

Using Anatomical Dolls in HIV/AIDS Prevention Programs

MARCIA MORGAN, PhD

Consultant, Criminal Justice and Social Issues, Bend, OR, USA

Research has shown that the correct and consistent use of the male latex condom is the single most efficient, cost-effective way to reduce the sexual transmission of HIV and other infections. Yet information must be communicated in a way that is clearly understood and actually contributes to behavior change for both women and men.

Anatomical dolls, cloth dolls with actual displays of sexual body parts, can be an effective component of any participatory, learner-centered HIV/AIDS prevention program, particularly when demonstrating the correct manner in which to use male latex condoms. Anatomical dolls are nonthreatening educational tools that help facilitate communication by visually demonstrating safe sex practices and minimizing the communication problems inherent in talking about sexual issues. Dolls can reduce embarrassment, confusion, language and cultural barriers. Dolls allow learners to become familiar with sexual body parts, engage in role play, and practice condom usage in a safe, appropriate manner. Anatomical dolls make things easier for the educator and clearer for the learners.

This article profiles two programs, Planned Parenthood in Bend, Oregon, and the AIDS Orphans Skills Center in Mozambique, Africa, that have successfully used the anatomical dolls in HIV/AIDS prevention programs. These are two very different programs, yet audiences share a common success.

KEYWORDS *Anatomical dolls, AIDS dolls, HIV/AIDS prevention, AIDS education, sex education, teaching safe sex, safe sex practices, language barriers, communication, how to use a condom, appropriate condom use*

OVERVIEW

Research has shown that the correct and consistent use of the male latex condom is the single most efficient, cost-effective, available way to reduce the sexual transmission of HIV and other infections.¹ It is encouraging to know that HIV/AIDS can be prevented through changes in sexual behavior. Yet, sexual encounters between two people are not easy to change since it is both the most private of behaviors and one that is highly affected by cultural taboos and norms. "Social scripting theory" points to the fact that much of sexual behavior seems to follow a script.² The sexual behavior script is affected by gender, the social expectations of being male and female. Some cultures view women as the sexual gatekeepers during sexual intimacy, that is, to be sure no gets a disease or pregnant. Some women are expected by their communities, families, and sexual partners to take a more passive role, and some men more aggressive.³ Changing the sexual behavior script will need to consider the societal context of both male and females behaviors in same sex or opposite sex relationships.

Prevention programs, therefore, need all the help they can get to communicate information in a way that actually contributes to behavior change for both men and women. Successful prevention programs need to more than just impart information. Many HIV/AIDS prevention programs now use "participatory" methods to be effective. Participatory methods include dialogue (frank and open conversation), drawing images of bodies, and role-playing (acting out "real life" scenarios as a way of practicing change).⁴ These methods are very important when demonstrating correct condom use, as they allow educators and male and female learners to explore the (same sex and opposite sex) relationships and circumstances involved in condom usage.

Anatomical dolls, cloth dolls with actual displays of sexual body parts, can be an effective component of a participatory, learner-centered prevention program, particularly when demonstrating the correct manner in which to use male latex condoms.⁵ Anatomical dolls are neutral, third-party objects that help facilitate clear communication by reducing embarrassment, confusion, and language and cultural barriers.⁶ Dolls can also help minimize the communication problems inherent in talking about sexual anatomy, development, and sexuality.⁷ Using these dolls creates a learning environment where people can de-personalize and share their own perceptions of real sexual behaviors. Dolls allow learners to become familiar with sexual body parts, engage in role play, and practice condom usage in a safe, appropriate manner. They are a cost-effective tool since they can be used over and over again. Dolls can make things easier for the educator and clearer for the learners.

