subgroups of the Latino population.<sup>12</sup> In terms of language subgrouping, an estimated 43% of immigrants to the United States speak Spanish, with the majority of these Spanish speakers coming from Mexico.<sup>15</sup>

According to the Centers for Disease Control and Prevention (CDC), the top five causes of death among Latinas of all age groups in the United States are cancer, heart disease, stroke, Alzheimer's disease, and unintentional injuries.<sup>16</sup> Violence against Latinas has been reported as a main cause of morbidity, injury, and death.<sup>17</sup> Among Latinas under the age of 44, unintentional injuries is the top cause of mortality.<sup>16</sup>

The sexual health needs of Latinas include access to comprehensive sexuality education as well as gynecological care. It also includes HIV/STI testing and treatment, other STIs testing and treatment, unintended pregnancy prevention, and maternal and postpartum health care.<sup>18</sup>

Depression and high rates of anxiety are among the main mental health concerns experienced by Latinas.<sup>19</sup> Research shows that high depression and anxiety symptoms vary by sex in the Latino community, with females having rates of depression that are twice as high as males.<sup>19</sup> In recent years, episodes of anxiety, worry, fear, and depression have intensified as a result of the growing anti-immigrant sentiments and the exclusionary social and migration policies that target Latino communities in the United States. In this context, studies have documented that Latinas are reporting higher levels of anxiety, depression, and

stress.<sup>20-22</sup> These pervasive and persistent conditions are affecting their individual physical health and their health at the family and community levels. Adverse pregnancy-related outcomes have trended upward, and we are beginning to see increasing rates of preterm labor and low birth rates among Latina mothers, regardless of status, that is linked to the recent anti-immigrant climate in the country.<sup>23</sup> Furthermore, higher rates of low birth weight and preterm labor have been reported following raids and implementation of exclusionary social policies. These events negatively affect birth outcomes among Latina mothers regardless of citizenship status.<sup>23-25</sup>

## **2. *Our Bodies, Ourselves: Health Education for Social Justice***

*Our Bodies, Ourselves (OBOS)* is the classic women's health book published by the Boston Women's Health Book Collective. It has been a trusted source of evidence-based health education and health information on women's health since it was first published in 1969. It is regarded as one of the key publications of the 20<sup>th</sup> century that influenced the delivery of health services and the development of health policy.<sup>26</sup> *OBOS* began as a course entitled *Women and their Bodies* that aimed to fill a gap in the information available about women's bodies and health, from the anatomy and physiology of the female body to sexually transmitted infections. It brought a much needed voice to health education by positioning women's personal experience at the center of health education and validating such experiences as important sources of knowledge.

*OBOS* in its early editions included topics such as pregnancy and childbirth, venereal diseases, sexuality, birth control, anatomy and physiology, and the postpartum period.<sup>10</sup> It also integrated topics on Women, Medicine, and Capitalism, Myths about Women, and Medical Institutions (Figure 1). In subsequent editions, *OBOS* expanded its content to focus on environmental health, occupational health, menopause, and growing older.<sup>27-28</sup> These health topics were framed within a feminist critique and with

attention to the role of interpersonal, intrapersonal, community, and organizational factors in sustaining health. From 1969 to the most recent edition published in 2011, this health education tool has advanced our understanding of the larger socioecological (i.e., social, cultural, political, economic) influences and health care landscape on women’s health.<sup>10</sup> Figure 1 provides the contents of the 1970 edition.

