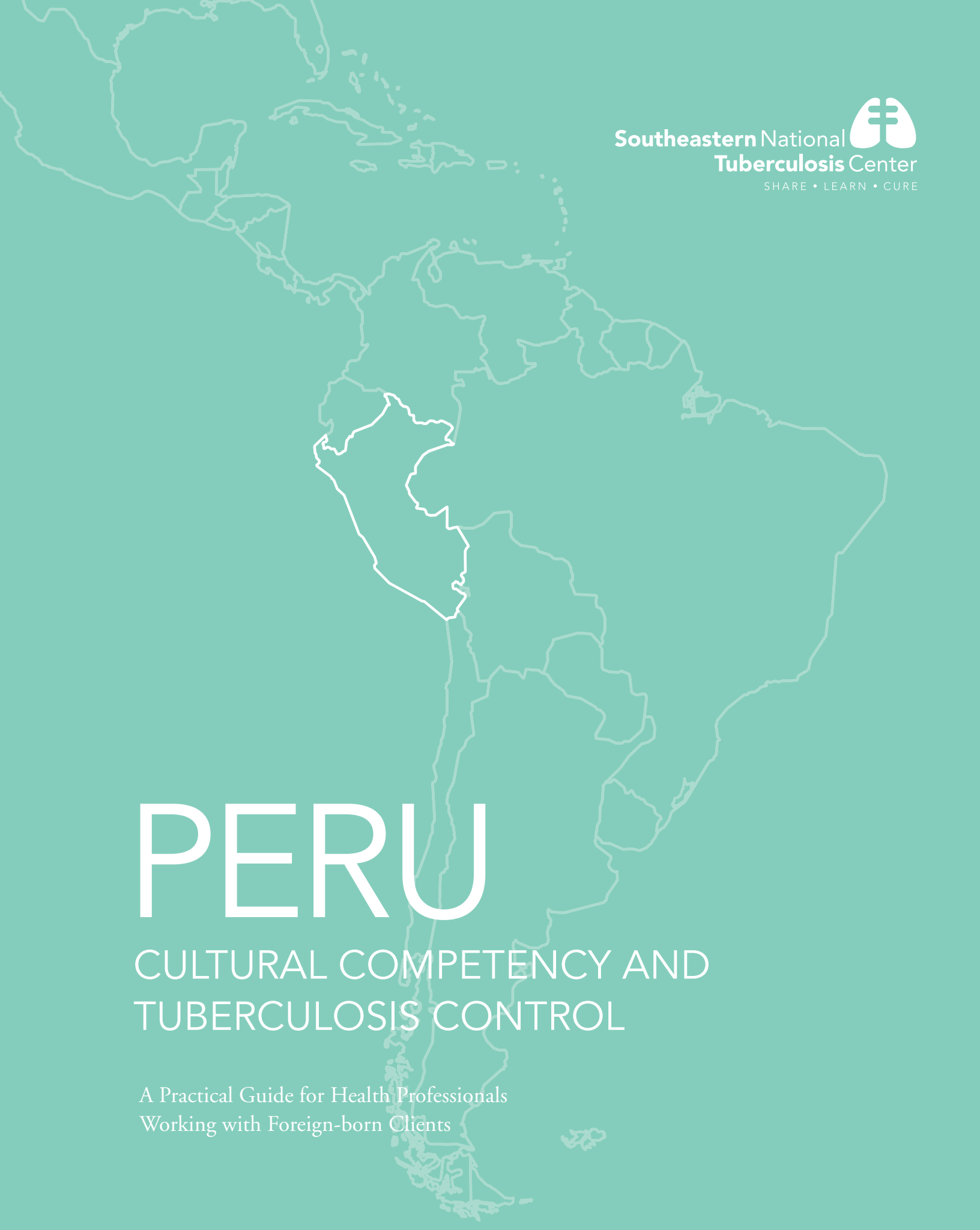

Southeastern National Tuberculosis Center
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PERU

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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

GEOGRAPHIC LOCATION

- Peru is located in the western region of South America.[1]
- The capital is Lima.[1]
- The country is bordered to the north by Ecuador and Colombia, to the south by Chile. To the east the country is bordered by Brazil and Bolivia, and the Pacific Ocean to the west.[1]
- The country is divided into 25 regions (*regiones*) and one constitutional province (*provincia*).[1-3]
- **Regions:** Amazonas, Ancash, Apurimac, Arequipa, Ayacucho, Cajamarca, Cusco, Huancavelica, Huanuco, Ica, Junin, La Libertad, Lambayeque, Lima, Loreto, Madre de Dios, Moquegua, Pasco, Piura, Puno, San Martin, Tacna, Tumbes, Ucayali.[1-3]
- **Constitutional Province:** Callao

