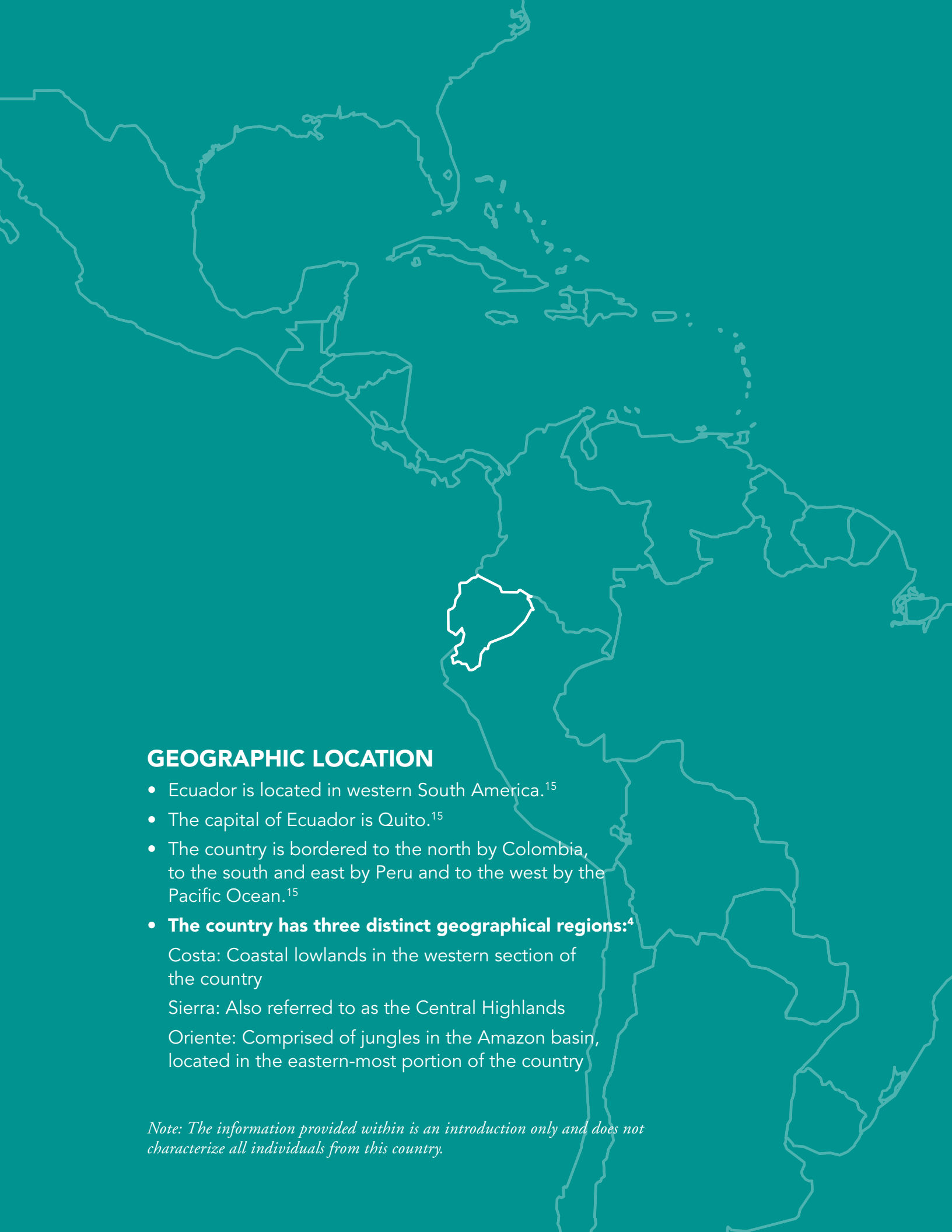


EQUADOR

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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



GEOGRAPHIC LOCATION

- Ecuador is located in western South America.¹⁵
- The capital of Ecuador is Quito.¹⁵
- The country is bordered to the north by Colombia, to the south and east by Peru and to the west by the Pacific Ocean.¹⁵
- **The country has three distinct geographical regions:**⁴
 - Costa: Coastal lowlands in the western section of the country
 - Sierra: Also referred to as the Central Highlands
 - Oriente: Comprised of jungles in the Amazon basin, located in the eastern-most portion of the country

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:** Spanish^{4, 16}
- **Indigenous languages:** Quichua, the Ecuadorian dialect of Quechua spoken by Ecuadorians of Indian descent^{4, 16}

ETHNIC GROUPS:

