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Mi Cuerpo, Nuestro Responsabilidad: Using Photovoice to Describe the Assets and Barriers to Sexual and Reproductive Health among Latinos

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ABSTRACT

Latinos in North Carolina experience disparities in sexual and reproductive health. To identify and explore assets for and barriers to sexual and reproductive health in the Latino community, an academic-community partnership engaged community health workers (CHW) in Photovoice, a participatory qualitative research methodology. Five sessions were completed in which CHW agreed on photo assignments and discussed the photos. Themes included the role of men, cultural taboos, and the effect of undocumented immigrant status on access to resources. Findings were presented at a community forum. Building on the strengths of CHW to reduce barriers to sexual and reproductive health is a viable strategy to address disparities.

Keywords: Latinos, sexual and reproductive health, qualitative research, Community-based participatory research, community health worker

INTRODUCTION

Latinos are the largest racial-ethnic group in the United States (US) and, in the last 20 years, the fastest growing racial-ethnic group in North Carolina (NC; United States Census Bureau, 2011 and State Center for Health Statistics and Office of Minority Health and Health Disparities, 2010). Immigration and high rates of fertility have fueled the growth of Latinos in NC (Steering Committee for the Review of Government Service Provision, 2011). Similar to other states in the US, Latinos in NC suffer from increasing disparities in many health outcomes, such as obesity, diabetes, asthma, cancer, and sexual and reproductive health (Centers for Disease Control and Prevention, 2012, Behavioral Risk Factor Surveillance System, 2011 and Vega, et al. 2009).

Sexual and reproductive health disparities experienced by Latinos are alarming. In NC, Latinos have lower rates of ever using contraceptives and higher rates of unintended pregnancy than non-Latino whites (Behavioral Risk Factor Surveillance System, 2011). Latinos have higher rates of sexually transmitted infections (STIs) than non-Latino whites, and the rate of HIV transmission is four times higher among Latinos than it is for non-Latino whites in NC (Behavioral Risk Factor Surveillance System, 2011). Additionally, Latinas are at higher risk for cervical cancer and experience higher rates of mortality for cervical cancer than non-Latino white women (State Center for Health Statistics and Office of Minority Health and Health Disparities, 2010). With respect to rates of unintended pregnancy, Latinas have double the rate compared to their non-Latino White counterparts. In NC, Latino adolescent pregnancy rates are higher than both non-Latino African American and White adolescents (Vega et al. 2009). The reasons for these persistent inequalities in sexual and reproductive health extend far beyond the individual behaviors into economic, social, cultural and structural factors and systems, which themselves produce unique assets and challenges for the Latino community in the US when compared to other racial/ethnic groups (Elder, et al. 2009). Socioeconomically, Latinos who settle in rural areas often emigrate from economically depressed regions of Mexico and Central America, bringing with them little or no formal education and lacking English-language skills (NC Institute of Medicine, 2003 and Rhodes, et al. 2010). Additionally, Latinos in rural areas of the US may lack the social networks that are often found in established immigrant communities, which can provide newcomers with social, cultural, and instrumental resources to navigate and interact with their new community, including language services, assistance in finding work, and accessing social services (Frost & Darroch, 2004).

Recently, Cashman and colleagues (2011) found that, undocumented status, misinformation, myths, lack of transportation, and lack of health insurance limit access to sexual and reproductive healthcare among Latinas in the Southeast (Cashman, et al. 2011). Despite these challenges and the presence of serious

disparities in sexual and reproductive health, few formal health promotion efforts have been developed, implemented, and evaluated, and those that do exist fail to address the interpersonal, social, cultural, and immigration policy factors that are impeding Latinos from accessing the services they need and want (Cashman et al., 2011 and Rhodes, et al. 2007).

In NC, grassroots efforts have begun to emerge within the Latino communities to address some of the barriers to health by building on existing assets and strengths. Community-based organizations such as El Pueblo, El Centro Hispano, and the Latino Credit Union have begun to advocate for health services and resources, as well as provide direct services to Latinos in NC. Informal networks of Latinos, such as soccer leagues, Latino groceries stores (*tiendas*), and hair salons, help disseminate information and provide social and instrumental support to Latino communities (Vissman, et al. 2009, Ayala, et al 2005 and Ayala, et al. 2013).