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

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- **Official languages:** Spanish and Quechua[1]
- **Other languages:** Aguaruna, Ashaninka, Aymara, Jaqaru, Kawki, and a variety of indigenous Amazonian languages[1,57]

ETHNIC GROUPS:

- **Majority:** 45% Amerindian,[1] including Quechua, Aymara, Jaqaru and Kawki in the Andes and Ashaninka, Aguaruna and others in the Amazon[57]
- **Minority:** 37% *Mestizo* (mixed Amerindian and White), 15% White, 3% Black, Japanese, Chinese, other[1]

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- 81.3% Roman Catholic, 12.5% Evangelical, 3.3% other, 2.9% unspecified or none (2007 Census)[1]

Note: Most indigenous ethnic groups practice a religion with elements from Catholicism and indigenous religions.[58]

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

- Total population: 92.9% (2007 Census)[1]

  Male: 96.4%

  Female: 89.4%

MEDICAL SYSTEM:

- Health services in Peru are provided through private and public systems.[4]
  - The majority of Peruvians obtain health care through primary care facilities (community health centers) and hospitals operated by the Peruvian Ministry of Health (MINSA).[5]

    Patients pay out of pocket for medical procedures, labs and medications provided through these facilities.[6]

    However, care is subsidized for children, pregnant women, and the poor through *Seguro Integral de Salud/SIS* (Integral/Comprehensive Health Insurance). SIS is funded by the government budget and international cooperation.[5-7]
  - Independent hospitals and clinics affiliated with the military and police force provide medical care for personnel and their families.[4]
  - Private hospitals/clinics primarily accommodate the wealthy.[4]

Last Updated on: January 10, 2011

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- The majority of hospitals and clinics are located in urban areas. Peruvians in rural areas have limited access to the public health system and instead may seek help from a *promotor de salud* (health promoter) within the community.[4]
  - Health promoters receive some medical and public health training and may have access to basic medical supplies for the community.[1]

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Vector borne:** malaria, dengue fever, louse borne typhus and yellow fever[1,4,8,9]
- **Food or water borne:** hepatitis A and B, typhoid fever, leptospirosis (2009)[1,4,9]

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 2.32 children born/woman (2010 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 233,926 individuals originating from Peru reside in the United States.[10]
- 16,957 persons from Peru obtained legal permanent resident* status within the US during fiscal year 2009.[11]
- The average number of persons from Peru who have obtained legal permanent resident status annually (2000-2009): 14,100.[11]
- In 2009, the number of nonimmigrant admissions** from Peru included 12,207 admissions for students and exchange visitors; 7,567 admissions for temporary workers and their families; and 4,145 admissions for diplomats and other representatives.[11]

According to 2009 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:[12]

1. Florida – 24.9%
2. California – 16.9%
3. New Jersey – 11.5%
4. New York – 9.8%
5. Virginia – 6.7%
6. Texas – 3.4%
7. Connecticut – 2.9%
8. Maryland – 2.9%
9. North Carolina – 2.4%
10. Georgia – 1.6%

**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."*

***Nonimmigrant admissions refer to arrivals of persons who are authorized to stay in the United States for a limited period of time. Most nonimmigrants enter the United States as tourists or business travelers, but some come to work, study, or engage in cultural exchange programs.*

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

- 1,872 persons from Peru were granted permanent resident status within Canada during fiscal year 2009.[13]
- The average number of persons from Peru who became legal permanent residents of Canada annually (2000-2009): 1,235.[13]
- In 2007, Peruvian immigrants granted permanent residence in Canada accounted for 4.1% of all immigrants originally from South and Central America and the United States.[14]

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

- Statistics available through Eurostat (2008) indicate that the majority of Peruvian immigrants to the European Union have migrated to Spain, Italy, and Germany.[15]

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2009, THIS COUNTRY IS RANKED NUMBER 41 OUT OF 212 COUNTRIES WORLDWIDE.[16]

Estimated Burden of Tuberculosis (2009):

Incidence: 113/100,000[16,59]

Prevalence: 126/100,000[16,59]

Reported Cases of TB (2009):

- 31,844[16,59]

Estimated Burden of HIV Infection (2009):

