

# HAITI

## CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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



## GEOGRAPHIC LOCATION

- Haiti is located in the Caribbean on the island of Hispaniola.<sup>1</sup>
- The capital and largest city is Port-au-Prince.<sup>1</sup>
- Haiti is bordered to the north by the Atlantic Ocean, to the south by the Caribbean Sea, and to the east by the Dominican Republic. Jamaica is located to the west of Haiti, and Cuba is located to the northwest. The offshore islands of Tortuga (*Island de la Tortue*) and Gonâve are also part of Haiti.<sup>1-3</sup>
- The country is divided into 10 departments (*départements*).<sup>1</sup>
- **Departments:** Artibonite, Centre, Grand 'Anse, Nippes, Nord, Nord-Est, Nord-Ouest, Ouest, Sud, Sud-Est.

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

# BACKGROUND INFORMATION

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## OFFICIAL LANGUAGE(S):

- **Official languages:** French and Creole<sup>1</sup>
- These two languages are linguistically distinct: understanding of one does not guarantee comprehension of the other.<sup>4</sup>
- The majority of the people speak Haitian Creole. The grammar of this language is African in origin and includes an extensive vocabulary originating from the French language.<sup>3-5</sup>
- **ETHNIC GROUPS:**
- **Majority:** Black 95%<sup>1</sup>
- **Minority:** Mixed Black/White (Mulato), White 5%<sup>1</sup>

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## DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- Roman Catholic 80%, Protestant 16%, none 1%, other 3%<sup>1</sup>

*Note: Vodou (Voodoo) rites are practiced by roughly half of Haitians in addition to their professed religion (e.g., Catholic or Protestant). Vodou is an officially recognized religion.<sup>1</sup>*

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

- Total population: 48.7% (2014 estimate)<sup>1</sup>

Male: 53.4%

Female: 44.6%

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## MEDICAL SYSTEM:

- Haiti's health system includes a public sector, a private nonprofit sector, and a private for-profit sector:<sup>6</sup>
  - Haiti experienced a major earthquake in January 2010 which further crippled the health care system.<sup>7</sup>
  - The public sector is responsible for providing health care to all citizens within the country. This sector has been significantly affected by the country's ongoing political crisis. Consequently, services and access to care are limited.<sup>6</sup>
  - The private nonprofit sector includes nongovernmental organizations and religious organizations.<sup>6</sup>
  - The private profit-making sector is comprised of private practice specialists who work mostly in the capital of Port-au-Prince and in private healthcare facilities. The private sector provides approximately one third of the population's health care.<sup>6</sup>
  - Doctors and hospitals often expect immediate cash payment for health services.<sup>8</sup>

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- Citizens in Haiti are not always familiar with the medical system of their own country and will avoid or delay seeking care due to lack of funds for transportation, services, and medicines. An explanation of health insurance and indigent care may need to be provided to Haitian immigrants.<sup>6, 9, 10</sup>

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**MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:**

- **Vector borne:** malaria, lymphatic filariasis, dengue and Chikungunya<sup>1, 11, 12</sup>
- **Food or water borne:** bacterial and protozoal diarrhea, hepatitis A and E, typhoid fever and cholera.<sup>1, 13</sup>

*Note: A lack of potable water contributes to high rates of bacterial and protozoal diarrhea.<sup>1</sup>*

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**FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:**

- 2.79 children born/woman (2014 estimate)<sup>1</sup>

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**RELEVANT HISTORY:**

- Haiti's economy suffered a severe setback in January 2010 when a 7.0 magnitude earthquake destroyed much of its capital city, Port-au-Prince, and neighboring areas.<sup>1</sup>
- Among all countries in the Western hemisphere, Haiti is the poorest – with 80% of the population living below the poverty line and 54% in abject poverty.<sup>1</sup>

- Migration is common in Haiti, with many Haitians crossing the border into the Dominican Republic or sailing to nearby countries.<sup>1</sup>

- It is estimated that about one million people were internally displaced after the earthquake and living in crowded tent cities throughout Port-au-Prince.<sup>14, 15</sup>

- The International Organization for Migration estimates that 146,000 Haitians continue to live in Internal Displaced People (IDP) camps as of 2014.<sup>16</sup>

**According to 2012 Immigration and Naturalization and US Homeland Security Data, individuals who became legal permanent residents\* 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:<sup>20</sup>