Figure 1. Table of Contents of *Women and their Bodies*, 1970 (full book available from <https://www.ourbodiesourselves.org/cms/assets/uploads/2014/04/Women-and-Their-Bodies-1970.pdf>)

The image shows a handwritten table of contents for the book 'Women and their Bodies' from 1970. The title 'TABLE OF CONTENTS' is centered at the top. Below it, there are 13 numbered entries, each with a title, author(s), and a page number. The entries are: I Course Introduction (page 3), II Women, Medicine, and Capitalism, an Introductory Essay - Lucy Candib (page 6), III Anatomy and Physiology - Abby Schwartz, Nancy Hawley, Toni Randall (page 9), IV Sexuality - Jane de Long, Ginger Guldner, Nancy London (page 16), V Some Myths About Women - Joan Ditzion (page 38), VI Venereal Disease - Fran Ansley (page 49), VII Birth Control - Pam Berger, Nancy Hawley, Abby Schwartz (page 59), VIII Abortion - Carol Driscoll, Wendy Sanford, Nancy Hawley, Betsy Sable (page 89), IX Pregnancy - Jane Pineus, Ruth Bell (page 106), X Prepared Childbirth - Nancy Hawley (page 127), XI Post Partum - Esther Rome, Paula Dorese (page 143), XII Medical Institutions - Nancy Mann, Barbara Perkins (page 177).

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*OBOS*’s content is infused with the principles of social justice and health as a human right. Its feminist framework exposes the role of gender and other determinants of

health in creating inequities in women’s health. As an evidence-based book, it challenges male-dominated perspectives about women’s health and debunks the myth

that females lack the ability to participate in their own health care.<sup>29</sup> In exposing and creating awareness about gender-based inequities, *OBOS* contributes an important lens with which to examine differences in health that result from these social determinants. It brings attention to the role of power and control in creating and sustaining structures that perpetuate inequities in health outcomes.<sup>30</sup>

Over the years, groups of women around the world have translated *OBOS* into 31 languages, including the Spanish translation-language directed toward Latinas living in the United States, Latin America and the Caribbean. *OBOS* and its Spanish-language translation, *Nuestros Cuerpos, Nuestras Vidas*, merit new consideration as tools for addressing the health education and information needs of Latinas navigating the current US sociopolitical and economic landscape.

### **3. *Nuestros Cuerpos, Nuestras Vidas (NCNV)***

*OBOS* was first translated in 1977 for the Spanish-speaking audience in the United States by a group of Latinas called *ALAS (Amigas Latinas en Acción Pro-Salud)*.<sup>31,32</sup> However, it was not until 2000 that a full cultural adaptation of *NCNV* became available. This culturally adapted version was a collaborative effort between an editorial team of US-based Latinas and twenty women's health groups throughout Latin America and the Caribbean.<sup>33</sup> As a culturally responsive health education tool, *NCNV* preserves the richness of sharing stories and personal experiences about health and illness. It infuses health information with key values of Latino

culture such as the central role of spirituality and family in promoting health and in preventing disease.<sup>32</sup> It validates traditional healing practices, indigenous practitioners, and local knowledge as integral components of the health promotion and disease prevention continuum. *NCNV*, like its predecessor *OBOS*, links personal health and illness experiences to larger sociocultural, political, and economic conditions that influence health and well-being.<sup>33</sup> The health education strategies outlined in the book's chapters fit within a framework that places language and culture at the center. This particular strength of the book makes it an ideal resource to guide cross-cultural training in health and wellness promotion.

### **4. *Guía de Capacitación para Promotoras de Salud: The Training Guide***

The development of a training guide, *Guía de Capacitación para Promotoras de Salud*, for community health workers followed shortly after the publication of *NCNV*. The goal was to increase the accessibility and utility of the *NCNV* as a resource. The guide built on *OBOS*'s tradition of women sharing stories and personal experiences about their health and their encounters with the medical system. It incorporates participatory group techniques to stimulate conversations about the different topics included in the curriculum (Table 1). The guide contains eleven modules organized into six workshops or *talleres* based on chapters from the book: (1) Understanding our Bodies, (2) Maternity, (3) Sexually transmitted Infections, (4) Health and Reproductive Rights, (5) Types of Violence Against Women, and (6) Latinas' Mental Health.

