



The information below is from the Mexico Cultural Competency and Tuberculosis Control Country Guide. For more information and a list of references please see the complete guide, available at no cost, online at: <http://sntc.medicine.ufl.edu/Products.aspx>.

**THE INFORMATION PROVIDED IS AN INTRODUCTION ONLY AND DOES NOT CHARACTERIZE ALL INDIVIDUALS FROM THIS COUNTRY.**

## OFFICIAL LANGUAGE

- **Official language:** Spanish
- **Other languages:** A number of regional indigenous languages are also spoken, e.g. Mayan and Nahuatl. These are linguistically distinct from Spanish.

## CULTURAL COURTESIES TO OBSERVE

- Shaking hands is the most common greeting.
- A handshake should be used at the beginning of an encounter and at the end. Rather than offering a hard, firm handshake, a light grip is preferable.
- Women should initiate all handshakes with men.
- Touching arms, shoulders, and patting backs are very common gestures in Mexico. Once you have established rapport with a Mexican, you may even receive an embrace.
  - Women will hug or kiss each other on the cheek.
  - Men may offer an *abrazo* (a warm hug accompanied by hearty back-slapping), followed by a handshake.
  - Men and women will hug or kiss each other on the cheek in a social setting. In a professional setting, they will greet each other with a handshake.
  - Withdrawing from these affectionate gestures can be perceived as an insult.
- 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 Mexican client, address them as “Mr.,” “Mrs.” or “Miss” followed by their last name, or simply *Señor* (Mr.), *Señora* (Mrs.) or *Señorita* (Miss).
- Mexicans commonly have two last names: unless you are asked to do otherwise, use both names when addressing a person.
- First names are reserved for family and closer acquaintances. To be polite, wait to be invited before using a client’s first name.

## CULTURAL VALUES

- Respect is important in Mexican culture. The manner in which physicians or other healthcare professionals address a patient can convey respect or disrespect.
- Individuals from Mexico expect a healthcare professional to be warm and attentive.

- 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.
- When meeting with a group of individuals from Mexico or working with a Mexican interpreter, allow them to “save face” by discussing a misunderstanding or problem in private. Correcting a person from Mexico in front of others will not only embarrass that person, but others in the group may shun the individual who caused the embarrassment.
- Mexicans feel that Americans allow the clock to control them rather than the other way around. Mexican clients may be late for scheduled appointments, miss appointments, or come to a clinic at unscheduled times. For this reason, discuss time schedules at the start of treatment/therapy.

## VERBAL AND NONVERBAL COMMUNICATION PATTERNS

- Mexicans will stand or sit in close proximity when talking. Moving away is considered unfriendly.
- In some circumstances, Mexicans may avoid directly saying “no.” A “no” might be disguised in responses such as “maybe” or “we’ll see.” To avoid being perceived as rude or pushy, TB program staff may want to consider using this indirect approach (at times) when working with Mexican clients.

### The following may be considered offensive:

- Beckoning a person with the palm and fingers pointed up is considered rude. Instead, hold your hand in front of you and keep your palm facing down. Then curl your fingers back towards your body.
- The “okay” gesture with the thumb and index finger is considered vulgar.
- Men should avoid putting their hands in their pockets when talking to another person.
- Talking with your hands placed on your hips is viewed as aggressive behavior and signals you are challenging the person with whom you are speaking.
- Never toss documents or paperwork on a table/desk where a Mexican client is sitting. This is considered highly offensive.

## COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

In Mexico, TB is perceived to be a serious disease that is often fatal.

### Misperceptions Related to Disease Etiology/Cause

- Disruptions in the body's hot/cold balance caused by: getting wet, bathing or doing laundry in cold river water, air conditioning, getting chilled, abrupt changes in temperature, hard work, excessive drinking
- Smoking
- Inhaling ashes, dust or smoke
- Exacerbation or worsening of a cough caused by a routine cold or bronchitis
- In rural areas of Mexico, some believe bewitchment is the cause of TB.
- While TB is associated with malnutrition, some individuals view malnutrition as the direct cause of TB.

### Misperceptions Related to Disease Transmission

- Sharing eating utensils with a TB patient
- Drinking from the same bottle or glass that a TB patient has used
- Shaking hands with a person with TB
- Sexual relations with an infected person

### Misperceptions Related to Diagnostic Procedures

- Mexican clients may resist routine blood draws, believing this can "drain them of energy."

### Cures/Treatments That May Be Used

*Note: Within Mexico a variety of medications, including antibiotics, can be purchased without a prescription. Mexican clients may obtain these medications during trips to Mexico or through the mail from family/friends.*

### Stigma Surrounding TB

- TB is viewed as a disease that affects individuals who are lower class, do not care for themselves, or are undernourished.
- Concerns regarding the contagiousness of TB often lead to social isolation of both TB patients and their families.
- TB patients may fear consequences (i.e. being condemned for spreading TB, being abandoned or alienated from friends, losing a job, losing housing, deportation, and being denied application for legal permanent resident status) if they admit to having TB symptoms or a diagnosis of TB. Consequently, some patients are likely to hide their diagnosis or stop medical treatment to avoid being detected.
- Stigmatization of individuals with TB is more common in rural areas of Mexico as compared to metropolitan areas/large cities.

## COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV

### Misperceptions Related to Disease Etiology/Cause

- Leading a "censorable" life (drinking excessively, homosexuality, bisexuality, commercial sex work)
- Supernatural powers or forces/witchcraft

### Misperceptions Related to Disease Transmission

- Sharing eating utensils with a person who is HIV-positive
- A mosquito bite
- Using public bathrooms
- Kissing on the mouth
- From the AIDS test
- Donating blood

### Stigma Surrounding HIV

- HIV/AIDS is highly stigmatized.
- In Mexico, some people living with HIV report receiving support from their immediate family; however, a significant number of individuals who identify as gay are blamed for becoming infected through their lifestyle, subjected to neglect, made to live in isolation, evicted from their homes, rejected by families or abandoned in public welfare hospitals when their health deteriorates.
- In the recent past, HIV-positive individuals from high risk groups have faced stigmatization and discrimination within some Mexican healthcare facilities. This stigmatization/discrimination has been based upon the perception that men who have sexual relations with men and sexual workers decide their sexual practices; as such, they are guilty victims of the disease whereas others may be innocent victims. Forms of discrimination include:
  - Increased fees for service to HIV-positive patients
  - Treatment refusal
  - Unnecessary isolation
  - Delays in surgeries