HONDURAS
CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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

- Honduras is located in Central America.
- The capital is: Tegucigalpa
- Other major cities: San Pedro Sula
- Honduras is bordered to the north and east by the Caribbean Sea, to the south by Nicaragua and to the west by El Salvador and Guatemala.
- The country is divided into 18 “departments” (or departamentos)
- Departments: Atlantida, Choluteca, Colon, Comayagua, Copan, Cortes, El Paraiso, Francisco Morazan, Gracias a Dios, Intibuca, Islas de la Bahia, La Paz, Lempira, Ocotepeque, Olancho, Santa Barbara, Valle, Yoro

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
• In some regions Amerindian dialects are spoken
• Many individuals from the higher economic class and some from the middle class learn English from an early age.

ETHNIC GROUPS:
• **Majority:** Mestizo (mixed Amerindian and European) 90%
• **Minority:** Amerindian 7%, Black 2%, White 1%

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:
• Roman Catholic: 97%
• Protestant 3%

LITERACY OF CITIZENS: Defined as persons age 15 years and older that can read and write.
• Total population: 76.2%
  Male: 76.1%
  Female: 76.3% (2003 est.)
• The average citizen above the age of 25 has completed the 3rd grade.
• The average citizen below the age of 25 has completed the 6th grade.

MEDICAL SYSTEM:
• The medical system within Honduras is a mix of private and public services.
• The majority of citizens obtain healthcare through the public health centers.

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:
• **Vector-borne diseases:** dengue fever and malaria (*predominately: P. vivax*)

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:
• 3.59 children born/woman (2006 est.)

Last Updated on: March 30, 2008
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### 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 282,850 individuals originating from Honduras reside in the United States.  
- 7,012 persons from Honduras obtained legal permanent resident\(^*\) status within the USA during fiscal year 2005.  
- The average number of Hondurans who obtained legal permanent resident status annually (1996 – 2005): 6,076\(^2\)

*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.

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1.</td>
<td>California</td>
<td>18.8%</td>
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<tr>
<td>2.</td>
<td>Florida</td>
<td>18.8%</td>
</tr>
<tr>
<td>3.</td>
<td>New York</td>
<td>16.1%</td>
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<tr>
<td>4.</td>
<td>New Jersey</td>
<td>8.1%</td>
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<tr>
<td>5.</td>
<td>Texas</td>
<td>7.6%</td>
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<tr>
<td>6.</td>
<td>Louisiana</td>
<td>4.1%</td>
</tr>
<tr>
<td>7.</td>
<td>Massachusetts</td>
<td>3.2%</td>
</tr>
<tr>
<td>8.</td>
<td>Illinois</td>
<td>2.5%</td>
</tr>
<tr>
<td>9.</td>
<td>Virginia</td>
<td>2.3%</td>
</tr>
<tr>
<td>10.</td>
<td>Maryland</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

### The Estimated Number of Individuals from This Country Emigrating Annually to Canada:

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

### The Estimated Number of Individuals from This Country Emigrating Annually to Countries within the European Union:

- Statistics available to Eurostat (1994 – 2004) indicate that the majority of Honduran immigrants to the European Union have migrated to Germany, Spain, Italy, and Switzerland.
**TUBERCULOSIS EPIDEMIOLOGY**

Based on the estimated incident cases (all forms) of tuberculosis in 2004, this country is ranked number 95 out of 211 countries world-wide. \(^4^3\)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Incidence:</strong> 77/100,000 (^4^2)</td>
<td><strong>Note:</strong> Countries in Central America have high levels of underreporting of HIV and AIDS cases. (^1^9)</td>
</tr>
<tr>
<td><strong>Prevalence:</strong> 97/100,000 (^4^2)</td>
<td><strong>Estimated prevalence:</strong> 1.5(^{%}) (^4^4)</td>
</tr>
<tr>
<td><strong>Reported Cases of TB (2004):</strong> 3,282 (^4^3)</td>
<td><strong>Low estimate (adults):</strong> 0.8(^{%}) (^4^4)</td>
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<td></td>
<td><strong>High estimate (adults):</strong> 2.4(^{%}) (^4^4)</td>
</tr>
<tr>
<td></td>
<td><em>The World Health Organization (WHO) estimates 35,000-99,000 persons in Honduras are living with HIV.</em> (^4^4)</td>
</tr>
</tbody>
</table>

