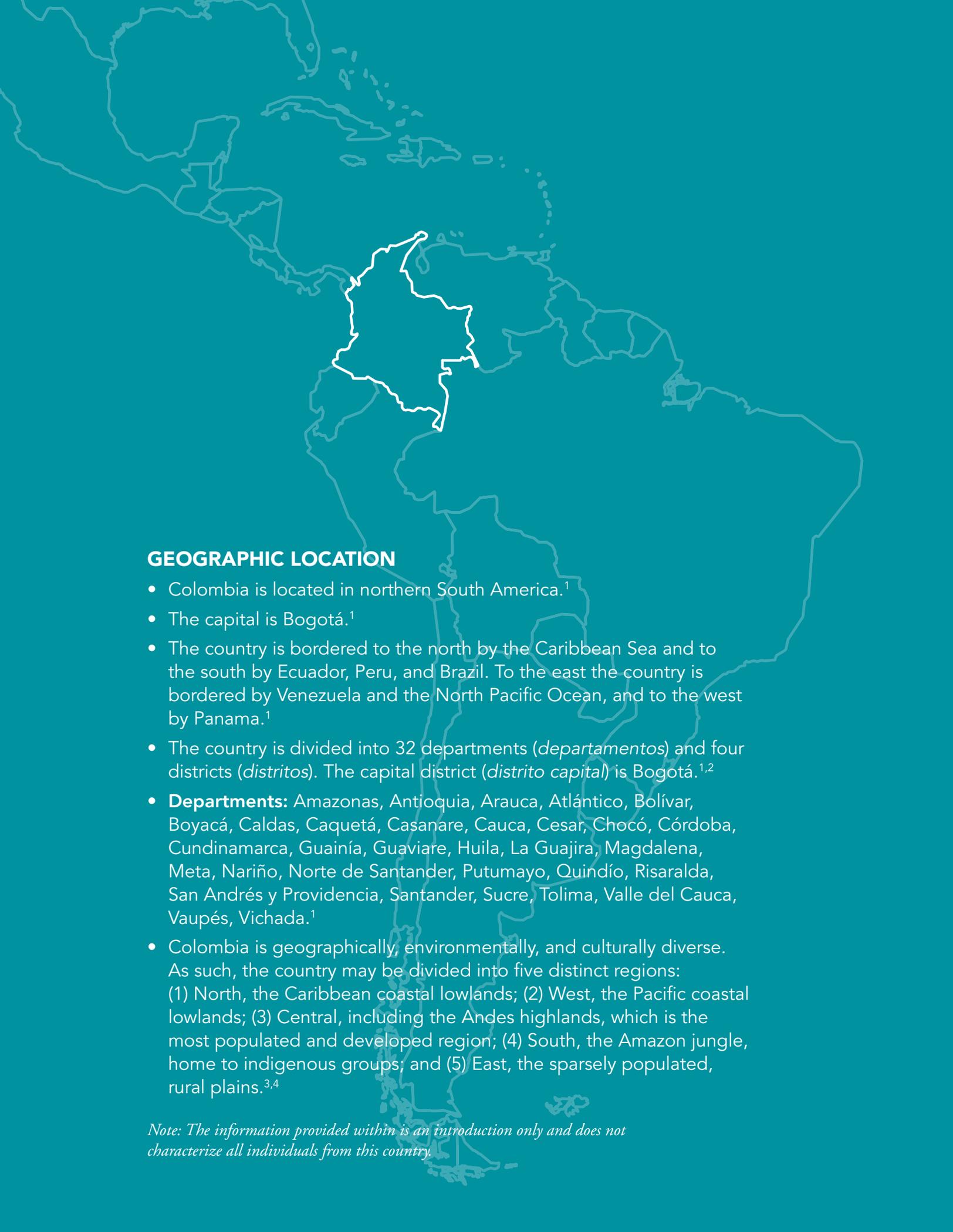


COLOMBIA

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals
Working with Foreign-born Clients



GEOGRAPHIC LOCATION

- Colombia is located in northern South America.¹
- The capital is Bogotá.¹
- The country is bordered to the north by the Caribbean Sea and to the south by Ecuador, Peru, and Brazil. To the east the country is bordered by Venezuela and the North Pacific Ocean, and to the west by Panama.¹
- The country is divided into 32 departments (*departamentos*) and four districts (*dístritos*). The capital district (*distrito capital*) is Bogotá.^{1,2}
- **Departments:** Amazonas, Antioquia, Arauca, Atlántico, Bolívar, Boyacá, Caldas, Caquetá, Casanare, Cauca, Cesar, Chocó, Córdoba, Cundinamarca, Guainía, Guaviare, Huila, La Guajira, Magdalena, Meta, Nariño, Norte de Santander, Putumayo, Quindío, Risaralda, San Andrés y Providencia, Santander, Sucre, Tolima, Valle del Cauca, Vaupés, Vichada.¹
- Colombia is geographically, environmentally, and culturally diverse. As such, the country may be divided into five distinct regions: (1) North, the Caribbean coastal lowlands; (2) West, the Pacific coastal lowlands; (3) Central, including the Andes highlands, which is the most populated and developed region; (4) South, the Amazon jungle, home to indigenous groups; and (5) East, the sparsely populated, rural plains.^{3,4}

Note: The information provided within is an introduction only and does not characterize all individuals from this country.

