Latina Women and Cervical Cancer Screening: Decisional Balance and Self-Efficacy

Wei-Chen Tung, PhD, RN, Minggen Lu, PhD, Julie Smith-Gagen, PhD, MPH, and Yan Yao, MPH



Background: Latina women in the United States have greater cervical cancer mortality rates than non-Latina women because of their low rates of Papanicolau (Pap) smear screening. **Objectives:** The purpose of this article is to assess differences in perceived benefits, perceived barriers, and self-efficacy among Latina women to obtain Pap smears using the framework of the Transtheoretical Model.

Methods: A descriptive design with a snowball sample was used. The researchers assessed

demographics, three perceived benefits, 12 barriers, and seven self-efficacy measures for 121 Latina women in northern Nevada.

Findings: Participants in precontemplation and relapse perceived greater barriers than those in action and maintenance for three items: (a) using a curandero (traditional healer) as treatment for health problems, (b) choosing a curandero to cure an illness before trying Western medicine, and (c) believing curandero medicine to be very effective in treating health problems. Participants in precontemplation and relapse reported lower self-efficacy than those in action and maintenance under the following circumstances: (a) traveling long distances to the Pap smear screening unit and (b) the cost of having a Pap smear. Barriers related to choosing and believing a curandero were significant in the precontemplation and relapse stage.

Wei-Chen Tung, PhD, RN, is an associate professor in the Orvis School of Nursing, and Minggen Lu, PhD, is an associate professor and Julie Smith-Gagen, PhD, MPH, is an assistant professor, both in the School of Community Health Sciences, all at the University of Nevada, Reno; and Yan Yao, MPH, is a business analyst at Gavis Pharmaceuticals in Somerset, NJ. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Tung can be reached at wctung@hotmail.com, with copy to editor at CJONEditor@ons.org. (Submitted March 2015. Revision submitted July 2015. Accepted for publication August 5, 2015.)

Key words: cervical cancer screening; curandero; Latina women; perceived benefits; perceived barriers; self-efficacy

Digital Object Identifier: 10.1188/16.CJON.E71-E76

Ithough mortality rates from cervical cancer in the United States have decreased by about 70% since the 1950s—largely because of Papanicolau (Pap) smear screening (Centers for Disease Control and Prevention [CDC], 2014)—the benefits of early detection of cervical cancer have not been shared by all ethnic groups. Relative to non-Latina women, Latina women are 1.4 times more likely to develop cervical cancer (9.3 versus 6.5 per 100,000) and to die from cervical cancer (2.7 versus 2 per 100,000) (U.S. Department of Health and Human Services [USDHHS] Office of Minority Health, 2016). In 2010, despite the availability of free and low-cost Pap smear screening in the United States, 25% of Latina women aged 18 years and older had not had a Pap smear within the past three years (American Cancer Society [ACS], 2012). Reasons for underuse of Pap

smear screening among Latina women include demographic characteristics (e.g., age, marital status, education level) and other factors, such as perceived benefits, perceived barriers, and self-efficacy (Byrd, Chavez, & Wilson, 2007; Fernández et al., 2009; Lim, 2010; Nuño, Castle, Harris, Estrada, & García, 2011; O'Brien, Halbert, Bixby, Pimentel, & Shea, 2010; Soneji & Fukui, 2013; Watts et al., 2009).

The researchers in the current study explored differences in perceived benefits, perceived barriers, and self-efficacy among Latina women in obtaining Pap smears using the framework of the Transtheoretical Model (TTM). The TTM (Prochaska, Redding, & Evers, 2015) postulates that people progress through a series of stages of change to adopt a new behavior: (a) precontemplation, not considering taking action in the next six months; (b) contemplation, considering taking action in the