- **Majority:** 65% Mestizo (mixed Indian and Spanish)¹⁶
- **Indigenous:** 25% Caucasian, 3% African, 7% others¹⁶

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- Roman Catholic - 95%¹⁶

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

- Total population: 92.5%
Male: 94%
Female: 91% (2003 est.)¹⁵

MEDICAL SYSTEM:

- The medical system within Ecuador is a mix of private and public services.¹⁷
Note: Within the health services supervised by the Ministry of Public Health - families are required to cover all the expenses for hospitalization, tests, and medication that a patient may need.¹⁷
- Because of low salaries, most public health professionals have their own private practices; these practices primarily serve the middle- and upper-class sectors of society.¹⁷

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Vector-borne:** Yellow Fever and Malaria (*P. vivax* and *P. falciparum*)¹⁰

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FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 2.68 children born/woman (2006 est.)¹⁷

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

- According to data collected in 2000 by the U.S. Census Bureau, approximately 298,625 individuals originating from Ecuador reside in the United States.⁹
- 11,608 persons from Ecuador obtained legal permanent resident* status within the USA during fiscal year 2005.²
- The average number of persons from Ecuador who obtained legal permanent resident status annually (1996 – 2005): 8,700.²

**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 2005 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their state of residence.

The percentage of the total number of legal permanent residents is provided:³

1. New York – 42.4%
2. New Jersey – 18.1%
3. Florida – 9.2%
4. California – 8.0%
5. Illinois – 3.5%
6. Connecticut – 2.8%
7. Massachusetts – 1.9%
8. Texas – 1.8%
9. Virginia – 1.6%
10. Pennsylvania – 1.2%

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

- Ecuador is not among the top ten South and Central American source countries from which immigrants apply for permanent resident status in Canada.⁷

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

- According to demographic statistics from 2002 the greatest numbers of immigrants from Ecuador reside in Italy, Germany, and the Netherlands.⁶

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2005, THIS COUNTRY IS RANKED NUMBER 60 OUT OF 212 COUNTRIES WORLD-WIDE.¹²

Estimated Burden of Tuberculosis (2005):

Note: Due to significant under-registration, the actual scope of the TB epidemic in Ecuador is unknown; notification in the last decade has been irregular.¹¹

Incidence: 131/100,000¹²

Prevalence: 202/100,000¹²

Reported Cases of TB (2005):

4,416¹²

Estimated Burden of HIV Infection (2005):

Estimated prevalence: 0.3%^{13, 14}

Low estimate (adults): 0.1%^{13, 14}

High estimate (adults): 3.5%^{13, 14}

WHO Estimates 11,000-74,000 persons in Ecuador are living with HIV.^{13, 14}

TB/HIV Co-infection (2005):

Estimated co-infection: 1.7%¹²

Adults ages 15-49 yrs:

– **Incidence:** 1.0/100,000¹²

– **Prevalence:** 1.07/100,000¹²

LEVEL OF MULTI-DRUG RESISTANT TB*: * *Multi-drug Resistance is defined as resistance to at least Isoniazid and Rifampicin*

Among new TB cases (2002 data)

- The prevalence of multi-drug resistant TB* is 4.9%, resistance to INH is 11.0%, and resistance to Rifampicin is 7.3%.^{18, 30}

Among previously treated TB cases

- The prevalence of multi-drug resistance TB* is 24.3%, resistance to INH is 30.3%, resistance to Rifampicin is 33.5%, resistance to Streptomycin is 24.3%, resistance to Ethambutol is 5.4%.^{8, 18, 30}
- It is estimated that there were 1,483 incident MDR-TB cases in Ecuador in 2006.³⁰

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

- *No specific information on standard TB drug treatment regimens used in this country found in the literature.*

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 70% of the country's citizens are covered by DOTS.¹² (data from 2005)

TB MEDICATION AVAILABLE AT NO COST:

Yes No Information Not found/Unknown

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM

Yes No Information Not found/Unknown

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

Yes No Information Not found/Unknown

USE OF BCG VACCINE:

Yes No

Approximately what percent of the population is covered by the BCG vaccine:

Greater than 99.5% coverage (WHO-UNICEF estimates, 2005)¹

NICKNAMES/Common Names for TB :

• *Information not found in the literature.*

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS

- Ecuador is one of the poorest countries in South America.
- In the recent past Ecuador did not have national guidelines for TB control and the country has one of the highest rates of drug resistant tuberculosis in Latin America. ^{20,21}
- People in Ecuador often delay seeking medical care, instead turning to homemade or traditional remedies. ^{17,19,23,24}
- In Ecuador, TB is recognized by some as a contagious disease, that is serious and can cause death. Spitting and coughing blood are recognized as symptoms of TB. ³¹

Common Misperceptions Related to TB Etiology/Cause

- According to traditional beliefs, an illness indicates a problem that has arisen in a patient's relations with peers, nature or supernatural beings. ²²
- TB may be viewed as a complication from pneumonia. ³¹

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION

Note: No information concerning common misperceptions specific to the transmission of TB was found in the literature.