Estimated prevalence: 0.4%[17]

Low estimate (adults): 0.3%[17]

High estimate (adults): 0.5%[17]

The WHO estimates 58,000-100,000 persons in Peru are living with HIV.[17]

TB/HIV Co-Infection* (2009):

**Estimated HIV prevalence among incident TB cases*

Estimated co-infection: 1.5%[16]

LEVEL OF MULTIDRUG-RESISTANT TB* (2008):

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

- 5.3% of new TB cases are multidrug-resistant.[59]
- 24% of previously treated TB cases are multidrug-resistant.[59]

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

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

- **Category I:** INH, RMP, EMB, PZA daily for 2 months; INH, RMP twice weekly for 4 months.[18,19]
  - Until 2001, category I treatment failures were treated with a category II regimen (INH, RMP, EMB, PZA SM, daily for 3 months; INH, RMP, EMB twice weekly for 5 months).[19]

    There are reports that this practice continued well past 2001.[5]
  - Category I failures have been shown to have resistance to SM despite never having received this drug.[19]
- **Category II:** INH, RMP, EMB, PZA, SM daily for 3 months, followed by INH, RMP, EMB twice a week for 5 months.[20]
  - Category II failures receive a standardized treatment regimen (KM, CPX, ETH, EMB, PZA daily for 3 months; CPX, ETH, EMB, PZA daily for 15 months).[19]
- According to reports published as recently as 2003, some Peruvian children diagnosed with active TB were treated with first line drugs even if they were a household contact of a case with MDR-TB.[21] Today, persons with drug-resistant strains of TB are to be treated with individualized regimens.[58]

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 100% of the country's citizens are covered by DOTS (2007 estimate).[18]

TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:

■ Yes[18,22] ☐ No ☐ Information Not Found/Unknown

Comments: In Peru, first and second line TB medications are offered to patients free of charge.[23,24]

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

■ Yes[5] ☐ No ☐ Information Not Found/Unknown

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

■ Yes[5] ☐ No ☐ Information Not Found/Unknown

Comments: Anti-TB medications are not available through a black market or over the counter in Peru. However, a number of antibiotics can be obtained in some pharmacies without a prescription.[5,25] Street vendors and some *boticas* (pharmacies) sell "imported" medications. These medications are often fake/counterfeit medicines or expired prescription medications.[5,26]

USE OF BCG VACCINE:

■ Yes ☐ No

- Peru's national BCG vaccination program began in 1962. When the program was initiated, policy dictated that newborns were administered one intradermal dose (0.1 mg live bacillus in 0.1 ml); this policy was changed in 1970. The revised policy dictated children receive three vaccinations given at 5-year intervals up to age 15. The third vaccination, given at age 15, was dropped from the program in 1979, and the second, given at age 10, was dropped in 1996.[3,27]
  - In a study published in 2004, 12% of Peruvians surveyed had no BCG scars, 54% had one scar, 29% had two scars, and 5% had three or more scars.[27]
  - Indigenous populations of Peru are less likely to receive BCG vaccination.[28]

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

- 97% coverage (2009 estimate, WHO/UNICEF)[29]

NICKNAMES/COMMON NAMES FOR TB:

- *TBC* ("te bee cee"[5] or "tay bay say"[58])
- *Pulmón picado* (damage of lung/hole in the lung)[5]
- *Pulmón tisico*[5]
- *Tisis* (refers to tuberculosis, the illness)[32]
- *Tisico* (an offensive term referring to a person who has tuberculosis)[32]
- *Chaqueta* (This word literally translates as "jacket." In Peru, it is a slang term referring to a person who has tuberculosis; this may be used in a joking manner among members of low socioeconomic/SES groups.[32] In other Latin American countries, *chaqueta* is a slang term with sexual connotations.[58])
- Healthcare workers refer to MDR-TB as "chronic tuberculosis"[24]

