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EXPLORING SEXUAL HEALTH EDUCATION DISPARITIES AMONG LATINA IMMIGRANTS IN JACKSON HEIGHTS, N.Y.

Maria Camila Lopez

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ABSTRACT

The purpose of the current study is to explore the factors that influence sexual health decisions of female Latina immigrants with low socioeconomic status in an urban area. We aimed to evaluate the possible preventive steps to lower their risk of contracting STDs. The need for this study was highlighted by research findings that suggest that health disparities among Hispanic immigrants have had a significant impact on their poor quality of life due to lack of proper access to medical care and misdiagnosis due to differences in risk factors and manifestations of the disease. Sexual health is a constant issue in the immigrant Hispanic community due to the high incidence rates related to this specific population. The research data collection was based on a survey given out to Latina female immigrants ages 18-45 in Jackson Heights, NY.

INTRODUCTION

The Hispanic population is the largest minority group in the United States. According to the data from the United States Census Bureau (2020, October 16), “The Hispanic or Latino population, which includes people of any race, was 62.1 million in 2020. The Hispanic or Latino population grew 23%.” Latino Americans refer to an ethnic group that “includes any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race” (United States Census Bureau, 2020, October 16). The term Hispanic and Latino are often used interchangeably, which can lead to some difficulty in identifying the group. Although most individuals from South or Central America can be in both categories, the terms are

not interchangeable. Hispanic refers to people from Spain or of Spanish-speaking origin (usually descends from Spain), while the term Latino ... “includes people from Brazil and excludes individuals born in or descended from Spain, Hispanic refers more to language, while Latino/Latina refers more to culture” (Santana et al., 2017, June 8).

Although this ethnic group continues to increase in the United States, this minority is one of the most seriously affected by the lack of resources, lack of access to health care, education, and lower quality living conditions. Many Hispanic immigrant workers do not have a legal immigration status that authorizes them to work in the United States. The vast majority of employers who accept undocumented workers in their businesses often pay them less than the minimum wage, do not pay them overtime or sick days, and do not provide health benefits as part of employment. Therefore, the health of the Hispanic community has been impacted by its social and its economic conditions. It may be important to note that Hispanics have the highest rate of uninsured individuals among any ethnic minority or group in the United States. (Keisler-Starkey & Bunch, 2020). Difficult socioeconomic conditions contribute to deprioritizing of healthcare among Hispanic Americans. In 2020, the Census Bureau reported that 49.9 percent of Hispanics had private insurance coverage, as compared to 73.9 percent for non-Hispanic whites (Keisler-Starkey & Bunch, 2020). Since the Latino population was determined to be the fastest-growing minority group in the United States, many organizations have used their resources to carry out research that would expand our knowledge about the Hispanic population. Despite the multiple social injustices,

health disparities among Latino immigrants have had a significant impact on their quality of life. They may be misdiagnosed due to differences in risk factors and manifestations of the disease. Hispanics often have lower health literacy levels than NHWs, as well as language barriers that limit their ability to navigate the system (Edward et al., 2018; Villagra et al., 2019).

Sexual health is an important part of human health, however, it can be ignored by individuals due to stigma associated with speaking up regarding sexual health. The World Health Organization defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality. This term not only refers to sexually transmitted diseases (STDs), but it also includes personal care, mental health and overall well-being. Due to the stigma and lack of education surrounding sexual health, many minorities are affected by STDs, contributing to overall health disparities. Vulnerable populations, including the Latino community, are often left out in scientific research data as medicine has struggled to include enough women and minorities in research, a problem that leads to the perpetuation of other issues within the Hispanic community. In addition to all the other diseases that concern the Hispanic population, sexual health is a huge issue in the immigrant Hispanic community due to the high statistics related to this specific population. HIV/AIDS has been a prominent issue slowly growing in the Hispanic community until it was declared a pandemic in 1981. Since then, “HIV/AIDS has become the fourth leading cause of death for Hispanic women ages 35–44 years” (Ragsdale et al., 2009). Even now, “...women account for more than one-quarter of all new HIV and AIDS diagnoses, starting from young females age 13 years and older” (Ragsdale et al., 2009). Even though the Hispanic community is at risk of contracting STDs, Hispanic immigrant women are at a higher risk of experiencing issues in relation to their sexual health.