CURES/TREATMENTS THAT MAY BE USED

Note: Cures or treatments that may be used specifically to treat TB were not found in the literature. The following information describes treatments that may be used among persons from Ecuador to treat illnesses in general.

- In Ecuador, a combination of Western and traditional medicine practices, as well as religious and lay/family healing procedures (or home remedies) are used in the interpretation and management of illness/disease by all levels of society.^{17, 23}

Note: How diseases are classified (i.e. psychosomatic, folk, and infectious) by community members and healers often differs from how they may be classified by Western medicine. Traditional disease classifications vary significantly by region.²⁴

- Individuals with “psychosomatic conditions” or illnesses considered to be “folk disease” may prefer to use traditional healers or home treatments.²⁴
- Persons suffering from illnesses that are thought to be “infectious” or from painful conditions may prefer modern health services.²⁴

Home remedies may include:

- *Muyuyo* flower tea or milk boiled with garlic are popular treatments for cough.¹⁹
- The bark of the chuchuhuasi tree found in the rainforests of eastern Ecuador is thought to be a “blood-building tonic” and may be used by persons recovering from tuberculosis. The bark is chewed or boiled to create a tonic.

USE OF TRADITIONAL HEALERS

- Traditional healers (*curanderos*) are widely accepted in Ecuadorian communities. *Curanderos* often have a close relationship with patients and employ a holistic approach that involves family members and friends in the healing process.¹⁹

Note: Persons living in urban areas generally do not visit traditional healers, and instead rely on western medicine.²⁹

Stigma and Stigmatizing Practices Surrounding TB in this Country

- In Ecuador, the perception of TB is that the disease is present in rural areas (especially indigenous communities) and jails, among HIV patients, among the very poor, and among the homeless.³¹

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- In Ecuador, doctors are well respected authority figures. Often patients will not ask questions to clarify information provided to them, request explanations or voice complaints to a physician. Encourage patients and family members to ask questions and discuss their concerns with physicians and non-physician staff.¹⁷
- Assess patients’ perceptions of the treatment they require to treat their illness.
- Emphasize the need for and reasons why TB medications must be taken even when symptoms resolve.

- In Ecuador, public services often require patients to pay fees. Explain the services or care that will be provided at no cost to the patient.
- Some Ecuadorians immigrate without following proper legal procedures. Assure patients that a diagnosis of TB is not a cause for deportation. Discuss confidentiality policies.
- Patients may understand their diagnosis, but may not feel comfortable explaining the diagnosis to their family members. Ask patients if they would like a healthcare professional to explain the diagnosis and treatment plan to family members.²⁹

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS

- The total cumulated number of cases in Ecuador is 5,291.¹¹
 - 81% of these cases are in the Ecuadorian coastal provinces. 71% percent are in the port city of Guayaquil.¹¹
- In Ecuador, people may not be aware that HIV/AIDS is a communicable disease.²⁹
- HIV (*VIH*) and AIDS (*SIDA*) are viewed by some to be the same health problem.²⁹
- Ecuadorians may believe HIV/AIDS is confined to men who have sex with men and sex workers.²⁵

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE

- The cause of AIDS is often confused with common venereal diseases.²⁵
 - Within this country there is a general taboo in discussing sex. In the past, educational campaigns focusing on HIV education/disease prevention have been lacking.²⁵

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION

- Talking or casually touching an HIV positive individual.²⁵
- Being cared for by a nurse, doctor or dentist who is HIV positive themselves or who provides care to AIDS patients.^{27, 28}
- Mosquito bites²⁶

CURES/TREATMENTS THAT MAY BE USED

Note: Cures or treatments that may be used specifically to treat HIV/AIDS were not found in the literature.