One strategy for reducing health disparities, including sexual and reproductive health disparities, among recently arrived Latinos in the US is the use of natural helpers from the community to provide support. Often referred to as community health workers (CHWs), lay health advisors, and in Spanish *promotores*, these individuals are socioeconomically, ethnically, and culturally similar to members of the community that they serve. *Promotores* are willing and able to provide advice, as well as social, emotional, and instrumental support to members of the community (Rhodes et al., 2007). In their roles, *promotores* can provide a unique perspective on their communities' most salient desires, needs, and strengths. Though many studies and programs that target Latinos utilize *promotores* to implement activities, we have limited available evidence that describes, from the point of view of *promotores*, what factors impact sexual and reproductive health in the Latino communities (Rhodes et al., 2007 and Ayala, et al. 2010).

In addition, one approach that aims to bring together communities and academic institutions to create partnerships built on trust and shared power is community-based participatory research (CBPR). These partnerships foster co-learning, creating an environment where the groups can leverage resources and utilize each partner's strengths to address community-identified needs and health priorities (Israel, et al. 1998). CBPR is well-suited to forming partnerships and working with immigrant Latinos in the US because CBPR facilitates insider's perspectives of and experiences with the health priority, helps researchers gain entry in their communities, supports the establishment of trust between "outsiders" and community members, and can promote social change designed to reduce health disparities (Israel et al. 1998). Through careful application of CBPR principles, community-academic partnerships can ensure the use, relevance, quality, and interpretation of the research findings (Rhodes et al. 2007, Israel et al.

1998, Altman, 1995, Institute of Medicine, 2003, O'Fallon & Dearth, 2002, Rhodes, et al. 2006 and Viswanathan, et al. 2004). This approach follows the assumptions of a constructivist/critical research paradigm and, in combination with qualitative methods, allows for a deeper account of Latinos' own lived experiences and how they interpret them, placing their experiences and voices at the center of the analyses.

Mi Cuerpo, Nuestra Responsabilidad (My Body, Our Responsibility) was a Photovoice project conducted with a group of Latina CHWs who identify themselves as *promotoras*; therefore, we will refer to them as such throughout this paper. The current study sought to understand the factors associated with sexual and reproductive health disparities in the Latino community from the perspective of *promotoras*, and develop an action plan to address these disparities, through a community-academic based partnership that followed the principles of community-based participatory research.

METHODS

Photovoice as a CBPR method

Photovoice is a qualitative method closely aligned with CBPR. Participants use cameras to take photographs that visually represent and communicate their life experiences to others within and outside the community (Wang & Burris, 1994 and Israel, et al. 2010). Through these photographs, participants record and reflect on their personal and communal experiences, critically examining the issues presented in the photographs. The results of this process are shared with stakeholders, with whose input participants will develop a plan for addressing locally relevant issues through social action (Rhodes et al., 2007 and Hergenrather, et al 2009).

Establishing the partnership for the Photovoice

El Pueblo's Director of Health Programs and a W.K. Kellogg Health post-doctoral fellow in the Department of Health Behavior at the University of North Carolina (UNC) Gillings School of Global Public Health, Department of Health Behavior initiated the partnership for this project. El Pueblo is a non-profit organization located in Raleigh, NC, whose mission is to effect positive social change through community collaboration and partnership, leadership development, advocacy, education, health promotion, and cross-cultural understanding. El Pueblo envisions a just and equal community where all Latinos are respected, valued, and engaged across NC. Over the past 10 years, El Pueblo has partnered with faculty, Masters of Public Health students, and post-doctoral fellows from UNC. For this Photovoice project, El Pueblo's Director of Health Programs served as Co-PI with the postdoctoral fellow. Based on direction from the co-PIs, three graduate students conducted the Photovoice project.

Setting

The Photovoice project and community forum occurred between January and August 2011 in Fuquay-Varina, NC, located in Wake County. Fuquay-Varina is a small city of 17,937 residents, 10% of whom are Latinos (US Census Bureau, 2012). Wake County is one of six counties in the state that has implemented 287(g) a U.S. Immigration and Customs Enforcement (ICE) program, part of the Department of Homeland Security (US Immigration and Customs Enforcement, 2012). This program authorized local law enforcement officers to arrest and deport undocumented Latinos living in the county.