Table 1: Topics of the Workshops and Modules included in the Training Guide for

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<b>Workshops/Talleres</b>	<b>Modules</b>
Taller 1: Como entender nuestros cuerpos (Workshop 1: Understanding our bodies)	Módulo 1: Anatomía y fisiología de la sexualidad y la reproducción (Module 1: Anatomy and physiology of sexuality and reproduction)
Taller 2: La maternidad (Workshop 2: Pregnancy and childbirth)	Módulo 2: El embarazo (Module 2: Pregnancy) Módulo 3: El parto (Module 3: Labor) Módulo 4: El posparto (Module 4: Postpartum)
Taller 3: Enfermedades de transmisión sexual (Workshop 3: Sexually transmitted infections)	Módulo 5: Infecciones de transmisión sexual (Module 5: Sexually transmitted infections) Módulo 6: VIH y SIDA (Module 6: HIV & AIDS)
Taller 4: Salud y derechos reproductivos (Workshop 4: Health and reproductive rights)	Módulo 7: Los anticonceptivos (Module 7: Contraceptive methods) Módulo 8: Maternidad voluntaria (Module 8: Voluntary maternity)
Taller 5: Tipos de violencia hacia la mujer (Workshop 5: Types of violence against women)	Módulo 9: Tipos de violencia hacia la mujer (Module 9: Types of violence against women)
Taller 6: La salud mental de la mujer latina (Workshop 6: Mental health of Latinas)	Módulo 10: Salud mental, depresión y estrés (Module 10: Mental health, depression and stress) Módulo 11: Fármacos (medicinas, drogas, sustancias controladas y no controladas), alcohol y tabaco (Module 11: Drugs, alcohol and tobacco)

The training materials incorporate active learning techniques suited to diverse learning styles. The facilitators are encouraged to start each topical discussion by exploring what participants already know about the topic. This information then serves

as the basis for adding new knowledge and also provides opportunities for correcting health myths and misconceptions, and for affirming and validating culturally based practices that promote health and well-being.



In health education resources such as *NCNV* and the *Guía de Capacitación para Promotoras de Salud*, the inclusion of an analysis of social conditions that precipitate poor health is of tremendous importance. The objective is to increase knowledge and awareness of social inequities and its causes among groups that have been historically underserved and have experienced excessive illness. This framework challenges socially constructed views of women's health, reveals gender-based inequities in health outcomes, and pushes for a larger analysis of the social determinants of health. Both *NCNV* and the *Guía de Capacitación para Promotoras de Salud* have been used as training materials for community health workers in Massachusetts, California, and New York and with traditional birth attendants (TBAs) in Central America. They have also been used for training community health workers in both clinical and public health settings for community outreach purposes. Leaders of community-based groups have used them as educational tools to increase men's knowledge and awareness about the health needs Latinas in the United States. These resources have also been used

as supplemental training materials in community capacity building efforts for rural settings in Latin America.

## **5. Conclusion**

Health education is an effective strategy for addressing the social determinants of health and for promoting health equity among Latinas. Tools and strategies such as evidence-based health information and community health workers trained in outreach have tremendous potential for addressing the increasing health education needs of underserved communities.<sup>32</sup> Rev. Martin Luther King, Jr. once said, "the arc of the moral universe is long, but it bends toward justice."<sup>34</sup> In a climate where exclusionary social policies increasingly threaten the gains of public health practitioners and hamper the medical community's ability to address the social determinants of health, health education tools such as *NCNV* and the *Guía de Capacitación para Promotoras de Salud* can be instrumental in effectively bending the arc towards health equity and improved health outcomes.