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- **Official language:** Spanish¹
- **Other languages:** Approximately 1% of the population speaks an Amerindian language.^{5,6} There are over 60 Amerindian languages spoken by various ethnic groups throughout the country.^{7,8}

ETHNIC GROUPS:

- **Majority:** 58% *Mestizo* (mixed Amerindian and White), 20% White¹
- **Minority:** 14% mixed Black and White, 4% Black, 3% mixed Black and Amerindian, 1% Amerindian¹
 - Colombia is ethnically and culturally diverse as a result of the arrival of Europeans and Africans over the country's history and consequent intermingling among these groups and indigenous peoples.^{9,10}
 - In general, indigenous groups and other ethnic minorities are characterized by high rates of poverty and inadequate basic sanitation services; they also experience higher degrees of marginalization, violence, and health problems than other population groups.²

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- 90% Roman Catholic¹

LITERACY OF CITIZENS: *Defined as persons ages 15 years and older that can read and write.*

- Total population: 90.4% (2005 estimate)¹
 - Male: 90.1%
 - Female: 90.7%

MEDICAL SYSTEM:

- In 1993, the Colombian healthcare system was reformed and decentralized – leading to the establishment of the National Social Security System for Health (SNSSS). The SNSSS is regulated by the Ministry of Social Protection (MPS).^{8,11}
- The healthcare system is composed of four tiers: (1) a premium-based private health insurance system; (2) SHIEF: a contribution social system supported by mandatory payroll taxes; (3) a subsidized social system targeting low-income families that is supported by general taxes; and (4) a safety net which provides basic health services for the uninsured and is mainly financed with general taxes.¹²

Last Updated on: September 4, 2009

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- The current system promises universal coverage to its citizens;⁴ however, a large portion of the population remains outside the healthcare system.¹³

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Vector borne:** malaria, yellow fever, dengue fever, louse borne typhus, leishmania^{1,8,14,15}
- **Food or water borne:** hepatitis A, bacterial diarrhea, leptospirosis^{1,15}

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 2.46 children born/woman (2009 estimate)¹

RELEVANT HISTORY:

- A long-standing conflict between the Colombian government and illegally armed groups and drug traffickers has led to violence throughout the country, including attacks on civilians. This violence has produced a generalized insecurity which impacts overall health conditions and access to health services.^{1,2,5,10}
- The violence has also led to the migration of a significant number of Colombian citizens, mostly into neighboring countries.^{2,5,10} Moreover, 1.8-3.5 million Colombians have been internally displaced (2007 estimate).¹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data collected in 2000 by the US Census Bureau, approximately 470,684 individuals originating from Colombia reside in the United States.¹⁶
- 30,213 persons from Colombia obtained legal permanent resident* status within the US during fiscal year 2008.¹⁷
- The average number of persons from Colombia who have obtained legal permanent resident status annually (1999-2008): 22,542.¹⁷

**Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”*

According to 2008 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their intended state of residence.

The percentage of the total number of legal permanent residents by state:¹⁸

1. Florida – 39.7%
2. New Jersey – 13.5%
3. New York – 11.9%
4. California – 5.9%
5. Texas – 4.9%
6. Georgia – 2.3%
7. Massachusetts – 2.3%
8. Connecticut – 1.8%
9. Illinois – 1.7%
10. Virginia – 1.7%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- 4,833 persons from Colombia were granted permanent resident status within Canada during fiscal year 2007.¹⁹
- The average number of persons from Colombia who became legal permanent residents of Canada annually (1998-2007): 3,603.¹⁹
- In 2007, Colombian immigrants granted permanent residence in Canada accounted for 13.3% of all immigrants originally from South and Central America and the US.¹⁹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available through Eurostat (2006) indicate that the majority of Colombian immigrants to the European Union have migrated to Spain, France, and Germany.²⁰

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2007, THIS COUNTRY IS RANKED NUMBER 58 OUT OF 212 COUNTRIES WORLDWIDE.²¹

Estimated Burden of Tuberculosis (2007):

Incidence: 35/100,000²¹

Prevalence: 43/100,000²¹

Reported Cases of TB (2007):

