LETTERS

Prenatal Prediction

Having read Drs. Engstom's and Work's article, "Prenatal Prediction of Small- and Large-for-Gestational Age Neonates," (November/December 1992 *JOGNN*), it occurred to me that there might be another variable in the predictive value of fundal height measurements, namely differences on the basis of racial and ethnic origin. Frequently, birth weights of newborns of Asian and African origin are, on average, smaller than those of Caucasian newborns. Differences in the timing of expression of early developmental milestones also have been identified. If such differences are phylogenetically determined, as they seem to be, a bias against the normalcy of pregnancies in minority populations could be unwittingly created and could influence clinical decision-making adversely.

On the basis of the article, I now wonder if we need to identify our larger subpopulations to determine norms and predictive values within those populations before we can assume that our diagnostic assessment modalities, and ultimately our caregiving strategies, are appropriate for all our patients.

Mary Ann Zettelmaier, MSN, MS
Perinatal Nursing
University of Michigan Medical Center
Ann Arbor, MI

HIV Infection

Having just read "Prevention of HIV Infection in Women" (March/April 1993), I felt compelled to write to point out an error in the article's text and to expand upon the discussion of women's perceptions of risk for HIV infection.

The authors cite Prohaska, Abrecht, Levy, Sugrue, and Kim's (1990) study of determinants of self-perceived risk for AIDS and state that "fear of AIDS, shame associated with having AIDS, number of sexual partners, and partners' bisexual behavior" were identified as factors associated with increased perceived risk for AIDS (Nolte, Sohn, & Koons, 1993, p. 131). This is not the case. Prohaska et al. (1990) found that fear of contracting AIDS and number of sexual partners increased perceptions of self-risk, whereas shame associated with AIDS and knowledge of partners' past behavior decreased perceived self-risk for AIDS. The logistic regression Beta coefficients for shame associated with having AIDS and knowledge of partners' past sexual behaviors were -0.182 ($p < .01$) and -0.496 ($p < .01$), respectively. In both cases, the negative Beta coefficients represent the inverse relationship between the variables and self-perception of risk for AIDS.

The direction of association between these variables and perceived self-risk has significant implications for the interpretation of the findings and the design of prevention programs for women. Citing Prohaska et al. (1990) again, Nolte, Sohn, and Koons (1993) write that interventions addressing the shame associated with AIDS are more likely to be successful than those that simply provide factual information about HIV transmission. This is undoubtedly true, but the rationale for addressing AIDS shame and how it is addressed are very different when you recognize that shame inhibits rather than enhances the recognition of self-risk for AIDS. Nolte, Sohn, and Koons' (1993) recommendation could be misinterpreted as implying that shame associated with AIDS should be promoted to enhance self-perceptions of risk, when in fact, the shame and stigma associated with AIDS often act as barriers to self-risk recognition and should be dispelled.

Although Prohaska et al. (1990) do not analyze perceived self-risk separately for women and men (they do include gender as a variable in their regression equation), other authors point out distinct gender differences in how AIDS self-risk is perceived and why women engage in high-risk sexual behaviors (Hutchinson & Settles, 1993; Mays & Cochran, 1988; Maticka-Tyndale, 1991). Shame associated with AIDS may be more important to women's perceptions of risk than men's. Women often distance themselves from addressing their own risk by employing the "them, not us" syndrome and thus avoiding the stigma of being labeled "bad girls" and the shame that they associate with AIDS. Enhancing perceptions of self-risk for AIDS, however, is not a panacea. Increased self-risk perception is associated with only short-term changes in risk behaviors (Prohaska et al., 1990).

