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Sexually transmitted diseases and avenues for education : community perspectives from Monteverde, Costa Rica

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SEXUALLY
TRANSMITTED DISEASES
AND AVENUES FOR
EDUCATION:
COMMUNITY
PERSPECTIVES
FROM MONTEVERDE,
COSTA RICA

Cristina Calderón
Andrea Freidus
Kelly Gillin
James Schwar
Claudia Weiner

Field Methods for Community Health
Monteverde Institute
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Team Background

The research team was comprised of five members with diverse public health practice and research backgrounds. *Cristina Calderón*, B.A., speaks advanced Spanish and is a health clinic project officer, who works with women at risk for STD's. *Andrea Freidus*, B.A., speaks advanced Spanish and has provided rural patient health services in the Dominican Republic. *Kelly Gillin*, B.A., speaks basic Spanish and volunteers with an AIDS organization. *James Schwar*, M.P.A., speaks intermediate Spanish and has conducted research abroad into national HIV/AIDS media campaigns. *Claudia Weiner*, B.S.N., speaks basic Spanish, is a visiting nurse service case manager, and has administered school-based public health awareness programs. The team also wishes to thank the many people who were valuable contributors to the project (see Appendix F).

Introduction

In 2002, Monteverde area community members identified Sexually Transmitted Diseases (STD's) as a potential health threat that has resulted from globalization, the area's rapid development, and changing social and family dynamics (1, 2, 3). The study's significance and timeliness also parallels recent national legislation, which ensures the rights of HIV positive Costa Ricans and urges the development of new STD's public health strategies (4). The literature and key informant interviews, however, underscore the scarcity of local STD and HIV/AIDS studies, even though STD's are recognized as a critical problem in Latin America (5, 6). For example, syphilis, gonorrhea, and human papilloma virus have been cited as the most common and fastest growing STD's in the Monteverde area (7), although the actual numbers are unknown (8). The literature and key informants also emphasized the need to address the 'insider' perspective of STD's, and specifically the stigma associated with HIV/AIDS, local family values, and the religious implications of sexual activity (9, 10).

Acting on the community's recommendation, this exploratory pilot study examined the perceptions of STD's and HIV/AIDS among Costa Rican women and men ages 18 years or more, who live in the region. Knowledge, beliefs, and attitudes concerning definitions of STD's, their transmission, and prevention strategies were examined. The study also identified the most effective avenues through which STD's information could be disseminated to a community-wide audience through educational programs.

Purpose of the Study

The purpose of this study was five-fold. It assessed and evaluated the following: 1) attitudes, perceptions, and beliefs concerning definitions of STD's and HIV/AIDS; 2) community knowledge and beliefs about routes of transmission, symptoms, and prevention; 3) community awareness of at-risk groups and categories of people and groups; 4) current sources of information and local perceptions of their efficacy; and 5) the most effective avenues to disseminate primary information and education to a range of community audiences. The overarching purpose of the study, however, was to present the findings to support health professionals, educators, and community leaders in the enhancement of existing or development of new STD's and HIV/AIDS education programs.

Methods

This exploratory pilot study used the Community Participation approach, which was designed to rapidly respond to the expressed needs of the community for research into STD's and HIV/AIDS (11, 12). Data were collected through a quantitative socio-demographic instrument (see Appendix C) and qualitative focus group interviews with female and male Costa Ricans, who were Monteverde area residents aged 18 years or more. Four focus groups were conducted: two for women and two for men. Community leader referrals and one-on-one outreach were used to recruit participants. Contextual data were collected through semi-structured and unstructured interviews with key informants, community leaders, and local health officials.

Male team members administered the male focus groups and female facilitators ran the women's groups. There were at least 4 interviewees within each focus group. At no time were participants questioned about individual behavior; only their perceptions of categories of people and groups were sought (see Appendix D).

A written record of each focus group was made. With participant permission, some sessions were audio taped, excerpts of which were used to enhance content analysis. Researchers and faculty advisors had exclusive access to the data. Audiotapes will be destroyed after 3 years. The study received IRB approval and signed consent forms were received from each interviewee prior to their participation (see Appendix E).

All collected data were reviewed after each focus group session, translated into English, and analyzed for content. A matrix was developed, listing corresponding female and male responses to each question posed.

