

# HONDURAS

## CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

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

A stylized map of Central America is shown in the background. The countries are outlined in white against a solid blue background. Honduras is highlighted with a white border, making it stand out from the other countries in the region.

## GEOGRAPHIC LOCATION

- Honduras is located in Central America.
- **The capital is:** Tegucigalpa<sup>1</sup>
- **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.<sup>1</sup>
- 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<sup>1</sup>

*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<sup>1</sup>
- In some regions Amerindian dialects are spoken<sup>1</sup>
- Many individuals from the higher economic class and some from the middle class learn English from an early age.<sup>2</sup>

---

### ETHNIC GROUPS:

- **Majority:** Mestizo (mixed Amerindian and European) 90%<sup>1</sup>
- **Minority:** Amerindian 7%, Black 2%, White 1%<sup>1</sup>

---

### DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- Roman Catholic: 97%<sup>1</sup>
- Protestant 3%<sup>1</sup>

---

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

- Total population: 88.5%  
Male: 88.4%  
Female: 88.69% (2015 est.)<sup>1</sup>
- The average citizen above the age of 25 has completed the 3rd grade.<sup>2</sup>
- The average citizen below the age of 25 has completed the 6th grade.<sup>2</sup>

---

### MEDICAL SYSTEM:

The medical system within Honduras is a mix of private and public services.<sup>3</sup>

- Ministries of Health (Secretaría de Salud): provides services to the population that demands it (required to serve all), Approximately, 60% of the population of Honduras makes regular use the Secretaría de Salud, usually people in poverty or in rural areas.<sup>3</sup>
- Private services usually utilized by high-income families, although poor people also use them due to the lack of timely access to public services.<sup>3</sup>
- Only 2.9% of the population is covered by private insurance.<sup>3</sup>

---

**Last Updated on:** December 31, 2016

**Developed by:** Joan Mangan, PhD, MST at The Lung Health Center at the University of Alabama at Birmingham, USA and The Southeastern National Tuberculosis Center at the University of Florida, USA. **Updated by:** Paula Hamsho-Diaz, MD, MA, Stefani Nixon, MPH and Linda James, MPS at the Southeastern National Tuberculosis Center, University of Florida, USA

---

---

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

- **Vector-borne diseases:** dengue fever and malaria<sup>1</sup>

---

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

- 2.78 children born/woman (2015 est.)<sup>1</sup>

---

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

- According to data collected in 2010 by the U.S. Census Bureau, approximately 633,401 individuals originating from Honduras reside in the United States.<sup>4</sup>
- 8,898 persons from Honduras obtained legal permanent resident\* status within the USA during fiscal year 2013.<sup>5</sup>
- The average number of Hondurans who obtained legal permanent resident status annually (2013): 8,795.<sup>5</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.”*

**According to 2013 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 state of residence.**

The total number of Honduran legal permanent residents by state:<sup>5</sup>

1.	Florida	1,823
2.	Texas	1,169
3.	New York	1,079
4.	California	940
5.	New Jersey	553
6.	Virginia	379
7.	North Carolina	305
8.	Maryland	224
9.	Georgia	221
10.	Massachusetts	182

---

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

- The average number of persons from Honduras who become legal permanent residents of Canada annually (2013) is 350.<sup>6</sup>
- This number has increased gradually from 2003 to 2012, being the lowest 113 and the highest 428.<sup>6</sup>

---

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

- Statistics available indicate that the majority of Honduran immigrants to the European Union have migrated to Spain (4,962 in 2013).<sup>7</sup>

# TUBERCULOSIS EPIDEMIOLOGY

**BASED ON THE ESTIMATED INCIDENT CASES(ALL FORMS) OF TUBERCULOSIS IN 2007, HONDURAS IS RANKED 76 OUT OF THE 176 CASES LISTED.<sup>8</sup>**

## **Estimated burden of tuberculosis (2014):**

**Incidence:** 43/100,000<sup>9</sup> (includes HIV)

## **Reported Cases of TB (2014):**

2,820<sup>9</sup>

## **Estimated burden of TB Patients with known HIV status (2013):**

2,479<sup>12</sup>

## **Estimated Burden of HIV Infection (2015):**

*Note: Countries in Central America have high levels of underreporting of HIV and AIDS cases.<sup>10</sup>*

**Estimated prevalence:** 0.5<sup>11</sup>

**Low estimate (adults):** 0.4<sup>11</sup>

**High estimate (adults):** 0.7<sup>11</sup>

*The UNAID 2015 Global Report estimates 21,000-33,000 persons in Honduras are living with HIV.<sup>11</sup>*