**TB/HIV Co-infection (2005):**

| Estimated co-infection in incident cases: 10\(^{\%}\) \(^5^3\) |
| Adults ages 15-49 yrs: |
| – Incidence: 4.8/100,000 \(^4^2\) |
| – Prevalence: 2.4/100,000 \(^4^2\) |

**Level of Multi-Drug Resistant TB:** \(^*\) *Multi-drug Resistance is defined as resistance to at least Isoniazid and Rifampicin*

* 2.5\(^{\%}\) of new TB cases demonstrate drug resistance (as of June 2005) \(^1^3\)

**Standard TB Drug Treatment/TB Medications Readily Available for the Treatment of TB in This Country:**

| \(R\) = Rifampicin | \(H\) = Isoniazid | \(Z\) = Pyrazinamide |
| \(E\) = Ethambutol | \(S\) = Streptomycin | \(Et\) = Ethionamide |

* **Regimen I:** (new cases) INH, RIF, EMB, PZA \(^4^5\)
* **Regimen II:** INH, RIF, PZA, EMB + Streptomycin

**TB Control/DOTS Coverage:**

* According to the WHO, 95\(^{\%}\) of the country’s citizens are covered by DOTS. \(^8^8\)

**TB Medication Available at No Cost:**

- Yes \(^6^6\)  □ No  □ Information Not found/Unknown

**TB Medications Available Only Through National TB Program**

- Yes \(^6^6\)  □ 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:
91% coverage (WHO-UNICEF estimates, 2005)

Nicknames/Common Names for TB:
• “Tsis” (translates to “cough”)

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS
• Many Hondurans look at the symptoms of tuberculosis (specifically a cough) as the problem that requires attention.

• If a person is asked to provide a sputum sample at a health center, this may be interpreted to mean that the healthcare personnel do not have resources available to treat the patient’s problem. X-ray, bronchoscopy, and blood samples are viewed as signs of “good medical care” because this requires the use of medical equipment.

• Pharmacists play an important role in providing healthcare. Often people will seek advice from pharmacists and purchase many medications over-the-counter, without a prescription including antibiotics. Delays in seeking care for TB are frequent because many see the cough as the problem, and may not think of TB disease – instead they will request and purchase cough syrups or use teas with ginger, eucalyptus, etc. to soothe the cough.

• Some citizens in rural areas do not understand “germs” cause disease.

• Some citizens view TB and HIV as the same disease, so they will assume if a person has one disease they probably have the other as well.

Common Misperceptions Related to TB Etiology/Cause
• Diagnosis of TB is indicative that a person has lost their moral, ethical, and spiritual values.

• Walking in the rain with a fever.

• Fabric and thread dust within garment factories.

• Smoking cigarettes.

• In isolated coastal regions populated by indigenous people, TB is thought to be caused by the curse of a sea witch. Members of these communities will seek care from traditional healers.
COMMON Misperceptions Related to Disease Transmission

- Eating with the same utensils used by a person with TB.\(^4, 8, 14\)
- Secondhand cigarette smoke.\(^4, 8, 14\)
- TB is passed among bakery workers and persons working in garment factories, due to the dust in these environments.\(^4, 8, 14\)

Cures/Treatments That May Be Used

- Cough syrups\(^4, 5, 8, 14, 15\)
- Drinking teas made with eucalyptus, valerian root, or ginger.\(^4, 8, 14\)
- Quitting vices (such as smoking, drinking).\(^4, 8, 14\)
- Eating fibrous mangoes.\(^4, 8, 14\)
- Eating *flor de izote* (the flower of a plant) cooked with eggs.\(^4, 8, 14\)

Use of Traditional Healers:

- Traditional healers are found among indigenous groups. Members of these groups are geographically isolated and generally do not immigrate.\(^4, 8\)