1. Florida—52.0%
2. New York—17.7%
3. Massachusetts—8.4%
4. New Jersey—7.8%
5. Connecticut—2.2%
6. Pennsylvania—2.0%
7. Georgia—1.4%
8. Maryland—1.1%
9. Illinois—1.0%
10. Virginia—0.53%

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

- According to data collected in 2012 by the US Census Bureau, approximately 825,683 individuals originating from Haiti reside in the United States.<sup>17</sup>
- 22,818 persons from Haiti obtained legal permanent resident\* status within the US during fiscal year 2012.<sup>18</sup>

- The average number of persons from Haiti who have obtained legal permanent resident status annually (2003-2012): 22,818.<sup>20</sup>

*\*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.”*

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

- 5,599 persons from Haiti were granted permanent resident status within Canada during fiscal year 2012.<sup>19</sup>
- The average number of persons from Haiti who became legal permanent residents of Canada annually (2003-2012): 2,954.<sup>19</sup>
- In 2012, Haitian immigrants granted permanent residence in Canada accounted for 21.6% of all immigrants originally from the Americas.<sup>19</sup>

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

- Statistics available through OECD.StatExtracts (2014) indicate that the majority of Haitian immigrants to the European Union have migrated to France, Switzerland, Belgium, Spain, Italy, and United Kingdom.<sup>21</sup>

## TUBERCULOSIS EPIDEMIOLOGY

#### **Estimated Burden of Tuberculosis (2012):**

**Incidence:** 213/100,000<sup>22</sup>

**Prevalence:** 296/100,000<sup>22</sup>

#### **Reported Cases of TB (2012):**

16,568<sup>22</sup>

#### **TB/HIV Co-Infection\* (2012):**

*\*HIV prevalence among TB cases tested for HIV*

**Estimated co-infection:** 4.3%<sup>22</sup>

#### **Adults ages 15-49 yrs:**

– Incidence: 42/100,000<sup>22</sup>

– Mortality: 10/100,000<sup>22</sup>

#### **Estimated Burden of HIV Infection (2012):<sup>23</sup>**

**Estimated prevalence:** 2.1%<sup>22</sup>

**Low estimate (adults):** 1.9%<sup>22</sup>

**High estimate (adults):** 2.3%<sup>22</sup>

*The WHO estimates 130,000-160,000 persons in Haiti are living with HIV.<sup>23</sup>*

*Note: In a study conducted in an urban slum in Port-au-Prince, 15% of all adults were found to be infected with HIV.<sup>32</sup>*

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**LEVEL OF MULTIDRUG-RESISTANT TB\* (2012):**

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

- 2.2% of new TB cases are multidrug-resistant.<sup>24</sup>
- 14% of previously treated TB cases are multidrug-resistant.<sup>24</sup>

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

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

- The standard TB drug regimen used to treat **newly diagnosed** TB patients:

2REHZ<sup>25</sup>

- The standard drug regimen used for **re-treatment**:

2SREHZ/1REHZ/5RHE<sup>25</sup>

- Resistant cases are referred to specialized TB facility<sup>25</sup>

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**TB CONTROL/DOTS COVERAGE:**

According to the World Health Organization, 70% of the country's citizens are covered by DOTS (2007 estimate).<sup>26</sup>

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**TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:**

Yes<sup>27</sup>  No  Information Not Found/Unknown

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**TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:**

Yes<sup>12</sup>  No  Information Not Found/Unknown

**Comments:** Private physicians can prescribe TB medications; however, the patient must be followed in collaboration with the National TB Program (NTP). The NTP provides the drugs.<sup>28</sup>

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**TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:**

Yes  No  Information Not Found/Unknown

**Comments:** Private pharmacies are not allowed to sell anti-TB drugs; however, this law is not always respected.<sup>28</sup>

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**USE OF BCG VACCINE:**

■ Yes  No

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

- 83% coverage (2013 estimate, WHO/UNICEF)<sup>29</sup>

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**NICKNAMES/Common names for TB:**

- *Tebe* (tuberculosis)<sup>30</sup>
- *Tibèkiloz* (tuberculosis)<sup>30</sup>
- *Teve* (tuberculosis)<sup>30</sup>
- *Maladi touse* (tuberculosis)<sup>12, 30</sup>
- *Maladi pwatrin* (tuberculosis)<sup>30</sup>
- *Maladi ti kay* (“little house illness”)<sup>3, 31, 32</sup>