Participants

The *promotoras* who participated in the *Líderes en Salud Reproductiva* program and in the Photovoice process were all female and had resided in NC and volunteered with *Líderes en Salud* group for varying amounts of time, ranging from 3 to 5 years. The *promotoras* were trained on how to conduct outreach and provide sexual and reproductive health information to community members within their neighborhoods. They disseminated information regarding community resources and assisted others in successfully navigating the health care system. Over the past 5 years, the *promotoras* held monthly meetings with the local county public health department's Latino community health educator and El Pueblo's Director of Health Programs at the conveniently located County's Human Services building. At these meetings, *promotoras* planned activities to promote sexual and reproductive health in their communities, discussed challenges faced in their work, and received additional training and education on topics of interest.

Recruitment

To recruit participants for the Photovoice project, the community and academic partners described the project during the monthly *promotoras* meeting. Six of the eight women who attended the informational meeting consented to participate in the project. Of the six women who consented, five were *promotoras* from El Pueblo, Inc. and one a community member invited by a *promotora*. All activities were conducted in Spanish and all women provided written consent. The UNC Institutional Review Board approved the study (IRB #11-1740).

Data collection

The Photovoice project consisted of an orientation session to provide an overview of the process, three sessions to discuss photographs taken about agreed-upon reproductive health topics, and a final session to collaboratively finalize the emergent themes from the analysis and discuss the community forum for

disseminating findings. During the orientation session, the participants and partners brainstormed photo topics for each of the three photo-assignments, learned how to use the cameras, and practiced how to take photographs. To select topics for the photo-assignments, the group created a list of possible sexual and reproductive health issues, and then decided as a group which topic they wanted to guide the subsequent week's photo-assignment.

For each Photovoice assignment, *promotoras* were to use disposable cameras, which were provided by the academic partner, to take five to eight pictures in their communities that represented the week's photo-assignment, for example, one week *promotores* explored barriers for family planning. The number of photographs taken per assignment allowed participants to focus on the themes they wanted to illustrate and allow for all participants to share their photographs during a session. After photos were taken, the *promotoras* mailed their cameras to the academic partner for development and received their photographs during the following Photovoice session.

During the Photovoice discussion sessions, each of the *promotoras* selected one photograph from her developed photographs to present to the group and discuss how it related to the week's photo-assignment. Then, the group selected one of these photographs to generate a discussion on the perceived factors and dynamics related to their sexual and reproductive health, focusing on the pre-determined photo-assignment topic. Each of the three graduate students facilitated one photo-assignment discussion, using the Photovoice process known as VENCER, an adaptation in Spanish of the SHOWED process, detailed in Table 1 (Wallerstein & Bernstein, 1994 and Wallerstein, 1994). The VENCER process guided the discussions by leading the group to identify the images in the photograph, analyze the implications of the situation portrayed, and develop a plan of action to address the identified factors. Each discussion was conducted in Spanish, lasted approximately 2 hours, and was audio recorded.

Table 1: SHOWED/VENCER

English		Spanish	
S	See	What do you literally SEE in the photo?	V Ves Mencionar el asunto. ¿Qué es lo que VEMOS literalmente en la foto?
H	Happening	What is HAPPENING in the photo?	E Explica qué sucede Explica ¿Qué SUCEDE en la foto?
O	Our lives	How does this relate to OUR lives?	N Nuestras vidas Lo que sucede en la foto ¿En qué se relaciona a

				NUESTRAS vidas? y ¿Cómo nos sentimos al respecto?
W	Why	WHY does this situation, concern, or strength exist?	C	Causa(s) ¿Cuál o cuáles son las CAUSAS por las que esto sucede? (a nivel individual, familiar y social)
E	Empower/ Educate	How can we empower the community and ourselves to address this? How can we EDUCATE others about the problem?	E	Empoderar/ Educar Ahora que ya comprendemos lo que sucede ¿Cómo podemos EMPODERAR a la comunidad o a nosotros/as mismos/as? ¿Cómo podemos EDUCAR o sensibilizar a otros sobre el problema?
D	Do	What can we DO to improve the situation or enhance these strengths?	R	Resolver ¿Qué podemos hacer y cómo podemos RESOLVER esto en nuestras vidas?

Data analysis and interpretation

After each session, the graduate students transcribed the recordings and subsequently read through the transcripts between two and three times to begin identifying codes that represented patterns of meaning in the text. These codes were then discussed with the participants at the next session for verification to begin an iterative process of jointly identifying initial themes. Subsequently, the students created a codebook and used Atlas.ti (version 6.2) to code the transcripts. The analysis consisted of identifying broad conceptual themes and codes within and across transcripts, examples of codes included “barriers to protection from STIs” and “community responses to the *promotoras*’ work”. After preliminary themes were identified based on these codes, the participants reviewed and refined them, creating a list of final themes that was subsequently approved by all partners. In addition, discussions at the upcoming community forum were expected to serve as a means to interpret and validate the findings and themes that emerged from the Photovoice and move towards action.