SEXUAL HEALTH OF LATINA IMMIGRANTS

Hispanic immigrants have been disproportionately affected by multiple diseases due to health disparities in the United States. In addition to all the other common diseases that concern the Hispanic population, “sexually Transmitted Infections (STI) in racial/ethnic minorities have been identified by leading United States (U.S.) health agencies as a growing health concern” (Seal et al., 2012). Among the minorities affected by sexually transmitted diseases, the Hispanic population “...have over twice the rate of gonorrhea and syphilis infection, and nearly three times the rate of chlamydia infection” (Seal et al., 2012). Although STDs affect the entire Hispanic population in general and of all ages, Latina women are highly vulnerable and at risk of contracting sexual diseases. Studies focused on identifying the minorities most vulnerable to STI’s conclude that “Hispanic immigrant women comprised 44% of HIV diagnoses among Hispanic women in the United States” (Valverde et al., 2015). As a nation searching for progress and the reduction of social injustices, it is of great importance to recognize that women who are part of ethnic minorities are even more at risk of contracting diseases and have shorter life expectancies. Throughout history, women have been exposed to a wide variety of social injustices by being marginalized, undervalued, and seen as inferior beings. Despite many efforts to achieve gender equality and equity, women have not achieved parity. Female Latina immigrants are at high risk of contracting sexual diseases: “Latinas are 1.7 times more likely than other racial/ethnic minorities to develop high-risk HPV infection, and hence have higher rates of cervical cancer compared with African American and white women” (Seal et al., 2012). The Hispanic community overall, suffers from the aggravated consequences of severe illnesses due to health disparities, in which Hispanics are not adequately treated and are not given a comprehensive plan created for their needs (Gonzalez-Guarda, 2009). Therefore, Latina immigrants have additional challenges for receiving health care: “Latina

immigrants experience additional negative impacts including a greater likelihood of receiving late HIV diagnosis and worse health outcomes after diagnosis” (Sastre et al., 2015). HIV and other sexually transmitted diseases have become an epidemic due to the large number of infected people, mostly female Latinas. Due to the high rate of STI infections among ethnic minorities, many institutions have used their resources to focus on the rise of infection among these minority populations relative to other groups. Previous studies have concluded that the increase in sexual diseases is due to sexual behavior influenced by socio-cultural factors, following the traditional gender sex roles of machismo and the lack of education on the care of sexuality since “...latinos are often more misinformed about HIV transmission, less likely to believe they can prevent infection, less likely to have positive attitudes about condoms, and more likely to have unprotected sex” (Romero et al., 1998).

In recent years, the United States has tried to implement strategies to allocate resources so that certain populations have greater access to the health system and thus can prevent certain sexually transmitted diseases. “Although estimated HIV incidence in the United States has declined overall by 6% since 2010, it has increased among Hispanic/Latino populations by 14% or more” (Guilamo-Ramos et al., 2020). Additional studies for understanding the root cause for this disproportionate increase in STIs are needed and community-based approaches are necessary to debunk myths related to transmission of STIs in this population. Likewise, “...the HIV diagnosis rate among Hispanic women in 2015 was more than three times that of White women” (Centers for Disease Control and Prevention, 2019, June 25).

The Hispanic community faces a complex variety of issues that leads to health disparities.