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

- Formerly Peru was included in the World Health Organization's (WHO) list of 22 high-burden countries. In 2000 the country was removed from this list, following a sharp decrease in TB incidence. This decrease is associated with the launch of the WHO's DOTS program in 1990 and high level political commitment which enabled Peru to achieve the WHO's targets for TB control of 70% case detection rates and 85% cure rates.[30,31]
- Most TB cases occur in urban settings:
  - 29% of Peru's population is located in the province of Lima, yet 60% of the country's reported TB cases are from Lima,[33] and 80% of diagnosed MDR-TB cases are in Lima.[19]
  - Persons within the middle to upper class in Lima tend to think that TB has been eradicated.[5]
- Within Peru, the following factors interfere with treatment adherence and/or contribute to treatment default:[5,7,24,34,35]
  - Stigma
  - Loss of confidence in TB therapy
  - Loss of confidence or lack of trust in the medical establishment
  - Self-diagnosis of condition as other than TB
  - Improvement or resolution of symptoms
  - Medication side effects
  - Advanced disease
  - Lack of psychosocial support (i.e. lack of friend or family supportive networks)
- Overcoming treatment default may be accomplished if:[24]
  - The patient feels there is a reasonable chance for being cured
  - The clinic staff treat the patient with respect
  - The patients do not feel marginalized or pitied
- In Peru, to encourage treatment adherence, impoverished TB patients may be provided the following incentives: (1) a monthly food package that includes vegetable oil, rice, beans, canned tuna, and milk, (2) employment support and training, (3) free transportation, (4) small loans. These incentives are provided based on government protocols.[7,22,36,37]
- Community efforts including TV, radio, and billboard messages; theatre shows; home visits; and education have aimed to raise awareness and reduce stigma. Through these efforts, the following slogan has become well known to the general public: "If you cough for more than 15 days, you should go to the health center".[36]

COMMON MISPERCEPTIONS RELATED TO TB ETIOLOGY/CAUSE:

- Extreme poverty[7]
- Anorexia[22]
- Weight loss[22]
- Malnutrition[22]

Note: While TB is associated with malnutrition, some individuals view malnutrition as the direct cause (or etiological agent) of tuberculosis disease.

- In general, illness may be thought to be caused by witchcraft, moral or religious faltering, or hot/cold imbalances.[4,38]

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- TB is transmitted by:[5,22,33]
  - Sharing utensils
  - Shaking hands
  - Kissing
  - Sitting on furniture that a TB patient has sat on
  - Having sex with an infected individual
- Peruvians may believe that if the infected person is out of the house working most of the day, the family is not at risk of contracting TB.[5]

Note: Misperceptions related to the cause and transmission of tuberculosis are more common among poor urban people.[2]

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

- Peruvians are aware that a sputum sample is needed to diagnose TB; however, some Peruvians may believe that a chest X-ray and blood work **must also** be done before a diagnosis can be made.[22]

CURES/TREATMENTS THAT MAY BE USED:

- Eating well is thought to be a form of TB prevention.[22]
- Cumaseba (a tree growing in the Peruvian Amazon rainforest) may be used to treat TB.[39]
- Among Peruvian Indians the following treatments may be used to care for a variety of illnesses:[25,38]
  - Herbs (an herbalist may be referred to as an *hierbera* or *herbolatio*.[2])
  - Massages
  - Poultices (soft, warm mass used like a compress)
  - Syrups
  - Laxatives
  - Enemas
  - Ointments
  - Baths
  - Cupping (using warmed glass jars for suction over the body)

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:

- TB patients and family members from Peru may believe Rifampin is a poison, as it can cause color changes to urine and body fluids. These patients may try to lower their dosage themselves or stop treatment once they are symptom-free.[5]

USE OF TRADITIONAL HEALERS:

Peru has a National Program in Complementary Medicine. Comparisons of complementary medicine to allopathic medicine in clinics and hospitals within the Peruvian Social Security System found that patients and clinic staff have a higher/more positive perception of the clinical efficacy of traditional medicine. Traditional medicine has also been associated with higher patient satisfaction with care.[35,40]

Traditional healers include:

- *Curandero/a* (curer)
  - *Curanderos/as* are men or women who are primarily herbalists.[4]
  - People in rural areas of Peru use *curanderos* for primary health care.[25]
- *Chamanes* (shaman)
  - *Chamanes* are men who combine herbs with indigenous spiritual practices sometimes described as "white magic".[4] People in rural areas of Peru consider *chamanes* as both priests and therapists.[25]
- *Brujo* ("warlock")/*bruja* ("witch")
  - *Brujos/as* are men and women who practice "black magic".[4]

Note: According to medical personnel from Peru, "True traditional healers treat patients until they know they can't cure them, at which point healers refer patients to a medical doctor or hospital".[32]