## **TB/HIV Co-Infection (2014):**

**Estimated co-infection in incident cases:** 4.3 per 100 000 population<sup>12</sup>

**Adults ages 15-49 yrs:**

– **Incidence:** 43/100,000<sup>12</sup>

– **Prevalence:** 3.9/100,000<sup>12</sup>

• **HIV Positive TB patients:** 246<sup>12</sup>

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

- **Estimated MDR TB burden in 2013:**<sup>12</sup> New cases: 1.8(0.76-3.4) per 100 000 population. Retreatment: 12 (5.8-22) per 100 000 population.

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

- **Regimen I: (new case)** 2HRZE/4H<sub>3</sub>R<sub>3</sub><sup>14</sup>
- **Regimen II: (retreatment)** 2HRZES/1RHZE/5R<sub>3</sub>H<sub>3</sub>E<sub>3</sub><sup>14</sup>

## **TB CONTROL/DOTS COVERAGE:**

- According to data from WHO, 100% of the country's citizens are covered by DOTS in 2007.<sup>15</sup>

## **TB MEDICATION AVAILABLE AT NO COST:**

■ Yes<sup>16</sup> ☐ No ☐ Information Not found/Unknown

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

■ Yes<sup>16</sup> ☐ No ☐ Information Not found/Unknown

---

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

☐ Yes ☒ No<sup>16</sup> ☐ Information Not found/Unknown

---

**USE OF BCG VACCINE:**

☒ Yes ☐ No

**Approximately 86% of the population is covered by BCG vaccine in Honduras as of 2014<sup>17</sup>**

**Nicknames/Common Names for TB:**

- *Tisis* (translates to “cough”)<sup>16</sup>

## 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.<sup>18</sup>
- 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.<sup>19</sup>
- 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.<sup>18,19</sup>
- Some citizens in rural areas do not understand “germs” cause disease.<sup>18-20</sup>
- 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.<sup>18-20</sup>

### Common Misperceptions Related to TB Etiology/Cause

- Diagnosis of TB is indicative that a person has lost their moral, ethical, and spiritual values.<sup>18-20</sup>
- Walking in the rain with a fever.<sup>19</sup>
- Fabric and thread dust within garment factories.<sup>19</sup>
- Smoking cigarettes.<sup>18-20</sup>

### COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Eating with the same utensils used by a person with TB.
- Secondhand cigarette smoke.<sup>2, 19</sup>
- TB is passed among bakery workers and persons working in garment factories, due to the dust in these environments.<sup>2, 19</sup>

### CURES/TREATMENTS THAT MAY BE USED:

- Cough syrups.<sup>2, 18-20</sup>
- Drinking teas made with eucalyptus, valerian root, or ginger.<sup>2, 19</sup>
- Quitting vices (such as smoking, drinking).<sup>2, 19</sup>
- Eating fibrous mangoes.<sup>2, 19</sup>
- Eating *flor de izote* (the flower of a plant) cooked with eggs.<sup>2, 19</sup>

### USE OF TRADITIONAL HEALERS:

Traditional healers are found among indigenous groups. Members of these groups are geographically isolated and generally do not immigrate.<sup>2</sup>

- Small towns may have a traditional healer who prescribes herbal treatments.<sup>21</sup>
- Massage and purging are other traditional healing techniques.<sup>21</sup>

*Note: Persons living in urban areas generally do not visit traditional healers, and instead rely on western medicine.*<sup>16</sup>

### 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.<sup>2, 20</sup>
- 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.<sup>2, 20</sup>
- Today, people are more likely to see TB disease as a problem that afflicts those that are poor or living in unhygienic conditions.<sup>2, 20</sup>

---

**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. Also provide education concerning the risk of relapse and the development of drug resistant TB with non-adherence.<sup>22</sup>

