Safe / Sorry Card Game

A Design Intervention for Increasing Engagement among the participants of Comprehensive Sexuality Education (CSE) Workshops and Sessions

Project 2

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Content

1
Background

1.1 India's greatest Asset

The United Nations Population Fund (UNFPA) recently launched its annual flagship report State of World Population 2019. According to this report, India's population is growing at an average annual rate of 1.2% between 2010 and 2019. India is projected to become the world's most populous nation by 2028, with a population of some 1.45 billion [1]. This population can be a demographic dividend provided it is mentally and physically healthy.

'Health is wealth'— जान है तो जहान है।— आरोग्यम् धनसंपदा।— are some of the most common proverbs known by children. The 'health' referred here is the kind of wellbeing about which nobody feels ashamed to talk about even if it goes bad. However, when it comes to **SRH i.e. Sexual Reproductive Health**, a majority of the population is uncomfortable to talk about it and most are even unaware of what it means.

1.2 Sexual Reproductive Health (SRH)

Good Sexual Reproductive Health (SRH) means a state of complete physical, mental and social well-being in all matters related to the reproductive system which encompasses the ability to have satisfying safe sex, capability to reproduce and freedom to decide if/when/how often to do so[2]. The human body starts recognizing these requirements as puberty strikes. It undergoes a lot of physiological and psychological changes Mere knowledge about these changes is not enough. More specific skills that would enable adolescents to take mindful decisions regarding their sexual reproductive health, called sexual self-efficacy skills are needed. Elizabeth Hurlock in her book 'Guideposts for growing up'[3] says "In childhood, information about sex is far less important than the child's attitude toward sex. To say this another way, the child can be harmed far more when greater sex knowledge is combined with fear, shame, or disgust, than when limited sex information is combined with a wholesome, healthy attitude". This holds true even when the child has grown into an adult. More important than having all information, is having the right attitude towards sex. Adolescents have access to a lot of information through their peers and the internet. With increased access to sexual content over the internet, young children stand a risk of getting exposed to information which might not be right for their age. Often, this information is inaccurate or pseudo-scientific and the young minds fall prey to these myths. Despite being nearer, the youth hesitates in approaching more authentic, knowledgeable sources of information like parents and doctors. The socio-cultural reality in India suppresses girls from asking questions and frowns upon concerns expressed by boys. Open discussions on sexual health and related topics are still taboo. Thus, myths grow stronger like parasites. Just like any parasite, these myths also need to be uprooted well before they lead to disease and damage. Comprehensive Sexuality Education (CSE) sessions are expected to do exactly this.

1.3 Comprehensive Sexuality Education (CSE)

CSE sessions are conducted at schools and colleges and they serve as the first formal education about SRH. Often, these sessions are organized by NGOs and social sector organizations. The sessions cover topics like anatomy and physiology of male and female reproductive systems, physical- sexual changes during adolescence, menstrual cycle, conception and contraception, nutritional requirements, unwanted pregnancy, and abortion rights, Sexually Transmitted Diseases (STDs), Sexual

Reproductive Health and Rights (SRHR) education which encompasses the knowledge about sexual and reproductive health and awareness about the civil rights associated with it. The sessions have been discussed in more detail in further topics.

1.4 Design Space

In order to decide the course of this project, it was important to understand the design space. The next chapter, 'Literature Review' summarizes relevant national and international research on CSE sessions and probes into possibilities for improvement by studying the structure of CSE sessions from past and present, finding gaps that can be addressed through design intervention.

2
Literature Review

2.1 Need for Sexuality Education

"Good adolescent sexual health is the cornerstone of future healthy families and is essential for the development of optimal intimate and social relations including gender equality"[4]. Global media, films, and advertisements that revolve around sex-related concepts influence adolescents. Many get caught in a fantasy world of unrealistic illusions which are held as benchmarks against which, personal experiences are compared. Unmet expectations leave a negative impact on their confidence levels which may create mental imbalance. According to Parwej et al.[5], "Adolescents find themselves sandwiched between a glamorous western influence, which arouses their curiosities and instincts, and a stern conservatism at home, which strictly forbids discussion on sex. This dichotomy aggravates the confusion among adolescents. Changes in social values may lead to increased premarital sexual activity, pregnancy and possibly childbearing among unmarried girls, apart from the increasing incidence of abortion and STDs". Thus, changing social paradigms position the need for developing a positive

approach about sex far above the need to provide scientific knowledge about sex and related topics. Sex health education (i.e. CSE) can provide this. It can reduce misinformation and increase critical thinking, communication, and self-confidence. These will lead to young people making smarter choices regarding their sexual relationships[6]. Research done in various countries shows that awareness sessions are a better way to combat HIV AIDS and other STDs.

2.2 Attributes of a CSE session

Haberland et al. in their paper 'Sexuality Education: Emerging Trends and Practices' [7] talk about the Cairo Agenda published by ICPD (International Conference for Populations and Development) 25 years ago which specifies the features of Sexuality Education which need to be implemented at School- Colleges and community levels. In order to cater to the overall wellbeing of adolescents, the Cairo agenda asks the governments to not just give SRH education but also focus on topics like Gender inequality, Violence against the Adolescents, protections from early/ unwanted pregnancies and awareness and prevention against STDs, HIV. These sessions should be age and culture appropriate and begin as early as possible. In the paper, they talk about the two different approaches to giving sex education. On the one hand, we have CSE which only gives information about condoms, contraceptives. These are the conventional CSE models. On the other hand, there are sessions that focus on abstinence-only and do not give information about condoms, contraceptives. They emphasize staying away from sexual practices to stay safe. This approach is, unfortunately, the most popular. What is required is an empowering approach along with the conventional CSE which talks about Gender and power. Such an approach would be more effective as awareness about gender and power has more effect and a sustained impact on health outcomes. It alters the attitudes which help in taking better decisions regarding sexual practices. (According to the primary research, the CSE sessions taken by FPA were a mix of the conventional CSE with the preaching of abstinence-only. Sessions taken by Prayas focused on empowering the participants by giving knowledge as well as an open-minded attitude to enable them to think wisely about their lives) The paper states certain attributes that a facilitator should not have: Rote learning approach, discomfort in talking about topics about sexuality, personal gender biases. They need to be trained to be supportive, non-judgemental and friendly to adolescents. This aligns with an observation from a study done in Kenya [8] which says- Personal biases, opinions, and values related to sexuality education threaten the delivery of CSE.

2.3 Best Practices in the Domain

Chandra-Mouli et al. enlist the interventions that work and don't work in Adolescent Sexual and Reproductive Health education[9]. The paper says Youth centers, Peer education are a few of the so-called best practices that are not actually effective but are still implemented wasting a lot of resources and time. CSE is one of the most effective interventions but it suffers from poor implementation. The main reasons are weak content, weak delivery (skill-set of teachers and culture or environment of the classroom). Mouli et al. quote a document[10] by D.B. Kirby that identified 17 characteristics of quality sexuality education programs that effectively increased knowledge, clarified values and attitudes, improved skills, and positively affected behavior.
Kirby found following similarities in sessions all over the world (which need to be followed):

- Emphasis on preventing STD-HIV-AIDS, Pregnancy
- Encourage specific sexual & protective behaviour
- Social Learning Theory and Cognitive theory
- Training of Educators
- Interactive activities to involve youth
- Personalized information

Haberland et al. corroborate the last point when they say that by creating engaging learning situations like role-play activities a positive classroom culture is created, which should be encouraged[7].

Kirby states that measures of pregnancy and STD can be measured with laboratory tests and thereby overcome many of the problems of self-reported data. But the measurement of sexual and contraceptive behaviour of the participants relies on self-reports only- which can be reliable in case of developed countries but this may not be the case in some developing countries, where youth are far less accustomed to talking about sexual behavior or completing questionnaires about personal behavior[10].

2.4 Digital Interventions

In order to get honest opinions and concerns of the participants, they need to become comfortable in the session atmosphere. One approach to achieve this is through digitized content which can be accessed privately so that participants can express their behaviour without constrictions. Haruna et al. conducted a randomized control trial of game-based learning (GBL) and gamification experimental conditions[6]. The focussed group interviews conducted at the end of the study revealed that the participants preferred the game-based learning over traditional methods as it saved the embarrassment of asking questions and discussion in front of everyone. It also gave them the freedom to learn at their own pace. The study showed a statistically significant higher impact of the treatment than the traditional way of

teaching sex (sexual) health education to adolescent students. They used ASHLT (Adolescent Sexual Health Literacy Test) to gauge the existing knowledge and attitudes of the participants and the sessions were evaluated on the MAKE framework- Motivation, Attitude, Knowledge, and Engagement.

Shegog R. et al. in their paper- Serious Games for Sexual Health[11], ponder over six questions regarding the usage of serious games to provide sexual health education. The paper discusses different aspects of serious games like advantages, disadvantages, type of game-like features that could be impactful, different theories to be considered while creating such a game, how to make such games, etc. The discussion comes to a conclusion which agrees with Haruna et al. saying that serious games certainly are better than conventional sex health education sessions. Shegog R. et al. go further and provide guideposts for creating such games. However, the discussion is only about digital games and virtual spaces, the creation of which is a time-effort intensive process and thus difficult. Studies that provide cost-effective game ideas did not come to attention in the literature review which seems to be a great gap in the area.