Community forum

The partnership planned and conducted a community forum to display the photographs with quotes in both English and Spanish for attendees to reflect on and discuss the themes and findings that emerged from the Photovoice project. *Promotoras* and MPH students lead the discussions. Those who attended engaged in-group discussions to identify action steps to address the issues presented. Results from those group discussions were then presented to the whole group and a series of agreed-upon action steps were drafted.

RESULTS

Five of the six participants were trained as *Líderes de Salud Reproductiva*, with an average of 4 years of experience as *promotoras*. All were female, born in Mexico, and had lived in the U.S. for more than 5 years. Their ages ranged from 22 to 55 years.

Three photo-assignments were completed on the following topics: 1) lack of family planning; 2) access to services; and 3) the role of men in sexual and reproductive health. Four primary themes emerged from these sessions: women lack power to make their own reproductive health decisions, cultural taboos and shame are barriers to conversation about sexual health, education increases awareness but may not change actions, and fear prevents community members from accessing services.

Women lack power to make their own reproductive health decisions

One theme that emerged was that many Latinas perceived that they had little control over their sexual and reproductive health decisions. The participants stated that family planning should be mutual but was often solely the responsibility of women, as men did not play an active role in family planning strategies or decisions. In contrast, participants stated that men maintained control over a couple's sexual decisions, such as whether or not to use a condom. This discrepancy may be due to the lack of communication between partners, fueled by the absence of intimacy in the relationship, fear of retribution from the male partner, and *machismo* (often defined as strong masculine pride) that may have arisen from the different social role that men assumed to protect their family in their new immigrant context (Arciniega, et al. 2008). The following quotation exemplifies a participant's beliefs about men's perceptions and involvement in sexual and reproductive health issues: "A lot of men ignore things. Like I said, they think that only women are supposed to know this information because they think they're more susceptible to infections. They say, 'I'm the man, I'm strong, nothing will happen to me.' And so they ignore a lot of things." Additionally, the *promotoras* reported that community members and leaders assumed that sexual

and reproductive health was the responsibility of women. Thus, these community leaders do not specifically target men in their efforts to address sexual and reproductive health.

Cultural taboos and shame impede conversations about sexual health

The participants stated that community members seemed more open to discussing sexual and reproductive health now than in the past. Nonetheless, the topic was still considered taboo. Thus, discussions of sexual and reproductive health often brought up feelings of shame or embarrassment, leading to situations where sexual and reproductive health was rarely discussed, even with partners or friends. Though the participants were specifically trained to educate community members about sexual and reproductive health, they admitted that it was difficult to discuss, especially with sons, daughters, and partners. Additionally, participants recalled personal experiences of speaking to their mothers about sex, including the shame, anger, and embarrassment that accompanied these conversations.

Education increases awareness, but may not change actions

Another theme that emerged was that sexual and reproductive health education was identified as important but not necessarily sufficient for remedying the lack of access to health services in the Latino community. Participants reported that people might be informed about how to improve their reproductive and sexual health but may not employ this knowledge in their daily lives. Examples of this included not using family planning methods, disrespecting their partners' sexual health preferences (such as women wanting to use condoms to protect themselves from STIs), or disregarding information or services that were available.

A participant shared a photo of informational brochures and condoms sitting on a table, saying, "Well, I think that some people, just like in the picture, there they are. Brochures just sit there, condoms just sit there, information without anything, just there. So, I think that's what happens in a lot of the community. They're just sitting there without using them." Although they viewed informational resources as important, the participants stated that relying on them alone to alter the barriers to sexual and reproductive health was insufficient. Figure 1 illustrates this theme in the discussions. Though this group conducted education as its primary activity, they confirmed that additional actions were required in order to positively impact sexual and reproductive health issues in the Latino community. Participants suggested actions at the systems level, such as increasing access to services and reducing fear of retaliation from authorities when they seek these services.