*This nickname refers to the tradition of requiring a TB patient to sleep in quarters separate from their family.*

- “Grow thin, spit blood” (tuberculosis)<sup>31</sup>
- *Maladie de poitrine* (lung disease)<sup>30</sup>
- *Mò tebe* (tuberculosis with supernatural origin)<sup>12</sup>
- *Mo pwatrine* (an expedited death which may be caused by tuberculosis or HIV/AIDS)<sup>31</sup>
- *Maladi kèkèk Kèkèk* (cough)<sup>32</sup>

## COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

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**GENERAL COMMENTS:**

- The incidence of tuberculosis in Haiti is the highest in the Western hemisphere.<sup>22</sup>
- TB is the second highest infectious cause of mortality among children and adults, following HIV/AIDS.<sup>26, 33</sup>
- In Haiti, illness is believed to be caused by magic and/or germs. These beliefs are “elaborately intertwined” and not fixed, but instead “subject to revision”.<sup>33</sup> Beliefs change not only with time but also with access to treatment. Thus, a person’s response to therapy can have the greatest impact on their beliefs.<sup>5, 34, 35</sup>
  - Some Haitians view illness as punishment or an assault on the body.<sup>34</sup>
  - A patient and their friends and family will discuss the illness and may “diagnose” the patient according to symptoms previously experienced by others.<sup>35</sup>
  - Illness is considered by some Haitians to arise from an imbalance of the hot/cold equilibrium within the body.<sup>35</sup>

- An illness may also be considered a “natural” disease, known as maladi Bondye (disease of the Lord), or a “supernatural” disease (disease of Satan).<sup>34</sup>
- Specifically, tuberculosis is viewed by some Haitians to be a natural disease, while others consider it a supernatural disease.<sup>34</sup>
  - Through education and counseling, beliefs that TB is a supernatural disease can be changed.<sup>36</sup>
- People’s perceptions of the severity of tuberculosis vary. Some Haitians describe TB as “not serious,” while others note its severity and danger.<sup>37</sup>
- Within Haiti, health centers are seriously understaffed and lack needed supplies. These centers have received criticism for not treating patients with respect and dignity, as well as non-treatment of patients.<sup>5</sup>
  - Non-treatment may occur due to a lack of medications.
- Unless a patient has a positive experience at a health center, they will most likely seek care from traditional healers instead of returning to health centers.<sup>5</sup>

**Common Misperceptions Related to TB Etiology/Cause:**

- Rapid chilling of the body<sup>37</sup>
- Physical or psychological stress<sup>37</sup>
- Sorcery<sup>37</sup>
- Mystical involvement may be suspected if a person continually has the symptoms of a cold without an apparent cause.<sup>37</sup>

**COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:**

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

**MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:**

- BCG vaccinated individuals “will always test positive for TB but are not sick”.<sup>37</sup>

**CURES/TREATMENTS THAT MAY BE USED:**

- Herbal remedies, prayer, *Vodou* medicine, or a combination of these approaches may be used to treat TB.<sup>35, 38</sup>

*Note: Some patients, who perceive an illness or sickness to have a supernatural or magical origin, may believe that the illness can only be treated with Vodou medicine.<sup>35</sup>*

**MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:**

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

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#### USE OF TRADITIONAL HEALERS:

- Within the Haitian community there are various types of traditional healers, including spiritual healers, herbalists, and *Vodou* specialists.

*Note: Use of traditional healers and remedies are more common among persons living in rural areas of Haiti.<sup>12</sup>*

- Herbal doctors may be referred to as *doktè fey*.<sup>10</sup>
- Herbalists treat common disorders and specialize in the treatment of *maldyok* (the “evil eye”) i.e., a person’s power to harm others merely by looking at them.<sup>35</sup>
- Many *Vodou* specialists are also herbalists.<sup>35</sup>
- A *hougan* is a male *Vodou* priest.<sup>10</sup>
- In rural areas of Haiti, people will often seek care from a *doktè fey*. When herbal remedies do not ameliorate their symptoms, they will either go to a hospital or, if they believe their symptoms are “sent by man” or unnatural, they will seek help from a *hougan*.<sup>10</sup>
- Some traditional medicines are simply considered magic and are not necessarily tied to *Vodou* religion or “Black Magic”.<sup>30</sup>
- Personnel affiliated with the Haitian National TB Program report that they have successfully collaborated with traditional healers by inviting the healers to “do their part of the work” and to bring the patients to the NTP so that NTP staff can “do our own part of the work.” As a result, contact tracing, identification of symptomatic persons, and HIV testing have improved.<sup>32</sup>