- 10,950²¹

Estimated Burden of HIV Infection (2007):

- **Estimated prevalence:** 0.6%²²
- **Low estimate (adults):** 0.4%²²
- **High estimate (adults):** 0.8%²²

The WHO estimates 110,000-230,000 persons in Colombia are living with HIV.²²

TB/HIV Co-Infection* (2007):

**HIV prevalence among incident TB cases*

- **Estimated co-infection:** 6%²¹
- **Adults ages 15-49 yrs:**
 - **Incidence:** 2/100,000²¹
 - **Prevalence:** 1/100,000²¹

LEVEL OF MULTIDRUG-RESISTANT TB* (2007):

**Multidrug resistance is defined as resistance to at least Isoniazid and Rifampicin.*

- 1.5% of new TB cases are multidrug-resistant.²¹
- 10.2% of previously treated TB cases are multidrug-resistant.²¹

Note: In a national study of MDR in 2005, 2.38% of new TB cases and 31.4% of previously treated TB cases were multidrug-resistant.⁸

- Colombia reported its first cases of XDR-TB in 2007.²¹

STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

R or RMP or RIF = Rifampicin or Rifampin	S or STM or SM = Streptomycin
H or INH = Isoniazid	Et = Ethionamide
Z or PZA = Pyrazinamide	CIP = Ciprofloxacin
E or EMB = Ethambutol	P or PAS = <i>p</i> -aminosalicylic acid

- According to the Colombian National Institute of Health (INS), the following regimens are to be used to treat patients:^{8,13,33,46}
- **Category I:** 2RHZE/4R3H3
- **Category II:** All patients should have culture and drug susceptibility testing.
 - **First phase:** RHZE/S/Ethionamide
3 months, 6 days per week
 - **Second phase:** Rifampicin, Isoniazid, Ethambutol, and Ethionamide
9 months, 6 days per week

Note: It is anticipated that Category II treatment will be discontinued in Colombia by the end of 2009, and only Category I and IV treatments will be used to care for patients.⁸

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 70% of the country's citizens are covered by DOTS (2007 estimate).²¹
 - Between 2000 and 2002, 14% of the country's citizens were covered by DOTS. In 2004, this number increased to 25%, and reached 50% in 2005 and 60% in 2006.²³
- Among all new cases, the case detection rate is 64% (2007 estimate), and the treatment success rate for sputum smear positive cases is 71% (2006 estimate).²³
- Health providers are obligated to follow diagnostic and treatment guidelines put forth by the MPS and the INS.⁴ Laws specify that private, as well as public, healthcare providers working at the national, departmental, and local level are to treat TB patients using the DOTS strategy.^{4,13,37}
 - Historically, the private sector had not followed the DOTS strategy and referred most TB patients to the public sector for treatment.³⁷

- DOTS is difficult for many Colombians to adhere to, due to travel costs, childcare burdens, and time missed from work since employers may not authorize DOTS.²⁵

TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:

Yes²⁷ No Information Not Found/Unknown

Comments: According to the Ministry of Social Protection, TB treatment is to be provided free for all people in the country.^{4,8,23} In the past, patients paid for their own chest X-rays;²⁸ these costs are now covered.⁸

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

Yes^{4,8,13} No Information Not Found/Unknown

Comments: The government controls the decentralized distribution of anti-TB medications throughout the country.^{4,13}

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

Yes No^{8,13} Information Not Found/Unknown

USE OF BCG VACCINE:

Yes²⁹ No

- BCG is administered at birth.⁴⁰

Approximate percentage of the population that is covered by the BCG vaccine:

- 93% coverage (2008 estimate, WHO/UNICEF)²⁹
- Following healthcare reforms in 1993, BCG coverage dropped to approximately 80%.³¹ Since 2003, coverage has been above 90%.^{8,29}
- In Colombia, the Expanded Immunization Program aims to guarantee that all children receive free vaccines (with no fee for the vaccine or administration of the vaccine) regardless of whether the family has insurance.⁸ However, it is hard to find the BCG vaccine in some areas of the country. In the private healthcare system, its use is optional.¹³

NICKNAMES/Common Names for TB:

- *Tísico* (tuberculosis)^{32,33}
- *Tisis* (tuberculosis or “sick of the lungs”)^{4,8,13}
- *Persona con pulmón picado* (a person with holes/punctures in his or her lung)^{8,33}
- *Tiene picado el pulmón* (“to have holes/punctures in the lungs” – this phrase is used more commonly by indigenous people)^{4,8}
- *Pulmones dañados* (“damaged lungs” – this phrase is used more commonly among persons living along the North Atlantic/Caribbean coast)³²
- *Enfermo de los pulmones* (to be sick of the lungs) is a socially acceptable synonym for TB.²⁸