Anatomical dolls are soft, cloth dolls about 21 inches in length that are a general replica or map of the human body. The males have a penis and testicles, and the females have developed breasts, a vaginal opening, and

clitoris. All dolls have mouth openings with tongue that extends out, anal openings, pubic hair, individual fingers, and neutral facial expressions. A small baby with umbilical cord and placenta that fits up inside the female adult doll's vagina is also available. The dolls come in three skin colors (white, light brown, and dark brown). Child dolls are also available. The AIDS Educator Kit includes two adult dolls, clothes, and underclothes for each doll, a booklet *How to Use Anatomical Dolls in AIDS Prevention Programs*, a packet of 10 doll-size condoms, and a canvas carrying bag. For more information, contact Migima, LLC in Bend, Oregon, at (541) 389-4098, or www.migima.com.

WHY THE DOLLS WERE CREATED

Anatomical dolls were first created and used in Oregon, USA, in 1976 for police and law enforcement interviews with sexually abused children.⁸ A group of three law enforcement professionals created the dolls after realizing a need for better, more detailed communication with children who were victims of sexual abuse. In 1980, the three original creators formed a business, Migima Designs, in order to make the dolls; develop prevention, treatment, and investigation educational materials; and provide professional training and consulting to others in the field.

The dolls have received international attention ever since and are used throughout the United States and in more than 40 other countries for their original purpose of assisting child sexual abuse victims. More recently, the dolls have been used for sex education and for pregnancy and sexually transmitted diseases prevention programs, including the prevention of HIV/AIDS.

How to Use the Dolls

The anatomical dolls can be used with a variety of audiences in different cultures. It is generally recommended to use the dolls in an environment that is safe for learners to share the real challenges and circumstances they face in their own beliefs and behaviors about sexual intercourse. The educator also should be aware of any discomfort with people who are in sexual relationships that may be outside the social norms.

Each person in a HIV/AIDS prevention class or counseling session is an individual. Therefore, the goal is to help individuals identify those aspects of their beliefs and behaviors that are risky and to learn and practice healthier, less risky behaviors. Although the technicalities of using male condoms correctly can be taught in one class, using condoms consistently in real life requires a more in-depth approach that addresses the real circumstances of peoples' sexual lives.

Two programs that have been using the anatomical dolls in AIDS prevention education include Planned Parenthood in Bend, Oregon, and the

AIDS Orphans Skills Center in Mozambique, Africa. These are two very different programs and audiences that share a common success. Aylett Wright of Planned Parenthood has used the dolls in education programs with teens. "The kids are very receptive and say the dolls were 'really cool.' The teens pay attention to my demonstration and immediately want to try putting the condoms on the dolls. They aren't intimidated or shy. The dolls open up the dialogue in a safe and nonfrightening way. We plan on using the dolls in other education programs around the city." Wright indicated the dolls are a much more realistic and approachable way to present the sexual information. Before the dolls, she used a wooden model of a penis that was large, frightening to some young people, and a part of the body cut off from the whole person.⁹

Amy Gillespie has been doing pioneering AIDS prevention and safety work in Mozambique. She began using the anatomical dolls two years ago. She added the dolls into her existing safety education program because of a need to be more realistic. "AIDS workers were using their fingers to demonstrate how to put on a condom. However, people can be literal and concrete learners. We found some men were putting condoms on their fingers in the morning before going out into the fields—to protect themselves from AIDS all day long. Can you blame them? That's what we had been showing them!"

The program has since evolved. Now, they not only use the dolls to show how to put a condom on and safely take it off, but they also use the dolls to role play "talking" with one's sexual partner. This helps the men and women plan ahead and to develop clear "negotiation skills" they can use with their partner during sexual encounters when a condom should be used.

"It is not unusual for me to do a roadside AIDS prevention talk that starts out with seven people in the audience," says Gillespie. "Within a half hour, 70 more people have gathered around me. The audience may be men and women with 12 different dialects. Without the dolls to 'show' how to use condoms properly, we would have great difficulty communicating."¹⁰ The dolls are a comfortable size to hold and to demonstrate safe condom use. If the audience is large, the dolls can be passed around for learners to get a closer look.