## References

1. Hahn RA, Truman BI. Education improves public health and promotes health equity. *Int J Health Serv.* [Internet]. 2015;45(4):657–678. doi:10.1177/0020731415585986. Accessed February 26, 2020.
2. Whitehead D. Health promotion and health education: Advancing the concepts. *J Adv Nurs.* [Internet]. 2004;47:311–320. doi:10.1111/j.1365-2648.2004.03095.x. Accessed February 26, 2020.
3. World Health Organization (WHO). Health topics: Health education. [Website]. Available at: [https://www.who.int/topics/health\\_education/en/](https://www.who.int/topics/health_education/en/). Accessed February 26, 2020.
4. Beauchamp DE. Public health as social justice. *Inquiry.* [Internet]. 1976;13(1):3-14. Available at: <https://www.jstor.org/stable/29770972?seq=1>. Accessed February 26, 2020.
5. Healthy People (HP). Social determinants of health. [Website]. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed February 26, 2020.
6. Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. *BMJ Glob Health.* [Internet]. 2017;3. doi:10.1136/bmjgh-2017-000603. Accessed February 26, 2020.
7. Marmot M. Social determinants of health inequalities. *Lancet.* [Internet]. 2005;356(9464):1099–1104. doi:10.1016/S0140-6736(05)71146-6. Accessed February 26, 2020.
8. Geter Fugerson A, Sutton MY, Hubbard McCree D. Social and structural determinants of HIV treatment and care among Hispanic women and Latinas living with HIV infection in the United States: A qualitative review: 2008–2018. *Health Equity.* [Internet]. 2019;3(1):581–587. doi:10.1089/heq.2019.0039. Accessed February 26, 2020.
9. Boston Women’s Health Book Collective. *Nuestros Cuerpos, Nuestras Vidas.* New York, NY: Seven Stories Press; 2000.
10. Boston Women’s Health Book Collective. *Our Bodies, Ourselves.* New York, NY: Simon & Schuster; 2005.
11. Bonilla, Z. *Guía de Capacitación para Promotoras de Salud.* [Internet]. Boston, MA: Boston Women’s Health Book Collective; 2002. Available at: <https://www.ourbodiesourselves.org/cms/assets/uploads/2014/05/Gu%C3%8Ca-de-Capacitacion-para-Promotoras-de-Salud.pdf>. Accessed February 26, 2020.
12. Office of Minority Health. Profiles: Hispanic/Latino Americans. [Website]. U.S. Department of Health and Human Services; 2019. Available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>. Accessed February 26, 2020.
13. Flores A, Lopez MH, Krogstad M. Fact Tank: U.S. Hispanic population reaches new high in 2018 but growth has slowed. [Website]. Pew Research Center; 2019. Available at: <http://journals.ke-i.org/index.php/mra>



- <https://www.pewresearch.org/fact-tank/2019/07/08/u-s-hispanic-population-reached-new-high-in-2018-but-growth-has-slowed/>. Accessed February 26, 2020.
14. U.S. Census Bureau. Population quick facts basic, 2019. [Website]. Available at: <https://www.census.gov/quickfacts/fact/table/US/SEX255218>. Accessed February 26, 2020.
  15. Hispanic Trends. Language spoken among U.S. Immigrants, 2017. [Website]. Pew Research Center; 2019. Available at: <https://www.pewresearch.org/hispanic/chart/immigrant-statistical-portrait-languages-spoken-among-u-s-immigrants/>/. Accessed February 26, 2020 .
  16. Heron M. Deaths: Leading causes for 2016. National Vital Statistics Reports. [Internet]. 2018;67(6). Hyattsville, MD: National Center for Health Statistics. Accessed February 26, 2020.
  17. Alvarez C, Fedock, G. Addressing intimate partner violence with Latina women: A call for research. *Trauma, Violence, & Abuse*. [Internet]. 2018;19(4):488–493. doi.org/10.1177/1524838016669508. Accessed February 26, 2020.
  18. Mann L, Tanner AE, Sun CJ, et al. Listening to the voices of Latina women: Sexual and reproductive health intervention needs and priorities in a new settlement state in the United States. *Health Care Women Int*. [Internet]. 2016;37(9):979–994. doi:10.1080/07399332.2016.1174244. Accessed February 26, 2020.
  19. Velasco-Mondragon E, Jimenez A, Palladino-Davis A, Davis D, Escamilla-Cejudo J. Hispanic health in the USA: a scoping review of the literature. *Public Health Rev*. [Internet]. 2016;37(1). doi:10.1186/s40985-016-0043-2. Accessed February 26, 2020.
  20. Martinez O, Wu E, Sandfort T, et al. Evaluating the impact of immigration policies on health status among undocumented immigrants: A systematic review (published correction appears in *J Immigr Minor Health* 2016). [Internet]. 2015;17(3):947–970. doi:10.1007/s10903-013-9968-4. Accessed February 26, 2020.
  21. Becerra D. Anti-immigration policies and fear of deportation: A human rights issue. *J Hum Rights Soc Work*. [Internet]. 2016;1:109–119. doi.org/10.1007/s41134-016-0018-8. Accessed February 26, 2020.
  22. Gómez S, O'Leary AO. “On edge all the time”: Mixed-status households navigating health care post Arizona's most stringent anti-immigrant law. *Front. Public Health*. [Internet]. 2019;6:383. doi: 10.3389/fpubh.2018.00383. Accessed February 26, 2020.
  23. Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *Int J Epidemiol*. [Internet]. 2017;46(3):839–849. doi:10.1093/ije/dyw346. Accessed February 26, 2020.

