

COMMENTARY: *FATALISMO* RECONSIDERED: A CAUTIONARY NOTE FOR HEALTH-RELATED RESEARCH AND PRACTICE WITH LATINO POPULATIONS

Ana F. Abraído-Lanza, PhD; Anahí Viladrich, PhD;
Karen R. Flórez, MPH; Amarilis Céspedes, MPH;
Alejandra N. Aguirre, MPH; Ana Alicia De La Cruz, MA

Over recent years, interest has grown in studying whether *fatalismo* (fatalism) deters Latinos from engaging in various health promotion and disease detection behaviors, especially with regard to cancer screening. This commentary presents problematic issues posed by the concept of fatalism, focusing on research on Latinos and cancer screening. We discuss key findings in the literature, analyze methodologic and conceptual problems, and highlight structural contexts and other barriers to health care as critical to the fatalism concept. Although the need to better understand the role of fatalistic beliefs on health is great, we discuss the public health implications of reaching premature conclusions concerning the effect of fatalism on Latinos' cancer screening behaviors. (*Ethn Dis.* 2007;17:153–158)

Key Words: Cancer Screening, Fatalism, Latino

INTRODUCTION

Latinos, who now constitute the largest ethnic minority group in the United States,¹ experience numerous disparities in health relative to non-Latino Whites.² In recent years, an increasing amount of research has been undertaken to study these disparities. These efforts include studies that assess whether Latino cultural beliefs and values present barriers to health-related behaviors. Such research endeavors hold the promise of generating findings for developing culturally appropriate public health campaigns and programs to improve the health of the most disadvantaged. Little consensus, however, exists on how to identify, measure, and assess Latino cultural beliefs, values, and attitudes that pertain to health promotion and disease prevention behaviors. *Fatalismo* (fatalism), in particular, is cited as a dominant cultural belief that deters Latinos from engaging in various early detection and other health preventive behaviors, such as cancer screening and diabetes and HIV testing and prevention.^{3–6}

Fatalism refers to a general belief that the course of fate cannot be changed and that life events are beyond one's control. In the health literature, fatalism usually is conceptualized as a set of pessimistic and negative beliefs and attitudes regarding health-seeking behaviors, screening practices, and illness.^{5–8} Particular emphasis has been placed on cancer fatalism, defined as the belief that cancer is unavoidable regardless of personal actions or that death is certain when cancer appears.^{7,8} Because it presents a potential barrier to early detection, much of the health-related literature on cancer fatalism focuses on

cancer screening. Cancer fatalism, studied mostly on African Americans and Latinos, is of special public health interest, given disparities in early detection and other cancer-related health indicators among these groups.^{2,9,10}

Although some parallels exist in the literature on cancer fatalism among African Americans and Latinos, several reasons warrant a specific focus on Latinos. First, no consensus exists on the precise definition of cancer fatalism among African Americans, Latinos, or other populations. A closer inspection of cancer fatalism among Latinos – a specific ethnic group – would allow for a refinement and better understanding of the construct. Second, no consistent, explicit theoretical framework exists to guide research on cancer fatalism.⁸ Contexts that are hypothesized to give rise to cancer fatalism among African Americans include powerlessness as a function of poverty and other historical, cultural, and social circumstances (eg, racism, discrimination, unemployment) that are specific to this population.⁸ Because some of these experiences may be unique to African Americans (eg, racism and discrimination rooted in the historical context of slavery), we must identify sociopolitical, historical, and other structural factors associated with cancer fatalism among Latinos and explore areas of overlap. Finally, a critical analysis of cancer fatalism among Latinos would be useful not only for obtaining a better understanding of fatalism in Latinos vs other groups but also for crafting culturally relevant public health interventions to address beliefs about cancer and screening.

This commentary outlines some problematic issues and challenges posed

From Columbia University, Mailman School of Public Health, Department of Sociomedical Sciences (AFA, KRF, AC, ANA, AAD); Hunter College, School of Health Sciences, Urban Public Health Program (AV), New York, New York.

Address correspondence and reprint requests to Ana F. Abraído-Lanza, PhD; Columbia University; Mailman School of Public Health; Department of Sociomedical Sciences; 722 West 168 Street, 5th floor; New York, NY 10032; 212-305-1859; 212-342-4547 (fax); aabraido@columbia.edu