Contrasting and complimentary themes were then identified.

Results

There were a total of 21 focus group participants: 13 women and 8 men (see Appendix A). The mean and median age of all participants was 30 years. The mean age for female participants was 36.1 years and 25 years for the males. The median age for female participants was 38 years old and 21 years for the men.

There were a greater number of divorced and single participants (both genders) than married individuals and those with partners. More than half of all respondents had at least one child and 9 of the 21 individuals had lived in the Monteverde area for 2 decades or more. The majority had either primary or secondary level educations. Six people, however, reported university level educations. Seventeen of the total number of focus group members stated they had some organized religious affiliation. More than half were Roman Catholic.

Data analysis identified 5 main themes: 1) the participants were generally knowledgeable of STD's and HIV/AIDS with some misconceptions; 2) fidelity and machismo; 3) abstinence; 4) the use and effectiveness of condoms; and 5) availability and suggestions for information (see Appendix B[†]). Overall, the participants had a good overall awareness of STD's with a few

misconceptions¹. Hongos, syphilis, gonorrhea, chancras (herpes), HIV, and AIDS were listed as the most commonly known STD's. Both female and male respondents shared the following perceptions: 1) there was no cure for HIV/AIDS; 2) it was transmitted through sexual activity and blood; 3) anyone could be affected; and 4) it affects the immune system. In contrast to the female participants, male respondents noted that HIV/AIDS treatment was very expensive. The women viewed HIV and AIDS as indistinguishable, and misperceived condoms as ineffective and HIV transmission through cavities and saliva.

Female participants cited male infidelity with local Ticas and female tourists (extranjeras), female prostitution, and machismo as contributors to the spread of HIV/AIDS². Both genders, however, acknowledged that HIV/AIDS was a problem or potential community problem, because of infidelity or the sexual behavior young people. Some men also suggested that only drug users have HIV/AIDS. Similarly, transmission from pregnant women to their fetuses also was a shared concern. Women said they would not react negatively to a friend who confided in them that they had HIV, while fright, lack of knowledge, or fear of contagion would contribute to negative reactions to a person with HIV, according to the men.

† All citations from Tables 2a and 2b in Appendix B are noted according to the theme number with its corresponding group responses.

All participants cited abstinence³ as the most effective but unattainable prevention strategy, even though some women perceived condoms as a completely ineffective prophylactic against HIV³. The males, however, repeatedly mentioned condoms as very effective⁴. Both genders mentioned the avoidance of blood exchanges through needle use as a preventive strategy, although men specifically mentioned the need for care in hospital use of syringes. A key finding was that some women believed that men viewed protection as a woman's responsibility, a belief that was confirmed by several key community informants.

Condoms, according to both genders, were used chiefly in family planning⁴, and were cited as readily available in community pharmacies, the clinic, bars, gas stations, and pulperías. Female participants, however, said that only women access condoms from the clinic. Male respondents identified bars and gas stations as the main sources for condoms.

Both female and male participants concurred that charlas at the clinic⁵, in the schools, and from books, radio, television, the internet, and magazines are the main sources for STD's and HIV/AIDS information. The women also cited parents as an important educational source, but added that some parents and children experience difficulty in discussing the subject. There was cross-gender agreement that young people, and men, in particular, required HIV/AIDS educational programs. Both genders also expressed the need for school-based education classes. The male respondents, however, suggested the classes in the clinic be made interesting and fun in order to capture audience's attention⁵. The men also mentioned the church as a possible educational setting. Oppositely, the women indicated the church was an unlikely venue. The male participants pointed to rumors that were spread among young people as another reason that more youth-oriented educational programs are needed.

Conclusions

Undeniably, the clinic remains a key source for STD's and HIV/AIDS education. There also was a general tendency for participants to misinterpret news reports about STD's and HIV/AIDS. For example, the women referred to news reports they believed had stated that HIV was too small a virus for condoms to be effective.⁴ Still, the clinic and media appear to be the most valuable educational avenues for information, if the programs are designed for multiple audiences, are scientifically accurate, and are clearly articulated.

