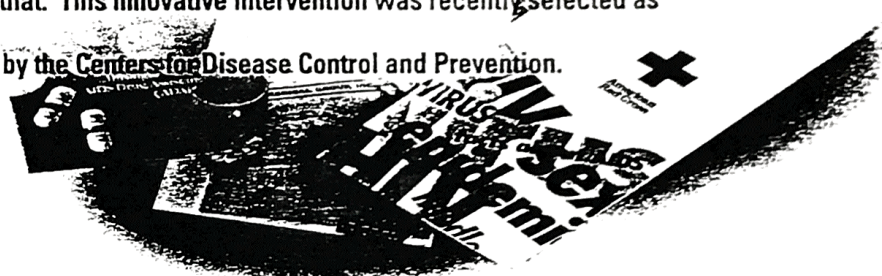


The JEMMOTT INTERVENTION

In the absence of a vaccine or a cure for AIDS, the only effective weapon against this invariably fatal disease is prevention. But knowledge alone is not enough to change a risky behavior — witness the tens of millions who continue to smoke despite the overwhelming link to lung cancer and heart disease. People must be persuaded and empowered to change. Evidence suggests that the Jemmott Intervention, a multidimensional educational and skill-building curriculum, can do just that. This innovative intervention was recently selected as a nationwide model by the Centers for Disease Control and Prevention.



Last February, on the day health officials announced some encouraging news about AIDS — the number of new cases among homosexuals in San Francisco is finally leveling off — Loretta Jemmott, PhD, was unexpectedly glum.

"It's great news," explained Dr. Jemmott, director of the School of Nursing's new Center for AIDS Research (see box, p. 10). "There's hope. But these are mostly middle-class gay white males who are changing their behavior. They are the ones who fought hard to get America's attention about the epidemic, who pushed for AIDS education, prevention, and treatment, who have lost a lot of friends and don't want to lose any more. Now, I'm worried about the younger homosexuals, who weren't there at the beginning, who haven't lost friends to the disease. They don't believe it will happen to them or they don't care."

Dr. Jemmott is also worried about young urban minorities, particularly

black women of childbearing age, who are now the likeliest to become infected with HIV and who have neither the resources nor political savvy to mobilize a response to the epidemic. "There are so many other issues — social and economic — that are driving the epidemic in this group and impeding changes in HIV-risk behaviors," says Dr. Jemmott, a leading expert on AIDS and minorities. "Most members of this population don't see themselves at risk yet."

But there is hope. One of the most promising solutions to the AIDS crisis in urban America is the Jemmott Intervention, an educational and skill-building technique for changing high-risk sexual behaviors. The intervention is the creation of not one but two Jemmotts, Loretta and her husband-colleague, John, a social psychologist at Princeton.

Based on three theories of social psychology (social cognitive theory, the theory of reasoned action, and the theory of planned behavior), the Jemmott Intervention holds that knowledge isn't

necessarily enough to change behavior. People must be confident they can change, and they must perceive those changes as advantageous. Finally, they must have the skills and resources for implementing change.

Though the Jemmotts did not formulate these concepts, they are the first to incorporate them into an educational model with demonstrable results. Earlier this year, the Centers for Disease Control and Prevention (CDC) Division of Adolescent Health and School Health (DASH) selected the Jemmott Intervention as a national model for AIDS prevention among inner-city adolescents (see box, p. 8).

No data on black adolescents

The roots of the Jemmott Intervention go back to 1981, a time when the AIDS epidemic was as yet unnamed and largely confined to gay enclaves in San Francisco and New York City. Dr. Jemmott was working with young blacks as a nurse in an inner-city family planning clinic. Eager to learn more

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Be Proud! Be Responsible!