Among them is the fact that a large percent of this community are people who are or have been undocumented and therefore have not had great accessibility to health insurance, medical providers or medical services that allow them to obtain knowledge about the importance of sexual health. “Latinos remain the most underinsured and uninsured racial/ethnic group in the United States” (Guilamo-Ramos et al., 2020). In the case of the Hispanic community, “Hispanics/Latinos are more likely to report never having been offered an HIV test compared with non-Hispanic Whites and African Americans” (Guilamo-Ramos et al., 2020). This is the result of the lack of opportunities to communicate with medical providers that would guide them to take specific steps that will help prevent certain sexually transmitted diseases or that will provide them with the necessary knowledge on how to take care of themselves and their partners in order to carry out a healthy sexual life. The purpose of our research is exploration of the cultural factors that perpetuate the increase in sexual diseases and

“The purpose of our research is exploration of the cultural factors that perpetuate the increase in sexual diseases and possible strategies to prevent the spread of STDs specifically in female Latina Immigrants...”

possible strategies to prevent the spread of STDs specifically in female Latina Immigrants, who are vulnerable to high rates of STDs. Jackson Heights was chosen for the study due to its diversity. Most (64%) of the residents are immigrants, which is higher than Queens as a whole (48%). Additionally, the majority of the population identifies as Hispanic or Latino (57%) (NYU Furman Center for Real Estate and Urban Policy, 2023; Avenue NYC, 2019).

METHODS

Overview

To gain an understanding of possible cultural barriers and experiences of immigrant Latinas we conducted a survey partnering with a community organization, Voces Latinas, in Jackson Heights

N.Y. The study was approved by the Institutional Review Board at St. John's University in Queens, NY. Data was collected using a cross-sectional study method. Considering that participants could change their perspectives and opinions over time, it was essential to give them a brief overview of the problem that is happening in our society today in relation to the high incidence of sexual diseases with respect to the Latino community. Similarly, we provided them with time to reflect on their experiences, on how they have managed sexual health throughout their lives and how they have transmitted it to their families, so the participants had enough time to analyze how these factors have played an important role in their lives.

Sampling Method

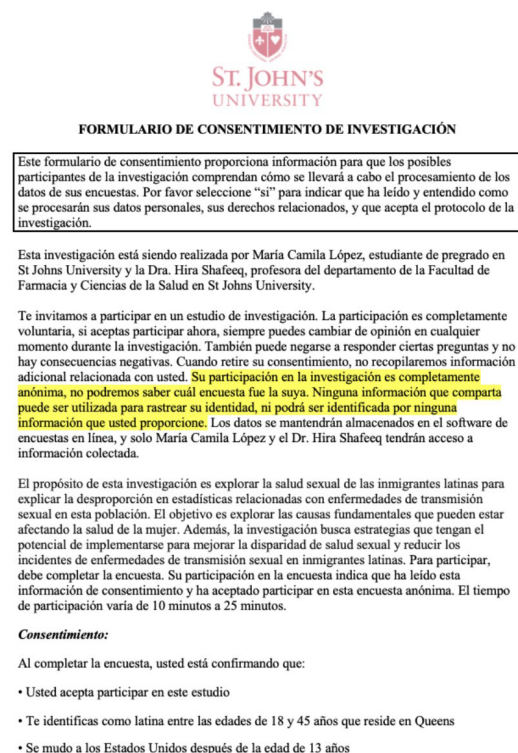
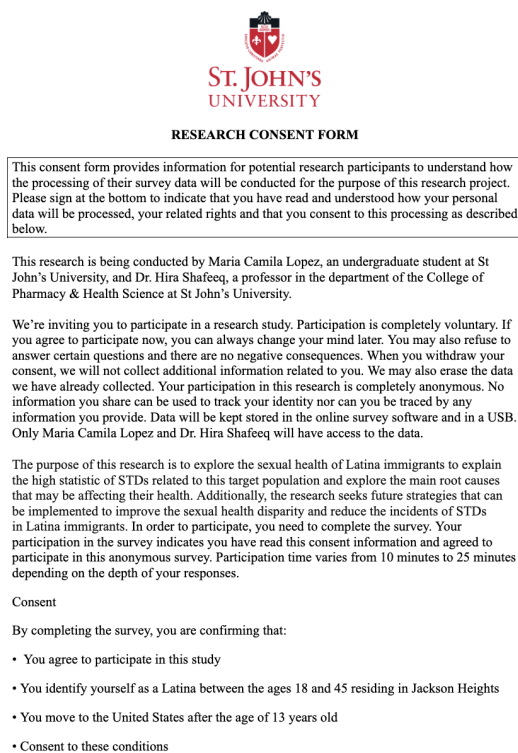
We used purposive sampling which is part of the non-probability sampling method. This consists of the researchers targeting sampling to a very specific population with unique characteristics. Participants were selected based on eligibility