- Traditional healers may use:[35,41]
  - *Remedios caseros* (home remedies)
  - Herbal extracts to purify patients and fend off evil spirits
  - *Mesas* (healing altars) to perform curing ceremonies or rituals. These altars contain "power objects" such as seashells, ceramics, stones, and Christian symbols such as crosses and images of saints.
  - *Consultorios* (consultation chambers) to perform curing ceremonies
  - Curing ritual acts which may include: prayers or incantations; purification of the patient by spraying the body with herbal extracts, holy water, perfumes, and *baños de florecimiento* (baths of "spiritual flowerings") to fend off evil spirits; nasal ingestion of tobacco juice and perfumes; rubbing an egg over the body of a sick person, and then cracking the egg to see the "damage" or "badness".[5,35]
  - A hallucinogenic drink called *ayahuasca* may be used for medical, magical, and spiritual purposes.[4]
  - *Cuy* (guinea pigs) may be used as diagnostic tools. A guinea pig is passed (or rubbed) over the body of an ill person. The expectation is the guinea pig will squeak when near the sick or affected area of the body. The animal is then slaughtered to allow the healer to read the animal's internal organs and make a diagnosis.

    Note: This ritual was more common in the past, but is still practiced by some healers in Northern Peru.[5,35,54]

Note: The use of healers and curers is more common among persons from lower socioeconomic groups and indigenous persons residing in rural areas, particularly the Andean Region (Sierra-Highlands Mountains) and selva *(jungle/rain forests) of Peru.*[2,5-7,42]

STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:

- Within Peru, TB has been highly stigmatized. Negative attitudes towards the disease and TB patients have been handed down from generation to generation.[33]
- The patient is often blamed for both his or her condition and the condition of those around him or her.[34]
  - TB patients may feel guilty and worry about infecting those around them.[34]
  - Families of TB patients may confine the patient to the smallest part of the house and discourage them from leaving.[34]
  - Families may feel ashamed of having a family member with TB because of the association between TB and poverty/malnourishment.[22]
  - In Peru, individuals with TB may have trouble finding work if their disease state is known.[22] Workers who contract TB are required to get a permit and may not be allowed back to work, even when they are non-contagious.[5]
- Once TB patients have completed their treatment:
  - Patients may feel anxious about returning to the "normal" world.[34]
  - Some patients may also fear relapse and not want to stop taking medications.[34]

- Some healthcare workers view an assignment to work with TB patients as a punishment.[7,33]
  - Some healthcare workers instruct patients to avoid direct communication with staff and to keep their distance from the staff.[33]
  - Patients and their families may be treated with a lack of respect by all levels of healthcare workers and patients' privacy is often breached.[2]

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

Infectious disease and pulmonary specialists from Peru provide the following advice:

- "TB patients must be especially encouraged to eat well if they are poor".[5]
- Describe confidentiality procedures/policies – keeping in mind that TB is highly stigmatized in Peru and health workers in the country are not always careful to maintain confidentiality.[2]
- Talk with your client about how "…disease affects life from a physical, social and emotional aspect and causes a lot of frustrations. TB disease and infection affects a human being with dreams and plans in life…."

  Explain that the care and treatment available through the TB program will enable a person to be healthy and to pursue his or her plans. Reiterate these plans, when addressing the importance of adherence to treatment.[2,6]
- Assure patients that the medicines provided through the TB program are good quality and effective.[7]
- Assess overall trust in the healthcare system and assure patients and family members that the available care, staff, and services are of high quality.
  - "Encourage family members to support and motivate the patient to complete treatment".[7]
- Assess clients' knowledge of TB; provide basic/general information.
  - "People may tell you that they know about TB or HIV even if they do not." If you are not sure they have good knowledge, you might say, "I know that you know, but I am required to give you this information; it is my job to do so".[32]
  - Empower and encourage patients and family members. Instead of asking individuals whether they understand what was just told to them, use teach-back techniques to make sure patients and their family members retain the most important points. Ask patients to demonstrate how they will carry out instructions or ask them to explain what they have been told in their own words.[7]
  - Be sure to explain that TB may affect a variety of people, not just those who are poor or without proper nutrition.
  - Provide details related to: (1) the rationale for isolating infectious patients, (2) how respiratory isolation may be conducted in the home, (3) when and why isolation is no longer needed for patients on treatment, and (4) why isolation is not necessary for persons with latent TB infection.