24. Sørbye IK, Vangen S, Juarez SP, et al. Birthweight of babies born to migrant mothers - What role do integration policies play? *SSM Popul Health*. [Internet]. 2019;9:100503. doi:10.1016/j.ssmph.2019.100503. Accessed February 26, 2020.
25. Gemmill A, Catalano R, Casey JA, et al. Association of preterm births among US Latina women with the 2016 Presidential Election. *JAMA Netw Open*. [Internet]. 2019;2(7):e197084. doi:10.1001/jamanetworkopen.2019.7084. Accessed February 26, 2020.
26. Black N, Neuhauser D. Books that have changed health services and health care policy. *Journal of Health Services Research & Policy*. [Internet]. 2006;11(3):180–183D. doi.org/10.1258/135581906777641695. Accessed February 26, 2020.
27. Norsigian J. Our Bodies Ourselves and the women’s health movement in the United States: Some reflections. *Am J Public Health*. [Internet]. 2019;109(6):844–846. doi.org/10.2105/AJPH.2019.305059. Accessed February 26, 2020.
28. Stephenson H, Zeldes K. “Write a chapter and change the world” How the Boston Women’s Health Book Collective transformed women’s health then—and now. *Am J Public Health*. [Internet]. 2008;98:1–5. Accessed February 26, 2020.
29. Wells, S. *Our Bodies, Ourselves: Reading the written body. Signs: Journal of women in culture and society*. [Internet]. 2008;33(3):697–723. doi:10.1086/523710. Accessed February 26, 2020.
30. Shapiro ER. Because words are not enough: Latina re-visioning of transnational collaborations using health promotion for gender justice and social change. *NWSAJ*. [Internet]. 2005;17:141–172. Accessed February 26, 2020.
31. Davis K. Feminist body/politics as world traveler: translating *Our Bodies, Ourselves*. *The Eur J Womens Stud*. [Internet]. 2002;9:223–247.
32. Shapiro ER. Translating Latin American/Us Latina frameworks and methods in gender and health equity: Linking women’s health education and participatory social change. *International Quarterly of Community Health Education*. [Internet]. 2014;34(1):19–36. doi.org/10.2190/IQ.34.1.c. Accessed February 26, 2020.
33. Bonilla ZE, Morrison SD, Norsigian J, Rosero E. Reaching Latinas with *Our Bodies, Ourselves* and the *Guía de Capacitación para Promotoras de Salud*: Health education for social change. *Journal of Midwifery and Women’s Studies*. [Internet]. 2012;57(2):178–183. Accessed February 26, 2020.
34. King, ML, Jr. Remaining Awake Through a Great Revolution (Speech given at the National Cathedral, March 31, 1968). [Internet]. <https://www.si.edu/spotlight/mlk?page=4&iframed=true>. Accessed February 26, 2020.