to participate. Selected participants were Latina women between the ages of 18 and 45, who have lived in their native country for at least the first 14 years of their lives and currently reside in Jackson heights.

Strategy for Obtaining Informed Consent

All participants qualified and selected into the survey process were informed of the ways in which their responses would be included in this research. Before starting the survey, the participants received an overview about the topic and the importance of the findings. Researchers made sure that participants understood the survey was completely anonymous and there was no way of identifying the subjects through their answers. The survey began with a consent form explaining the research, the goals, an overview of the survey, eligibility requirements and asking the participants to use their anonymous answers for further analysis. Only participants who agreed were taken to the actual survey questions and analyzed for further

Figure 1.
Consent



Data Collection

Data collection began in July 2022 and continued through the remainder of the summer 2022. The survey was distributed via Qualtrics software. The survey was made available to the participants using a QR code. The QR code would direct the participants to a mobile-friendly version of the survey. The survey included 25 required questions and two optional questions (offered in English and in Spanish) separated into the following categories: demographics, previous knowledge of STDs, understanding of current preventive steps, and knowledge on how to get additional information. Recruitment was made possible online through social media posts and in-person. In-person recruitment consisted of distributing flyers to possible participants that were pedestrians in the neighborhood of Jackson Heights. Those interested in participating were provided with a brief overview of the topic and allowed time for reflection. Participants were also encouraged to share the link to other Latinas that would fit the same criteria to get as many participants as possible.

Data Analysis

Data analysis was conducted using Microsoft Excel and the Qualtrics site for summary statistics. To understand the relationships and patterns of variables, we used bar graphs, pie charts and histograms. The visual graphs allowed us to represent each variable through different visualizations and see differing points of view of the connections with each category to effectively analyze how each one is related to one another.

Project Goals

The purpose of this capstone project is to address education and accessibility to sexual health resources in the Latina immigrant community. My capstone project consists of a sexual health awareness campaign that is distributed through an Instagram account that consists of weekly informational posts with links, graphics, and resources that emphasize the importance of taking preventive steps to lower the risk of STDs, getting knowledge on sexually transmitted diseases, its

symptoms, treatments, ways to get tested and any other resources that may be helpful to have a healthy sexual life. All infographics, links or any other information provided through different means will be in English and Spanish. In addition, I partnered with a local nonprofit organization, “Voces Latinas,” that serves as a resources for sexual health for females in Jackson Heights. The partnership consisted of facilitating a virtual workshop on sexual education and STDs. An informational virtual workshop was held in collaboration with Voces Latinas based on the knowledge gap identified by the survey. The education workshop consisted of an interactive workshop on information about STDs such as Bacterial Vaginosis (BV), chlamydia, Gonorrhea, Genital Herpes, Hepatitis, HIV/AIDS, among others. The workshop provided information regarding symptoms, modes of transmission, diagnosis, treatment & screening, and other materials from the CDC. Information was also posted on the Instagram page for the organization. At the end of the workshop participants were asked for the best ways to distribute knowledge related to sexual health.

RESULTS

The following are the results from the survey given to Latina immigrants who met the qualifying criteria. The results are presented in the 4 different categories that would most likely have a correlation with knowledge and preventive steps in the community regarding STDs. Due to the eligibility requirements for participation in the research, all the participants are females born in a Spanish-speaking country. Therefore, all the participants were Latina immigrants who had lived some part of their lives in their native country. All participants had all gone through some kind of immigration process, however, most described being at different stages of the immigration process. Half of the participants (51%) claim to have had some type of information about sexually related diseases from family members. Among these participants, there is a greater coincidence that this information has been received from their

mothers (57%). A significant percentage of the participants confirmed being sexually active (33, 80%), however, only half of the participants described as having been tested for STDs (20, 49%).