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

- In 1993, health sector reforms led to the decentralization of the country's TB control program.³¹ The enormous efforts put towards these reforms is thought to have weakened the national TB control program.^{31,34} Over the past few years, the National TB Program has improved. However, the country continues to face challenges related to case detection, insufficient surveillance programs, poor treatment adherence due to inadequate supervision of persons with TB, patients lost to follow-up, a lack of human resources in respiratory medicine, the need to improve education and training of healthcare personnel related to TB control, and the need to ensure national policies are implemented as intended in all locations.^{8,13}
- The conflict between the government and illegal militias, the presence of refugee populations within Colombia, and poverty contribute to the steady rate of TB within the country.³⁴
- Factors that have been associated with treatment delays in Colombia include:
(1) patients' misinterpretation of initial TB symptoms,²⁸ (2) stigma surrounding TB,²⁸ (3) mistrust of healthcare workers and formal health care,³⁵ (4) time lost from work,²⁸ and (5) out-of-pocket expense of transportation to and from health clinics.²⁸

Note: At some healthcare facilities, persons being tested for tuberculosis are asked to personally deliver sputum samples to the lab for diagnostic testing. This practice, combined with limited laboratory service hours, can create financial and transportation barriers for patients.³⁶

- Misperceptions related to TB are more common among Colombians with low level education, from rural areas, and among minority groups.^{4,8} Also, misperceptions regarding TB transmission are more prevalent in northern Colombia, which is an area that typically has a higher incidence of both TB and poverty.¹³

COMMON MISPERCEPTIONS RELATED TO TB ETIOLOGY/CAUSE:

Among Colombians, TB is thought to be a contagious disease caused by:^{28,37-39}

- Sexual contact with an infected person
- Poor hygiene
- Hot to cold environmental changes
- Poverty*
- Sharing meals or living quarters*
- Malnutrition*
- A weak immune system*

**While TB is associated with poverty/overcrowded living conditions, malnutrition, and a weakened immune system, some individuals view these associated factors as the direct cause (or etiological agent) of tuberculosis disease.*

- *La mala vida* (the “bad/wrong life” or an “upside down life”) which may include malnutrition, drinking, drug addictions, and poverty, is thought to be a cause of TB.³³

Folk explanations of TB

- Among different native ethnic groups in the North and South regions, TB disease may be perceived as having a divine or spiritual origin and may be referred to as *enfermedad de Dios o de los espíritus* which translates as “God’s disease or disease of the spirits”. Among others, TB may be perceived as having a wicked origin and may be referred to as *brujería* (witchcraft or magic) or *hechicería* (sorcery or witchcraft).^{33,40}
- *Gripa pasmada* (“unripened flu that is stuck with a cough”) is one of the most common explanations for the persistence of a cough and is a common folk explanation for TB symptoms. *Gripa pasmada* is often treated with home remedies and over-the-counter medication. Once weight loss or hemoptysis occurs, family members will pressure their relative to seek formal health care.²⁸
- *Gripa pasmada* is thought to be caused by:²⁸
 - Lack of good nutrition during symptom peak
 - Hot to cold environmental changes
 - Unprotected exposure to rain or mist
 - Non-adherence to medications (self-prescribed or prescribed by healthcare providers or healers)

*Note: Cough is not considered a sign of TB unless it occurs in combination with other symptoms. TB symptoms (especially cough) are more commonly thought to be signs of the flu.*²⁸

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Cough is recognized as a way TB is transmitted, but people may not cover their mouths when coughing.³⁹

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

- Producing a sputum sample is considered socially unacceptable for women in Colombia.³⁷

CURES/TREATMENTS THAT MAY BE USED:

- Sick care practices in Colombia include self-medication and magico-religious techniques. However, formal medical treatment is considered to be best by both patients and folk healers.^{8,28,40}
- To treat (undiagnosed) TB symptoms, Colombians may use flu medications from local pharmacies. When these medications fail, stronger homemade antidotes and anti-cough medications from the pharmacy are used.²⁸
- To treat respiratory ailments and the flu, Colombians may drink *agua de panela*, which is made from unprocessed sugar and water.⁴⁰ They may also use *jarabe de totumo* (a medicinal syrup), which is made from the totuma tree of the Bignoniaceae family.¹³

Note: The use of herbal remedies obtained from traditional healers and magico-religious practices is more common among indigenous peoples and in rural areas of Colombia.^{4,8,13,40,44}

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:

Note: No information concerning misperceptions specific to TB treatment/medications was found in the literature.