SUGGESTED ACTIVITIES FOR EDUCATORS USING ANATOMICAL DOLLS

Every educator needs to be sure they are comfortable talking about a variety of topics related to sexual behavior. This includes same sex and opposite sex relationships. Topics may come up that deal with sexual practices, taboos, as

well as male and female pleasure. Educators are always encouraged to do research beforehand about the common cultural perceptions and expectations of men and women regarding sex. It may be necessary to adjust the words or style to be more age appropriate, culturally appropriate, and relevant.

The following are suggested activities that incorporate the anatomical dolls with participatory methods. This is a one-hour stand-alone prevention class with five activities. It teaches the correct way to use a male latex condom, and negotiation and behavior change skills through dialogue and role playing. Anatomical dolls are used throughout the class. The dolls can also be used as part of other courses, counseling or medical treatment sessions about HIV/AIDS prevention, depending on need or audience. Educators should always practice putting the condoms on the dolls before demonstrating for a group.

Materials Needed: Anatomical dolls (ideally two males and two females to demonstrate same and opposite sexual behaviors); nonlubricated doll-size condoms that come with the *AIDS Educator Kit*; human size condoms (male condoms; female condoms if available).

Activity 1: Introduction, 5 Minutes

1. Introduce yourself and establish rapport. Offer information that helps establish your knowledge of HIV/AIDS and makes the group at ease and comfortable with you.
2. Outline the main goals for the class.
 - A. Knowledge goals. Learners will understand. . .
 - HIV/AIDS is a disease that can be prevented.
 - Correct use of the male latex condom is one of the best ways to prevent HIV/AIDS.
 - Sexual behavior can be difficult to change, and it's important to practice through role playing and dialogue.
 - B. Skill goals. Learners will be able to do the following skills. . .
 - Demonstrate how to correctly put a condom on and off a male penis.
 - Demonstrate how to effectively communicate and negotiate with a sexual partner.

Note to educator: You might find that writing some of the vocabulary and terms on a chalk board or easel pad will be helpful in this section if you are working with learners who can read. If not, or writing tools are not available, keep the conversation focused, and repeat the vocabulary and terms often, using short and clear definitions.

When you hear a correct fact, repeat it. When you hear a myth, or incorrect belief, check if others in the group have a different idea, then offer the correct fact.

Activity 2: HIV/AIDS Is a Disease that Can Be Prevented, 10 Minutes

1. Ask learners what they know or believe about HIV/AIDS and its prevention.

Discuss and correct any misinformation. If the group is quiet and does not offer information, use prompting questions about HIV/AIDS myths and facts. Ask learners if they can name the body fluids that can transmit HIV. Avoid a strong negative response if someone gives incorrect information. Respond positively such as, "Yes, in fact some people do think that saliva transmits HIV but in fact HIV can only be transmitted by..."

2. Ensure that the group learns that HIV is a transmissible virus that compromises the immune system and can cause a variety of illnesses and even death.
 - HIV is transmitted through blood, semen, vaginal fluid, and/or breast milk.
 - Sexual intercourse is the most common way of transmitting HIV.
 - Sexual HIV transmission can be prevented.
 - A person can be tested to see if he or she has the virus. Address some of the negative attitudes about getting tested (could leave a person open to harassment and other forms of degradation) and where to go for help if needed.
 - Correct condom usage is vital to HIV prevention but it is not the only form of prevention.
3. Make sure to share other prevention techniques, including:
 - Waiting to begin sexual intercourse until older (delay of sexual initiation);
 - Not having sexual intercourse at all (abstinence);
 - Having sexual intercourse with only one partner who you know is uninfected (monogamy) and has been tested within the past six months;
 - Proper use of male (and female) latex condoms;
 - Having less risky sexual behaviors; and
 - Having sexual intercourse with fewer people.