In the context of digital interventions, mHealth application studies were also taken into account. Impact of m-Health or Mobile health at the time of voice/ text-based SMS was limited but the advent of smartphones and the internet has revolutionized mHealth. Kathryn E Muessig et al. evaluated several mHealth applications for iPhone and Android phones that talk about STD/ HIV- care and prevention[12]. The authors found them to be beneficial in terms of cost-efficiency, interactive content, flexibility to tailor the content to one's own needs, privacy, convenience and the fact that it can be easily scaled and a large audience can be reached. However, they also found the apps to be underutilized. The apps prioritized giving information about the diseases but it did not address the prevention strategies like risk reduction, condom promotion, getting screened at labs, etc. The apps lacked in emotional appeal and providing mental support and were information-heavy. Sexuality awareness provides a holistic approach to sex-health education which is why it was recommended in the Cairo agenda quoted by Haberland et al.[7].But the apps did not address gender and sexuality content at all. Blanca Rodríguez Vargas et al. evaluated PreParaDxs[13], an app created by them that targets HIV and STD prevention. They acknowledge that the future of CSE is moving towards smartphone apps. The paper reinforces the benefits of mHealth apps as mentioned by Kathryn et al. and talks about the importance of tailored content that best meets the requirement of the user. Even though the apps have interactive features, they need to be engaging.

2.5 Summary of Literature Review

The literature review emphasized the importance of CSE education. It identified gaps in the current structure and also provided insights that can be helpful in the Indian context. The studies highlight the need for a facilitator to be supportive, open-minded and non-judgemental. Training of the facilitator is crucial for that. Few studies point out the difficulties in evaluating CSE as it they are measured based on data reported by the participants themselves. Digital space has a lot of potential in the CSE domain however a balance between cost-efforts needs to be maintained. mHealth apps can be beneficial as they provide the anonymity and privacy to the user which makes puts them in a comfortable space. However, such kind of isolation might not aid in developing a positive approach to SRH. Education through interactive activities has shown better results in that case.

The next chapter focuses on the various kinds of educational material like print media, videos, games, activities, ToT manuals for trainers, etc. about SRH. Training manuals not related to CSE have also been considered to compare the approach and the way the manuals have been structured.

3
Secondary research

CSE occurs through various kinds of resources like print media, ToT (Training of Teachers) manuals, videos created by various organizations. These resources are responsible for giving information about several topics about SRH in formal and informal ways. The existing work has been studied and gaps have been identified in the following sections.

3.1 ToT Manuals

Training of Teachers (ToT) workshop is conducted to train the facilitator who conducts CSE sessions. A ToT manual guides the facilitator to conduct these sessions and also acts as a tool of revision before taking the session. 5 such ToT manuals were studies using parameters which are discussed further. Before comparing the material, here is a brief description of each of the manuals.
(The manuals which do not have a reference link online were handed over personally by the stakeholders)

3.1.1 Unnati

This is a training resource pack[14] for 'gender awareness and sensitivity applications for development trainers' to create awareness and sensitivity. It aims to assist both men and women practitioners to explore ways of applying their learning on gender to their personal and professional lives[12]. Unnati, an organization for development education based out of Ahmedabad, has developed this training for teachers (TOT) using the experiences of experts working in this field and augmented the learning by adding reading materials putting the work in a historical context. The pack includes lessons, activities with guidelines and instructions for the facilitator, resources for extra reading, handouts to be distributed among the participants and a list of films related to the topics- each segment with a time estimate.

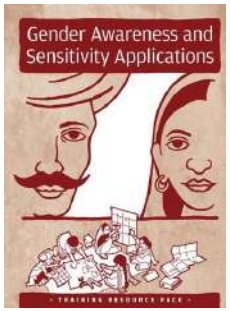


Image Credits: Unnati[14]

3.1.2 TARSHI

Training Manual on Integrated Counselling Sexual Reproductive Health and Rights for all [15] is a document created in collaboration by TARSHI and IPPF. It focuses extensively on the preparation required to train oneself to take counseling sessions, things to keep in mind and effectively conduct training sessions. The document provides material to understand the skills required by a counselor. It is targeted at individual trainers with varying levels of experience. It talks about the domain in detail but isn't as easy to use as Unnati's manual. Though TARSHI's document does emphasize knowing the audience, there are no icebreaking activities mentioned.

Image Credits: TARSHI [15]

3.1.3 Maanas + Sangat

This is a manual for Health Counsellor for Depression. Even though the content does not talk about the core concepts of SRH the manual has been considered to compare the approach and the way it has been structured. It consists of chapters that describe essential skills (theoretical and practical) to become an effective practitioner. It is written in detail to provide guidelines for Health Counsellor (HC) who has had no prior experience of giving care to people with mental health problems. The document talks about a screening GHQ (General Health Questionnaire) which checks the symptoms of depression in a patient. Along with domain-specific readings, it also gives case studies that have practical examples. A summary of every section is given at the end which makes it easy to revise.

3.1.4 Growing Up is Fun!

The CSE sessions taken by FPA[17]are based on this module created by them. They have divided the vast content into 8 sections namely: Growing up is fun, Gender, and Diversity, Sexual Reproductive Health, Rights and Responsibilities, Abuse, Lifeskills, Relationships, and Pleasure. Each section is structured as guidelines for conducting a session, detailed with ice-breaking activities, handouts to be given, slides to be referred to, topics to be covered in discussions and notes to the facilitator and breakdown of time for every section. Unfortunately, the sessions that were observed were not organized as per the document due to practical reasons. No handouts were distributed either. (Digital copy was collected from the Tilaknagar centre of FPA)

Image Credits: FPA

3.1.5 उमलत्या वयाशी जुळवून घेताना / Coping with Growing Up

A set of 8 booklets which talks about the issues faced by adolescents while growing up. It is in the Marathi Language created by the Samvadini group of Jnana Prabodhini organization[18]. The booklets have been written by linking the concepts with yogic philosophy of 'पंचकोष' i.e. five layers/ sheaths around the human soul. The objective is to make the process of growing up fun and interesting but the metaphor makes it complicated. The booklets have been written very well. They can be classified into reading material for the trainer, activities for the participants, supplementary reading (stories,

articles) and self-reflecting questionnaires for the participants.
(Hardcopy was collected from Jnana Prabodhini Pune)

3.1.6 Parameters for Evaluation

Based on the merits and demerits of the manuals above, the following are the parameters that can be used to compare the manuals and then find a gap that could be addressed by the design intervention. The parameters follow the linear pattern which would guide a session to conduct an ideal session.

(A) Preparation of the Session

1. Does the material provide domain knowledge to the facilitator?
2. Does the material describe the skills required by the facilitator?
3. Can the material be used during the session as a reference?
4. Are there additional resources like books, films mentioned in the material?
5. Does the material provide guidelines regarding preparing for a session?

(B) Beginning the Session

1. Is a pre-session questionnaire provided in the material?
2. Are the ice-breaking activities endogenous and engaging for the participants?
3. Are there guidelines to know about the participants before the session?

4. Does the material consist of handout/ takeaways for the participants of the session?
5. Does the material provide guidelines to plan a session?

(C) After the Session

1. Does the material provide a post-session questionnaire to test the knowledge of the participants?
2. Does the material provide activities to test the change in attitudes of the participants?
3. Does the material provide a qualitative index to measure the session?
4. Does the material ask the facilitator to take feedback from the participants?

	Parameter	Unnati	TARSHI	Sangat	Growing Up	Samvadini
A1	Knowledge	Yes	Yes	Yes	Yes	Yes
A2	Skills	No	Yes	Yes	No	No
A3	Utility	Yes	No	No	No	No
A4	Resources	Yes	Yes	No	Yes	Yes
A5	Preparatory guidelines	Yes	Yes	Yes	Yes	No
B1	Pre-session Questionnaire	Yes	Yes	Yes	No	No
B2	Activities	Yes	No	No	No	No
B3	Knowing the Participants	No	Yes	Yes	No	No
B4	Handouts	Yes	Yes	No	Yes	No
B5	Planning tools	Yes	No	No	No	No
C1	Post-session Questionnaire	Yes	Yes	Yes	No	No
C2	Change in Attitude	Yes	Yes	Yes	No	No
C3	Qualitative Index	No	Yes	Yes	No	No
C4	Feedback	Yes	Yes	No	No	Yes

3.1.7 Gaps in the ToT manuals

Majority of current manuals/ materials that are used to conduct CSE sessions lacked flexible planning tools and had a low utility value of the material during the session. It was observed that most ice breaking activities were not very engaging and the content was not endogenous.

3.2 Videos

3.2.1 HealthPhone

A Youtube channel [19] with most content targeted at Family planning and SRH awareness for women. They have made good quality anecdotal videos which are culturally rooted. One specific video series called- 'Ammaji Kehti hain' showcases an elderly lady in a village giving advice about SRH. The videos are in several Indian languages and address issues that are contextual to an Indian woman.

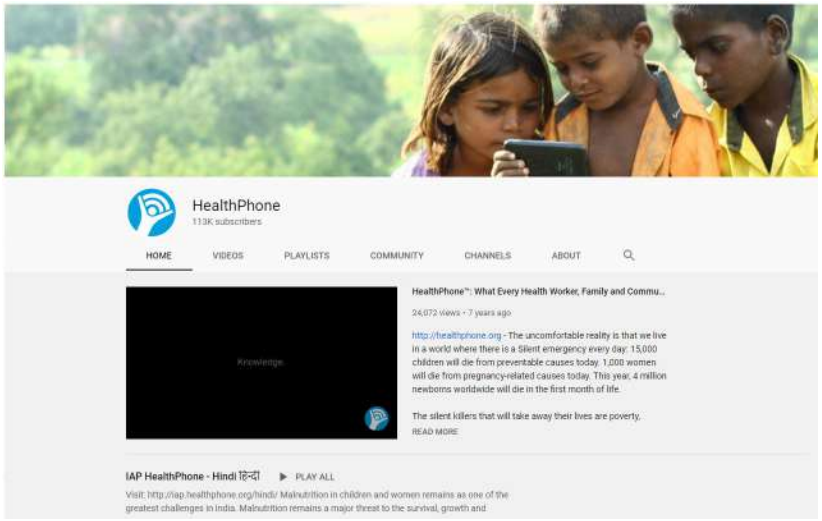


Image Credits: YouTube

3.2.2 Safe Journeys

A web series[20] created by Prayas Health Group as part of its TechnoPeer has 8 episodes in which 8 themes regarding SRH have been addressed. The films are in Marathi Language with English subtitles. The stories are humorous and portray the sensitive content subtly but with clarity. These videos are used to conduct the CSE sessions by Prayas. More details about this web series will be talked about in the Primary Research.