Baseline Characteristics

Table 1.
Demographic Information

<i>Demographics (n = 41)*</i>	
Identify as Female n(%)	41 (100)
Born in a Hispanic country n(%)	41 (100)
Currently have medical insurance n (%)	32 (78)
Highest degree or level of school completed	
• Some high school or less	7 (17)
• High school diploma or equivalent	20 (49)
• Associate or technical degree	7 (17)
• Licenciatura / bachelor's degree	2 (5)
• Professional Degree	5 (12)
*Participants were all Latina women between the ages of 18-45, born in a Hispanic country, and currently residing in Jackson Heights	

Table 2.
Previous Knowledge of STDs

Level of intimidation when discussing sexual health n (%)	
<ul style="list-style-type: none"> • High • Moderate • Low • Not at all 	<p>6 (15)</p> <p>10 (24)</p> <p>9 (22)</p> <p>16(39)</p>
Have any prior knowledge about STDs n (%)	39 (95)
Primary source of information about STDs (n=39) n (%)	
<ul style="list-style-type: none"> • School • Social Media • Family members • Internet Search • Friends • Other 	<p>15 (38)</p> <p>4 (10)</p> <p>6 (15)</p> <p>8 (21)</p> <p>1 (2.50)</p> <p>3 (7.6)</p>
Obtained information about STDs from family members n (%)	21 (51)
If information obtained by family members, which family member was it (n=21) n (%)	
<ul style="list-style-type: none"> • Mother • Aunts or uncles • Other 	<p>12 (57)</p> <p>1 (5)</p> <p>6 (29)</p>
Had access to sexual health education in the native country? n (%)	15 (37)
Frequency of sexual health discussions with partner n (%)	
<ul style="list-style-type: none"> • Always • Very Frequently • Occasionally • Rarely • Don't have a partner 	<p>15 (37)</p> <p>6 (15)</p> <p>4 (9.7)</p> <p>3 (7.3)</p> <p>13 (32)</p>
Frequency of sexual health discussions at home or with family members n (%)	
<ul style="list-style-type: none"> • Always • Very Frequently • Occasionally • Rarely • Never 	<p>4 (9.7)</p> <p>1 (2.4)</p> <p>15 (37)</p> <p>10 (24)</p> <p>11 (27)</p>

Table 3.
Current Preventive Steps (n=41)

Sexually active n (%)	33 (80)
Had been tested for STDs? n (%)	20 (49)
Primary STDs testing suggestion (n=20) n (%)	
• Primary doctor	17 (85)
• Family members	2 (10)
• Other	1 (5)
Frequency of STDs testing (n=20) n (%)	
• More than once a year	1 (5)
• Once a year	10 (50)
• Rarely	9 (45)
Frequency of the use protection against STDs n (%)	
• Always	15 (37)
• Very Frequently	2 (4.9)
• Occasionally	6 (15)
• Rarely	1 (2.4)
• Never	1 (2.4)
• Don't use it because have a partner	14 (34)

Table 4.
Current Knowledge on STDs (n=41)

Measure of knowledge of STDs symptoms or disease spread n (%)	
<ul style="list-style-type: none"> • Knowledgeable • Somewhat knowledge 	<p>19 (46)</p> <p>22 (54)</p>
Have the ability to recognize the symptoms of STDs n (%)	14 (34)
Believe that they can detect STDs on a partner n (%)	26 (63)
Believe that can avoid STDs by having oral or anal sex only n (%)	5 (12)
Believe that only people who have multiple partners get sexually transmitted diseases n (%)	33 (80)
Obstacles from getting STDs testing n (%)	
<ul style="list-style-type: none"> • Afraid of what people might think • I do not think I'm at risk • It is too expensive • Never had sex • I do not know where to go to get tested • Other 	<p>4 (9.7)</p> <p>11 (27)</p> <p>5 (12)</p> <p>8 (20)</p> <p>6 (14)</p> <p>15 (37)</p>
Agree that STDs can be contracted from the following sexual activities n (%)	
<ul style="list-style-type: none"> • Besos / Kisses • Genital contact • Oral sex • Anal Penetration • Vaginal Penetration 	<p>16 (39)</p> <p>21 (54)</p> <p>32 (78)</p> <p>30 (73)</p> <p>40 (98)</p>