Men and young people should be targeted as the primary audiences for educational programs. For example, the women commented that the lack of education and information about HIV⁵ place young people, in particular, and men at great risk. Therefore, accessibility of information and education programs also is requisite. Clearly, school-based classes, clinic- and home-based charlas, theme-oriented television/radio shows, such as the Original Canopy Tour broadcast, in addition to books and pamphlets appear to be the most effective avenues for the dissemination of STD's and HIV/AIDS education.

Limitations

Temporal constraints limited recruitment, data collection, and data analysis; additional time might have resulted in additional focus group sessions from a broader cross-section of the community and addressed data variability. Moreover, additional key informant exchanges would have enhanced team awareness of nuances in colloquial language and input into the final report. Language was another limitation; valuable data may have been lost during sessions that were taped, but were inaudible due to poor equipment, and not understood by the less fluent Spanish speaking team members.

Recommendations for Future Studies

In conjunction with local health officials, school-based educators, and community input, future research could assist in the enhancement or development of charlas in the clinic, programs that target young people in the schools, and outreach efforts for adult community members via one-on-one, familial, or informal discussions. Researchers could further support the community educational programs and information dissemination services through follow-up program evaluations. Ways to dispense free condoms also could be addressed: cost constraints, potential social barriers, the impact of clinic condom distribution policy, and barriers that discourage male participation in current preventive efforts. Future research also could address the potential contribution of tourism to the transmission of STD's and HIV/AIDS. Finally, future STD's and HIV/AIDS studies could focus on young people (18 years or younger) in the Monteverde area.

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Appendix A

Table 1. Socio-Demographic Characteristics According to Frequency by Focus Group

Characteristic	Focus Groups		Total
	Women	Men	
Age			
18-20	2	3	5
21-22	1	2	3
23-25	-	-	-
26-27	2	-	2
28-30	-	-	-
30 or more	8	3	11
Gender	13	8	21
Civil State			
Married	2	2	4
Single	4	3	7
Divorced	5	3	8
Separated	-	-	-
Other	2	-	2
Number of Children			
0	4	1	5
1-2	4	1	5
3-4	2	3	5
4-5	1	-	1
5 or more	2	-	2
Years Residing in Region			
1-5	1	1	2
6-10	1	1	2
11-15	1	1	2
16-20	-	2	2
20 or more	6	3	9
Educational Level			
None	1	-	1
Primary	9	3	12
Secondary	-	2	2
University	3	3	6
Other	-	-	-
Religion			

None	3	1	4
Catholic	5	7	12
Evangelic	2	-	2
Other	3	-	3

Appendix B

Table 2a. Matrix of Themes and Comments by Female and Male Focus Group Participants

Women	Theme	Men
<p>1a. “Lo que creen eso son hombres que son machistas porque tal vez no han visto y creen que eso es una mentira o para que sean fiel...pero algunos se creen...”</p> <p>(The people who believe this (that HIV is invented) are men who are machistas because they have not seen it and they think that it’s a lie so that they will be faithful, but some do believe.)</p>	<p>1. Awareness and Misconceptions</p>	<p>1a. “Porque la mayoría de adultos ya están casados y practican sexo solo con una persona, en la mayoría de los casos.”</p> <p>(Because the majority of adults is married and practice sex with only one person, in the majority of cases.)</p>
<p>1b. “Yo decía que se protege, que pusiera dos o tres (condones) cuando fuera por otra lado.”</p> <p>(I tell him to protect himself (husband), to put two or three condoms on when he is going to have sex somewhere else.)</p>		<p>1b. “Es un virus que mata las defensas del cuerpo.”</p> <p>(It’s a virus that kills the body’s defenses.)</p>
<p>1c. “Si su compañero sale a la calle cualquier cosa se puede traer a la esposa en la casa.”</p> <p>(If a husband is out on the street with someone else, then they can bring something back to their wife.)</p>		
<p>2a. “Una puede estar fiel como una mujer pero un hombre no, el hombre siempre está infiel.”</p> <p>(A woman is able to faithful, but a man no, a man is never faithful.)</p>	<p>2. Fidelity and Machismo</p>	<p>2a. “Hay que ser desconfiado 100% toda la vida.”</p> <p>(You have to be suspicious 100% of the time for your entire life.)</p>
<p>2b. “El machismo es que quieren estar con mujeres porque son hombres, pero si a una mujer anda con barones la critican.”</p> <p>(Machismo is when men are with women because they are men, but if a woman goes out with a man she is</p>		

criticized.)