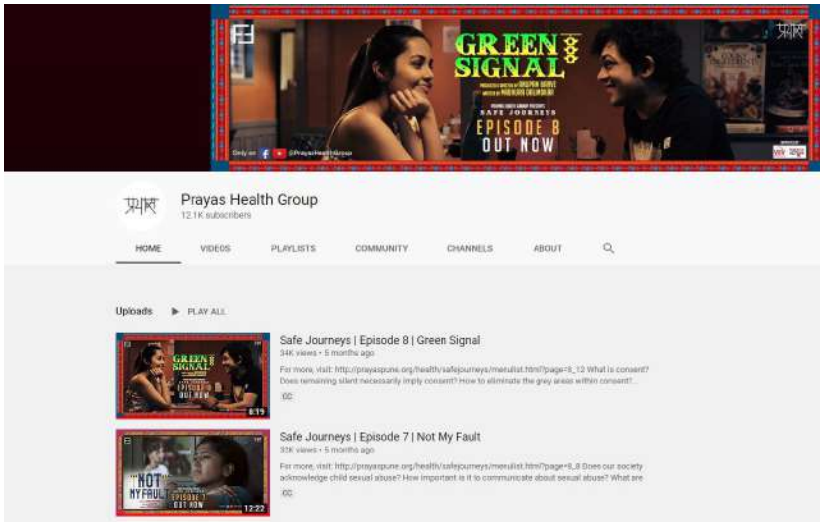


Image Credits: YouTube

3.2.3 Pappu and Papa

A hearty and comedy web series[21] which is targeted at children. It explains concepts about pregnancy, menstruation, sex and many such topics that are considered as taboo and not talked openly about. The series is set in a family of 3 generations where the middle generation is trying to explain the younger generation whereas the older generation is against this.

Image Credits: YouTube

3.3 Print Media

3.3.1 BedEx Talks

A Graphic magazine [22] that is targeted at men. Bollywood influenced doodles which break the stereotypical notions and talk about the safe practices to have a good SRH. The graphics are bold and may seem vulgar for certain audiences. The objective of the design seems to be the right mix of education and entertainment.

Image Credits: Homegrown

3.3.2 Vikalp

Material created by Vikalp [23] is most striking because it has been created by the target audience themselves. The ideology behind this is that designers cannot speak the language of the target audience better than them. When the content is driven by graphics drawn by the target population it instantly becomes relatable and ownership for that content is established. The target audience is comfortable to use and apply such content in their real lives and then the interventions work.

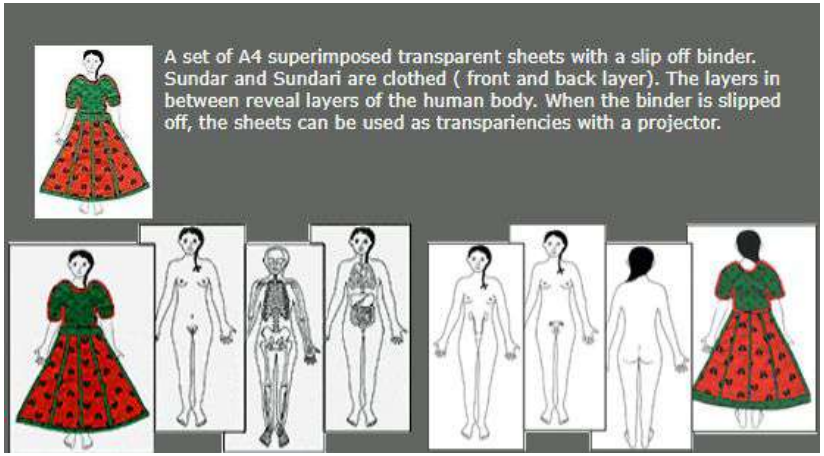


Image Credits: Vikalp

3.4 Interactive content

3.4.1 Genderbread

A teaching tool[24] with delightful graphics to explain concepts or gender and sexuality. It simplifies the constituents of gender like the antomical sex, attraction, gender expression, and gender identity.

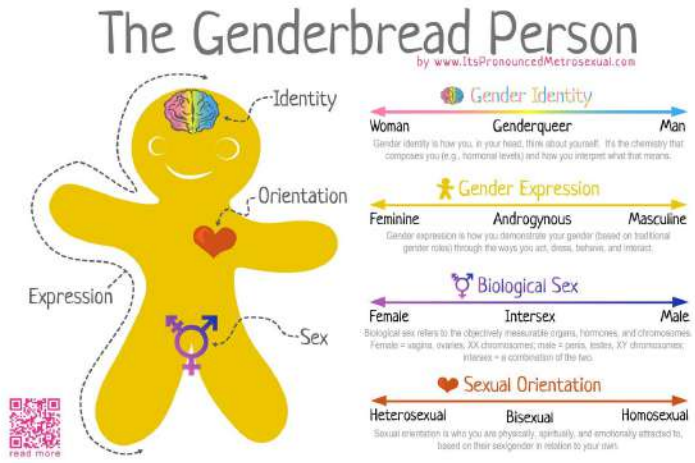


Image Credits: Genderbread

3.4.2 Cool Not Cool

A series of interactive quizzes[25] that asks an opinion about a scenario that is given to you. The scenarios are complex day to day life relationship stories between people. The graphics are trendy and appealing. After the opinion is given, a poll is shown to indicate what the majority of people think about the scenario and what is the ideal solution to the case. It is an engaging tool that educated about the dos and don'ts in a relationship.

Image Credits: Cool Not Cool

3.4.3 Flash Based games by FPAHK

Animations and games created by Family planning association of HongKong[26]. The content was in Chinese language. Most games seemed to be exogenous in nature by merely juxtaposing elements related to SRH upon existing games. The graphics were funny and cute.

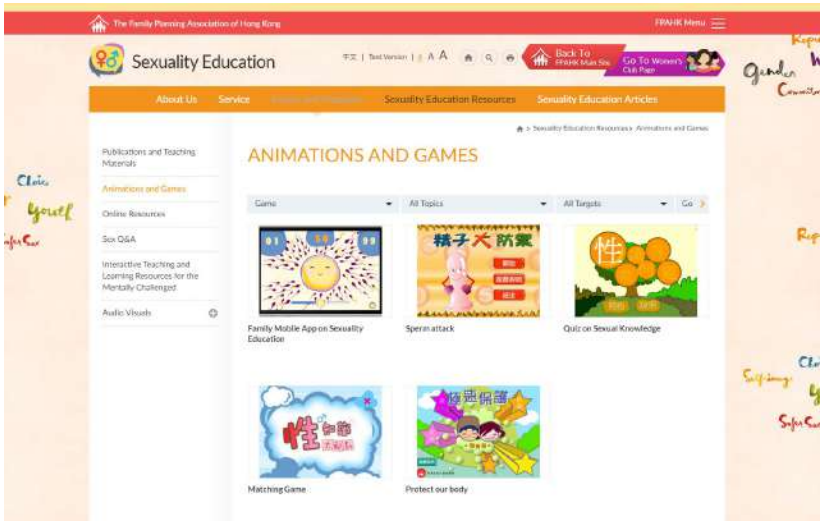


Image Credits: FPAHK

3.4.4 Board Game: Period Game

Visually rich board game[27] which explains the menstrual cycle to children. The depiction is quite realistic which makes it too bold. However, there was no gameplay that might make the game interesting. It was more of an educational tool than a game. There is no conflict, no strategy and no value in repetitive playing.

Image Credits: Period Game

3.6 Summary of Secondary Research

The various kinds of material indicate the extensive amount of work done in this sector to fulfill varied objectives like guiding the facilitators, making the content more appealing and fun, adding interactivity so that the viewers are more engaged. However, certain gaps have also been identified. Most material is directive, not participative. The ToT manuals have some interactive activities but no endogenous games that will engage the participants. There is a lack of tools which can make the participants contribute to the CSE session space.

4
Primary Research

4.1 Overview

Most of the CSE sessions are conducted from the age of 12-13 for girls as that is when menarche happens for most girls. CSE sessions are conducted for boys as well. But boys are not given as much attention as girls and that makes them most vulnerable. This is because most often they are not taught about these things by their parents either. This is not the case for the girls. Generally, mothers prepare them for changes like the beginning of the menstrual cycle. The stereotypical mindset which says that girls need to be more careful when dealing with sex and boys don't need to care about it is another reason for the disregard of sex education for boys. But SRH education and awareness is equally important for boys as well as girls. Adolescents of 18 years old and above (will be referred to as participants here onwards) have a better understanding and curiosity about the changes they are going through or will be experiencing. They have some prior information, experiences, some beliefs- myths that have shaped their

attitude. When they come for these sessions, they want to confirm their existing knowledge and also find answers to the questions that they don't want to explicitly express.

4.2 Methodology

FPA, Mumbai and Prayas Health Group, Pune have worked in this domain for the past 20 years. 3 CSE sessions conducted FPA and 2 by Prayas were observed to understand the structure and dynamics of a CSE session. Non-Participative Observation methodology was used to observe the sessions. This was followed by Contextual Inquiry to interview the Facilitators. A focussed group discussion was conducted with some participants at the end of one session conducted by Prayas. The purpose of this discussion was to understand the requirement of participants.

Apart from face to face meetings with the stakeholders mentioned above, two experts from Samvadini (Jnana Prabodhini) and two doctors who have an experience of conducting SRH awareness campaigns in rural areas were interviewed over telephonic calls to gather a preliminary understanding of the topic.