  - Discuss the services you and your colleagues will be able to provide; include any costs associated with these services that clients must pay for.
  - Explain how the BCG vaccine is different from other childhood vaccines and why a person with BCG can still become ill with TB, prior to performing a tuberculin skin test.
- Encourage patients to ask questions and express their concerns when talking with doctors and nurses.
  - 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?"
- When providing patient education, take time to explain the rationale behind what you are asking the client to do.
  - When discussing medication regimens and dosing of medication, explain why the prescribed medication regimen was chosen to treat the patient and the rationale for the length of the treatment regimen.
  - Discuss expected medication side effects and those side effects that require medical attention in detail.
- Emphasize the need for, and reasons why, TB medications must be taken even when symptoms resolve.
  - For persons diagnosed with LTBI, emphasize the rationale for preventive therapy, despite the absence of symptoms.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

GENERAL COMMENTS:

- The Peruvian National HIV Program was established in 1990 by the Ministry of Health (under the name of PROCETTS).[7]
- In 2004, Peru's HIV program, supported by the Ministry of Health, began to provide free antiretroviral treatment after receiving a grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.[43,44] However, the country has experienced medication shortages, and there is a recognized need for additional training in the care and treatment of HIV/AIDS among medical personnel.[7,45]
- In Peru, the AIDS epidemic is concentrated in MSM (men who have sex with men). Incidence is rising among the poor and among heterosexual women.[46,47]
- Power differentials may be present in many sexual relationships, making negotiations for safe sex and condom use challenging for women and homosexual men.[48]

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.

- Generally, there is a lack of knowledge of the cause of HIV/AIDS in Peru among uneducated persons.[2,32]

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- HIV/AIDS may be transmitted from person to person by fomites (inanimate objects) such as doorknobs and toilet seats.[42]
- HIV is associated with *maricones* (gay men) and *puta* ("fallen women"/prostitutes/whores).[32,48,55]
- Men who have had sex with men and are the insertive partner during intercourse (rather than the receptive partner) may consider themselves to be at less risk for HIV/AIDS. These beliefs are more common among men who have sex with men and prisoners.[5]

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:

- The use of healers/curers for HIV is more common in Lima and cities.[2]

Note: See "Cures/Treatments that May be Used" in the "Common Attitudes, Beliefs and Practices Related to Tuberculosis" section for general cures and treatments used by Peruvian Indians.

- Until a few years ago, many Peruvians thought that there was no treatment at all for HIV/AIDS. This belief is beginning to change.[42]
- In Peru, antiretroviral treatment default is associated with:[45]
  - High direct and indirect costs of initial evaluation for patients
  - Lack of clear communication with patients regarding follow-up procedures
  - Difficulties patients may experience navigating the hospital system (making appointments, finding sites, seeking assistance, etc.)
  - Lack of social support

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

- Similar to many countries, HIV/AIDS is stigmatized in Peru. Stigmatizing or homophobic attitudes towards patients may be found in the general community and among healthcare providers.[48]
  - Stigmatizing attitudes/practices are more common among members of lower income/socioeconomic groups.[5]

- For women in Peru, HIV infection implies failure to be a *mariana* (faithful wife/devoted mother).[55]
  - There is a perception that because good *marianas* are not promiscuous, there is no reason for them to learn much about HIV/AIDS disease, how to prevent it, or to be tested.
  - Regardless of their behavior, it is frequently assumed that married women are the source of HIV infection for their husbands and children.
  - In Peru it is customary for married women to live with their in-laws after marriage and in widowhood. Consequently, women cannot afford to damage their family's reputation by disclosing their HIV status or blaming their husband for their HIV infection, as they risk losing social and financial support.
- An HIV/STD prevention trial in Peru examined partner notification practices among high-risk groups: Despite encouragement to inform partners, notification rates were only 65.0% for primary partners and 10.5% for secondary partners. Moreover, upon being informed of their partner's diagnosis, only one third sought medical attention even though care was available.[49]

  Reasons for lack of notification included:
  - Lack of understanding of the importance of partner notification
  - Embarrassment/social stigma
  - Fear of rejection
  - Difficulty locating casual or anonymous partners

IMPORTANT HIV EDUCATION POINTS:

- Assess clients' knowledge of HIV and AIDS, prepare to provide basic/general information.
- Stress the importance of clearly reporting specific health information, particularly with regards to risky sexual practices.
- In Latin culture, what others say about you is held in high regard; often times when something happens to someone or in a family, a common reaction is to wonder "*Que dirá la gente?*" ("What will people say?").[55]
  - Discuss stigma and concerns related to discrimination.