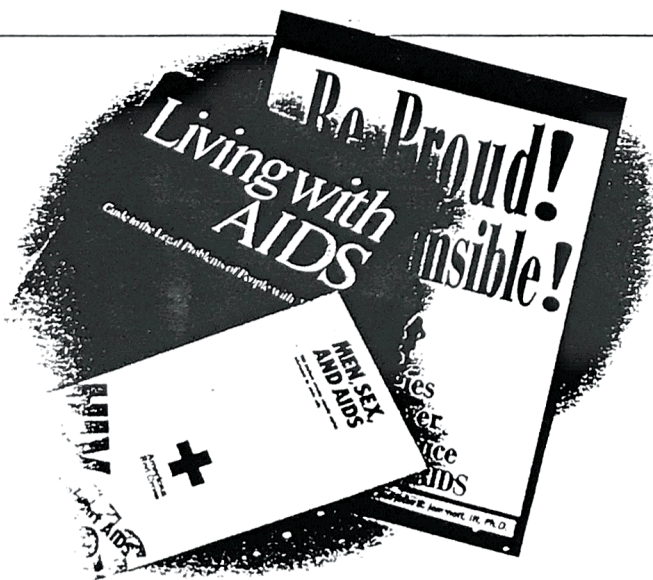
Schools and community-based organizations throughout the country will soon be implementing the Jemmott Intervention, which has been selected for inclusion in "Research to Classroom," a new CDC project that identifies and disseminates curricula that reduce health risk behaviors among youth.

The Jemmotts' curriculum, to be disseminated under the name, "Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Risk for AIDS," is intended for inner-city schools and community-based programs that serve minorities between the ages of 13 and 18.

The five-hour curriculum, which can be delivered in one day or in five to six sessions, is divided into three components. The first, "Knowledge," addresses the etiology, transmission, and prevention of HIV/AIDS. "Attitudes and Beliefs" covers personal risk, responsibility for safer sex, prevention beliefs, partner reaction, and hedonistic beliefs (about the adverse effects of safer sex on sexual enjoyment). Finally, "Skills and Self-efficacy" gives students the skills (negotiation skills, refusal skills, and condom-use skills) and confidence they need to practice safer sex.

One reason the intervention works is that it is fun. Messages are delivered through a variety of interactive activities, including videos, role playing and condom demonstrations. Most are brief, lasting no more than 20 minutes. One particularly effective activity, a card game of sorts called "Don't Pass it Along," gives students an unmistakable lesson about how easily HIV is transmitted sexually. By and large, students have been enthusiastic about the curriculum and would recommend it to friends.

Teachers can learn how to present the curriculum through 16 to 24 hours of training.



about black adolescent sexuality, she consulted the literature but came up almost empty-handed. The research on males was especially slim. If she wanted to know more, she would have to generate her own data. She eventually did, conducting a study of black males enrolled in an urban junior and senior high school.

In the study, the subject of her 1987 doctoral dissertation at the University of Pennsylvania, Dr. Jemmott found that virtually all of the boys were having sex, typically starting as young as age 11. Most were not using contraceptives. The findings were chilling, foretelling large numbers of unwanted pregnancies and sexually transmitted diseases. AIDS had not yet made significant inroads into the black community, but with behaviors like these, it inevitably would.

Amidst the disturbing data was a glimmer of hope, the germ of an idea. The boys were avoiding condoms, the young researcher realized, not because they didn't know about the contraceptives, but because they believed condoms weren't pleasurable. From a prevention standpoint, this was a critical revelation. It meant that to change the risk-taking behavior of these young men, one would have to do more than impart facts; one would also have to change their attitudes toward condoms and sex.

Dr. Jemmott continued her research at Rutgers University with a series of studies, designing and testing AIDS-prevention interventions that went beyond a mere recitation of the facts.

In an early study, a followup to her dissertation, she and her husband (by this time a regular team) demonstrated that by focusing on attitudes, beliefs, and skills one could reduce risky sexual behaviors of black male teens. It was the first time an intervention had been able to reach this population. The landmark study, funded by the American Foundation for AIDS Research (AmFAR) and published in the *American Journal of Public Health*, put Team Jemmott on the AIDS-prevention map.