Activity 3: Demonstrating Correct Condom Use, 20 Minutes

1. Introduce anatomical dolls. Hold up the anatomical dolls and tell learners that you are going to use the dolls to demonstrate how to prevent HIV through correctly using male latex condoms.
2. Show learners the samples of real condoms and lubricants you have brought. Hold up each item and share the important facts about each one or give a condom to each person to have and practice opening the package.
 - a. Male latex condoms:

- Describe that a condom is a sheath or covering that fits over a man's erect penis. (Other names for condoms include rubbers, raincoats, umbrellas, skins, prophylactics, or the brand name/manufacturer of the condoms.)
- Look at the packaged condom. Show learners expiration date and quality assurance printing. Explain that if the expiration date has passed, the condom should only be used if there are no other condoms available.
- Do not use condom if torn, melted, or in some other way damaged.
- Package should be puffy, like an unopened bag of potato chips (or use other culturally-appropriate example).
- Show how to correctly open the condom package.

Note to educator: Although the dolls have been used primarily for demonstrating male latex condoms, the female condom may be demonstrated on the dolls as well. This is an important option in areas of the world where it is difficult to get males to use condoms.

b. Lubricant:

- Define that a lubricant is a fluid that can make using a condom more comfortable and pleasurable.
 - Emphasize that water-based lubricants are the only safe lubricant. Name and show some water-based lubricants. Oil-based lubricants can damage latex.
 - Describe that there are certain materials that should not be used, including any oils (cooking, baby, coconut, mineral), petroleum jelly, lotions, cold creams, butter, cocoa butter, and margarine. You may want pictures or a poster of all the things people should not use with an "X" over each item indicating what to avoid.
3. (If the dolls are dressed) For the sake of the learners comfort and safety, tell the learners you are going to undress the dolls and ask permission to do so. Undress the dolls and point out the sexual body parts on the male and female dolls.
- Ask learners to tell you the names for sexual genitalia (it may be correct terms or slang) to ensure that everyone in the group understands the terms you are using and vice versa.
 - Vagina: Point out the vagina of the anatomical doll—a tubular track leading from the uterus to the external part of the female genitalia.
 - Clitoris: Point out the clitoris on the anatomical doll and that it is an external female organ used for female sexual pleasure.
 - Penis: Point out the penis of the anatomical doll—a reproductive, external male sexual organ for urination, semen emission and sexual pleasure. Explain ejaculation and show where it comes out of the penis.
 - Anus: Point out the anus of the anatomical doll, primarily for expulsion of feces from the body; also used in anal sex. Demonstrate what is

meant by anal sex by pointing out the anus of one doll and penis of another doll (could be same sex or opposite sex dolls).

- Oral sex: Point out the mouth opening, primarily used for eating and talking but also can be used for oral sex, which is contact between a person's mouth and the genitals of the partner. *Note to educator: If you wish to demonstrate how to avoid transmitting sexually transmitted infections through oral sex, take a new condom and cut open one side so it is a flat sheet of latex. Completely covering the mouth and as the latex as a shield, demonstrate how the tongue can be used to stimulate the partner through the latex without fluid transmission or skin contact.*
4. Review key points about prevention through condom use.
 - HIV is generally transmitted through semen and vaginal fluids. These fluids are shared during sexual intercourse. If there is an injury, abrasion or open sore, it can also be transmitted through blood.
 - The purpose of a condom is to prevent these body fluids from being exchanged (some cultures describe it like a "mosquito net" to prevent disease).
 - Whenever a man's penis comes into contact with a woman's vagina or someone's anus, HIV transmission is possible if one or both of the partners have the virus.
 5. Use dolls to demonstrate how to put on and take off a condom.
 - Show on the doll where lubricant can be applied to the body directly or on the outside (vulva, vagina, anus, not on the penis itself) or on the outside of the condom. *Note to educator: avoid having the lubricant touch the doll because it might stain the material.*
 - Indicate that condoms for humans are larger than the ones used on the dolls.
 - Show on the doll that before any physical contact is made, the condom is placed on the tip of the erect penis with the rolled side out.
 - Unroll the condom to the base of the penis, pinching the top of the condom enough to leave room at the tip to hold the ejaculation.
 - Show how the lubricant can be added to the tip or outside of the condom, not on the penis itself.
 - Demonstrate vaginal and oral sexual intercourse with the condom on the male doll.
 - Demonstrate with the doll how to hold a condom at the base of the penis and withdraw while penis is still erect immediately after ejaculation or when sexual intercourse is over.
 - Slide condom off the doll. Explain to learners that the semen needs to stay in the condom.
 - Describe that "used" condoms need to be disposed (ideally put back in its packaging and disposed of in the garbage). Explain that a used condom should not be flushed down a toilet, thrown on the street, or disposed of in any place where others could pick up or touch it.