USE OF TRADITIONAL HEALERS:

- Some native ethnic groups complement formal medical treatments with herbs.³³
- In addition to receiving treatment from the biomedical care system, patients may also consult with shaman and *curanderos*. *Curanderos* and shaman usually provide traditional remedies.⁴⁰
 - Within Colombia, a large portion of the Amerindian population may use a *medico brujo* (shaman or folk healer) as an independent source of medical care and delay seeking care from the general public health system.¹³
 - The government has trained the shaman population to detect symptoms and potential cases of TB.¹³

Note: Specifically, the use of traditional healers is more common among the Ticuna tribes of the South/Amazon region,³³ as well as: along the Caribbean coast in the North region (particularly the Guajira department); in the rural plains Llanos Orientales in the East region; and within the Amazon jungle in the South region (i.e. Amazonas, Arauca, Guainía, Guaviare, Meta, Putumayo, Vaupés departments).^{4,8,13}

STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:

- Persons in Colombia may have sympathy for a person who is suffering from tuberculosis, even blaming external factors rather than an individual for acquiring the disease.^{35,38}
- However, stigma surrounding TB does exist in Colombia.
 - Stigmatizing practices are more common among indigenous people, minority groups, people with low levels of education, persons from rural areas, and persons from the coastal regions.^{4,8}
 - Being homeless and/or a person who uses drugs and alcohol perpetuates the stigma surrounding the disease.³³
 - Healthcare workers in Colombia may further perpetuate the stigma of TB by believing and promoting misperceptions related to disease transmission (listed previously) as well as the need for isolation.²⁸
- Colombians fear infection with TB. Isolation (no kissing, sharing meals, or sexual relationships) of a person undergoing treatment is common.^{28,38,39}
- In Colombia, loss of employment and divorce are not uncommon following a TB diagnosis.^{28,38}
- Colombian men may be less likely to seek care for TB in order to avoid the possibility of jeopardizing their *machismo*. Women tend to cope with a diagnosis of TB better than men and are less stigmatized for having TB symptoms; however, women may delay seeking treatment because they think they are able to control the disease.³⁷

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- Colombians may believe TB to be curable and be optimistic regarding their prognosis, yet they may lack actual knowledge of TB transmission.⁴¹ Assess clients' knowledge of TB; prepare to provide basic/general biomedical information, discuss patients' fears related to TB transmission and how to prevent infecting others.
- Assess overall trust in the healthcare system, and assure patients and family members that the available clinic care, services, prescribed medicines, and staff are good. Politely and respectfully correct inaccurate information unknowingly provided by healthcare workers in Colombia by explaining that studies by doctors have helped increase our understanding of TB disease.

- Medical professionals from Colombia recommend the following:
 - Colombian patients may be very reserved. Consider first asking patients questions regarding respiratory diseases in general – before asking specific questions related to tuberculosis; this approach may facilitate more information from patients regarding their initial contact with TB, risk factors, and circle of contacts (friends, family, coworkers).¹³
 - Again, because Colombian patients can be very reserved, in some cases even the closest family members do not know the patient's diagnosis. Give information or ask for information from patients when they are alone, and not in the presence of family members or other people.¹³
 - The typical Colombian patient will avoid telling their family and coworkers about having TB. Therefore, TB staff should emphasize the importance of (and rationale for) studying household and coworker contacts.³³
 - Let the patients know that all of the medical information provided is important not only for themselves but also for the safety of their community because the patient can help others by spreading information about the disease and its symptoms.¹³
 - TB staff should stress TB is a curable disease and the importance of adherence to the treatment.³³ Emphasize the need for, and reasons why, TB medications must be taken even when symptoms resolve.

- To maintain a good rapport, be prepared to listen to patients' worries, explanations of their personal situation, or current challenges they are experiencing.
- In Colombia, doctors are treated with enormous respect, so much so that patients may be afraid to ask questions. If patients appear reserved, be sure to ask open-ended questions.⁴⁰
 - Non-physicians might begin an education session by asking, "Was there anything the doctor said that you would like me to explain in more detail?" or "What questions do you have now that the doctor has talked with you?"

- Nurses and staff who provide DOT are often trusted by patients and may become a much needed form of social support since patients may have no one else with whom to share concerns.^{25,40}
- In some locations in Colombia, TB drugs, monthly food packages, and money for transportation to the clinic for DOT may be provided to patients through community-based TB programs; additionally, in some areas community programs seek out treatment defaulters and visit patient homes to check on their adherence, help patients find work, and provide social support for TB patients.³⁵ Discuss with your patient the services you and your colleagues will be able to provide.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

GENERAL COMMENTS:

- In Colombia, the predominant means of HIV transmission is through sexual contact.
 - Men who have sex with men and heterosexual transmission are responsible for three quarters of HIV infection.⁴²
 - The prevalence of HIV among men who have sex with men ranges from 10-25% in some cities of Colombia (10.8% in Bogota, 2007).²²
 - There has been a gradual shift from homosexual/bisexual transmission to primarily heterosexual transmission.
- Colombian women consider OB/GYNs to be very trustworthy sources of HIV information, and studies indicate messages provided by physicians have a significant impact on women's knowledge and health behaviors.⁴³

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:

Note: No information concerning common misperceptions specific to the etiology/cause of HIV/AIDS was found in the literature.