Loretta Jemmott followed up the study with practical advice for nurses who work with adolescents, noting in

the *Journal of Pediatric Health Care* that "Nurses can be an important link in the chain of AIDS prevention in this country.... Nurses must assist these clients in acquiring correct AIDS-related knowledge, prevention skills, and positive attitudes toward condoms. Nurses must also help the adolescents explore their attitudes and values related to their sexual behavior and must motivate them to incorporate the new information into their personal lives."

Importantly, the salutary effects of the Jemmott Intervention are not limited to inner-city male adolescents, which the two researchers demonstrated in a study of HIV-risk reduction among black women attending a commuter college. "Women who expressed more favorable attitudes toward condoms and those who perceived greater support for condom use among their significant referents reported stronger intentions to use condoms in the next three months," the Jemmotts reported in *Nursing Research*. As the researchers suspected, knowledge of AIDS was not an important influence on the women's attitudes, condom-use intentions, or self-reported condom use. Thus, they concluded, "[I]nterventions to increase condom use among women should attempt to modify the women's perceptions of adverse effects of condoms on sexual enjoyment. For example, women might be taught ways to eroticize the use of condoms. Such an approach might also serve to reduce resistance to condom use among women's sexual partners."

More broadly, the study was the first to affirm that the theory of reasoned action (which holds that behavior is the result of a specific intention) is a useful conceptual framework for interventions to change a key risk behavior for AIDS.

The Jemmotts then took a step backward — chronologically, that is. "We wanted to work with younger teens because we had found that the mean age of first sexual experience was 11," she explains. With support from the National Institute for Child Health and Development, the Jemmotts designed an AIDS-prevention intervention for seventh and

eighth graders, both girls and boys. Again, the intervention was successful, changing HIV risk behaviors.

Social cognitive theory

Over the years, the researchers' interventions have matured, and now encompass concepts from social cognitive theory and the theory of planned behavior, as well as the theory of reasoned action. "All three theories emphasize the importance of beliefs



Nurse Patricia Williams, a facilitator in Dr. Jemmott's Black Women's Health Project, demonstrating how to use a condom.

about the consequences of behavior," explained John Jemmott, PhD, in a recent nationwide interactive video-conference on the Jemmott Intervention organized by the CDC. According to these theories, people will not change their behavior unless they are confident they can accomplish that behavior and are convinced that the outcomes of that behavior will be to their advantage.

"People have sex because it feels good," elaborates Loretta Jemmott in her usual warm but blunt style, forged from years of observing the realities of inner-city life. "If you try to tell them to use a condom and condoms are perceived as not pleasurable, why are they going to use them? You have to teach people to have sex that is both safe and pleasurable. If they believe that their partner is going to react negatively — leave them or hurt them or whatever — you have to change that belief, help them talk to their partner."

Of equal importance, she adds, "You have to provide them with the

necessary skills: condom-use skills, negotiation skills, refusal skills — how to say no yet maintain your relationship."

At this point, it is clear that the Jemmott Intervention is sound. Now, the Jemmotts are investigating how it can be applied to various populations and behaviors. Almost inundated by success, they have become, in effect, a two-person research institute, managing several multimillion-dollar grants at once.

In one project, the Jemmotts are delving deeper into the role of the family in adolescent sexual behavior, an outgrowth of her doctoral study, which focused on boys and the influence of their parents on sexual behavior. This time, the focus is female adolescents and their mothers, with the ultimate aim of reducing the youths' risk of AIDS. It is supported by a five-year, \$2.7 million grant from the National Institute of Mental Health.

Another study, "The Black Women's Health Project," will attempt to identify culturally sensitive behavioral nursing interventions to lower the risk of HIV infection among inner-city black women. A variety of interventions are being tested on 500 women attending a women's outpatient clinic at Beth Israel Medical Center in Newark, New Jersey. The project is supported by a four-year, \$2.25 million grant from the National Institute for Nursing Research.