	Sr no	Name	Statement	Inference
2	1_1	Nitish Narkhede	Org started by Vinay and Sampada Kulkarni. Working for 25 years for HIV awareness and cure	US
3	1_2	Nitish Narkhede	The org. works with the age group 15-25 years	US
4	1_3	Nitish Narkhede	Workshops are followed by Focus Group Discussions (FGD)	US
5	1_4	Nitish Narkhede	1340 girls and boys were interviewed by PHG between age group 20-29 yrs. Their Life course study was undertaken and sexual life mapped on calender	US
6	1_5	Nitish Narkhede	Experiences that go to childhood exposure to sex at an early age etc	US
7	1_6	Nitish Narkhede	8 topics were identified to make 8 films. The topics were again evaluated by more interviews to see they were relatable	US
8	1_7	Nitish Narkhede	The films are shown in workshop, post which discussions take place	US
9	1_8	Nitish Narkhede	Purpose is to make them capable to make their decisions about sex life	US
10	1_9	Nitish Narkhede	Ultimate goal is to create a course that covers topics for SRH education	DI
11	1_10	Nitish Narkhede	TechnoPeers- second chapter of Safe journeys/ PHG, to create peers in colleges so that informal guidance is given by identified students	DI
12	1_11	Nitish Narkhede	Creating non-judgemental spaces which will empower decision making	US
13				
14	2_1	Suvarna Tai	Under Gram Vikas Prabodhan	US
15	2_2	Suvarna Tai	Asha workers don't understand the big picture, responsibility seriousness	DI
16	2_3	Suvarna Tai	Case of Asha taking a patient to Private clinic inspite of 500 rs commission because they are asked to clean the mess after the delivery	US
17	2_4	Suvarna Tai	Cause and Reaction have no relation and the objective suffers	BR
18	2_5	Suvarna Tai	Intimate cases need to be kept private, without gossips by Asha	BR
19	2_6	Suvarna Tai	Personaized training is required	DI
20	2_7	Suvarna Tai	Fertility cycle is difficult to understand- when to have intercourse- affects mental stress if they are not getting pregnant	BR
21	2_8	Suvarna Tai	Information /Access/ Transfer is not the issue, Values need to be inculcated- "This is my work, my responsibility"	BR
22	2_9	Suvarna Tai	Sexuality Training is required	DI
23	2_10	Suvarna Tai	Good touch- Bad touch training was given to 11-12th std girls who took workshops for 1-5th std kids- training one-another	US
24	2_11	Suvarna Tai	Define Problem Space within: Uneducated---Educated, Rural---Urban, married----unmarried, age 15----30, periods------noPeriods	US
25	2_12	Suvarna Tai	Health affects sexuality, good nutrition is essential to have a good SRH	US
26	2_13	Suvarna Tai	Ample curiosity among the crowd about sexuality	US

Glimpse of Interview Interpretations

Breakdown points (Top) and Design Ideas (Bottom)

43	4_1	Vishakha Velankar	Earlier workshops were organized for one whole day but the model wasn't effective as the attention span of children was less and the energy of the coordinators deteriorated towards the end.
58	4_3	Vishakha Velankar	Age group was 9th std at first but those children were found extremely notorious.
59	5_4	Gautam Tambe	The sessions are majorly formal settings and constrained with time and rigid classroom structures
63	5_5	Gautam Tambe	The classes are usually combined making the total strength to around 60 students. It is difficult to manage such sessions
65	5_9	Gautam Tambe	Out od school sessions - getting the same children again for the consequent sessions is difficult as children have to be gathered
66	5_11	Gautam Tambe	There is no mechanism to know the level of understanding of the children.
67	5_12	Gautam Tambe	Pre-Post Session test to evaluate children's understanding- no tool for that
82	5_13	Gautam Tambe	Even if a test is taken, children would be able to tell some information as it is fresh but when counsellors go for a second session, only a few students answer questions related to earlier topics. Individual evaluation is not possible
83	5_28	Gautam Tambe	No videos/ media used due to lack of infrastructure in schools
116	5_29	Gautam Tambe	Handouts/ pamphlets are not distributed for any sessions
118	6_23	Vishakha Velankar	Such role plays need to be planned and rehearsed properly so that the important points of discussions are covered
149	6_25	Vishakha Velankar	Boys are neglected- they are told to suppress their emotions, not open up, cry out so it is difficult to make them come out of their pretence. The Satyameva Jayate episode in which 2 men opened up about their childhood incident of child abuse was quoted in the sessions when it was recent. Now nobody knows about it
155	6_56	Vishakha Velankar	9th std is an extremely difficult age- attention span less, not interested in anything other than academic activities. They yawn in front of the session conductors, disrespect them behaving arrogantly. How to engage them so that they don't get bored?
158	6_62	Vishakha Velankar	Because of all the empowerment initiatives, girls are becoming more modern, they have information but boys are staying old fashioned. This negligience towards their education makes them more vulnerable. All genders need this educatior
162	6_65	Vishakha Velankar	English medium Schools demand that the workshops be taken in english but we don't have proficiency to speak in english
163	6_69	Vishakha Velankar	Since the group started with home-makers and all women, there has been no male trainer.
164	6_70	Vishakha Velankar	Most participants of the group are now 50+ age. Need more man-power, young people to join and take it forward
167	6_71	Vishakha Velankar	Because the women are not technologically advance, they feel the lack of professionality
169	6_74	Vishakha Velankar	Time management is difficult as we don't realise how much time will certain topics need
183	6_76	Vishakha Velankar	How to bring newer content? Trainers are asked to prepare material- they are trained to give such sessions and they go and take free sessions in school if we don't agree to take sessions at lower prices
189	8_1	Nitish Narkhedkar	There no scope to talk openly about things like depression, sex- difficult to identify spaces
190	8_7	Nitish Narkhedkar	Knowledge about HIV, abortion, contraceptives is there, accessible too but still patriarchal society makes it complicated
200	8_8	Nitish Narkhedkar	Myths such as pleasure reduces if condoms are used are spread by peers
	8_18	Nitish Narkhedkar	Not everyone answers such survey questions or fills feedback forms- how to change that

1_10	Nitish Narkhede	TechnoPeers- second chapter of Safe journeys/ PHG, to create peers in colleges so that informal guidance is given by identified students
2_2	Suvarna Tai	Asha workers don't understand the big picture, responsibility seriousness
2_6	Suvarna Tai	Personaized training is required
2_9	Suvarna Tai	Sexuality Training is required
2_14	Suvarna Tai	Marathi Wiki pages related to SRH stuff gets maximum hits than anything else on internet- technology has taken good role
2_15	Suvarna Tai	Need to create authentic and accurate content on Marathi wiki
3_4	Dr. Manasi Godbole	How to maintain Hygiene
3_5	Dr. Manasi Godbole	Meet the doctor
3_7	Dr. Manasi Godbole	Asha workers are also not comfortable while talking to doctors
3_8	Dr. Manasi Godbole	Stigma, Shame- no one wants to talk
3_9	Dr. Manasi Godbole	Lack of awareness that condoms are free
3_10	Dr. Manasi Godbole	Match the following/ visual cues could help make the interaction between doctor-user better and productive
5_19	Gautam Tambe	College group knows some things- baggage from early years, need to correct the misinformation
6_35	Vishakha Velankar	How to make sure right content is reaching the right children? Testing should be done before the session to differentiate the students?
6_58	Vishakha Velankar	Less age difference between the trainers and the students was a reason behind success
6_61	Vishakha Velankar	Vivek buddhi how to teach?
7_6	Shantala Kulkarni	A practical component of observing animals- to better appreciate and differentiate between animals and human reproductive system/ capablity/ decision making?
8_9	Nitish Narkhedkar	Peers are influencial factors. Connecting knowledge to people should be done by peers
8_14	Nitish Narkhedkar	Girls have less negotiation power- how to change the picture- how to appreciate the power of negotiation?
8_15	Nitish Narkhedkar	Stereotype is men want sex more than women so market it as- no condom, no sex- to make men wear condoms
8_35	Nitish Narkhedkar	A technological solution that can make discussions pre-post screening of films better?
8_36	Nitish Narkhedkar	NESTS Non judgemental, Empowering, Self-reflective, Technology-assisted Spaces- a place just to vent out. YIT extended- talking helps
8_39	Nitish Narkhedkar	How to connect Nester with care- doctors, psychologists, clinics etc?

4.3 CSE Session Structure

The sessions have 3 phases which can be described as the beginning, middle, and end. Six types of activities happen in these 3 phases:

1. Introduction
2. Stimulation- a trigger due to which the participants get involved in the session
3. Conversation- one to one question answers
4. Discussion- multiple participants talk about some topic
5. Disquisition- facilitator's lecture/ film during which participants are in the role of recipients
6. Evaluation- some form of assessment of participants' knowledge and attitudes

The observations from the five sessions have been synthesized using the conceptual model mentioned above.

4.4 Family Planning Association (FPA)

They have a conventional approach towards CSE. The sessions are a combination of videos, slide shows, lectures, and a few activities. The time duration for each session varies from 1.5 hr to 3 hr. Content of these sessions depends on the time available. FPA has designed a manual called Growing-up. It is divided into 7 modules that have different topics in focus. Apart from the manual, there are several video films that talk about body changes. Observations from the three sessions are as follows.

Session 1

Participants- 40-60
2 female facilitators

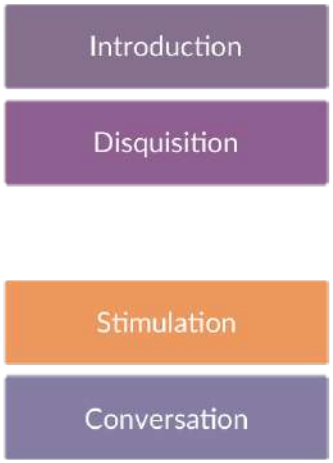
Phase 1: Introduction
The Organization, its facilities were introduced. The facilitator introduced themselves and tried to strike a conversation with the participants. The participants were asked what questions they had. They were asked not to be shy. The participants did not respond to this.