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

---

**GENERAL COMMENTS**

- Honduras has a concentrated HIV epidemic with specific populations showing significantly higher prevalence rates than the general population and a generalized epidemic.<sup>23</sup>
- First detected in 1985, HIV/AIDS in Honduras was initially concentrated among men who have sex with men (MSM) and sex workers, but it now appears to have spread increasingly to the general population, especially to women.<sup>23</sup>
- **The HIV epidemic in Honduras could be attributed in part to:**
  - the development of a significant sex industry which coincides with the presence of national and foreign armed forces in Honduras in the early 1980's
  - the high mobility of the Garifuna population, especially in the merchant marine and the northeastern US
  - rapid increase in prevalence among high-risk groups<sup>24</sup>
- **HIV Prevalence in Most-at-Risk Populations<sup>23</sup> (2006)**
  - Female Sex Workers: 4.1%; 1.9% - 5.5% (La Ceiba, San Pedro Sula, Tegucigalpa)
  - MSM: 9.9%; 4.8% -9.7% (La Ceiba, Tegucigalpa, San Pedro Sula)
  - Garifuna : 4.5%
- The epidemic is concentrated in the largest cities (San Pedro Sula and Tegucigalpa Cortés Francisco Morazán) and along the North Coast (Atlantida and Islas de Bahía).<sup>23</sup>
- In some areas the indigenous or minority population have higher rates of HIV infection than the general population. The Garifunas (reported to be descendants 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.<sup>10</sup>
- 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.<sup>23</sup>



- In generalized epidemics, stigma and discrimination may lead some HIV-infected mothers to opt for breastfeeding instead of formula feeding because the latter would raise suspicion about their serostatus.<sup>23</sup> Second, stigma induces delays in HIV testing and nondisclosure of seropositivity to sexual partners that could both result in further transmission of HIV.<sup>26</sup> Third, perceived stigma is also correlated to poor adherence to HAART,<sup>29</sup> and poor adherence results in the development and transmission of drug-resistant strains of HIV.<sup>33</sup>

---

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

- 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.<sup>25</sup>
- The idea that mysticism is responsible for the cause of HIV/AIDS is rare.<sup>25</sup>

---

#### **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.<sup>25</sup>
- One widely shared view is that the HIV virus is spread through the air or by mosquitoes.<sup>25</sup>

---

#### **STIGMA AND STIGMATIZING PRACTICES**

- HIV/AIDS is highly stigmatized in Honduras.<sup>27</sup>
  - A study shows that the community (neighbors, friends) is most likely to have a negative reaction.
  - Four out of ten HIV positive that were interviewed had been a victim of discrimination (gossiping, isolation, rejection, etc.)<sup>30</sup>

---

#### **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 COURTESIES TO OBSERVE:**

- Shaking hands and smiling is the most common way of meeting and greeting in Honduras.<sup>2, 31</sup>
- Touching arms, shoulders, and patting backs are very common gestures in Honduras. Once you have established rapport with a Honduran, you may even receive an embrace.<sup>2, 31</sup>

- *Campesinos* are a little more inhibited with body language, but city residents like to stand close to the people they talk to and touch them occasionally while making a point in a conversation.<sup>31</sup>

#### Women Greeting Women

- Honduran women will hug or “air kiss” each other on the cheek.<sup>2, 31</sup>
- Among educated people, when two women greet or when a man greets a woman, they clasp their right hands and press their cheeks together or give a light kiss on the cheek. *Campesinos* shake hands. Their handshakes tend to be soft.<sup>32</sup>

#### Men Greeting Men

Honduran men may offer an *abrazo*- a warm hug accompanied by hearty back slapping followed by a handshake.<sup>2, 31</sup>

*Withdrawing from these affectionate gestures can be perceived as an insult.*<sup>2, 31</sup>

**When shaking hands, use the appropriate greeting for the time of day:**<sup>2, 31</sup>

- Good morning – *Buenos días*
- Good afternoon – *Buenas tardes*
- Good evening – *Buenas noches*

**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 Senor, Senora or Senorita.**

- 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.**<sup>2, 31</sup>

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

☐ Yes ☒ No ☐ Information Not found/Unknown

#### FAMILY

- The family is very important and extended families care for each other.<sup>22</sup>
- Men are traditionally the head of the household. Women play a major role in situations involving health and disease.<sup>22</sup>
- Most often the mother, grandmother, or oldest female daughter will carry out the medical instructions.<sup>22</sup>
- 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 physicians or other healthcare professionals address a patient can convey respect or disrespect.<sup>29, 31</sup>
- 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.<sup>29, 31</sup>
- 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 client by making small talk such as asking about the family or an elderly relative.<sup>29, 31</sup>

---

### **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.”<sup>31</sup>
- Eye contact depends a lot on social status. People from the poorer class tend to avoid eye contact and act humble in conversation, whereas people from the upper class are much more direct and self-asserted. Age and community leadership have much less to do with it than economic status and power.<sup>32</sup>
- Be aware that the acceptable distance for Hondurans is closer than that of most North Americans. Prepare your reaction in advance if/when a local goes beyond your personal space. He/she might feel offended if you back off at once.<sup>33</sup>