Yet another study, funded by a \$4.5 million grant from the National

Institute of Child Health and Human Development and the Office of Minority Health, seeks to develop, test, and evaluate behavioral interventions that decrease violence, sexually transmitted disease, and pregnancy among inner-city black youth in the sixth through eighth grades.

Abstinence, too

Dr. Jemmott, above all a realist, is not insensitive to the concerns of parents and educators who believe that kids should not be sexually active. Indeed, one of her projects, now in development, will evaluate abstinence versus safer-sex messages as a way to prevent sexually transmitted HIV infection.

"Young people don't need to be having sex," she says. "We do agree with that. But many are going to have sex. If they choose sex, we want them to have the right information. So we always include a message about abstinence in our interventions. But it's all about choices. We say if you choose to abstain from sex, that's cool; that's the best way to prevent sexually transmitted HIV infection. However, if you choose to have sex, you've got to be safe. Don't we have a responsibility to help them be safe? To do this, we use role-playing, teaching how to say no and still be comfortable, or how to say yes and be safe."

"I've evaluated some abstinence programs," she continues. "So many are sex-negative and moralistic. We don't want to make kids crazy and scared of sex. Kids will have sex whether schools give them condoms or not. It's not going to change their behavior. We've got to get our heads out of the sand. Wake up, America!"

Nurses should take the lead

Dr. Jemmott would like to see nurses take the lead in HIV prevention efforts. The opportunity is there, since many physicians are not addressing the issue, either. A 1992 survey conducted by the CDC found that doctors are much more inclined to ask new patients about smoking, for instance, than about sexually transmitted disease or condom use. "One fourth of all physi-

cians believed their patients would be offended by questions about their sexual behaviors," the CDC reported.

"Nurses should not pass up any opportunity to counsel those at risk," Dr. Jemmott insists. "We need to be comfortable talking about this stuff: sex and drugs and AIDS. We need to ask patients what they are doing, using a risk assessment that you can do in a few minutes, and then teach them strategies to reduce their risk of HIV infection."

She also encourages nurses to collaborate more with health professionals in other fields. "We need to come

out of our shells to work with others," she says. "We try to work in a cubbyhole all by ourselves. Nobody reads nursing journals but nurses. Other disciplines have to know what nurses do and think, and how can we show this unless we join them at the table?"

She's equally tough on the health-care establishment: "They dragged their feet for so long, but now they are coming along. They are pouring money into AIDS research, and they need to pour more. We need more research in behavioral issues, more in prevention. We've got a lot of work to do." ❏

The Center for AIDS Research

All AIDS-related activities at the School of Nursing are united within its Center for AIDS Research. The goal of the new Center, which is directed by Loretta Jemmott and co-directed by Joyce K. Anastasi, is to create innovative research and service approaches to the prevention of HIV infection, to the delivery of crucial services for those living with AIDS, and to the training of specialists in HIV/AIDS nursing.

In the area of prevention, nurse behavioral scientists are involved in designing and testing strategies to reduce the risk of HIV infection among populations and across the lifespan.

The Center also addresses nursing care for people with HIV/AIDS. Research and education efforts focus on life issues for persons with HIV/AIDS and the measurement of care outcomes. Another Center priority is analysis of clinical care for people with AIDS in various treatment settings.

In addition, the Center prepares nurses for advanced practice in HIV/AIDS through a graduate subspecialty program. The curriculum immerses students in all aspects of patient care as well as in the social, economic, psychological, ethical, and legal issues surrounding the disease.



Dr. Jemmott receiving the 1992 New Jersey Governor's Nursing Merit Award in Advanced Nursing Practice from then-Governor James Florio. The same year she was elected a Fellow of the American Academy of Nursing.