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#### STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:

- In Haiti, a fear of contagion may result in isolation of the patient (imposed by the family or community). In the past, TB patients were required to stay in a separate house; although rarely practiced now, TB patients may not be permitted to eat with others. Family and community members may not speak to a person diagnosed with TB. This isolation or shunning is considered humiliating.<sup>30, 37, 39</sup>
- A recent KAP (knowledge, attitudes, and practices) study indicated that this isolation is not as common as it had been in the past.<sup>32</sup>
- If a patient’s TB disease is thought to have a supernatural cause, the patient may be given sympathy and experience less discrimination. This practice is due to the idea that the patient has been the victim of a malevolent act and/or a belief that supernatural diseases are not contagious.<sup>37</sup>

*Note: In the United States at the beginning of the AIDS epidemic, public health officials considered Haitians a “risk group” for HIV/AIDS – leading to a heightened sensitivity within some Haitian communities. As a result, some individuals may become angry if a TB test is administered because they feel they are being singled out as Haitian.<sup>37, 38</sup>*

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### IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- Due to the burden of TB in Haiti, some clients may be knowledgeable about the disease. Ascertain the extent of your clients' knowledge. In addition to providing general information regarding disease etiology, and transmission – explain in detail the duration of treatment, supervision of treatment, services offered at no cost, and how to prevent further transmission of TB.<sup>32</sup>
  - When obtaining a patient's medical history, ask nonjudgmental questions such as “What do you think has caused this illness?” or “Why do you think it started when it did?” to help discern if a patient suspects a mystical cause for their illness.<sup>37, 40</sup>
  - If a person believes TB is a supernatural/mystical disease, explain to clients that, in fact, it is a natural disease and medicines are needed to achieve a cure.
  - Personnel affiliated with the NTP in Haiti provide the following advice: “Give clients an opportunity to speak and express their ideas ... Be considerate of personal beliefs ... Healthcare personnel should not reject the traditional beliefs, but make the people understand that they should always look for a medical cause to a disease”.<sup>32</sup>
- If a person from Haiti believes that an illness is natural, they may be more inclined to use medication to treat their condition. “Natural” diseases include those that are caused by a microbe, malnutrition, overexertion, a hot/cold imbalance, and *maladi Bondye* (God's illness).<sup>30, 39</sup>

*Note: Haitians may believe in supernatural causes of disease, and at the same time have confidence in Western medical treatments. These patients will not necessarily discount the use of prescribed treatment regimens.*<sup>5, 41, 42</sup>

The misperception that BCG vaccinated individuals “will always test positive for TB but are not sick” is common and contributes to misunderstandings and/or lack of perceived severity regarding LTBI among persons from Haiti.<sup>37</sup>

- Discuss how a skin test is interpreted as positive or negative if a person has been vaccinated with BCG. Explain that healthcare professionals do take BCG vaccination into consideration before reporting a test as “positive.”
- Be aware, some Haitians do not recognize the distinction between “carrying the germ” and “having an illness”.<sup>37</sup>
  - The distinction between active disease and latent infection must be well explained.
  - LTBI is explained by some Haitians in the following manner: “infection is the little brother of the illness”.<sup>37</sup>
- Haitian clients may worry that their diagnosis will become known to the immediate members of their community. Emphasize confidentiality policies that nonmedical staff and interpreters are required to observe, if these policies are in place.<sup>37</sup>
  - The stigma surrounding TB, coupled with some individuals' heightened sensitivity to being considered part of a “risk group,” influences clients' concerns regarding confidentiality in clinical settings.<sup>37, 38</sup>

- Keep in mind, persons from Haiti may also have a heightened sensitivity to what they perceive as undignified treatment or disrespect from healthcare providers.
  - Stress the availability of good health care available through the TB program.
- Be aware that people from rural areas primarily speak Creole, and French is read and spoken by educated Haitians. Educated Haitians may feel insulted if offered educational materials in Creole because the ability to speak, read, and write in French is considered a social marker. Ask clients in which language they would prefer to receive educational materials.<sup>5</sup>

## COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

### GENERAL COMMENTS:

- Haiti bears the largest burden of HIV in the Caribbean.<sup>43</sup> Together, the Dominican Republic and Haiti account for nearly three quarters of people living with HIV in this region.<sup>43</sup>
  - Poverty and a lack of access to education/information have contributed to the prevalence of HIV in Haiti.<sup>5, 44, 45</sup>
- Today, HIV is spread within the general population.<sup>46, 47</sup>
  - Before the 1990s, groups at higher risk for HIV infection included truck drivers, soldiers, sexual partners of truck drivers and soldiers, and persons who migrated from rural areas to urban areas (Port-au-Prince) and were sexually exploited or raped.<sup>5, 39</sup>
- Recent surveillance studies point to a decline in HIV prevalence among the general population, pregnant women (ages 25 and older), and in some urban areas.<sup>43, 46</sup> This decline is likely the result of a combination of factors including:<sup>43</sup>
  - Decreasing infection levels in the capital of Port-au-Prince and other cities
  - AIDS-related mortality due to initial rapid disease progression
  - Efforts to secure the safety of the blood supply
  - Adoption of safer sex practices/protective health behaviors<sup>43, 46</sup>
  - *Note: While safer sex practices/protective health behaviors are being reported, studies indicate that gaps exist between HIV knowledge and practices. On a positive note, awareness of the existence of HIV/AIDS has increased within the general Haitian population, regardless of gender, age, place of residence or educational attainment.*<sup>41, 43, 48</sup>

*Please see the “General Comments – Tuberculosis” section for an explanation of beliefs surrounding the causes or origins of illness in general.*

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**COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:**

- The acronym for AIDS in Haiti is SIDA.<sup>31</sup>
- In the past, young Haitians would joke the acronym SIDA stands for “Imaginary Syndrome to Discourage Lovers”.<sup>48</sup>
- SIDA is thought to occur both “naturally” through *maladi Bondye* (God’s illness) and “unnaturally” through supernatural forces, magic, or by an enemy who is trying to do them evil.<sup>31, 48, 49</sup>
  - These two forms of SIDA may also be referred to as “SIDA the infectious disease” and “SIDA caused by magic” respectively.
- Persons from Haiti generally recognize natural SIDA is caused by sexual contact with someone who “carries the germ”.<sup>31</sup>
- Unnatural SIDA is believed to be “sent” by someone who willfully inflicts death upon the afflicted. Often the disease is sent as a curse by a person who is jealous of the patient. These beliefs are consistent with *Vodou*.<sup>10, 31</sup>
- Persons from Haiti may believe the “SIDA caused by magic” or the “sent” version of the disease is less virulent and that magical interventions are available to patients, while “SIDA the infectious disease” or the natural form of the disease is universally fatal.<sup>31</sup>

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**COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:**

- Haitians may understand that HIV is sexually transmitted but simultaneously have misperceptions about HIV transmission.<sup>50</sup>
  - It is important to note that Haitians may believe that supernatural/unnatural illnesses cannot be transmitted to other persons.<sup>48, 49</sup>
- Some Haitians believe that HIV can be transmitted by:
  - Sorcery<sup>31, 48</sup>
  - Direct contact with skin<sup>10</sup>
  - Stepping on the saliva of a person who has HIV<sup>10</sup>
  - Sharing chairs, household items, or food<sup>10</sup>

*Note: These beliefs regarding the cause and transmission of HIV are more common among persons living in rural areas of Haiti.*<sup>12</sup>

- While some Haitians do not believe that HIV/AIDS can be prevented, others believe that preventive measures may be used to protect a person from both forms of SIDA.<sup>31, 48</sup>
  - Some Haitians recognize that condoms may be used to protect a person against “SIDA the infectious disease”; however, they may also believe that condoms are useless against “SIDA caused by magic.”
  - Gad and aret (certain charms) are believed to offer some protection against “SIDA caused by magic.”