Although a complex issue, the virus itself generally cannot live outside of the human body, but it is safest to dispose of a used condom where no one else will come across it.

- A person should use another new condom if engaging in another act of sex.

6. Learners demonstrate how to correctly use condom.

- Ask the learners for a pair of volunteers and explain what they are volunteering for. Have them repeat exactly what you just demonstrated, showing the whole group how to appropriately use a condom on the dolls. Correct and prompt where necessary.

Review key elements of correct condom usage:

- Use a new condom for every sex act.
- Use a condom before any physical contact is made.
- Unroll from tip to base of penis.
- No body fluids to be exchanged.
- Withdraw penis immediately after ejaculation/intercourse ends by holding condom at base of penis.
- Dispose of condom without spilling semen.

7. Depending on size of group and number of doll sets available, ask learners to find a partner to demonstrate correct condom usage to each other, using the dolls. Where available, give each learner a real condom to open and examine, as well as a doll size condom when they are demonstrating with the dolls. Walk around the group and observe each set of learners as they demonstrate to each other.

Activity 4: Dialogue and Role-Playing Sexual Behavior Change, 20 Minutes

1. Emphasize that knowing how to use a condom correctly is only part of HIV prevention.
2. Discuss expectations about the way women and men are supposed to behave in sexual situations and how that can get in the way of using condoms.
3. Ask learners to list or discuss reasons why they might not choose or be able to use condoms during sexual intercourse. Note that some of these responses may be myths. Responses may include:
 - Condoms aren't available in the community, or are expensive or difficult to get.
 - Male partner may not like them.
 - Condoms are for sex workers or promiscuous women and men.
 - Women or men don't know how or are not supposed to ask their male partners to use them.

- Condoms prevent pregnancy, which could be against the person's religious or cultural values.
4. After the learners have shared several of their issues, select two to three of the most difficult or challenging obstacles given by learners and discuss possible solutions/strategies to address those obstacles. These might include attitudes such as, "Condoms don't work," "it doesn't feel right," "condoms cause health problems," "I can't afford them," "condoms are a conspiracy," or moral/religious reasons not to use condoms.
 5. Next pick another obstacle(s) listed by learners and ask for a volunteer. Using the anatomical dolls, have volunteers role play situations in which the obstacle comes up and possible ways to resolve it. These might include such scenarios as:
 - A female or male partner asking her/his reluctant male partner to use a condom.
 - A person asking his/her doctor for condoms at a clinic or store.
 - Making condom use a part of pleasure and fun in sexual intercourse.
 - A partner facing violence and/or anger from their partner.

Note to educator: Now that learners know how to use a male latex condom correctly, this section is aimed at getting learners to discuss and role-play the challenges to actually using a condom in their real lives.

- *This section must be tailored to your audience, as only they know the challenges each of them faces.*
- *Be alert to learners sharing information that involves violence, trauma, and/or abuse that they are aware of or experienced during sexual intercourse in the past, or with friends or family.*
- *Ask for confidentiality, privacy, and respect for any and all experiences or beliefs that are shared during this portion of the lesson. Indicate that there is no way to guarantee this and they should share at their own risk.*
- *On role-play: Practice as many of the scenarios as you can ahead of time, with a partner, to maximize your ability to prompt or help out learners when they are doing the role play. To retain the seriousness of the topic, do not engage or allow others to engage in inappropriate role play with the dolls such as acting out sexual violence toward their partner, degrading actions, and so forth.*
- *On gender: Women who talk to their male partners about using condoms before they begin to have sex can improve the chances that condoms are used. Women can try the approaches they think are best, depending on the partner and the circumstances. (It is important to note that not all women partner with men and not all men partner with women). Some persuasive statements that can work well for some people include:*