Note: Persons living in urban areas generally do not visit traditional healers, and instead rely on western medicine.\(^46\)

Stigma and Stigmatizing Practices Surrounding TB in this Country

- TB is a stigmatized disease in many areas of Honduras. Many Hondurans are very religious and a good number of citizens have the perception that if a person has this disease, it is indicative that they have lost their moral, ethical, and spiritual values.
- Traditionally those with the disease may have been avoided or shunned, and in more rural areas there are reports that some people would live in isolation, away from their homes.
- Today, people are more likely to see TB disease as a problem that afflicts those that are poor or living in unhygienic conditions.\(^8, 15\)

Important Tuberculosis Education Points:

- Explain the importance and validity of testing a person’s sputum for bacteria.
- Because many Honduran citizens focus on resolving their cough rather than seeing the cough as a symptom of a larger problem, another key point for patient education is to explain why there is a need for treatment adherence once symptoms resolve and the risk of relapse and the development of drug resistant TB with non-adherence.
- When discussing treatment adherence, emphasize how adherence benefits the rest of the family.\(^46\)
GENERAL COMMENTS

• Honduras has become the epicenter for the emerging AIDS crisis in Central America, reporting approximately 60% of Central America’s HIV/AIDS cases.\(^{28,31}\)

• For the most part, the HIV/AIDS epidemic in Latin America is concentrated in specific high-risk groups. Honduras is an exception; HIV/AIDS is diagnosed primarily in the general population.\(^{19}\)

• **Transmission of HIV infection in Honduras:**\(^{16}\)
  - **Heterosexual transmission:** almost 60% of cases
  - **Homosexual transmission:** 10% of cases
  - **Unknown:** 11% of cases

• The severity of the HIV epidemic in Honduras varies by locale.\(^{18}\)
  - Western portions of the country are the most affected. (Specifically the Cortes Region, including the country’s 2nd largest city, San Pedro Sula.)\(^{18}\)
  - The epidemic is less severe in the central and eastern portions of the country. The prevalence of HIV within Tegucigalpa (the capital) is lower compared to San Pedro Sula, although studies have found increasing levels of infection among risk groups in this area.\(^{18}\)
  - In some areas indigenous or minority populations have higher rates of HIV infection than the general population. The Garifunas (reported to be descendents of survivors from shipwrecked African slave ships) who reside primarily along the Atlantic coast of Honduras have rates of HIV infection that are six times higher than the general Honduran population.\(^{19}\)

• Knowledge regarding sexual risk factors for transmission of HIV is relatively high among the general population, and many Hondurans understand that healthy-looking people can have HIV. However awareness regarding the potential for infection through contaminated blood, intravenous drug use, and mother-to-child transmission is lower.\(^{20,21}\)

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE

• Some Hondurans believe TB and HIV are caused by the same organism.\(^{4}\)

• Some Hondurans believe that the US soldiers stationed in Honduras during the Contra War against Nicaragua had been purposefully infected with HIV by the Vietnamese during the Vietnam War; these soldiers then spread the disease to Honduran women.\(^{21}\)

• The idea that mysticism is responsible for the cause of HIV/AIDS is rare.\(^{21}\)
COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION
- Women identify men as the source of the problem in transmission. Men’s complaints that condoms are unpleasant or uncomfortable and condom breakage contribute to these views.\(^{21}\)
- One widely shared view is that the HIV virus is spread through the air or by mosquitoes.\(^{22}\)

CURES/TREATMENTS THAT MAY BE USED
- In 2002, the Honduran government began to purchase anti-retroviral medications, however (as of 2004) the number of persons with advanced HIV infection who need treatment exceeds the supply of medication available\(^{23, 24}\).

STIGMA AND STIGMATIZING PRACTICES
- HIV/AIDS is highly stigmatized in Honduras.\(^{21}\)
- Once infected, people with HIV/AIDS are essentially abandoned by friends and banished from the public realm.\(^{22, 27}\)
- Many families reject HIV positive/AIDS infected family members.\(^{27}\)
- In many cases, HIV-positive people have been denied medical and educational services.\(^{25}\)

Note: A perception within Honduras is that sexual behaviors within the community can be effectively monitored by neighbors, parents, and elders.