Phase 2: Disquisition

Since there was no response from the participants, the facilitator started the session with a pre-planned agenda. Films related to SRH were shown. The facilitator tried to initiate discussions after the films were screened but the participants did not engage in them. Most times the facilitator digresses into speaking in Marathi which left the non-Marathi participants clueless about what's happening. The session was prejudiced against boys. The facilitator was biased and portrayed having a relationship as a risk.

Phase 3: Stimulation and Conversation
The session often extended beyond the allotted time limit. The remaining content about contraceptives was rushed through. The facilitator showed the artefacts like condoms, copper T, etc. This attracted and engaged the participants. More questions were asked by the participants after this. But as there was very little time left, only some questions were addressed. A few participants stayed back and asked questions in private.

Format 1:



Session 2

Participants- 10-15
1 female facilitator
This session was about ANC-PNC. It was targeted at pregnant women + primigravida (women who were mothers for the first time) + multigravida (woman with subsequent pregnancy) + women who weren't pregnant. Although this was not a CSE session, it is a representative of a CSE session that could have participants with varying experience and level of understanding.
The women were brought together for the session unwillingly and did not seem to be looking forward to the session. A Female Doctor (Gynaecologist) was also accompanying the facilitator.

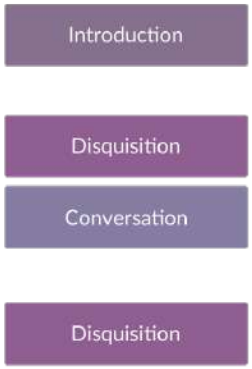
Phase 1: Introduction
The facilitator introduced the Doctor and asked why they had all gathered. Nobody answered so she explained the purpose of the session. She encouraged the participants to ask any kind of question to the Doctor but there was no response.

Phase 2: Disquisition and Conversation
The Doctor began with the session content. Do's and Don't, Precautionary tips were given. The organization had some props but the facilitator had forgotten to get them. At the end of the lecture, the doctor encouraged to ask questions but there was no response from the participants. Looking at the situation the facilitator stepped in and asked some questions related to the domain. One experienced mother answered the question. The next topic of discussion was the use of contraceptives for family planning. All the participants knew the different contraceptive devices and pills. However, when the topic came to abortion- nobody spoke. It was like the elephant in the room situation. The facilitator and the doctor tried to reason with the participants. They explained the consequences of lack of family planning and why abortion should be considered as a viable option but the discussion was not fruitful. The facilitator gave information about the abortion services and the session was concluded.

Phase 3: Disquisition
The participants retired immediately after the session ended. Since the session was a part of the breastfeeding week, sweets were distributed among the participants. While leaving, one of the participants complained to herself about how these sessions keep repeating the same information. Another participant said that she did not bother asking questions because the elder women of the household take care of all their doubts, concerns and take care of them. She didn't need the session.

In a post-session private conversation, the doctor revealed that certain communities are adamant about their views about abortion. However, none of the activities taken by the organization seemed to deal with this issue. This session shows that it is important to know what the participants are expecting from the session.

Format 2:



Session 3

Participant- Less than 30
1 female facilitator

Before the session- The participants were not of the expected age group and the facilitator had to mentally restructure the session structure and content at the last moment. The age group was varying from 18 to 25 years old- a mix of boys and girls. The facilitator decided to talk about family planning, types of contraceptives and engage the participants through role-playing activity based around the concepts of types of relationships- gender roles.

Phase 1: Introduction and Conversation
Ice-breaking activity ensured that the participants became comfortable in the session setting. The number of participants, their internal dynamics and the setting of the session (no AV/ boards- just the facilitator) might be some factors. The SC spoke in Hindi only as it was understood by all.

Phase 2: Disquisition and Discussion
The facilitator addressed the topics that were chosen. Then took role-playing activity which was welcomed enthusiastically. This was a good way of gauging the participant's ideas about relationships, their observations, concerns. It was time-consuming but resulted in good

results. Most of the points the facilitator wanted to communicate were covered by the participants in their performances.

Phase 3: Discussion and Stimulation
An activity of body mapping was taken for boys and girls separately, though in the same hall. The participants had to draw their body structure and name the body parts. After the activity was started, the participants became embarrassed as girls and boys were in the same area and the activity was dropped. The session was concluded. The facilitator had befriended the participants during the session time due to her informal delivery of content and mannerism.

Format 3:

4.5 Prayas health group

This organization has been working extensively in the area of STDs, HIV-AIDS and has carried out studies to gauge the current mindset of the young population about sex and related domains. The organization has a vision of creating a non-judgmental space where adolescents can openly ask their questions and increase their sexual self-efficacy. Last year they conducted a large scale survey called- YIT (Youth In Transition). It captured the sexual experiences and exposures in the lives of 1240 unmarried girls and boys. The data obtained was analyzed to bring forward 8 domains related to sex education. These topics were taken to the target group and their relevance was validated. A web series called Safe journeys was developed which comprises of 8 short films (approx. 8-10 minutes duration) based on these 8 topics. The CSE sessions conducted by Prayas follow a non-conventional approach. The sessions are structured around the screening of these 8 films. The films are in Marathi with English subtitles. The language adds a local flavour which makes the films entertaining and extremely relatable. It enables a neutral presentation of awkward topics like masturbation, abortion, etc. Here are observations from the sessions.

Session 4

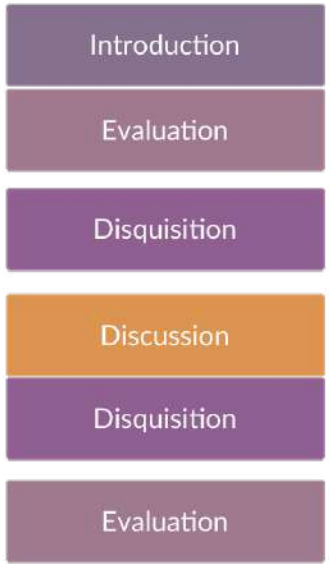
Participants- Less than 15
1 male facilitator Marathi

Phase 1: Introduction and Evaluation
They started with the facilitator initiating a discussion about the topic of the film. A questionnaire was given to the participants which assessed their current knowledge and attitude through a series of multiple-choice questions.

Phase 2: Disquisition
Then the film was shown to the participants (the duration of these films is 10-12 minutes). As these films have a story they are entertaining and more engaging than an instructional video. The participants laughed at the subtle humour. If the participants were non-Marathi they could read the subtitles but the impact would be far less.

Phase 3: Discussion, Disquisition, and Evaluation
After watching the film, there was another round of discussion initiated by the facilitator. The participants themselves spoke about their myths and misunderstandings and asked questions to clear their doubts. In the end, another questionnaire was filled to understand the response and feedback of the participants.

Format 4:



The questionnaire for a pre-post session is structured as shown below:

फिल्म – देखो मगर
पूर्व चाचणी

नाव: लिंग: वय:

कृपया खालील प्रश्नांची उत्तरे तुमच्या मतानुसार द्यावीत.

1. हस्तमैथुन केल्याने केस गळणे, स्मरणशक्ती कमी होणे, स्टॅमिना कमी होणे इ. गोष्टी होतात.
   - ☐ हो, या गोष्टी होऊ शकतात
   - ☐ काही अंशांच्या बाबतीत हे होऊ शकते
   - ☐ नाही, असे काही होत नाही
   - ☐ माहित नाही
2. एक तरुण मुलगा चिंतेत आहे, कारण त्याच्या लिंगाचा ताठरपणा बहुतेक सगळ्या पोर्न व्हिडीओजमध्ये जसे दाखवले जाते तितका काळ टिकत नाही. तो गर्लफ्रेंडसोबत सेक्सची कल्पना करतो आहे, आपला स्टॅमिना पोर्नमधील पुरुषांप्रमाणे कसा वाढवता येईल याचा विचार करतो आहे. त्याने काय करायले असे तुम्हाला वाटते?
   - ☐ त्याने पोर्न व्हिडीओज पाहणे थांबवावे
   - ☐ आपला स्टॅमिना वाढवण्यासाठी डॉक्टरांची मदत घ्यावी
   - ☐ पॉर्नमधील कलाकारांसोबत स्वतःची तुलना करणे थांबवावे
3. भारतामध्ये पोर्नोग्राफिक साहित्य तयार करणे व ते मित्रांना / जोडीदाराला पाठवणे कायदेशीर दृष्ट्या योग्य आहे का ?
   - ☐ हो, असे करायला काहीच हरकत नाही
   - ☐ नाही, तयार करणे व पाठवणे दोन्ही बेकायदेशीर आहे
   - ☐ फक्त तयार करणे बेकायदेशीर आहे, मित्रांना पाठवायला हरकत नाही
   - ☐ माहित नाही
4. मुलींनी हस्तमैथुन/ मास्टरबेशन करायला नाही पाहिजे.
   - ☐ त्यांनी हस्तमैथुन / मास्टरबेशन करायलाच पाहिजे
   - ☐ करायला का नाही हा त्यांचा वैयक्तिक प्रश्न आहे
   - ☐ बरोबर, मुलींनी हस्तमैथुन/ मास्टरबेशन करायला नाही पाहिजे
5. एखाद्याची इच्छा असेल तर त्याने/तिने किती वेळा हस्तमैथुन करणे योग्य आहे?
   - ☐ दिवसातून एकदा
   - ☐ महिन्यातून एकाचावेळी
   - ☐ किती वेळा करावा यासाठी काही नियम नाही
   - ☐ त्याने/तिने हस्तमैथुन करूच नये

हस्तमैथुन / मास्टरबेशन (Masturbation) म्हणजे काय ?