Fear prevents community members from accessing services

Another theme that emerged was that Latinos living in NC experienced fear and discrimination daily, leading to high levels of stress. The participants shared stories of Latino community members who did not access services because of their undocumented immigration status, lack of English-language skills, and perception of widespread discrimination. Many documented and undocumented Latinos feared that they would be suddenly deported or separated from their families due to the immigration enforcement policies in their counties. The participants stated that many Latinos in their communities felt that utilizing available services might increase their risk of deportation, especially among those who were undocumented. A participant stated, “I think the biggest problem is not having a drivers’ license. People have to force themselves to take their kids to the hospital, to school, to their doctor’s appointments, everything. Nevertheless, they do it anyway. They risk themselves, and they put [other Latinos] at risk. Every day that passes [law enforcement] is closing doors to us Hispanics.” The pervasive feeling of fear in the Latino community contributed to an environment where accessing necessary services and care was of lower priority than ensuring one’s presence in the US. Thus, the constant risks associated with living in the US as an undocumented immigrant increased the stress of everyday life, decreasing overall quality of life (Cashman, et al. 2011). Participants reported that many of the Latinos living in their community regularly experienced discrimination and racial profiling from fellow non-Latino residents, law enforcement officials, and other professionals due to their assumed undocumented status, ethnic background, and difficulty speaking English. These discriminatory attitudes and behaviors are supported by programs like 287(g), which have been implemented in the counties, where these participants live. Figure 1 and 2 represent these concerns.

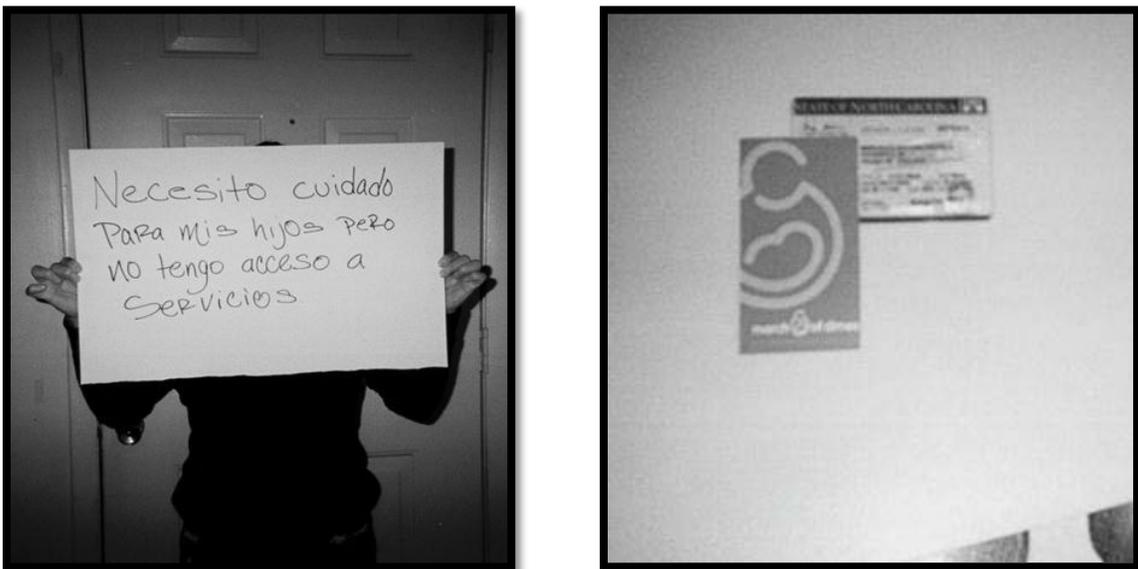


Figure1: A participant photo illustrating how education may raise awareness but would change behaviors.

Only Brochures/Solo Folletos

“Pues, yo creo que varias personas que así se ve en la foto, así están. Folletos simplemente allí, condones simplemente allí, información si nada, allí. Entonces, yo creo que eso es lo que sucede mucho en la comunidad. Simplemente están allí sin usarla.”

“Well, I think many people are just like what you see in the photo, there they are. Brochures are just there, condoms are just there, information if any is there. So, I think that’s what happens a lot in the community. They are just there without being used.”



Figure 1: Participant photos reflecting the fear and concern about immigration policy

Less Access/Menos Acceso

“Día a día que pasa a los Hispanos se nos está cerrando las puertas por todos los lados.”

“Every day that passes for Hispanics, they are closing doors to us on all sides.”

Fear of going out/Temor a Salir

“Yo creo ahorita es el problema más principal, es la falta de licencia [de conducir]. Las gente tienen que salir forzosamente a llevar a sus hijos al hospital, a la escuela, a su físico, a todo... Y sin embargo, así andan, se arriesgan, nos arriesgan.”