Infectious disease and pulmonary specialists from Peru provide the following advice:

- In Peru, it is common that the entire family wants to be in the room when a medical professional speaks with a patient. You may need to explain confidentiality policies to the patient and family.[32,42]
  - When talking with the patient, ask about his or her family and who will provide social support. Also, ask the patient if he or she has any questions or concerns regarding how HIV/AIDS may affect his or her work.[2]

- Due to the perception that HIV is associated with homosexual men and prostitutes, patients (particularly females) are often very offended when healthcare professionals suggest HIV testing. Introduce the subject with sensitivity, by acknowledging this misperception and explaining that anyone can be affected by the virus,[5] or by indicating that it is the policy for all patients being treated for TB to be tested for HIV per new CDC guidelines.[58]
- The perception of the risk of contracting HIV/AIDS is low among young adults in Peru.[7]
  - Discuss the benefits associated with condom use (for both men and women); offer instruction in the proper use of condoms.

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- When first meeting a Peruvian, offer a firm handshake (a firm handshake is considered a sign of confidence). Once people are better acquainted with each other, shaking hands and kissing on the cheek are acceptable forms of greeting (wait for a Peruvian client to initiate this less formal form of greeting).[50,51]

  Note: Men do not kiss other men during greetings.[50,51]
- When conversing in Spanish, *usted* (the formal version of "you") should be used.[51]
- First names are only acceptable between people on familiar terms.[50] Healthcare providers should expect patients to continue to address them formally. Also, it is advisable for providers to continue to address their Peruvian clients in a formal manner, even after they become familiar with them.[58]
- In Peru, people with an advanced degree or position are addressed by their title as a sign of respect (with the exception of family and close friends). There is a clear sense of hierarchy in the healthcare system.[4]
  - To address medical doctors, Peruvians use the term *doctor* with or without the surname.
  - Nurses are addressed as *enfermera*.
  - Technicians are addressed as *técnico*.
- People without professional titles should be addressed as:[50]
  - *Señor* (Mr.)
  - *Señora* (Mrs.)
  - *Señorita* (Miss)

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

☐ Yes ■ No ☐ Information Not Found/Unknown

Comments: Female patients prefer that genital or breast exams are conducted by female healthcare providers. However, matching clients and providers by gender is not always necessary.[5,42]

FAMILY:

- Peruvian families are tightly knit and may include several generations. Quechua (indigenous ethnic group) households are somewhat smaller with a greater emphasis on paternal relationships.[52]
- Decisions are often made as a family, but deference is given to medical professionals and relatives will rarely interfere with medical exams or procedures.[4]
- Family members often bring food and stay with their ill relatives who are in the hospital.[4]

NAMES:

- Similar to other South Americans, surnames include a father's name listed first and mother's name second.[50]
- Upon marriage, Peruvian women take their husband's surname and add it to their own surname, so women may have two surnames.[50,58]

CULTURAL VALUES:

- In Peru, it is considered polite to greet all people with whom you come into contact.[56]
- Peruvians tend to be stoic when they experience pain. Men in particular are expected to tolerate pain. Healthcare workers may need to be direct in asking whether a patient has pain.[4]
- If the family is lower SES, healthcare professionals should communicate directly with the male head of the household because medical procedures must be approved by him.[5]
- Religion is important to most Peruvian people; even those who profess to be nonreligious have great respect for religion. Religion is also a major part of Peruvian customs, and each town or village has its own cathedral, patron saints, and religious days.[51,52]
- In Peru, shorts are never worn to work even when it is hot out.[50,51]
- Peruvian time is called *hora peruana* and is not the same as *hora exacta* ("exact time"). In Peru, how patient others are with waiting for the expected person to arrive is a measure of an individual's social standing/status.[4] Also, it is offensive to be early, yet arriving on time or five minutes late to a meeting is not considered offensive.[42,51] For these reasons, healthcare providers may want to discuss time schedules at the start of treatment/therapy.

COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):