Knowledge of partners' past sexual behaviors was, much like shame, found by Prohaska et al. (1990) to decrease the perception of self-risk for AIDS. That is, individuals who reported little knowledge of partners' sexual histories

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felt themselves to be at higher risk of AIDS. Although this finding seems appropriate, the converse is particularly interesting. Individuals who reported that they were knowledgeable (who perceived that they were knowledgeable) about their partners' sexual histories, perceived themselves to be at lower risk for AIDS. This is a key point in understanding perceived self-risk for AIDS because there is an implicit assumption by Prohaska et al. (1990) and others that individuals' perceptions of partners' sexual histories are accurate. Quite to the contrary, several authors (Kennedy & Fulton, 1992; Marks, Richardson, & Maldonado, 1991; Mays & Cochran, 1988) have shown that women are often unaware, uninformed, or misled about the past AIDS risk-related behaviors of their sexual partners. Cultural norms about sexual communication and sex roles may interfere with women's abilities to question their partners about past sexual behavior (Mays & Cochran, 1988). Poverty, economic dependency, threats of physical violence, and/or the desire to meet their partners' needs may further inhibit women's abilities to negotiate for "safer sex," even when they do recognize their partners as potential sources of HIV infection or other sexually transmitted diseases (Dickerson Mayes, Elsesser, Schaefer, Handford, & Michael-Good, 1992; Hutchinson & Settles, 1993; Mays & Cochran, 1988).

Women's health and perinatal nursing has much to contribute to the literature on women and AIDS and should assume a leadership role in the conduct and dissemination of research and information on AIDS as it is experienced by women and in the development and implementation of preventive programming to meet women's needs. With the exception noted above, I believe the article by Nolte, Sohn, and Koons (1993) is an important step in that direction, and I applaud *JOGNN* for its publication. In addition, the *New York City Task Force on Women & AIDS Policy Document* is a worthwhile resource for anyone interested in the design and implementation of AIDS prevention programs for women.

M. Katherine Hutchinson, RNC, MS
Department of Individual and Family Studies
University of Delaware
Newark, DE

References

Dickerson Mayes, S., Elsesser, V., Schaefer, J., Handford, H., & Michael-Good, L. (1992). Sexual practices and AIDS knowledge among women partners of HIV-infected hemophiliacs. *Public Health Reports, 107*(5), 504–514.

Hutchinson, M., & Settles, B. (1993). Women, AIDS, and the social construction of risk. (unpublished manuscript).

Kennedy, R., & Fulton, R. (1992, April). Unknown HIV exposure risk among white women with AIDS: Links with undisclosed risky sexual behavior of men. Paper presented at the Population Association of America's annual meeting in Denver.

Marks, G., Richardson, J., & Maldonado, N. (1991). Self-disclosure of HIV infection to sexual partners. *American Journal of Public Health, 81*(10), 1321–1323.

Maticka-Tyndale, E. (1991). Sexual scripts and AIDS prevention: Variations in adherence to safer-sex guidelines by heterosexual adolescents. *The Journal of Sex Research, 28*(1), 45–66.

Mays, V., & Cochran, S. (1988). Issues in the perception of AIDS risk and risk reduction activities by black and Hispanic/Latina women. *American Psychologist, 43*(11), 949–956.

Nolte, S., Sohn, M., & Koons, B. (1993). Prevention of HIV infection in women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 22*, 128–134.

Prohaska, T., Albrecht, G., Levy, J., Sugrue, N., & Kim, J. (1990). Determinants of self-perceived risk for AIDS. *Journal of Health and Social Behavior, 31*, 384–394.

The authors reply . . .

We appreciate the input regarding women's perception of risk for HIV infection, and the citation of Prohaska et al.'s (1990) study of determinants of self-perceived risk. The authors stand corrected and the text should read:

> "In a review of determinants of self-perceived risk for AIDS, Prohaska et al. (1990) identified fear of AIDS, shame associated with having AIDS, number of sexual partners, and partners' bisexual behavior as factors associated with perceived risk."

We agree that the direction of association between the variables and perceived risk is an important distinction, and in no way intended to imply that shame associated with AIDS should be promoted. Rather, the intent of the article was to emphasize that prevention strategies should include moral and emotional components as well as factual information.

Susan Nolte, RN, MSN, CRNP
Clinical Nurse Specialist, Nurse Practitioner
Abington Memorial Hospital
Abington, PA

Marianne Sohn, RN, MSN, CRNP
Nurse Practitioner
Planned Parenthood
Doylestown, PA

Barbara Koons, RN, MSN, CRNP
Nurse Practitioner
Lehigh Valley Hospital
Allentown, PA