उत्तर: स्वतःच्या शरीराला स्पर्श करून लैंगिक सुख मिळतण्याच्या क्रियांना हस्तमैथुन म्हणतात. हस्तमैथुनामध्ये लैंगिक अवयवांना स्पर्श करणे, कुरवाळणे किंवा घासणे या क्रियांचा समावेश होतो

ग्रीन सिग्नल
चर्चेनंतरची चाचणी

नाव: लिंग: वय:

1. व्हिडीओ मधली गोष्ट तुम्हाला तुमच्या किती जवळची वाटते ? तुमच्या आजूबाजूला घडणाऱ्या गोष्टींशी त्याचे काही साधर्म्य/ साम्य वाटते का ?
   - ☐ हो, खूपच
   - ☐ हो, काही बाबतीत
   - ☐ नाही
2. व्हिडीओ मधील भाषा तुम्हाला अवघड वाटली का ?
   - ☐ हो, खूपच
   - ☐ हो, काही वेळा
   - ☐ नाही
3. हा व्हिडीओ तुम्ही याआधी पाहिला होता का ?
   - ☐ हो
   - ☐ नाही
4. अभ्यास कुठे ?
   - ☐ YouTube
   - ☐ Facebook
   - ☐ WhatsApp
   - ☐ इतर ठिकाणी -
5. हा व्हिडीओ तुम्ही तुमच्या मित्र मैत्रिणींना पाठवाल का ?
   - ☐ हो नक्कीच
   - ☐ नाही
   - ☐ सांगता येणार नाही

६. अन्य प्रतिसाद :

कृपया खालील प्रश्नांची उत्तरे तुमच्या मतानुसार द्यावीत.

1. जोडीदाराचा हात धरण्यापूर्वी अथवा त्याला किस करण्यापूर्वी त्याची संमती घेणे गरजेचे आहे.
   - ☐ होय, ते गरजेचे आहे
   - ☐ ते गरजेचे नाही त्यामुळे मूड जाऊ शकतो
   - ☐ माहित नाही
2. रिलेशन शिप मध्ये सेक्ससाठीची संमती गृहीत धरायला हरकत नाही.
   - ☐ हो मला असे वाटते
   - ☐ मला असे वाटत नाही
   - ☐ याबद्दल अजून काही विचार केला नाही
3. जोडीदाराने एकदा सेक्ससाठी संमती दिली असल्यास प्रत्येक वेळी संमती घेण्याची गरज नाही.
   - ☐ एकदा विचारणे पुरेसे आहे
   - ☐ प्रत्येक वेळी संमती घेणे गरजेचे आहे
   - ☐ कदाचित , पण माहित नाही
4. एखाद्या मुलीने स्वत:हून प्रपोज करणे हे ती योग्य चारित्र्याची नाही असे दर्शवते.
   - ☐ अगदी बरोबर आहे
   - ☐ नाही, प्रपोज करण्यात काहीच गैर नाही
   - ☐ सांगता येणार नाही

Session 5

Participants- 35- Marathi
2 facilitators- 1 male, 1 female

Phase 1: Introduction and Evaluation

Started by distributing the pretest questionnaire related to the film to assess the existing knowledge and attitudes. Participants were given an option to write their names or keep their entry anonymous. The session was conducted in a classroom. The overall ambiance of the session began like an exam because of the paper-pen questionnaire. After that, the film was shown.

Phase 2: Disquisition, Conversation

The group was divided into two for further discussion about the film. It was ensured that each group was a mix of girls and boys. The male facilitator was more experienced and could answer complex questions about sexual actions, body parts without barriers. The female facilitator had a little discomfort in explanation as she was communicating in Hindi and English. This discussion was driven by the facilitator. Some of the participants asked questions.

Phase 3: Evaluation and Discussion

A post-test questionnaire was filled. Some questions in this questionnaire were the same as the pre-test questionnaire. This was done to see if the session influenced the participants to change their responses.

After the session was over, informal discussions happened between a handful of participants and the facilitators. Some female participants said that they would have liked to know more about menstrual hygiene. A few participants personally came and asked questions in private. Many were inspired to become facilitator and conduct such sessions for others.

Format 5:

4.6

Identification of Gaps

The success of the session depends on the order and nature of the activities that happen in the different phases. The observations indicate that Stimulation needs to happen as soon as possible so that it leads to Conversation and Discussion. The Disquisition needs to happen towards the end. If there is no Stimulation, Discussion is unlikely to happen. The research helped to identify the following gaps:

1. **Involvement of Participants needs to be increased**

- Lack of endogenous games and engaging ice breaking activities is likely to lead to a tense atmosphere at the beginning of the session.
- Once comfortable with the session setting, the participants are not ashamed to talk/ ask about topics like menstrual health, contraceptives.

2. **The facilitator's training**

- The facilitator's personal biases and mindsets have huge impact on the tone of the session which may prejudice the participants as well.
- The language of the session content is crucial. The facilitator needs to be aware of the participants' comfort.
- Even an expert facilitator might miss out some details of the session content. In such a case, a guiding manual will be helpful.
- HIV-AIDS needs to be given more attention.

3. **Unsystematic evaluation of the Session**

- The sessions need to be evaluated critically so that improvement can happen.
- It can be done by assessing participants' understanding after the session, but it is not measured systematically.
- Evaluative questionnaires make the atmosphere exam like and increase the cognitive load of the participants.

5
Ideas for Design Intervention

As summarized in the previous section, gaps were identified in the Stimulation, Disquisition and Evaluation phase of the CSE sessions. After initial brainstorming, it was observed that the final design intervention could be created using one of the three approaches:

1. Creating engaging, endogenous activities to increase participants' involvement
2. Designing a toolkit to help the Facilitator in conducting the session
3. Develop an evaluation system to measure the effectiveness of a CSE session based on parameters like participants' engagement, facilitator's performance, change in knowledge and attitude of participants before and after the session.

5.1 A Suite of Games

Research has pointed at the need for icebreakers which would make the participants comfortable to talk about their concerns. The interventions would engage the participants at the beginning of the session. The engagement is likely to increase the involvement of the participants in the discussion that happens later. The intervention could be a suite of 3-4 games, which have SRH content, to be deployed at specific phases in a session.

5.2 ToT Toolkit

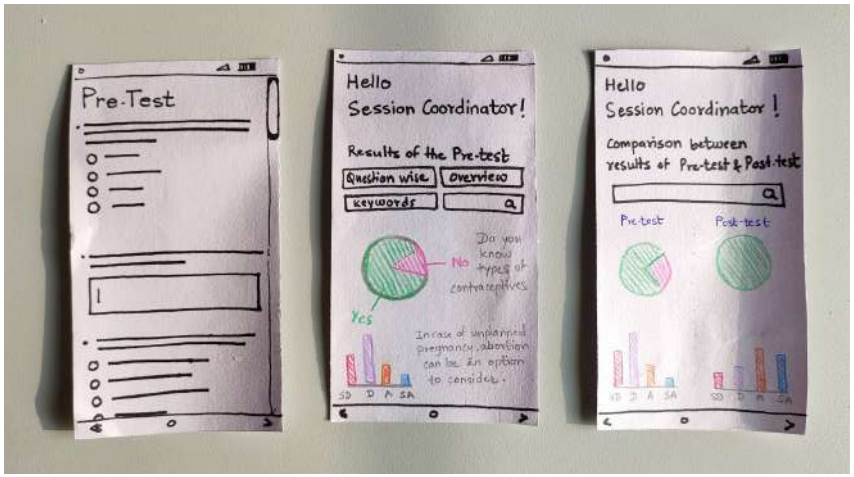
The responsibility of a successful CSE session lies with the Facilitator. S/He needs to create a non-judgemental space so that participants feel comfortable to talk about their concerns and doubts without fear/ shame. The facilitator need not be an expert in the domain of SRH and understanding this, it is crucial that the facilitator doesn't give misinformation or claim to be an expert. Clarity of thoughts is of utmost importance along with communication skills.

The toolkit will aid in the training of facilitators and help them conduct sessions.
The design toolkit will consist of:

- An instructional manual on how to prepare for a session
- Flexible guidelines to plan a session
- Extra reading material
- List of ice-breaking activities
- Self-evaluation index to assess parameters like the involvement of participants, facilitator's performance (being non-judgemental, supportive, encouraging, unbiased), level of intensity of discussion based on the topics and concepts
- Link to other resources, films, material, etc.

5.3 Systematic Evaluation tool

Pre-test and Post-test questionnaires designed on a digital platform (similar to google forms) will build a database of information given by participants which can be quickly processed to generate analytical feedback for the facilitator. The information obtained will enable the facilitator to position the participants in terms of their level of understanding and then decide the direction for the discussions.
For example, once the participants fill the forms, the answers are analyzed at the backend and the facilitator immediately gets to see the percentage of participants who have given the same response. The intervention will make it easier to perceive the change in participants' attitudes because of the session.



5.4 Comparing Design Ideas

	Suite of Games	ToT Manual (ToT-Training of Teachers)	Systematic Evaluation Tool
Type of Project	Content Design	Form and Layout Design	Product Design
Pros	Will make session atmosphere comfortable for participants	Allow replicability of facilitators' skillset	Insights will generate level of understanding of the participants
Cons	Complex instructions	Content not yet ready	Data might not be Relevant, Mobile phones will be a distraction
Constraints	Time, Space, Strength	Project timeline	Access to technology

5.5 Feedback from the Experts

The intervention ideas were discussed with the experts from Prayas. This was their feedback:
The sessions don't claim to give all the knowledge. The main purpose of these sessions is to start developing a positive attitude towards SRHR. The sessions need not be a one-off experience that the participants would always remember. Instead, it should be the beginning of a process.

The current icebreakers are not related to the content of CSE sessions. They merely act as a buffer before the screening of the films. The discussion after the films faces friction as the participants have not yet become comfortable to talk about these issues. The proposed engaging interventions can be inserted at the beginning of the session in place of the current ice breakers to orient the participants.
The technology-aided interventions would put the participants in their comfort zone by not asking them to talk about their concerns. Just because participants don't ask questions, does not mean they are not attentive. Giving applications that will help them express their opinions without verbally opening up is an easy way out. Instead, creating ways to increase their involvement in the session through an engaging intervention is preferable.