*Note: A portion of the Haitian population believe SIDA can be prevented, yet are unable to describe methods to prevent infection.*<sup>48</sup>

- Some Haitian mothers may be unaware that breastfeeding is a mode of transmission of HIV/AIDS to their child. Those who have breastfed without complications deny that breastfeeding is a mode of HIV transmission and report this to other breastfeeding mothers (regardless of HIV status).<sup>48</sup>

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#### **MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:**

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

- Haitians may avoid HIV testing because they think it is better not to know their serostatus.<sup>37</sup>

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#### **CURES/TREATMENTS THAT MAY BE USED:**

- Patients' perceptions regarding the cause of a disease may determine the type of treatment they will seek:<sup>48</sup>
  - If a patient believes that HIV is supernatural or unnatural, then traditional medicine or treatments may be sought.
  - If a patient perceives HIV to be a natural disease, biomedicine is often the preferred treatment.

*To reiterate, Haitians may believe in supernatural causes of disease, and at the same time have confidence in Western medical treatments. These patients will not necessarily discount the use of prescribed treatment regimens.<sup>5, 41, 42</sup>*

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

- In the 1980s, Haiti was linked to the origin of the HIV/AIDS virus, which has contributed to the development of widespread denial surrounding HIV/AIDS in Haiti.<sup>48</sup>
- People who are living with HIV/AIDS in Haiti may be subject to stigma due to the belief that the “... souls of infected individuals have been stolen and replaced with those of the dead”.<sup>48</sup>
- In those areas of Haiti where HIV treatment is available, HIV-related stigma has decreased.<sup>42</sup> Moreover, as community members have had the opportunity to observe the benefits of antiretroviral treatments, interest in voluntary counseling and testing has increased.<sup>31</sup>
- A fear of infection through casual contact with those who are HIV positive is common. HIV-positive persons may experience discrimination related to housing or employment, physical isolation by others, or being provided with separate eating utensils, blankets, and clothing.<sup>48, 51</sup>
  - A study among HIV/AIDS infected Haitian-American women found that the women perceived five areas of AIDS stigmatization in their lives: (1) rejection by the dominant society, (2) self-doubt, (3) diminished self-esteem, (4) stress in intimate relationships, and (5) rejection by other Haitians within their community.<sup>52</sup>

- Haitians may be afraid to attend local health clinics for fear that members of their community will think they have AIDS or learn they have AIDS from Haitian clinic staff.<sup>37, 52</sup>

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**IMPORTANT HIV EDUCATION POINTS:**

- The provision of health education to HIV/AIDS patients may be challenging:
  - Among Haitians there is a mistrust of healthcare staff and denial regarding the accuracy of HIV tests.<sup>44, 48</sup> Stress the availability of good health care available through the clinic/facility.
  - Within Haiti, respected persons such as church leaders, school directors, and Vodou priests have suspected ulterior motives for community AIDS education.<sup>44</sup>
  - Peer educators who themselves are Haitian may help to facilitate patient education activities. However, keep in mind that Haitian clients may worry that their diagnosis will become known to the immediate members of their community. Emphasize confidentiality policies that interpreters, peer educators, and nonmedical staff are required to observe, if these policies are in place.<sup>37</sup>
- Due to the burden of HIV/AIDS in Haiti, some clients may be knowledgeable about the disease. Ascertain the extent of your clients' knowledge.<sup>32</sup>
  - A lack of information about HIV/AIDS still exists in some areas of Haiti. Clients may not recognize prior exposure to HIV or be able to identify potentially serious symptoms associated with HIV/AIDS. Be sure to discuss these topics.<sup>42</sup>
- Explain to clients that HIV/AIDS is a natural disease and the need for medicine to treat HIV. As explained in previous sections, if a person from Haiti believes that an illness is natural, they may be more inclined to use medication to treat their condition.

*Note: "Natural" diseases include those that are caused by a microbe, malnutrition, overexertion, or a hot/cold imbalance.<sup>30, 51</sup>*

- Take into consideration the existence of beliefs attributing supernatural etiology to HIV/AIDS.
  - When obtaining a patient's medical history, ask nonjudgmental questions such as "What do you think has caused this illness?" or "Why do you think it started when it did?" to help discern if a patient suspects a mystical cause for their illness.<sup>37, 40</sup>
- As stated previously, people from rural areas of Haiti primarily speak Creole. French is read and spoken by educated Haitians, who may feel insulted if offered educational materials in Creole. Ask clients in which language they would prefer to receive educational materials.<sup>5</sup>

## GENERAL PRACTICES

### CULTURAL COURTESIES TO OBSERVE:

- Shaking hands is a customary greeting when meeting a person from Haiti.<sup>35</sup>
- Haitians kiss on both cheeks when greeting a friend (but not a stranger); during greetings, children kiss one cheek of an adult.<sup>35</sup>