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Colombian women may not consider themselves at risk of HIV infection if they are in a "stable relationship".^{44,45}
- Community surveys conducted in Colombia indicate knowledge levels vary:
 - In some surveys a large portion of respondents could correctly identify the main route of HIV transmission as sex, blood, and vertical transmission.⁴³
 - While other surveys among sexually active persons have found: (1) few believed that condoms decreased risk for STD transmission; (2) anal sex was not recognized as a route of HIV transmission; and (3) the risk of HIV transmission through contact with menstrual blood during sex was not recognized.⁴⁵

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

Note: No information concerning misperceptions specific to the procedures used to diagnose HIV/AIDS was found in the literature.

CURES/TREATMENTS THAT MAY BE USED:

- In 2006, the percentage of persons with advanced HIV receiving antiretroviral therapy was 34% [using WHO/UNAIDS methodology, range 24-48%].²²
 - In Colombia, coverage of antiretrovirals to prevent mother-to-child transmission of HIV is less than 25%.²²
- The use of traditional medicine and healers to treat HIV/AIDS is more common among those with low education levels.⁴

STIGMA AND STIGMATIZING PRACTICES SURROUNDING HIV/AIDS IN THIS COUNTRY:

- Many Colombian families affected by AIDS are rejected by their community. Furthermore, households that include a person with HIV/AIDS may receive little support from their extended family.²⁴

IMPORTANT HIV EDUCATION POINTS:

- Colombians may speak about behaviors or problems in an indirect manner. Stress to patients the importance of providing clear/complete answers to healthcare providers' questions.
- Medical doctors are much respected in Colombia; out of respect, some patients may be extremely reluctant to ask doctors questions. Encourage patients and family members to ask questions and discuss their concerns with physicians and staff.
- Assess clients' knowledge of HIV/AIDS; prepare to provide basic/general information.
- Provide patient education regarding methods of HIV transmission, disease risk, and prevention.
- Discuss stigma and concerns related to discrimination.

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- Shaking hands is the most common way of meeting and greeting in Colombia.³⁰ It is courteous to shake hands both at the beginning of an interaction with a person from Colombia and at the time of departure.⁶

Men Greeting Men

Men shake hands and make direct eye contact. They may also embrace with a hug and slap on the back.^{6,30}

Men Greeting Women

To shake hands, men should wait for a Colombian woman to extend her hand first.⁶

Women Greeting Women

Women may kiss each other on one cheek as a greeting. Also, women often grasp forearms rather than shaking hands.³⁰

What to Say

Buenos días (good morning), *buenas tardes* (good afternoon), or *buenas noches* (good evening) are proper greetings while shaking hands.⁶

- The way in which a doctor and other health workers greet and address a Latino patient may convey either respect or disrespect to the patient.²⁶
 - While greeting a Colombian, spend some time engaging in small talk (about family, health, or business) because lengthy salutations are seen as a sign of respect.^{6,30}

A non-professional should be addressed using the appropriate courtesy title before their surname:³⁰

- *Señor* (Mr.)
 - *Don* (Mr.) with persons from the South and Central regions of the country.³²
- *Señora* (Mrs.)
 - *Doña* (Mrs.) with persons from the South and Central regions of the country.³²
 - *Niña* (Mrs.) with persons from the North region.³²
- *Señorita* (Miss)
- Address people by their title and last name until invited to do otherwise. Usually, only children, family, and close friends call each other by their first names.^{6,30}

Is there a need to match client and provider by gender?

Yes No Information Not Found/Unknown

Comments: Patients may be very modest with care providers of the opposite sex.⁴⁰

FAMILY:

- Close ties with immediate and extended families are an important aspect of Colombian life. The family network typically extends to second and third cousins. *Padrinos* (godparents) may also play an important role in decision-making and day-to-day activities.^{6,9,20}
- While extended families may not live under one roof, they usually do live close by and frequently visit one another. Children often remain at home until they get married.⁶ Cohabitation (in place of marriage) is not uncommon.³⁷
- Families are sources of support and advice. Older people are perceived as being wise and as a result are afforded great respect. The most senior person within a home (or at a workplace) is often responsible for making important decisions. In medical situations, the father or eldest brother is often the spokesperson for the family.^{6,9,20,40}
- When a relative is sick, the female family members take on the caring role. Many visitors can be expected to visit with a sick person and bring small gifts.⁴⁰