The digital questionnaire won't be useful as a statistical analysis of participants' knowledge and interests might not always point towards the ideal direction of the discussion. For example, the result of a questionnaire can state that 70% of participants know different types of contraceptives and 30% of participants don't even know what a contraceptive means. In that case, following the statistical data, if a facilitator the details of what contraceptives are, the session would be neglecting the requirement of a vulnerable group.

The ToT manual would be useful only if it is complete which might not be achievable in the project timeline as the content is still a work in progress.

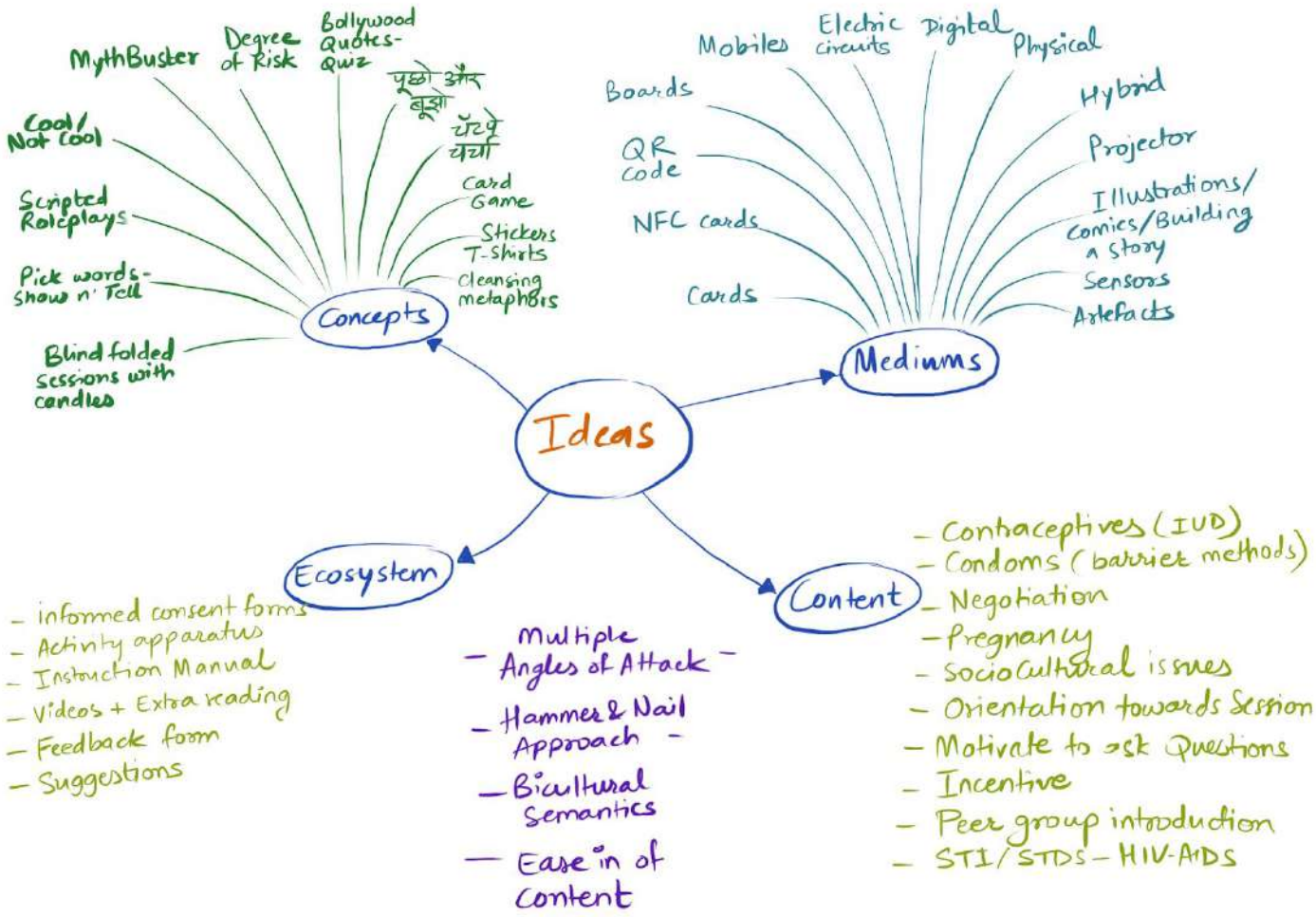
5.6 Moving Forward

Based on comparison of the three ideas and the feedback from the experts in the field, it was decided that the design approach to be taken further would be a suite of fun and engaging endogenous games to be played during CSE sessions. Ideas and brainstorming for the same will be discussed in the next section.

6
Explorations

Brainstorming and card sorting techniques were used to think of ideas. Bi-cultural semantics theory was applied to get a wide range of diversity in the ideas. The multiple variables included medium (drawings/ NFC cards/ paper/ cards/ circuits/ digital/ physical artefacts, etc.), content to be included (topics covered in CSE sessions like physiology and anatomy/ gender and sexuality/ practical application of concepts, etc.), the objective of the game (learn information/ attitude building/ conversation starter/ expression of Participants' concerns), etc.

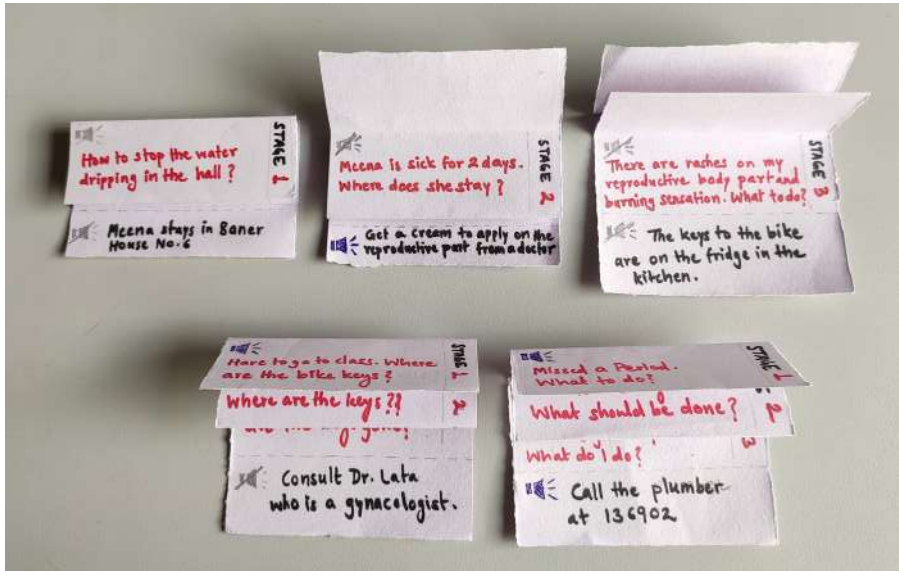
On the next page is an initial brainstorming sheet followed by brief descriptions of a few of those ideas.


Ideas
Concepts
MythBuster
Degree of Risk
Bollywood Quotes-Quiz
पूछो और बूझो
पॅटचे चर्चा
Card Game
Stickers T-shirts
Cleansing metaphors
Cool/ Not Cool
Scripted Roleplays
Pick words- Show n' Tell
Blind folded sessions with candles
Mediums
Mobiles
Electric circuits
Digital
Physical
Hybrid
Projector
Illustrations/ comics/Building a story
Sensors
Artefacts
Boards
QR Code
NFC cards
Cards
Ecosystem
- Informed consent forms
- Activity apparatus
- Instruction Manual
- Videos + Extra reading
- Feedback form
- Suggestions
Content
- Contraceptives (IUD)
- Condoms (barrier methods)
- Negotiation
- Pregnancy
- Socio Cultural issues
- Orientation towards Session
- Motivate to ask Questions
- Incentive
- Peer group introduction
- STI/STDS – HIV-AIDS
- Multiple Angles of Attack -
- Hammer & Nail Approach -
- Bicultural Semantics
- Ease in of Content

1. **पूछो और समझो!**
   An activity with Q & A cards at the beginning of the session

   Time required: 15 minutes
   Materials required: Paper cards

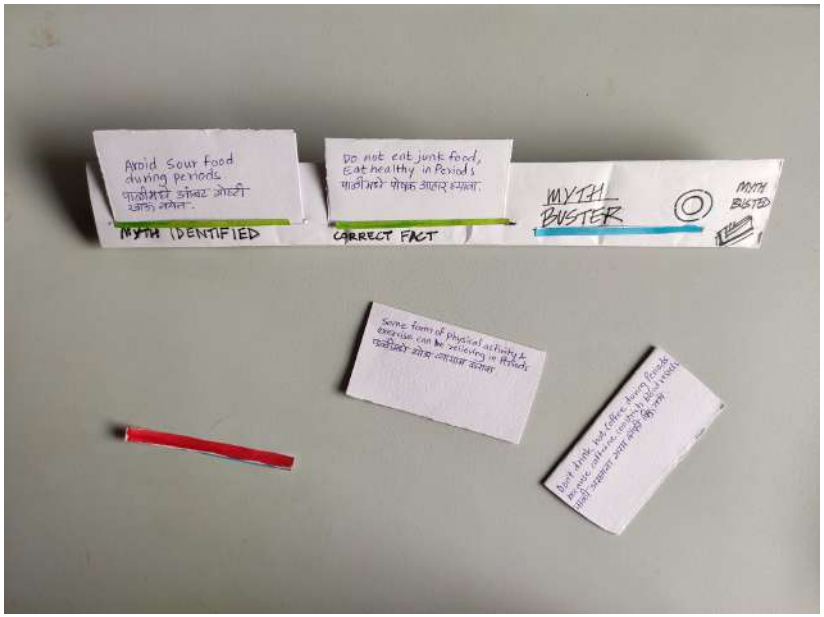
- This activity can be performed only when there are at least 20 participants and there is enough space to move around.
- The purpose of the activity is to make the participants realize the importance of asking questions.
- Every participant gets a card that has 1 problem/ question to be solved by the participant and 1 statement which is an answer to some other participant's problem/ question. The content need not be related to the session topics.
- Participants are asked to get answers to the question on their card from other participants by strictly following the instructions given on their card.
- The instructions are about whether they can speak aloud the question/ answer.
- Three rounds of 1 minute will happen. The problem aggravates to next level after every round.
- At the end of the third round, the facilitator discusses the importance of asking questions.
- Caveat- Complexity of the activity, Need space to move around