- Healthcare professionals who demonstrate respect and do not patronize or act paternalistic towards patients may elicit more confidence, trust, and greater cooperation from Peruvian patients and family members.[2,7]
- Peruvians tend to be formal and conservative; this demeanor may make a person appear shy or aloof. Also, they tend to be indirect and will go to great lengths to avoid telling someone "no" or reveal that they do not know or understand something. Be sensitive to the need to preserve the client's dignity or "save face".[51,58]
- When asking Peruvians for directions, they may provide a route they believe is correct even if they are not sure. Be appreciative of this desire to be helpful and be sure to confirm directions with more than one source.[53,58]
- Appropriate topics of conversation with Peruvians include asking about their family and telling about your own family, music, and sports such as soccer. There is a pride in being Peruvian; you may also consider talking about Peru's rich history of literature, art, and customs, such as the festivals each community or village has in recognition of the local patron saint. Avoid bringing up Peruvian politics, drugs, ethnicity, salary or the price of items bought.[2,5,52]
- Peruvians appreciate honesty and like to joke as long as what you are saying is not too personal or does not attack their country.[51]
- During conversations between a patient and healthcare provider, the touch of a healthcare provider, such as a handshake or a pat on the shoulder, is comforting and opens the relationship.[5]
- Standing too close or backing away during conversation may be seen as offensive.[50,51]
- Direct eye contact is welcome while speaking.[51]

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

- Avoid crossing your legs such that your ankle rests on the knee of your other leg.[50]
- The gesture of flicking fingers towards a person means "go away".[50]
- Avoid motioning for someone by moving your fingers toward you. Instead, wiggle your fingers back and forth with your hand facing down.[50]

Phrases or terms to avoid:

- The term *cholo/a* is used to describe Peruvians of color and Amerindian descent. It is considered a derogatory and racist term in Peru.[56]

DIET AND NUTRITION:

- The diet of Peruvians varies widely by region of the country:[4]
  - On the coast, people eat fish, seafood, fruit, vegetables, grains, starches (rice, corn, potatoes), a little dairy, and meat from cattle, pigs, sheep, chickens, and turkeys.
  - In urban areas, people eat most foods including processed and "fast" foods, dairy products, and fruit.
  - In the mountain highlands, people eat corn, potatoes, indigenous grains (quinoa and kiwicha), and meat from llama, cattle, pigs, sheep, chickens, and turkeys.
  - In the Amazon lowlands, people eat fish, manioc starch (yucca), *platáno* (plantains), rice, corn (but few vegetables), and wild game (wild pig, deer, birds).
- Peruvians in rural regions tend to eat two meals a day (early in the morning and late afternoon/early evening).[4,7]
- Peruvians in urban regions tend to eat three meals a day.[4]
  - Lunch is the largest meal of the day, beginning with soup and ending with fruit for dessert. The typical dinner hour in Peru is 9:00 pm.[50]
  - Impoverished Peruvians (approximately 40% of the population) may have one meal a day.[7]

MISCELLANEOUS:

- Education standards in Peru are high; those who are able to attend school tend to have good written and verbal skills. When discussing an illness with patients and families, provide written educational materials; this will be appreciated.[32]
- If you admire an item, a Peruvian will offer it to you and may be offended if you do not accept it.[52]

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/patient-education/tuberculosis/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

- **Tuberculosis: Getting Healthy, Staying Healthy:**

  http://www.niaid.nih.gov/topics/tuberculosis/Understanding/Documents/latuberculosis.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

- **The TB (Tuberculosis) Skin Test (Mantoux):**

  http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/tstspan.pdf

- **The Tuberculosis Skin Test:**

  http://ethnomed.org/patient-education/tuberculosis/tb-test-spanish.pdf/view

- **Tuberculosis (TB): The Tuberculin Skin Test Tells Who Is Infected--What Does It Mean?:**

  http://www.doh.state.fl.us/disease_ctrl/tb/TBForms/Brochures/TST_new/DH150-526-TBskintest-Spanish.pdf

- **Your TB Test: Answers to Questions People Ask Most Often:**

  http://www.mass.gov/Eeohhs2/docs/dph/cdc/tb/tb_brochure_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

- **Ethambutol (Oral):**

  http://www.dhs.wisconsin.gov/tb/pdf/Ethambutol-ES.pdf

- **Isoniazid (Oral):**

  http://www.dhs.wisconsin.gov/tb/pdf/Isoniazid-ES.pdf

- **Pyrazinamide (Oral):**

  http://www.dhs.wisconsin.gov/tb/pdf/Pyrazinamide-ES.pdf

- **Rifampin (Oral):**

  http://www.dhs.wisconsin.gov/tb/pdf/Rifampin_ES.pdf

- **Medication Information:**

  http://health.state.ga.us/pdfs/forms/Med.Info.Span.pdf

- **Pills to Prevent TB:**

  http://ethnomed.org/patient-education/tuberculosis/tb-pills-spanish.pdf/view

- **How to Fight TB:**

  http://www.med.nyu.edu/cih/docs/Brochures/TB/TB%20Brochure%20Spanish.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 & 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 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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NOTES

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.