2c. “Hay mucho machismo...esta no pega a mi.”

(There is a lot of machismo. ...men think it won't infect them).

2d. “Solo Dios es fiel.”

(Only God is faithful.)

2e. “Los usan mas con extranjeras, pero no las que viven en Monteverde.”

(They (men) use them more with female tourists, but not with those who live in Monteverde.)

2d. “Yo soy el hombre y puedo hacer lo que quiera, la mujer no vale nada.”

(I am a man and I can do what I want, a woman is worth nothing.)

Table 2b. Matrix of Themes and Comments by Female and Male Focus Group Participants

Women	Theme	Men
3a. “No tener sexo.” (Don't have sex.)	3. Abstinence	3a. “Sí, pero es la más difícil de cumplir.” (Yes, but it's the most difficult to do (abstinence). 3b. “Por ejemplo, si tienes un refresco al frente, y no lo tomas, te estás absteniendo de beberlos o sea abstinencia.” (For example, you have a soda in front of you, and you don't drink it, you are abstaining from drinking it, that's abstinence.)
4a. “Es algo tan fino que eso lo pasan.” (It's something so small that it can pass through.)	4. Condoms	4a. “Es casi 100% seguro.” (It's almost 100% sure.)
4b. “Yo creo que ellos no le gustan mucho a usar un condón.”		4b. “Sí, los jóvenes lo utilizan más para evitar embarazos.”

(I believe that men don't like to use a condom very often.)

(Yes, young people use them more to prevent pregnancy.)

4c. "La que usan mas que todo es para prevenir el embarazo."

(People most often use it to prevent pregnancy.)

5a. "No aquí no hay información sobre eso, no."
(Here there is no information about this (HIV).

5. Availability and Suggestions for Information

5a. "En la clínica, pero las charlas tienen que ser informales y divertidas, para que la gente no se aburra."

(In the clinic, but the talks need to be informal and fun, so that the people are not bored.)

5b. "Hay muy pocas personas, o se conoce poco sobre quién pueda ayudar y que realmente esté preparado para estas charlas."

(There are very few people who know very much about who can help and who really are prepared to give these talks.)

Appendix C

Información General

Edad _____

Sexo: ___ Hombre ___ Mujer

Estado civil: ___ Casado(a) ___ Soltero(a) ___ Divorciado(a) ___ Separado(a)

Número de hijos(as) _____ Edades de hijos(as) _____

¿Cuántas personas viven en su casa? _____

¿Cuántos años vive en la región de Monteverde? _____

Nivel de educación: ___ Primaria ___ Secundaria ___ Universidad ___ Otra (lista)

Ocupación (trabajo) _____

*Religión (opcional) _____

Appendix D

¡Buenas tardes!

Somos estudiantes del Instituto Monteverde. Estamos haciendo un proyecto acerca de las percepciones en la comunidad de Monteverde sobre las Enfermedades Transmitidas Sexualmente (ETS) y sobre el SIDA/VIH. Estamos interesados en todas sus opiniones y esperamos que todas participaran. Por favor tengan en cuenta que no hay respuestas incorrectas. Esta es una conversación entre amigas(os). Lo que estamos haciendo es investigar cómo la comunidad aquí obtiene información sobre cuestiones de salud y cuáles son las mejores maneras de brindar esta información.

Nos gustaría grabar la discusión para que nos sea más fácil analizar los datos, pero solo lo haremos si todas están de acuerdo. ¿Hay alguien que no quiere que grabemos? No vamos a pedirles sus nombres y no vamos a hablar de sus comportamientos personales. Solamente los miembros de nuestro grupo van a escuchar la grabación y después de 3 años la cinta va a ser destruida.

Los resultados del estudio se van a presentar en una manera en que nadie va a poder saber cómo respondieron los individuos.

Vamos a hablar con otras mujeres (otros hombres) y algunos hombres (algunas mujeres) y nos gustaría presentar nuestros resultados a ustedes la semana que viene.

