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TAKING RISKS FOR LOVE: SOAP OPERA FIGHTS HIV

By Bettijane Eisenpreis

Toni loves Mike. Mike cheats on Toni. Should Toni talk to Mike about this? Should she have unprotected sex with him? And who is Valerie?
Back in the 1980s, when Rachel Jones was working in a high-risk labor and delivery unit, she noticed the ward clerks opening up their desk drawers at lunchtime to watch soap operas. “They had small TVs with big antennas and maybe a four-inch screen,” Jones said. “The pictures were tiny, but if it was love story, they became involved in the story.”

Today, Rachel Jones, RN, PhD, assistant professor at the College of Nursing at Rutgers, the State University of New Jersey, is a research nurse. To her, research is more than test tubes and lab reports; it is an instrument for change in regard to public health issues.

Heterosexual transmission of HIV to young urban women is such an issue. Almost 80 percent of young women currently infected with HIV acquire it through sex with infected men. Jones is concerned that young, adult, urban women continue to engage in unprotected sex with male partners whom they know or suspect are engaging in risk behaviors.

In 2004, Jones secured a grant from the National Institute of Nursing Research, National Institutes of Health to develop soap opera type videos and study the effectiveness of computerized tailored video health promotion messages as an approach to reducing HIV risk behavior in women 18 to 25 years old.

In order to ground the video vignettes in the reality of women’s lives, Jones conducted seven focus groups with women, and two with men. She recruited 43 women, predominantly African-American and Puerto Rican, in neighborhood settings in Newark and Jersey City, New Jersey. As research assistants (RAs) she chose undergraduate nursing students whose ethnic backgrounds were similar to the study participants. The research was qualitative rather than quantitative, with an emphasis on assessing themes and emotions rather than gathering numerical data. Jones and her RAs asked the participants why they thought women engaged in unprotected sex with men they didn’t trust and whom they were aware engaged in HIV risk behaviors.

“Some had thought that women would be hesitant to talk about this,” says Dr. Jones. “Instead, we found that once we started the focus groups, it was really hard to stop them. We sat before these women, asked questions and then stayed quiet and listened. They told stories of courage and power, while some wept. But what was obvious from all seven focus groups in both cities was that it is normalized behavior to have unprotected sex with a male partner a woman does not trust.”

Jones and a master’s prepared nurse practitioner spent six months analyzing the transcribed tapes of the focus groups, aided in their interpretation by Barrett’s Theory of Power. “Developed by a nurse, Dr. Elizabeth Ann Barrett, the theory holds that power is based on awareness, choices, freedom and involvement in change,” Jones says. “Power depends on the choices women know they can make. Are they aware of a large diverse number of choices, both in male partners and in other aspects of their lives? How free they feel to pursue these choices? And finally, what are they doing to make their choices happen?”

The women interviewed often acted according to “sex scripts,” which defined how they saw themselves in relationship to men and how they behaved sexually. A low-power sex script meant that the woman would engage in unprotected sex to hold on to her male partner, even though he engaged in risky behavior. Reasons given for this behavior might be: “I’m his main woman,” or “to hold onto him.” A high-power sex script is, “Nobody touches me unless I want them to,” or “I look at myself as a strong woman.”

Jones found that emotions were even more important than cognition in effecting behavioral change. Trust, sexual pressure and high-risk sexual behavior were recurring themes. She and her team wrote stories based on the content analyses that became the basis of urban soap opera video vignettes.
She then secured a three-year grant in 2005 from the National Library of Medicine to develop an interactive computerized decision support system (DSS) that would deliver relevant video vignettes in an effort to reduce HIV risk.

The first step was to develop a master video, which could be tailored to the needs of the individual participants. Jones worked with Alan Roth, an independent documentary filmmaker, and Robert Nahory, a digital application developer at the Rutgers Newark Dana Library, to develop the video vignettes. The stories were scripted and performed by students and graduates of The Department of Visual and Performing Arts at Rutgers-Newark, augmented by recruits from a casting call.

“We realized that we had to address women’s realities,” Jones says. “We crafted our story, scripted it and filmed it based on the emotional fabric of women’s relationships with men.

“In our story there are no heroes or villains. There’s Mike, who is a working man, not a bad guy at all. He is in love with Toni, a wonderful woman who has a child from another relationship. You see the warm relationship that he has with the child. It all takes place in a public housing development, a very beautiful playground. When Mike gets off of work, he goes to a local bar and he meets Valerie, who’s a sexy, beautiful woman, and he has an affair with her. And at first, they use condoms, but then ... I don’t want to give away too much.”