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

Yes  No  Information Not Found/Unknown

**Comments:** Haitians value healthcare providers who display a professional demeanor, particularly when discussing sensitive issues.<sup>41</sup>

### FAMILY:

- Many Haitian couples are married by common law (a law that recognizes a couple as being married after they have lived together for a number of years) and may refer to their union as a *plasaj*.<sup>38</sup>
- Traditional male and female roles are observed; however, both men and women are expected to help support the family.<sup>30,38</sup>
- The family is a mutual support system and siblings remain close, even after marriage.<sup>35</sup>
- Extended families often live together and grandparents frequently provide care to grandchildren.<sup>38</sup>
- Haitian patients regularly seek advice regarding illness and medical decisions from family members. Thus, actively listening to opinions and ideas of family members prior to discussing a plan of care may help a healthcare provider to earn a patient's trust.<sup>38</sup>

### CULTURAL VALUES:

- Individuals from Haiti expect healthcare professionals to be warm and attentive to emotional and spiritual issues.<sup>37</sup>
- Healthcare professionals who demonstrate respect for traditional health beliefs may elicit more respect and greater cooperation from Haitian patients and family members. Rejection of Haitians' beliefs may result in mistrust of healthcare professionals and rejection or non-adherence to recommended treatments.<sup>38</sup>
- Punctuality is not an important value in Haiti, and Haitian patients may not keep appointments. For this reason healthcare providers may want to discuss time schedules at the start of treatment/therapy.<sup>35,38</sup>
- In Haiti the doctor is the primary authority in hospital settings, and nurses are subordinate. If nurses are the only healthcare professionals available, they are afforded more respect.<sup>38</sup>

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**COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):**

- Haitians tend to be expressive with their emotions during conversation.<sup>34</sup>
- Haitians frequently use touch when speaking and may touch a person to ensure that he or she is aware that they are speaking to him or her.<sup>34</sup>
- Some Haitians report that they find touch from healthcare professionals to be supportive, comforting, and reassuring.<sup>38</sup>
- It is customary to maintain eye contact with everyone except authority figures and the poor.<sup>3, 5, 35</sup>

*Note: As mentioned previously, approximately 80% of the Haitian population is poor.*

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**DIET AND NUTRITION:**

- Hospitalized patients might restrict themselves to foods that will restore the body's hot and cold balance. If the disease is viewed as "hot" patients may prefer foods that are "cold." Likewise if the disease is considered "cold" then the patient may request "hot" foods.<sup>38</sup>
- Popular foods: bread, fruits (bananas, boiled plantains), vegetables (tomatoes, rice, beans), chicken, beef, pork, cooked cornmeal, diluted/sweetened citrus fruit juice and coffee.<sup>30, 34</sup>

## TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

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**TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)****BROCHURES AND FACT SHEETS****General disease information****• Tuberculosis Fact Sheet (Creole):**

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/tuberculosis-haitian-creole.pdf>

**• TB, What Everyone should know (Creole):**

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

**Diagnostics****• The Tuberculin Skin Test Tells Who Is Infected What Does It Mean? (Creole):**

[http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-publications/\\_documents/tb-st-haitian.pdf](http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-publications/_documents/tb-st-haitian.pdf)

**Explanation of contact investigations****• Contact with TB (Creole):**

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

## Treatment

- **INH, Standing between you and TB (Creole):**

[http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-publications/\\_documents/tb-inh-creole.pdf](http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-publications/_documents/tb-inh-creole.pdf)

- **Stop TB (Creole):**

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

- **Treatment for Active TB Disease: What you need to know (Creole):**

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

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## HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

### BROCHURES AND FACT SHEETS

- **Say Yes to the HIV Test (French):**

<https://www.health.ny.gov/publications/9691.pdf>

- **Now That You Know: A Guide To Living With HIV (French):**

[http://files.hria.org/files/NowThatYouKnow\\_French.pdf](http://files.hria.org/files/NowThatYouKnow_French.pdf)

- **HIV and Pregnancy: What You Need to Know (French):**

<http://www.catie.ca/pdf/BrochuresFR/grossesse.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](http://www.findtbresources.org)*

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## Staff-to-Staff Tips and Insights

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