Vamos a empezar con una lista de las enfermedades transmitidas sexualmente que ustedes conocen.... Ahora vamos a hablar específicamente del SIDA/ VIH
SIDA, Gonorrea, Sífilis, Hongos

1. ¿Que saben ustedes del SIDA?
2. ¿A quién afecta el SIDA?
3. ¿Cómo se transmite?
4. ¿Cómo se puede saber si alguien tiene SIDA/VIH?
5. ¿Cómo se puede evitar el SIDA/VIH?
 - a. CONDONES
 - i. ¿Dónde se consiguen?
 - ii. ¿Qué tanto los usa la gente? ¿Por qué?
 - b. ABSTINENCIA
 - i. Algunas personas creen que la abstinencia es la manera más efectiva para proteger a la gente contra el SIDA. ¿Que creen ustedes?
6. ¿Qué tipo de tratamiento hay para el SIDA?
7. ¿Qué tan serio creen ustedes que sea el problema del SIDA en Monteverde?
8. ¿Cómo creen ustedes que reaccionaría la gente en Monteverde si conocieran a alguien con VIH/SIDA?
9. ¿Cómo obtiene información sobre el VIH/SIDA la gente que vive aquí?
 - a. ¿De estas fuentes de información, cual es la más efectiva?
 - b. ¿Cuál es la más usada?
10. ¿Qué grupos creen ustedes que necesitan información sobre el SIDA?
11. ¿Cuál creen ustedes que sea la manera más efectiva de educar a las jóvenes sobre el SIDA?
12. ¿Quién debe enseñarles?

13. ¿Cómo? ¿Dónde? ¿A qué edad?
14. ¿Cuál creen ustedes que sea la manera más efectiva de darle información a las mujeres (los hombres) sobre el SIDA?
15. ¿Y a los hombres (a las mujeres)?

Appendix E

Forma de consentimiento

A Usted se le está invitando a participar en un estudio que ayudará a identificar los medios más efectivos para brindar información básica a diferentes segmentos de la comunidad en Monteverde sobre las enfermedades transmitidas sexualmente (ETS). Nosotros haremos esto mediante la exploración de percepciones locales sobre las enfermedades transmitidas sexualmente, incluyendo a VIH en Monteverde. Este incluye conocimientos, actitudes, y creencias acerca de las ETS, definiciones, transmisión y estrategias de prevención.

Usted, como parte de este estudio participará en un grupo de discusión de seis a ocho personas del mismo sexo de edades entre los dieciocho y treinta años de edad por un mínimo de una hora y un máximo de dos horas. La información obtenida en estos grupos de discusión ayudará a futuros investigadores en el diseño de materiales educativos para la comunidad. Toda la información que usted nos dé será mantenida de manera confidencial y su nombre no será usado en ninguna de nuestras presentaciones orales o escritas. Los resultados de este estudio se presentarán los días 22 y 23 de julio 2003 en el Instituto de Monteverde. Solo los investigadores y la facultad del Instituto de Monteverde tendrán acceso a la información. No habrá riesgo físico ni psicológico al participar en el estudio. No le preguntaremos sobre su comportamiento individual. La participación en este estudio es completamente voluntaria y usted es libre de retirarse en cualquier momento sin ninguna penalidad.

Como un incentivo por tomar parte en este estudio de investigación, el Instituto Monteverde les brindará al grupo un refrigerio y transporte. Si usted tiene alguna pregunta sobre esta investigación, contacte a Dr. Nancy Romero-Daza o a Sophia Klempner en el Instituto de Monteverde a teléfono 645-5053 Ext. 111. Se le va a entregar una copia de este formulario de consentimiento.

Si a usted le gustaría participar en este proceso, por favor firme este formulario.

Gracias.

_____ Estoy de acuerdo en participar en la investigación.

_____ Yo doy permiso para citar la información.

_____ Yo doy permiso para que este grupo de discusión sea grabado, transcrito y traducido si es necesario.

Otros Comentarios:

Nombre: _____

Firma: _____ Fecha: _____

Appendix F

Acknowledgements

The research team is indebted to our faculty advisor, Dr. Nancy Romero-Daza, and the staff of Instituto Monteverde for their tireless efforts and support: Nat, Elsa, Sophia, Sadie, Odilio, and Tony. We also want to thank the many key informants and community members, who directly contributed to the successful completion of this project: Patricia, Tobías, Noé, and Aníbal. Most importantly, we extend our gratitude to the people of the Monteverde area, who took us into their homes, their families, and their hearts.