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.\(^1\) 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.”\(^2\)(p 313) 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.”\(^3\)

Central to advancing the health of individuals and communities is the imperative of social justice.\(^4\) 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.\(^4\) 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.”\(^5\) 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.\(^6\)–\(^8\)

In this article, we examine the relevance of the book *Nuestros Cuerpos, Nuestras Vidas* (NCNV),\(^9\) the Spanish translation of the classic women’s health book *Our Bodies, Ourselves* (OBOS),\(^10\) and its accompanying training manual for community health workers, *Guía de Capacitación para Promotoras de Salud*\(^11\) 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.\(^12\) The US Latino population reached nearly 60 million in 2018,\(^13\) with Latino women (Latinas) comprising approximately
50.8%. Latinas of Mexican (59%) and Puerto Rican (10%) ancestry comprise the two largest subgroups of the Latino population. 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.

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. Violence against Latinas has been reported as a main cause of morbidity, injury, and death. Among Latinas under the age of 44, unintentional injuries is the top cause of mortality.

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.

Depression and high rates of anxiety are among the main mental health concerns experienced by Latinas. 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. 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. 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. 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.

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 20th century that influenced the delivery of health services and the development of health policy. 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. 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. 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. 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)


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.\textsuperscript{29} In exposing and creating awareness about gender-based inequities, \textit{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.\textsuperscript{30}

Over the years, groups of women around the world have translated \textit{OBOS} into 31 languages, including the Spanish translation-language directed toward Latinas living in the United States, Latin America and the Caribbean. \textit{OBOS} and its Spanish-language translation, \textit{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.

\textbf{3. Nuestros Cuerpos, Nuestras Vidas (NCNV)}

\textit{OBOS} was first translated in 1977 for the Spanish-speaking audience in the United States by a group of Latinas called \textit{ALAS (Amigas Latinas en Acción Pro-Salud)}.\textsuperscript{31,32} However, it was not until 2000 that a full cultural adaptation of \textit{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.\textsuperscript{33} As a culturally responsive health education tool, \textit{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.\textsuperscript{32} It validates traditional healing practices, indigenous practitioners, and local knowledge as integral components of the health promotion and disease prevention continuum. \textit{NCNV}, like its predecessor \textit{OBOS}, links personal health and illness experiences to larger sociocultural, political, and economic conditions that influence health and well-being.\textsuperscript{33} 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.


The development of a training guide, \textit{Guía de Capacitación para Promotoras de Salud}, for community health workers followed shortly after the publication of \textit{NCNV}. The goal was to increase the accessibility and utility of the \textit{NCNV} as a resource. The guide built on \textit{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 \textit{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 Community Health Workers/Promotoras de Salud

<table>
<thead>
<tr>
<th>Workshops/Talleres</th>
<th>Modules</th>
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<tr>
<td>Taller 1: Como entender nuestros cuerpos (Workshop 1: Understanding our bodies)</td>
<td>Módulo 1: Anatomía y fisiología de la sexualidad y la reproducción (Module 1: Anatomy and physiology of sexuality and reproduction)</td>
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<tr>
<td>Taller 4: Salud y derechos reproductivos (Workshop 4: Health and reproductive rights)</td>
<td>Módulo 7: Los anticonceptivos (Module 7: Contraceptive methods) Módulo 8: Maternidad voluntaria (Module 8: Voluntary maternity)</td>
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<tr>
<td>Taller 5: Tipos de violencia hacia la mujer (Workshop 5: Types of violence against women)</td>
<td>Módulo 9: Tipos de violencia hacia la mujer (Module 9: Types of violence against women)</td>
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<tr>
<td>Taller 6: La salud mental de la mujer latina (Workshop 6: Mental health of Latinas)</td>
<td>Módulo 10: Salud mental, depresión y estrés (Module 10: Mental health, depression and stress) Módulo 11: Fármacos (medicinas, drogas, substancias controladas y no controladas), alcohol y tabaco (Module 11: Drugs, alcohol and tobacco)</td>
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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. Rev. Martin Luther King, Jr. once said, “the arc of the moral universe is long, but it bends toward justice.” 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