Table 5.
Source of Information (n=41)

Source of information on a specific topic n (%)	
<ul style="list-style-type: none"> ● Internet Search ● Social Media ● TV ● Other 	<p>34 (83)</p> <p>1 (2.4)</p> <p>1 (2.4)</p> <p>5 (12)</p>
Social media most frequently used n (%)	
<ul style="list-style-type: none"> ● Instagram ● Facebook ● Twitter ● Other 	<p>30 (73)</p> <p>6 (15)</p> <p>1 (2.4)</p> <p>4 (9.7)</p>

The virtual workshop was attended by 10 participants. At the end of the workshop participants indicated that Instagram (6, 60%) would be the best method to reach the community for additional information related to STDs. Meanwhile, (2, 20%) indicated TikTok as the platform for information and (2, 20%) indicated that they would obtain information from another workshop.

DISCUSSION

Participants in our study described being in various stages of immigration. A third of the participants described themselves as being uninsured. Due to their immigration status, not all the participants from Jackson Heights have access to government benefits or social programs in the state. Although there are many factors related to the lack of insurance in the Latina community. We identified that there is a lack of information on public health issues and there is a gap by not having a primary doctor involved in the process of preventing and treating diseases such as STDs. Information related to access to health clinics that provide these services free of charge was included in the workshop.

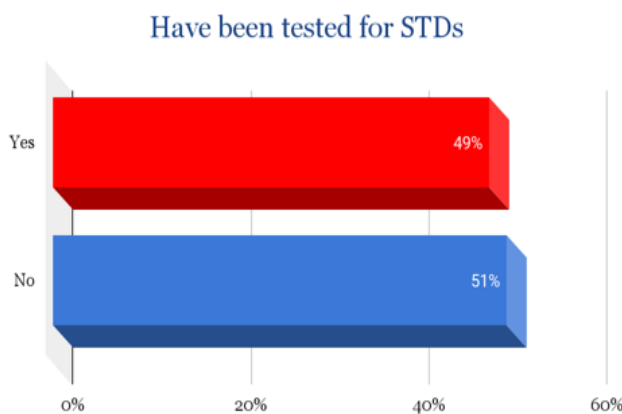
A large number of participants stated that they do not feel intimidated when talking about

sexual health (39%) and most (95%) of the participants stated that they have some type of knowledge about STDs. Although the primary sources of information are very varied among the participants, there is a greater agreement on obtaining this information from schools, either through conversations between teachers or between the same students. The data highlights the importance of education in the Latino community since there is a great exchange of information from many valid sources that have the potential to positively impact our actions through these educational institutions.

In addition to the information received in educational institutions, the fact that there was not much attention paid to the issue of STDs or access to education on sexual health in their native countries means that mothers and other family members play a very important role in the knowledge that their children or relatives may have on this subject. This highlights the importance of family in the immigrant Latin communities and using a family-focused approach to improve sexual health knowledge among all members of the community. In the future, a workshop with mothers regarding STDs and how to talk to their children about STDs should be considered.