NAMES:

- In Colombia, both paternal and maternal surnames are used; the paternal is listed first and should be used in greeting.⁶
- A married woman uses her husband's last name preceded by the preposition "*de*".³²

CULTURAL VALUES:

- Beliefs and attitudes vary by region (North, South, East, West, Central).¹³ The country is multicultural and each region is different.⁴
- Clothing is seen as an indicator of status; Colombians tend to pay a lot of attention to clothing. A well-groomed appearance and neat clothing (ironed, clean) makes a good impression. Good hygiene is also important.³⁰
- Time is flexible for persons from Colombia; they often plan for the short-term and may show up late or cancel meetings at the last minute.⁴⁰ It may be helpful to discuss schedules and meeting times as well as how to reach clinic staff if they are unable to keep an appointment when making initial arrangements for DOT.

COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):

- It is customary, even among family members, to use the formal word *Usted* for “you” rather than the more informal word “*tu*”.³²
- Speaking directly and openly may be perceived as confrontational. In Colombia confrontation is often avoided at all costs; if an issue or problem is to be addressed, the matter is discussed in private.⁶
- Colombians communicate indirectly through body language and context clues. For example, the phrase “I will have to see” [about completing a task] may be a sign that a person from Colombia will probably not do what is being asked. This indirect style is used to protect relationships and save face, and requires the listener to read between the lines as to what is actually being said.⁶
- In Colombia, maintaining eye contact during conversation is considered polite; however, individuals from lower socioeconomic groups may avoid eye contact with persons they perceive to be authority figures.^{30,40}
- Touch is also important while communicating, especially when giving bad news.^{30,40}
- Colombians generally converse in closer proximity than North Americans – be mindful that backing away may be considered offensive.^{30,40}

The following gestures may be considered inappropriate or offensive to a patient from this country:

- Pointing or using the index finger in any way to beckon a person is considered inappropriate. Instead, extend your hand palm down and use your fingers to motion towards yourself.³⁰
- Indicating the height of a person by demonstrating with the palm down may be considered insulting.⁴⁰
- The “OK” symbol common in America is considered offensive in Colombia. When the “OK” symbol is made and the hand is then placed over the nose it indicates that someone is homosexual.
- To indicate that someone is stingy, Colombians may tap their fingers on their elbow. To indicate someone is cheap or selfish, they may hit their hands against their elbow.³⁰
- Yawning is considered impolite in public; anytime one is yawning, sneezing, or coughing, it should be done with the mouth covered.³⁰

DIET AND NUTRITION:

- The Colombian diet is composed primarily of starches such as rice, potatoes, beans, plantain, and cassava/manioc (a staple carbohydrate resembling a potato). Meats include chicken, beef, and pork.⁴⁰
 - Breakfast usually includes coffee with milk, fruit juice, eggs, and *arepas* (cornmeal griddle cakes). Coffee is often consumed throughout the day.
 - Lunch is usually bigger than dinner and may include fruit, soup, a main course, and dessert.
 - Sandwiches are considered a substitute for meals.

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE THROUGH THE WORLD WIDE WEB

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH):

BROCHURES AND FACT SHEETS

General disease information

- **Tuberculosis: Get the Facts**

http://ethnomed.org/ethnomed/patient_ed/spanish/tb_facts_spanish.pdf

- **Active TB Disease**

<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/activespan.pdf>

- **Basic TB Facts**

<http://www2.sdcounty.ca.gov/hhsa/documents/TB-462esBasicTBFacts.pdf>

Diagnostics

- **Tuberculosis (TB) and the BCG Vaccine: Information for People Who Have Had the BCG Vaccine**