- *Emphasize use of condoms for pregnancy prevention rather than Sexually Transmitted Infections (STI) protection.*
- *Appeal to concern for each other—for example: “Many people in the community have HIV infection, so we need to be careful.” Without meeting anyone with HIV or if people are not open to sharing their HIV status, this will not be believed. There needs to be a real face to this belief.*
- *Taking an uncompromising stance—for example: “I cannot have sex with you unless you use a condom.” Be aware of cultural implications in this kind of statement that could possibly lead to violence.*
- *Suggest trying a female condom, if available. Some men prefer them to male condoms.*
- *For pregnant women, discuss the risks that sexually transmitted infections pose to the health of the baby and stress how condoms can help protect the baby.*

Activity 5: Connecting Learners to Resources and Help in the Community, 5 Minutes

1. Thank learners for their participation.
2. Review main learning objectives:
 - HIV is most commonly transmitted through sexual intercourse.
 - Male latex condoms when used correctly and consistently can prevent HIV transmission.
 - Sexual behavior is hard to change, but by talking and role-playing people can practice skills they can use in real life.
3. Hand out as many sample condoms as you can and any brochures/pamphlets with resource contact details.
4. Collect all anatomical dolls and doll-size condoms used in the demonstration.
5. For more information, direct learners to confidential, nonjudgmental community and health services (e.g., written materials, on-line information, people resources).
6. Remain available after the class for confidential questions or to dialogue with learners.

NOTES

1. World Health Organization and UNAIDS. (2004). *Position statement on condoms and HIV prevention*. UNFPA. Holmes, K., Levine, R., & Weaver, M. (2004). Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of the World Health Organization*. Geneva.

2. Wiederman, M. (2005). The gendered nature of sexual scripts. *The Family Journal*, 13(4), 496–502; Byers, E. S. (1996). How well does the traditional sexual script explain sexual coercion? Review of a program of research. *Journal of Psychology and Human Sexuality*, 8, 7–25.

3. Gagnon, J. (1990). The explicit and implicit use of the scripting perspective in sex research. In J. Bancroft, C. Davis, & D. Weinstein (eds.), *Annual review of sex research* (vol. 1). Mount Vernon, IA: The Society for the Scientific Study of Sex; Simon, W., & Gagnon, J. (1986). Sexual scripts: Permanence and change. *Archives of Sexual Behavior*, 15, 97–120; Zillbergeld, B. (1992). *The new male sexuality*. Toronto: Bantam.
4. Ganesh, Kumar, Mani, D'Souza, Solomon, & Thamburaj. (2002). *Effective use of participatory tools in sexuality education*. International Conference on AIDS. Abstract no. MoPcF4101. YRG CARE, Chennai, India; Daileader, C. (2003). *Participatory learning and action*. Youth Lens. Family Health International; Rudrauff, A. (1999). Student-centered sex education. *Human Development and Family Life Bulletin*, 4(4), 4.
5. A. Wright, personal interview at Planned Parenthood and observation of a sex education class she was teaching using the anatomical dolls. Bend, Oregon, USA, March 3, 2008; A. Gillespie, phone interview, AIDS Orphans Skills Center, Mozambique, Africa, January 23, 2008.
6. Everson, M., & Boat, B. (1994, February). Putting the anatomical doll controversy in perspective: An examination of the major uses and criticisms of the dolls in child sexual abuse evaluations. *Child Abuse and Neglect*, 18(2).
7. Ibid.
8. Morgan, M. (1995). *How to interview sexual abuse victims, including the use of anatomical dolls*. Thousand Oaks, CA: Sage Publications.
9. A. Wright, personal interview at Planned Parenthood and observation of a sex education class she was teaching using the anatomical dolls. Bend, Oregon USA, March 3, 2008.
10. A. Gillespie, phone interview, AIDS Orphans Skills Center, Mozambique, Africa, January 23, 2008.