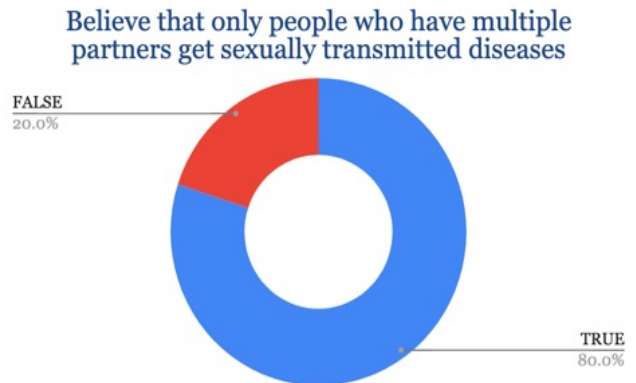
A significant percentage of the participants confirmed being sexually active (80%), which puts them at a higher risk for contracting an STD. However, half of the participants (51%) state that they have not been tested for sexual diseases in their lifetime, Figure 2. This indicates that despite being sexually active and having a certain degree of risk with respect to sexually transmitted diseases, these participants have not devoted attention to their sexual health.

Figure 2
Survey results on information about STDs testing



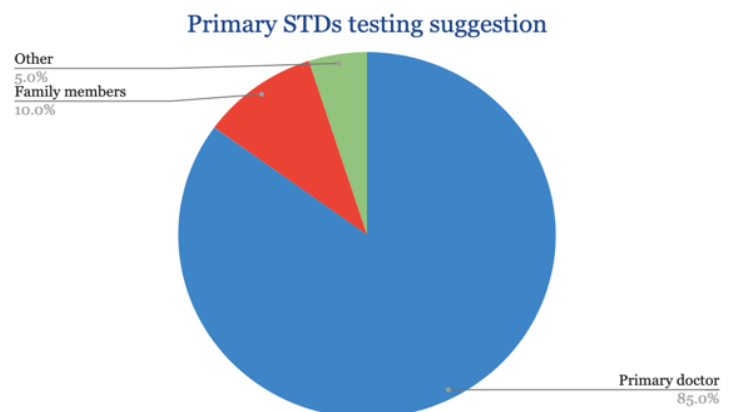
Even so, the frequency of the use of protection against STDs is varied among the participants. Only 37% of the participants indicated as always using protection, while the other 63% do not use it consistently for a variety of reasons. A third of the participants (34%) of the participants did not understand the importance of using protection because they are in a monogynous relationship. The survey also highlighted other misconceptions related to STDs in the Latina community. A majority (80%) of the participants believe that only people who have multiple partners get sexually transmitted diseases (see Figure 3).

Figure 3
Knowledge About STDs



Additionally, they do not know exactly how to differentiate between asymptomatic STDs or understand the estimated time from exposure to when symptoms begin to appear more frequently. All (100%) of the participants admit to having knowledge about STDs to some extent, however the accuracy of this knowledge remains undetermined. Prior knowledge could be shadowed by stereotypes or misconceptions about STDs and may be inaccurate. A majority of the participants (66%) did not understand asymptomatic STDs as they indicated their competence in being able to detect an STD for their partner. Although many STDs are asymptomatic, they still can be transmitted to sexual partners with no acute symptoms. The importance of asymptomatic STDs in one's partner and lingering STDs from a previous relationship was highlighted during the workshop.