IMPORTANT HIV EDUCATION POINTS:
- When speaking with clients regarding HIV testing and behaviors – stress the confidentiality available to patients and the care that is provided if their HIV test is positive.
- Explain the difference in etiology and transmission of HIV compared to TB.

GENERAL PRACTICES

CULTURAL COURTESIONS TO OBSERVE:
- Shaking hands and smiling is the most common way of meeting and greeting in Honduras.\(^{8, 36}\)
- Touching arms, shoulders, and patting backs are very common gestures in Honduras once you have established a rapport with a Honduran, you may even receive an embrace.\(^{8, 36}\)

<table>
<thead>
<tr>
<th>Women Greeting Women</th>
<th>Men Greeting Men</th>
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<tbody>
<tr>
<td>Honduran women will hug or “air kiss” each other on the cheek.</td>
<td>Honduran men may offer an “abrazo” – a warm hug accompanied by hearty backslapping, followed by a handshake.</td>
</tr>
</tbody>
</table>

Withdrawing from these affectionate gestures can be perceived as an insult.\(^{8, 36}\)
When shaking hands, use the appropriate greeting for the time of day:

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

When meeting a Honduran client, address them as “Mr.”, “Mrs.” or “Miss” followed by their last name. If you don’t know a person’s last name, it is appropriate to simply address him or her as Señor, Señora or Señorita

- Mr. — “Señor”
- Mrs. — “Señora”
- Miss — “Señorita”

First names are reserved for family and closer acquaintances. To be polite, wait to be invited before using a client’s first name.

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

- [ ] Yes
- [x] No
- [ ] Information Not found/Unknown

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**FAMILY**

- The family is very important and extended families care for each other.
- Men are traditionally the head of the household. Women play a major role in situations involving health and disease.
- Most often the mother, grandmother, or oldest female daughter will carry out the medical instructions.
- Always ask the family who they would like to be present when medical decisions must be made.

**CULTURAL VALUES**

- Respect is important in Latin culture. The manner in which a physician or other healthcare professionals address a patient can convey respect or disrespect.
- Individuals from Honduras expect a healthcare professional to be warm and attentive, take their time, show respect, and if possible communicate in Spanish. Rather than immediately “getting down to business” (which can be perceived as rude and pushy), demonstrate interest in a client by making small talk, such as asking about the client’s family or an elderly relative.
- Honduras is culturally similar to many Central American countries. In Honduras personal relationships are valued and are considered more important than being on time. Often people will stop and talk with friends and acquaintances, in doing so they risk being late for appointments. For this reason healthcare providers may want to discuss time schedules at the start of treatment/therapy.
COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL)

• Hondurans may avoid directly saying “no.” A “no” is often disguised in responses such as “maybe” or “We’ll see.”

• Maintaining eye contact when talking with a person from Honduras is very important as this indicates interest in what is being said. If a conversation will entail note-taking, explain this prior to asking questions.

DIET AND NUTRITION

• Patients might restrict themselves to foods that will restore the body’s hot and cold balance. If an illness is viewed as “hot” patients may prefer foods that are “cold.” Likewise if the illness is considered “cold” then the patient may request “hot” foods.

• The Honduran diet is based largely on fruits (banana, pineapple, papaya, plantains, and mango), vegetables (corn, tomato, rice, beans, and cabbage), and meats (chicken, beef, and fish).

• Popular foods: “Baleadas” – tortillas filled with meat, beans, and cheese.

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

• Active TB disease

Diagnostics

• The TB skin test

• Instructions for collecting a sputum sample for diagnosis of TB

Treatment

• For you and your family – the secret for preventing TB is medication!
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 & 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 conclusive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbrresources.org

REFERENCES


8. Personal communications with staff members from the Honduran National Tuberculosis Program and the Honduran Ministry of Health Personnel in 2004.


46. M.S. Arias, MD , Consultant to the Honduran National Tuberculosis Program, (Personal Communication, July 9, 2007).
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.