Two-thirds through the video, the two heroines, Toni and Valerie, appear in a ‘black box,’ that is on a screen with a black background. They talk about how they could have handled the situation differently and then go back and revisit each high-risk scene, acting with power, that is higher awareness, with choices, and acting to realize their choices.

To test the effectiveness of this approach, Jones’s team created a control video which was an equal length—45 minutes—but had nothing directly to do with HIV risk. Both videos were digitally formatted and downloaded to hand-held computers. Two groups of 38 women each were recruited randomly from inner-city New Jersey locations, with half receiving the main video and half the control. Participants were pre-tested by being shown a short video involving a woman who sees her man with another woman and then receives a message from him asking her to have sex. They were asked a series of questions involving how they thought she should behave under the circumstances. Then both groups viewed one of the two 43-minute videos and were post-tested with the same questions. Participants who had seen the main video experienced a dramatic shift in attitudes.

“We have conducted four studies in all,” says Dr. Jones. “One study was the focus groups. Another, conducted on the tablet PCs, was an interactive interview. Women heard the questions over a headset and read the questions on the computer screen. This study was designed to develop a model of HIV sexual Risk behavior in urban women. Then there was the actual testing of the videos to see the feasibility of running them on hand-held computers and to test whether the videos on hand held computers was an acceptable medium among urban women. The technology’s a moving target, so it was an ongoing project with our technology team at Rutgers.”

“We tested the various hardware and found different platforms were better for different populations. In public housing, for example, it’s better to have a desktop, so if women do their laundry, they can put in a load of wash and go to the community room, sit down at the computer and log on with their own username and password, access their stories and take the interview. For mobility, the hand-held may be better. If you put it in your pocket, no one needs to know you have it. It’s very private. You can take it on the subway and look at it at your desk during lunch hour.”

“The last study also tested wireless uploads using a local area network and encrypting the data. Even though our study was anonymous, we still encrypted the data, uploaded it and sent it to a server at Rutgers. Eventually, we want to send the videos out over the Internet for maximum exposure.”

“Our ultimate goal is to deliver tailored health promotion that it is highly relevant to women’s own particular situations, whether they see several partners or their HIV risk is with one partner alone,” Jones says. “We have created an algorithm that categorizes women...
based on their responses to an audio computer-assisted self-interview, ACASI, in which they hear a computerized voice asking them questions over a headset and respond by tapping on the computer screen. Based on our algorithm of HIV sexual risk, women's level of risk is categorized from no risk to very high risk. Women participants view the video that is tailored to their level of risk and type of partner."

Although the current phase of the study is winding down, Jones intends to pursue it. She wants to expand the reach of the study beyond the target group and to conduct a longitudinal study to assess whether the videos really reduce HIV risk behavior.

Being principal investigator of a research project feels like a natural outgrowth of being an E.R. nurse," she says. “Instead of having to respond to a lot of different challenges, you get to put it all together and find a coordinated response to one challenge. It's very rewarding."

So what happens in our story? Do Mike and Toni stay together? What about Valerie? How does it all come out? The video has a shocking surprise ending, which Jones is unwilling to divulge. However, nothing is written in stone, thanks to the interactive features. In revisiting the high-risk scenes, the characters stress “girl power” as an effective strategy for behavior change. Both heroines have a best friend who is the voice of wisdom and power, supporting them and gently guiding them toward a better course of action. Jones hopes that women watching and responding to the video will choose to modify the behavior of the characters and, ultimately, themselves.

Rachel Jones, RN, PhD, received a BA from Ohio University, Athens, Ohio, a BSN from Case Western Reserve University, Cleveland, an MS from Pace University and a PhD in Nursing Research and theory development from NYU Division of Nursing, New York City. She has been an emergency room nurse, a high-risk labor and delivery nurse, and worked in medical units and in public health in medical centers throughout the New York Metropolitan area. She is a family nurse practitioner in New York and New Jersey. She joined the faculty of Rutgers, the State University of New Jersey, College of Nursing in 1997 and has been an assistant professor from 2002 to the present.

Dr. Jones is the recipient of many awards, the most recent of which was presented by the Commissioners, Staff and Residents of the Jersey City Housing Authority for the Women's Project, described in this article. Articles she has written have appeared in a number of prestigious publications, including Research in Nursing and Health, Western Journal of Nursing Research, and Nursing Clinics of North America. An article she wrote with Marsha Oliver, “Young Women's Patterns of Unprotected Sex with Men Engaging in HIV Risk Behaviors,” was recently published in AIDS and Behavior.

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