Figure 4
Current Knowledge of STDs

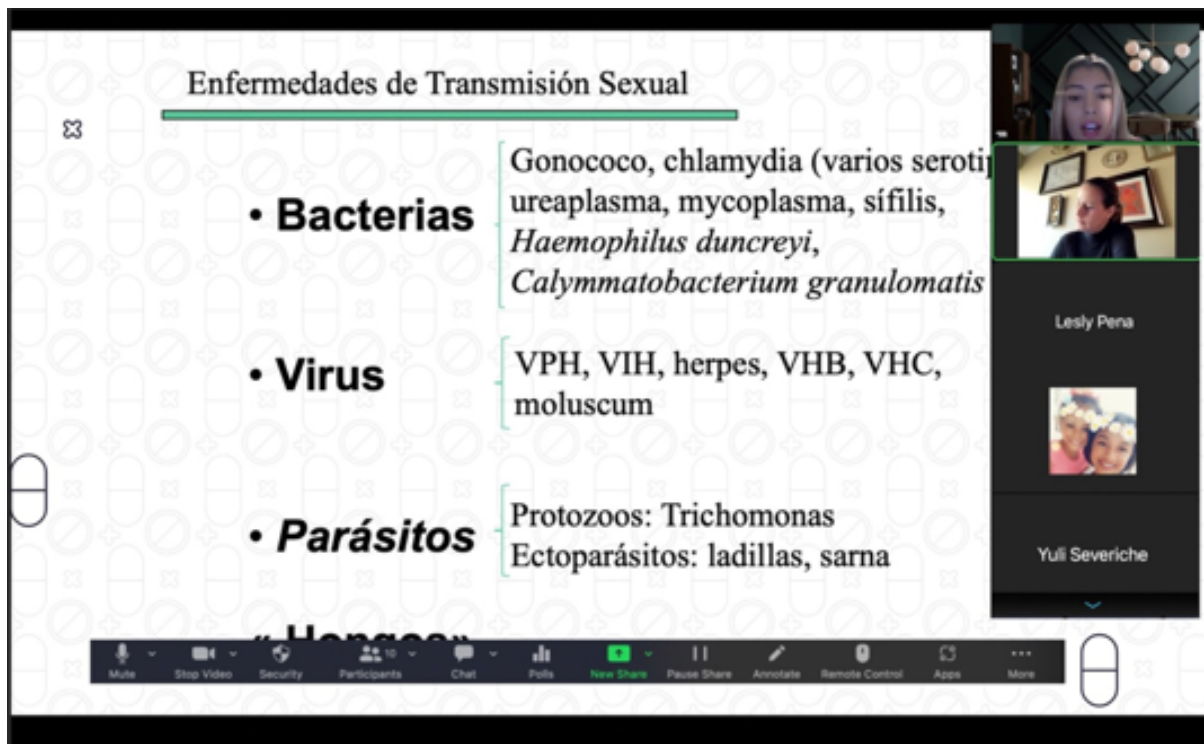


Primary Source for STD Testing

Most participants received an STD test because it was suggested by a primary care doctor (Figure 4). This highlights the importance of access to the health system and the consistency of routine examinations through the primary doctor, for prevention of STD complications in this population. Women who do not have health insurance or who cannot afford a primary care doctor, are at greater risk of contracting STDs as they will not have these annual exams or will not have the role of a doctor who can inform them about the evolution of STDs or the essential steps to prevent them.

The obstacles to getting STD testing varied among all participants. However, the main factors that prevent Latina immigrants from getting tested against STDs are the stigma of what other people may think, the misconception that they are not at risk, or the lack of accessibility to the health care system by not having a primary care doctor, nor the information on where to get tested. This information can be spread via workshops (Figure 5) in partnership with the local community. Participants in the workshop indicated that social media, specifically Instagram would be the best method to spread information related to STDs and testing. We suggested Voces Latinas to include this information on their social media account.

Figure 5
Workshop with Voces Latinas



The strength of this study includes a bilingual survey that was successfully conducted among an urban population of Latina immigrants. This is a stigmatized topic with difficulty obtaining results from participants. Participants may be unwilling to participate due to mistrust in authorities or

varying immigration status. Limitations of this study include a small sample size for participation in the workshop. We aim to include a pre and post workshop survey in future workshops to gauge improvement in knowledge of STIs among workshop participants.

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ABOUT THE AUTHOR

Maria Camila Lopez graduated from St. John's University in Fall 2022 with a Bachelor of Science in Biology and minors in Chemistry and Social Justice. Maria's desire to make a positive impact in vulnerable communities led her to volunteer at multiple organizations fighting to reduce social injustices. In addition to her academic achievements and volunteer experience, Maria's passion for women's sexual health and her focus on reducing healthcare disparities among the Hispanic community are unique qualities that will make her a valuable asset in the field of medicine. Maria is currently working as a medical assistant and studying for her Medical College Admission Test to be well-prepared for the next step in her career. Maria's plan is to pursue a career in medicine and continue working towards reducing