---

### **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.<sup>37</sup>
- Beans and corn are the main stays of the diet.<sup>30, 34</sup>
- Plantains and manioc are important foods in much of the country, especially the north and the Mosquitia.<sup>30</sup>

## TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

---

### TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

#### BROCHURES AND FACT SHEETS

##### General disease information

- **Tuberculosis - ¡Entérese!/Tuberculosis – an introduction**  
<http://ethnomed.org/patient-education/tuberculosis/tb-facts-spanish.pdf/view>
- **Enfermedad activa de TB/Active TB disease**  
<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/activespan.pdf>

---

### TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

- **¡Vivir a todo pulmón! Una historia de TB novela/¡Vivir a todo pulmón! A story of TB**  
<https://sntc.medicine.ufl.edu/home/index#/products>
- **Vivir a Todo Pulmón! Una Historia de TB Novela Spanish**  
<https://sntc.medicine.ufl.edu/home/index#/products>
- **Tu puedes prevenir la tuberculosis/You can Prevent TB (Videos)**  
<https://sntc.medicine.ufl.edu/home/index#/products>
- **Tu puedes prevenir la tuberculosis/ You can Prevent TB (Handout)**  
<https://sntc.medicine.ufl.edu/home/index#/products>
- **Vivir a Todo Pulmón! Poster**  
<https://sntc.medicine.ufl.edu/home/index#/products>

---

### CDC MATERIALS IN ENGLISH/SPANISH

- **La Tuberculosis: ¡proteja a su familia!/Tuberculosis: protect your family!**  
<http://www.cdc.gov/usmexicohealth/pdf/tuberculosis-8.5x11.pdf>
- **Preguntas y respuestas sobre la tuberculosis/Questions and answers about TB**  
<http://www.cdc.gov/tb/esp/publications/faqs/TBQASP.pdf>
- **La tuberculosis: Conexión entre la TB y el VIH (el virus del SIDA)/Tuberculosis: link between TB and HIV**  
<http://www.cdc.gov/tb/esp/publications/pamphlets/TB-HIVSpan.PDF>
- **La tuberculosis: ¡Debe saber esto!/Tuberculosis: You should know this!**  
<http://www.cdc.gov/tb/esp/publications/pamphlets/TBgtfctsSpan.PDF>
- **Detectemos la TB. Tratemos la TB. Trabajemos juntos para eliminar la TB/Find TB. Treat TB. Working together to eliminate TB. (CDC Podcasts)**  
<http://www2c.cdc.gov/podcasts/player.asp?f=8631395>

---

## CDC MATERIALS IN SPANISH

### DIAGNOSTICS

- **El examen de la tuberculosis en la piel/The TB Skin Test**  
<http://ethnomed.org/patient-education/tuberculosis/tb-test-spanish.pdf>
- **Instrucciones para obtener muestras de esputo (flema) para la prueba TB/ Instructions for collecting a sputum sample for diagnosis of TB**  
<http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputspan.pdf>
- **Eliminación de la TB: Diagnóstico de la enfermedad de la tuberculosis/TB Elimination: Diagnosis of TB**  
[http://www.cdc.gov/tb/esp/publications/factsheets/testing/diagnosis\\_es.pdf](http://www.cdc.gov/tb/esp/publications/factsheets/testing/diagnosis_es.pdf)

### TREATMENT

- **Para usted y su familia: El secreto para prevenir la TB son pastillas!/For you and your family -- the secret for preventing TB is medication!**  
<http://ethnomed.org/patient-education/tuberculosis/tb-pills-spanish.pdf>
- **La Tuberculosis Puede Ser Tratada/Tuberculosis Facts: TB Can Be Treated** [http://www.cdc.gov/tb/esp/publications/factseries/tbcanbetreated\\_es.pdf](http://www.cdc.gov/tb/esp/publications/factseries/tbcanbetreated_es.pdf)
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (isoniazida)/What you need to know about your medicines against latent tuberculosis (TB) infection (isoniazida)**  
<http://www.cdc.gov/tb/esp/publications/factsheets/Isoniazida.pdf>
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (rifampicina)/What you need to know about your medicines against latent tuberculosis (TB) infection(rifampicina)**  
<http://www.cdc.gov/tb/esp/publications/factsheets/Rifampicina.pdf>
- **Lo que usted necesita saber sobre sus medicamentos contra la infección de tuberculosis (TB) latente (isoniazida y rifapentina)/What you need to know about your medicines against latent tuberculosis (TB) infection (isoniazida y rifapentina)**  
[http://www.cdc.gov/tb/esp/publications/factsheets/Isoniazida\\_Rifapentina.pdf](http://www.cdc.gov/tb/esp/publications/factsheets/Isoniazida_Rifapentina.pdf)
- **Folleto instructivo para pacientes sobre el esquema de 12 dosis para el tratamiento de la infección de tuberculosis latente/Instructional booklet for patients under the 12 doses scheme treatment for latent TB infection**  
<http://www.cdc.gov/tb/esp/topic/treatment/SPANISH%2012%20Dose%208.5X11.pdf>