“I think right now that this is the main problem, the lack of a [driver’s] license. People have to force themselves to take their kids to the hospital, to school, to

their physical, to everything... And yet, this is how they go, they risk themselves, we risk ourselves."

Community forum

The participants and partners planned a community forum to display the photographs and present the Photovoice project's findings, as well as to develop an action plan for building on the identified strengths to address barriers to sexual and reproductive health. To streamline this process, they presented *lack of family planning* and *men's role in sexual and reproductive health* as a single topic (focusing on actions oriented toward individual change), and *access to services* as a second topic (focusing on actions oriented toward structural change). The organizers sent a press release to English- and Spanish-language local media alerting them to the community forum and to the findings of the Photovoice project.

The forum took place at a local community venue in Fuquay-Varina, NC, to encourage attendance from both community members and other stakeholders. On-site childcare and refreshments were provided to those who attended. The agenda consisted of an exposition of some of the photographs and quotations from the project, introductions, a keynote speaker from the National Council of La Raza (an advocacy organization located in Washington, DC), breakout sessions for each of the two topics, and a large group discussion to develop action steps for addressing both topics. Throughout the forum, two interpreters facilitated real-time communication between English and Spanish monolingual speakers. Over 40 people attended the forum, including community members, policymakers, service providers, advocates, public health professionals, local media, and graduate students from UNC.

Immediate action steps focused on addressing the individual-level barriers to sexual and reproductive health in the Latino community, which participants agreed were tangible and achievable. Specifically, they discussed ways to reach out to Latino men to increase their involvement in sexual and reproductive health decisions and programs. Ideas for action included using text messages and electronic media to spread information, creating an anonymous condom distribution list, and targeting men at work or during recreational activities. Distal action steps included creating greater ties between decision makers and community members, thus increasing the Latino community's engagement and capacity, as well as gaining access to funding for CHW programs provided by the Affordable Care Act. Table 2 contains a complete list of the action steps that emerged from the community forum.

Table 2: Action Steps from the Community Forum

Action Steps from Community Forum	Examples
Educate the Latino community about how life in the US differs from life at home (laws, customs, etc.)	<ul style="list-style-type: none"> • Dispel myths about weight gain, anemia, blood illnesses, etc. that often discourage women from using contraceptives • Language barriers and difficulty translating certain medical concepts • Educate on what necessitates a medical emergency • Provide the location of community health centers where undocumented immigrants can receive care and explain the process and “what to expect” when using community health centers
Inform and engage men (via radio or other modes of communication) in ways that will reach and impact them more than brochures	<ul style="list-style-type: none"> • Emphasize the importance of a partnership when dealing with individual sexual health • Reach men via soccer leagues, places of business, text messages, radio, car washes, etc.
Alter norms at the family and community level	<ul style="list-style-type: none"> • Educate daughters and sons on reproductive and sexual health for themselves and their future partners and families • Hold local informal <i>charlas</i> to educate men and women in the community, not just on a broader statewide or national level
Help build self-confidence to lessen feelings of fear and enable collective action	<ul style="list-style-type: none"> • Publicize individual rights • Act in unison as a community by encouraging collaboration among competing Latino advocacy groups • Learn about what national Latino networks exist and what they do to bolster their work locally
Decrease language barriers to increase participation in community	<ul style="list-style-type: none"> • Advocate for interpreters present at meetings

organizations	<ul style="list-style-type: none"> • Use texts and apps in Spanish to increase outreach and participation • Publicize locations of English classes and encourage non-English speakers to partake
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DISCUSSION

My Body, Our Responsibility (Mi Cuerpo, Nuestra Responsabilidad) was a CBPR Photovoice project implemented to explore the perceived factors associated with reproductive and sexual health disparities among Latinos in rural NC from the perspective of *promotoras* and community members, who are community insiders and deeply connected to the strengths, needs, and resources of the community. This approach allowed members of the community-academic partnership to develop an equitable relationship, share their experiences, and create a tangible action plan for addressing issues. Using Photovoice techniques, participants were able to identify and describe factors and processes that contributed to sexual and reproductive health disparities, while also documenting resources and strengths in the community to counter these factors.