STIGMA AND STIGMATIZING PRACTICES

- Within Ecuador, HIV/AIDS is associated with homosexuality and sex work. Consequently, the disease is stigmatized and feared.²⁵
- HIV/AIDS is also associated with promiscuity. A person who is promiscuous is thought to be “punished” with HIV/AIDS.²⁹
- Some believe that *SIDA* suddenly develops within the body of the promiscuous or “bad” person as a result of many sexual activities and multiple partners. Subsequently “good people” do not get HIV/AIDS.²⁹
- Females who have multiple sex partners may be viewed as “low level humans with no education.”²⁹

*Note: In Latin America socio-cultural attitudes and legal penalties (in some areas) discourage homosexuality.*²⁶

IMPORTANT HIV EDUCATION POINTS:

- Assess clients’ knowledge of HIV and AIDS, prepare to provide basic/general information.
- Address the following common misperception surrounding HIV/AIDS:
 - Only those persons who look very thin have the disease.²⁵
- Discuss stigma with clients as well as confidentiality policies.
- Condom use in Ecuador is low. Discuss the benefits associated with condom use (for both men and women), offer instruction in the proper use of condoms.
- Some Ecuadorians immigrate without following proper legal procedures. Assure patients that a diagnosis of HIV/AIDS is not a cause for deportation. Discuss confidentiality policies.²⁹

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- Handshakes are used when initially meeting and when departing.⁵
- It is culturally acceptable for men and women to shake hands with each other.⁵
- Friends may receive an embrace or an “air kiss” on both cheeks as part of a greeting.^{4, 5}
 - Men typically embrace.
 - Women touch cheeks and kiss the air.

When shaking hands, use the appropriate greeting for the time of day:

- *Buenos días* (Good morning)
- *Buenas tardes* (Good afternoon)
- *Buenas noches* (Good evening)

Note: The use of “Hola” as a salutation is considered rude. “Hola” is a very casual word that is used between friends or with children. When a clinician uses “Hola” as a salutation a patient may be confused or feel offended.²⁹

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

- Yes No Information Not found/Unknown

Comments: Patients from Ecuador often prefer practitioners of the same sex and older practitioners.¹⁷

FAMILY

- The family structure is patriarchal, with men dominating family decision making.¹⁷
- Female patients might come to clinic appointments with a male partner or family member. It is recommended that the male companion not be utilized as an interpreter because of a tendency to answer a question without translating the question to the patient. Trained interpreters should be used instead.²⁹
- Women play a major role in taking care of the household, especially in situations involving health and disease.¹⁷

NAMES

- Only use first names when invited to do so.⁵

CULTURAL VALUES

- Ecuadorians have a double standard when it comes to punctuality. On the one hand, a professional will be expected to be prompt. On the other hand, a person from Ecuador may not arrive to a pre-arranged meeting on time.⁴ Healthcare providers may want to discuss time schedules at the start of treatment/therapy.
- If possible avoid rushing greetings and immediately asking a client questions. To demonstrate a sincere interest in a client from Ecuador, take the time to engage in small talk. If meeting with a family or group shake hands and greet everyone individually.⁴
- Do not take a photo of a person from Ecuador without explaining reasons why. People may believe that having a photo taken of them is personally intrusive.⁴

COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL)

- Using a nod for “yes” or shaking your head “no” may not always be understood by a person from Ecuador. Be sure to reply to any question by answering verbally.⁵

- As in other Latin American countries, eye contact is very important. Maintain eye contact throughout conversations with a person from urban areas of Ecuador.⁴

Note: In rural areas of Ecuador direct eye contact is avoided. Eye contact is especially avoided with women and children based on beliefs that women and children are particularly vulnerable to being bewitched (from mal de ojo or “evil eye”).¹⁷

- Ecuadorians are often very animated in conversation and will stand or sit in close proximity when talking with another person. It is also common to pat a person on the back when speaking with them, or to place a hand on the arm or shoulder of the person. If a healthcare professional is touched in this manner, they should recognize that this is very much a part of the Ecuadorian communication style and try not to back away.^{4,5}

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

- Yawning is considered impolite.⁵

DIET AND NUTRITION

- In the sierra, the diet is composed mainly of potatoes, rice, corn, beef, pork or chicken.¹⁷
- On the coast, staple foods include fish, rice, plantains and bananas.¹⁷

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE THROUGH THE WORLD WIDE WEB

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

General disease information

- **Tuberculosis – an introduction**

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>

Diagnostics

- **The TB Skin Test**

http://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>

Treatment

- **For you and your family – The secret for preventing TB is medication!**
http://ethnomed.org/ethnomed/patient_ed/spanish/tb_pills_spanish.pdf

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> HIV Facts
- **Reasons to get an HIV test**
<http://www.health.state.ny.us/diseases/aids/docs/0233span.pdf>
- **What you need to know about HIV & STD's**
<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 conclusive 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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Staff-to-Staff Tips and Insights

Do you have experience working with clients who were born in this country?

Share your insights with your colleagues.