---

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

### BROCHURES AND FACT SHEETS

- **Datos sobre el VID y el SIDA/HIV Facts**  
<http://www.health.ny.gov/publications/9243.pdf>
- **Esté alerta. No comparta/Be Aware. Don't Share**  
<http://www.health.ny.gov/publications/9406.pdf>
- **Razones para hacerse la prueba del VIH/Reasons to get an HIV test:**  
<http://www.health.ny.gov/publications/0233.pdf>
- **¿Será infección aguda por el VIH?/ Could It Be Active HIV?**  
<http://www.health.ny.gov/publications/9586.pdf>
- **100 preguntas y respuestas sobre el VIH/SIDA/100 questions about HIV/AIDS**  
<http://www.health.ny.gov/publications/0214.pdf>

## REFERENCE

1. Central Intelligence Agency. The World Factbook 2013-14. Washington, DC: 2014.
2. Staff members from the Honduran National Tuberculosis Program and the Honduran Ministry of Health Personnel. (Personal Communication). 2004.
3. Bermúdez-Madriz JL, Sáenz MdR, Muise J, Acosta M. Sistema de salud de Honduras. *Salud pública de México*. 2011;53:s209-s19.
4. Ennis SR, Ríos-Vargas M, Albert NG. The hispanic population: 2010. U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU; 2011.
5. Homeland Security. Profiles on legal permanent residents: 2012. Country of birth. 2013.
6. Canada Go. Facts and figures 2013 – Immigration overview: Permanent residents. 2013 [cited 2014 November 9]; Available from: <http://www.cic.gc.ca/english/resources/statistics/facts2013/permanent/10.asp>.
7. Database on immigrants in OECD Countries (DIOC). Immigrant by sex and age place of birth : Honduras. [database on the Internet]2014 [cited November 16, 2014 ]. Available from: <http://stats.oecd.org/Index.aspx?DataSetCode=MIG#>.
8. NationMaster. “All countries compared for health > diseases > tuberculosis cases”, world health organization. October 28, 2014]. Available from: <http://www.nationmaster.com/country-info/stats/Health/Diseases/Tuberculosis-cases>.
9. World Health Organization. Global update on HIV treatment 2013: Results, impact and opportunities. 2013. [https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=HN&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=HN&LAN=EN&outtype=html)
10. Garcia-Abreu A, Nogueira I, Cowgill K. HIV/AIDS in latin american countries: The challenges ahead. World Bank Publications; 2003.
11. Joint United Nations Programme on HIV/AIDS (UNAIDS). Global report: UNAIDS report on the global AIDS epidemic 2013: WHO Library Cataloguing-in-Publication Data; 2013: Available from: <http://www.unaids.org/en/regionscountries/countries/hondurasv>
12. World Health Organization. Honduras tuberculosis profile. 2013. [https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=HN&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=HN&LAN=EN&outtype=html).
13. The World Bank. World Development Indicators: Health risk factors and future challenges 2015 [cited 2016 January, 2016]; Available from: <http://wdi.worldbank.org/table/2.20>.
14. Programa Nacional de la Tuberculosis: Honduras. Manual de normas de control de la tuberculosis. 2012: Available from: <http://www.bvs.hn/Honduras/Postgrados/NormasTBMarzo2013.pdf>.
15. Encyclopedia of the Nations. DOTS population coverage - Tuberculosis - Communicable Diseases - World Health Organization. 2007 [cited 2014 November 17]; Available from: <http://www.nationsencyclopedia.com/WorldStats/WHO-tb-dots-population-coverage.html>.
16. M.S. Arias MD, Consultant to the Honduran National Tuberculosis Program. Personal Communication. 2007.
17. WHO vaccine-preventable diseases: monitoring system. 2014 global summary [database on the Internet]2014 [cited October 28, 2014]. Available from: [http://apps.who.int/immunization\\_monitoring/globalsummary/](http://apps.who.int/immunization_monitoring/globalsummary/).
18. Mata JI. Integrating the client's perspective in planning a tuberculosis education and treatment program in Honduras. Medical anthropology. 1985; 9:57-64.
19. Mangan JM, Arias M, Sierra T, Perez M, Medina R, Yanez R, et al. Evaluating the strengths and weaknesses of tuberculosis educational activities for prisoners in Honduras. The International Journal of Tuberculosis and Lung Disease. 2006; 10:1152-8.