The need to include men in efforts to address reproductive health was an important finding of this study. During the community forum, the partners decided to focus future efforts on exploring and developing a sexual and reproductive health campaign that targeted Latino men and how their socio-cultural beliefs may negatively impact their partners' and families' sexual and reproductive health. Considering men's role in women's and families' reproductive and sexual health outcomes could be beneficial and effective for addressing this issue on a broader scale in the community. One academic partner is conducting research with Latino men in NC to further explore how they are experiencing their sexual and reproductive health and how those experiences can be integrated into intervention programs for both men and women.

The findings of this study shed light on the interpersonal, social, cultural, and policy factors that contribute to sexual and reproductive health disparities among Latinos in the southeast US. The findings indicate that these factors are specific to the context of and policies within a state. The difficulty for Latinos in NC of obtaining legal documents (e.g., driver's licenses or social security numbers) and their fear of deportation further complicates other barriers to sexual and reproductive health. This hostile environment makes it difficult for *promotoras* to engage community members in activities and for Latinos to access and receive basic health services, limiting their ability to use their knowledge of sexual and reproductive health. Understanding the context and socio-political characteristics of the community in which *promotoras* and researchers work is important not only for appropriately tailoring interventions and attending to

cultural sensitivity, but also because it can determine whether or not program activities will be congruent with the reality and resources that exist within that community.

Another important implication of this study is the successful use of community- and assets-based approaches. The partnership was solidified through the relationship between a member of the UNC team (Kellogg Health Scholar) and the Director of Health Programs from El Pueblo. *Promotoras* and graduate students collaborated on the identification, understanding, and addressing of prioritized reproductive and sexual health issues. The forum provided an opportunity for the community and academic partners to jointly disseminate study findings and develop, with stakeholders' input, a plan that proposed specific action steps for addressing sexual and reproductive health challenges in the Latino community. Additionally, the event was held in the *promotoras*' community, which had never been done before and thus gave them a sense of ownership over its process and outcome.

Some social and cultural characteristics are consistent among Latino immigrants in the US, but it is important to note that no community, and no social and cultural context where they live, is uniform. Thus, it is critical to understand the local context when seeking ways to promote access to health services. In addition, the findings from this study suggest that advocating for policy changes, in addition to educational interventions, are needed in these communities. Community-academic partnerships, such as the one previously described, are challenged to think of strategies that incorporate advocacy and policy efforts into ongoing health education campaigns. Strategies to facilitate access to reproductive and sexual health services on a structural level, such as having Spanish interpreters at the clinics or teaching basic English skills to Latino immigrants, may indirectly decrease the fear or lack of accessing services.

Strengths and limitations

A Strength of this study was that it utilized a CBPR approach, which allowed participants' experiences and perspectives to inform the findings, built a community-academic partnership, and created new knowledge to be used for action and change. Additionally, the participation of *promotoras* added a unique insiders' perspective to the factors and themes explored in this study. Lastly, the photographs taken by *promotoras* were used as "triggers" for VENCER-guided small group discussion and a larger forum discussion. The forum provided a venue for supporting community engagement to address sexual and reproductive health disparities among Latinos in rural NC. The qualitative methods and action oriented Photovoice, together, provided the formative data and opportunity to mobilize the community and empowered them with data that could lead to the design and evaluation of interventions that address the salient factors identified.

A limitation of this study's CBPR application was that academic partners initiated the study, however, in partnership academics and *promotoras* decided on the aims of the photovoice project and specific research question. Also, the identification and interpretation of the findings were led by *promotoras* trained on SRH and already sensitized to these issues. Further study should be considered with other Latinas not trained as *promotoras* to determine differences in perceived factors. Additionally, the experience of Latino immigrants in NC may not echo that of other regions of the US. Yet, these findings provide valuable information on the experiences of Latinos living in rural and emergent Southeast US immigrant Latino communities. Especially in the social context of immigration in the US, where pervasive laws and rhetoric against immigration and Latinos living in the US, acts as social determinant of health among Latinos.

CONCLUSION

The approach to and findings of *My Body, Our Responsibility* has implications for public health practice and research. The CBPR approach allowed for *promotoras* and community members to immediately use the findings in efforts to develop an action plan to be used when targeting short- and long-term challenges to sexual and reproductive health in their community. The study involved members of a community and an academic institution with an existing strong relationship, thus allowing both groups to leverage available resources and creatively develop a plan for addressing issues. This study also has implications for public health research, as conducting activities that engage communities can lead to findings on factors that impede public health progress in certain communities, thus leading to more tailored interventions that can produce social change and reduce health disparities.

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