<http://www2.sdcounty.ca.gov/hhsa/documents/TB-463esTBBCG.pdf>

- **TB Vaccine (BCG): What You Should Know**

<http://www.findtbresources.org/scandocs/AD22716.pdf>

- **The Tuberculosis Skin Test**

http://www.ethnomed.org/ethnomed/patient_ed/spanish/tb_test_spanish.pdf

- **Instructions for collecting a sputum sample for diagnosis of TB**

<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputspan.pdf>

Explanation of contact investigations

- **TB Contact Investigations**

<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/cispan.pdf>

Treatment

- **For you and your family – The secret for preventing TB is medication!**

http://ethnomed.org/ethnomed/patient_ed/spanish/tb_pills_spanish.pdf

TB/HIV

- **TB & HIV: A Dangerous Partnership**

<http://www.healthyroadsmedia.org/spanish/Files/pdf/SpaTBHIV.pdf>

- **What's the TB/HIV Connection?**

<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-brochure-tbhiv-sp.pdf>

Audio visual materials

- **You Can Beat TB**

<http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html>

- **TB and HIV Connection**

<http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html>

- **The Facts About TB**

<http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html>

- **You Can Prevent TB**

<http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html>

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

- **HIV Facts**

<http://www.health.state.ny.us/diseases/aids/docs/hivfactsspanish.pdf>

- **Reasons to Get an HIV Test**

<http://www.health.state.ny.us/diseases/aids/docs/0233span.pdf>

- **What you need to know about HIV & STDs**

<http://www.health.state.ny.us/diseases/aids/docs/0248span.pdf>

- **100 Questions about HIV/AIDS**

<http://www.health.state.ny.us/diseases/aids/facts/questions/docs/100questionsspanish.pdf>

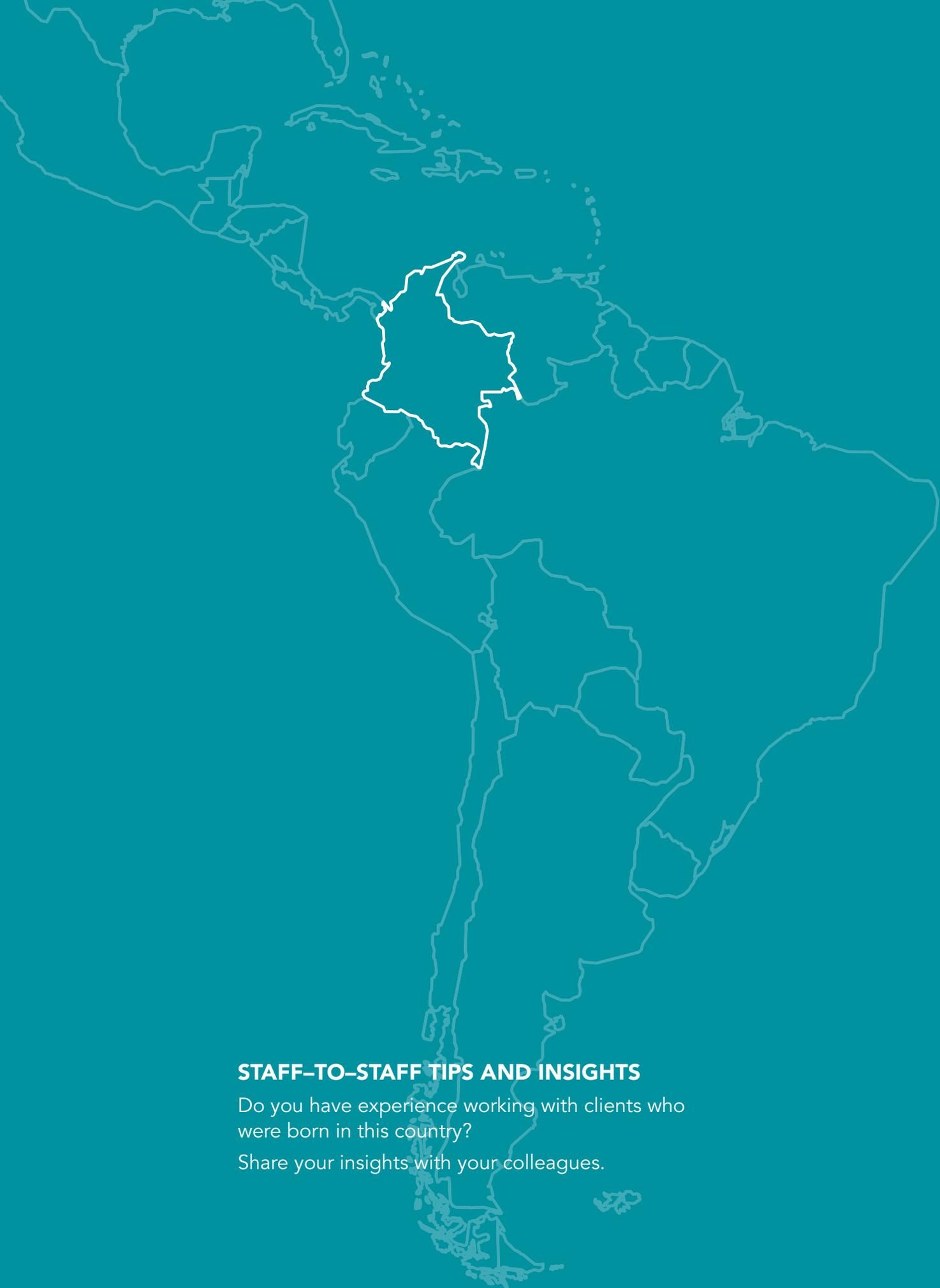
**Please note that this resource list is not exhaustive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org*

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