20. Carlos Alvarado-MD and Melly Perez- MD National Thorax Institute - Tegucigalpa - Honduras. Personal Communication. 2003-2004.
21. Massachusetts General Hospital. Bits of culture - Honduras. Boston MA2002 [cited 2014 December 15]; Available from: [http://www2.massgeneral.org/interpreters/b\\_hon.asp](http://www2.massgeneral.org/interpreters/b_hon.asp).
22. Getro Mathieu - Executive Director and staff affiliated with Action Secours Ambulance, in collaboration with Dr. Richard D'Meza and the staff of the Programme National de Lutte contre la Tuberculose (National TB Program). Personal communication. 2008.
23. USAIDS Health Profile - Honduras. 2010. [http://pdf.usaid.gov/pdf\\_docs/pdacu641.pdf](http://pdf.usaid.gov/pdf_docs/pdacu641.pdf).
24. The World Bank. The Global HIV/AIDS Program: Building on Evidence: A Situational Analysis of the HIV Epidemic and Policy Response in Honduras. 2008.
25. Stansbury JP, Sierra M. Risks, stigma and Honduran Gari funa conceptions of HIV/AIDS. *Social science & medicine*. 2004; 59:457-71. Stansbury JP, Sierra M. Risks, stigma and Honduran gari funa conceptions of HIV/AIDS *Social science & medicine* 2004; 59:457-471.
26. Paz-Bailey G, Isern Fernandez V, Morales S, Monterroso E. Unsafe Sexual Behaviors Among HIV-Positive Men and Women in Honduras: The Role of Discrimination, Condom Access, and Gender. *Sexually Trnsmitted Sieases*. 2012; 39(1): 35-41.
27. MercyCorps. Filling the Information Gap in Honduras. Honduras2005 [cited 2014 November 18]; Available from: <http://www.mercycorps.org/articles/honduras/filling-information-gap-honduras>.
28. The World Bank. Antiretroviral Therapy Coverage. 2014. <http://data.worldbank.org/indicator/SH.HIV.ARTC.ZS>
29. Hispanic World. Latin American people have the most access to HIV treatment. July 15 2015[Cited 2014 December11]; Available from: [http://noticias.alianzanews.com/309\\_hispanic-world/3224277\\_latin-american-people-have-the-most-access-to-hiv-treatment.html](http://noticias.alianzanews.com/309_hispanic-world/3224277_latin-american-people-have-the-most-access-to-hiv-treatment.html)
30. ONUSIDA. Índice de Estigma en Personas que Viven con VIH2014: Available from: [http://portal-sida.org/repos/Informe%20Ejecutivo%20PDF\\_indice\\_honduras.pdf](http://portal-sida.org/repos/Informe%20Ejecutivo%20PDF_indice_honduras.pdf)
31. Rundle A, Carvalho M, Robinson M. Cultural competence in health care: A practical guide. John Wiley Sons Inc; 2002.
32. Incontact. Intercultural Business Etiquette. [cited 2014 December 11]; Available from: [http://www.ncp-incontact.eu/nkswiki/images/6/67/Intercultural\\_Business\\_Etiquette\\_PPT\\_v1.pdf](http://www.ncp-incontact.eu/nkswiki/images/6/67/Intercultural_Business_Etiquette_PPT_v1.pdf)
33. Centre for Intercultural Learning. Cultural Information - Honduras Canada2009 [cited 2014 December 11]; Available from: <http://www.intercultures.ca/cil-cai/ci-ic-eng.asp?iso=hn#cn-2>
34. Valle Pd. Comer y beber en Honduras / Pompeyo del Valle2012: Available from: <http://www.cervant-esvirtual.com/obra/comer-y-beber-en-honduras/>



[illegible]

This image shows a blank sheet of white paper with horizontal yellow lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.



## **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.

©2016 Southeastern National Tuberculosis Center is founded by the Centers for Disease Control and Prevention Through a Cooperative Agreement #U65PS004089