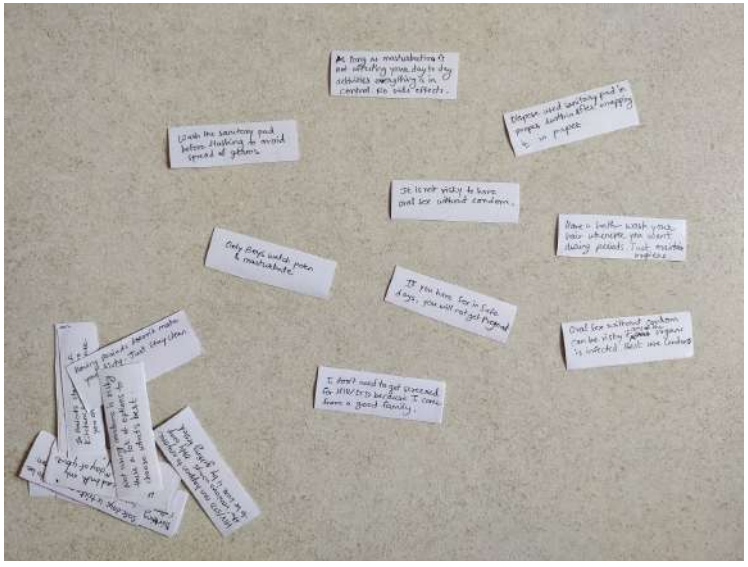


2. Mythbuster

An electronic game of identifying myths and busting them using correct facts
Time required: 15 minutes
Materials required: Game box, circuit cards, batteries/ using nfc cards

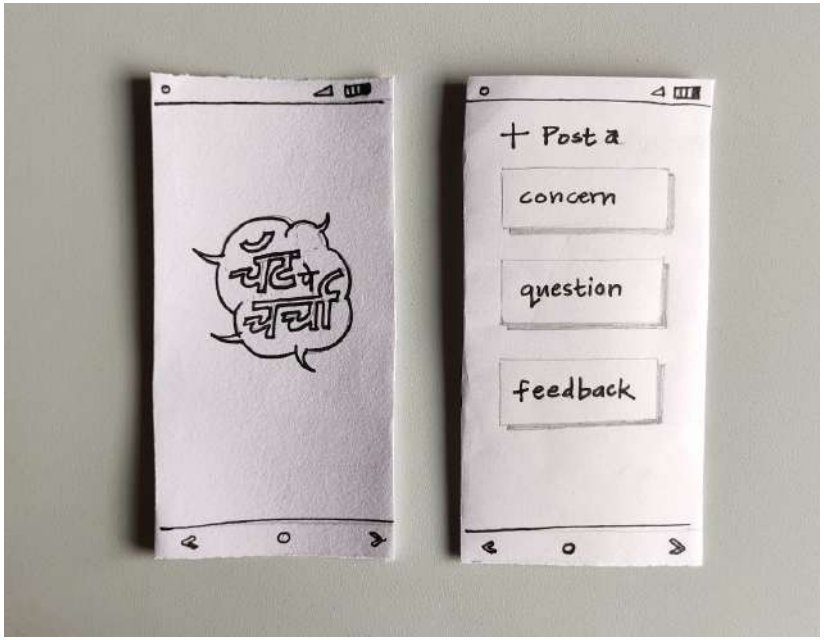
- This game can be played after the film is shown. It will check the retention of information in an engaging manner. The game can be played individually or collectively to increase the involvement of the participants
- The purpose of the game is to identify myths and associated facts correctly.
- Participants insert myth cards in the myth slot and find the correct fact to bust the myth which will light up the game box.
- Caveat: If not complemented by quality discussion among the participants, the game might fall in the trial and error mode of playing. An offline version of the game will be preferred so that the logistics of conducting the session are simpler.





3. चॅट पे चर्चा

A collective card sorting/ brainstorming activity to be conducted on an interactive online document.
Time required: No extra time, Engagement for a session in progress
Material required: Mobile phones, internet, projector-screen

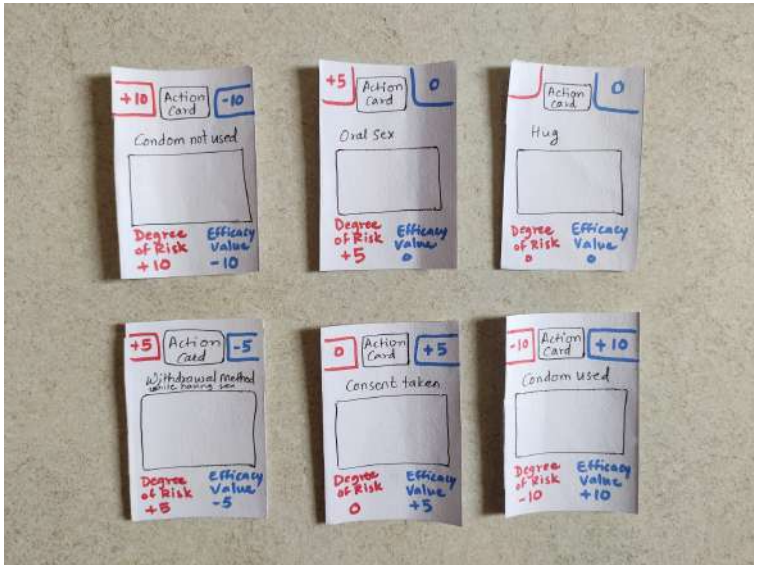


- All participants log in anonymously via an application on their respective mobile phones. The application connects them to a common dashboard displayed on the projector screen.
- The participants can comment about the session, films, give feedback regarding the discussion, raise a concern and ask questions during the session without revealing their identity.
- The comments will be colour coded according to their content so that a facilitator can take the discussion ahead using the questions.
- The purpose of the session is to initiate open-minded conversations without having any fears or shame. This intervention helps the participants express themselves without coming out of their comfort zones which would be unpreferable.
- Caveat- Due to notifications from apps like Whatsapp, Instagram, Facebook, etc. using mobile phones during the session can be a distraction. Technical issues like range /space/problem with the participants' mobiles will disrupt the activity and waste a lot of time.

4. A card game

Time: Minimum half an hour
Materials: the designed deck of cards

- The purpose of this game is to revise the concepts covered in the sessions.
- This game, loosely based on rummy, will be played using decks made of different topics in CSE. Each deck has a journey split into steps illustrated/ written on the cards
- The cards are shuffled and distributed among participants.
- Every participant has to create a journey using the cards and finish before the others.



5. Board Game

Time: Minimum half an hour
Materials: Designed board, player pieces, cards

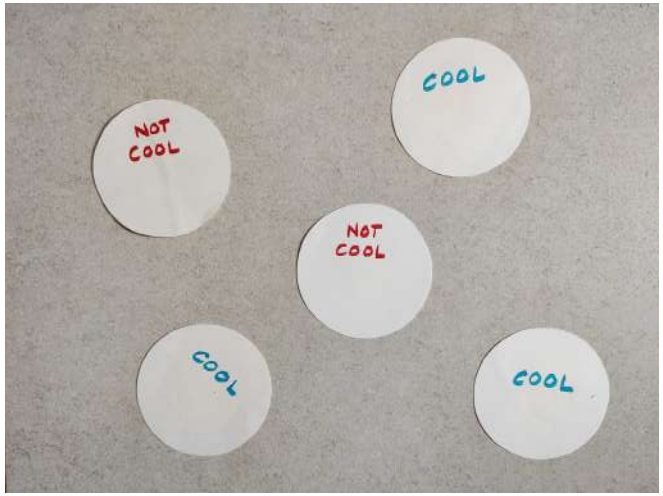
The Game would consist of a board which would have instructions to pick a resource card and two other types of cards- Help cards and Challenge cards.
The game would progress in following manner:
1. A player lands on a board tile by throwing a dice.
2. The player has the option of either picking or rejecting the resource card mentioned on the board tile. The resource can be obtained using some abstract currency like efficacy.
3. Once the decision is taken, the other players pick a help/ challenge card.

For example a use case would be as follows: A player throws a die and gets 4, so s/he goes to the fourth place on the board which might say- Would you like to get screened for HIV/ STD? A decision would be taken and then if other players pick a challenge card that says- multiple physical relationships- it has ramifications on the decision taken earlier. A very crude form of the board game is seen in the figure below:

The idea was dropped as it was difficult to give a fixed efficacy value to cards as it keeps changing based on context. A digital version might be possible.

6. Cool / Not Cool- Ice breaking activity

This was inspired from a product studied in the secondary research.
Scenarios would be given to groups and they would have to collectively come up with an agreement whether they agree with it or not. It has been observed that discussions in smaller groups are more comfortable for the shy participants.
The smaller groups put up a sign of whether they are cool or not cool with the scenario and then the groups would try to convince each other.



7. Degree of Risk- Ice breaking activity

An interactive digital or phygital thermometer with calibration to measure risk would be introduced to the participants. The group of participants would be asked to estimate the degree of risk certain situations put them into.
The activity would help the facilitator gauge the participants' perception of risk related to SRH.
Since this would be an ice breaking activity, initial situations would be from day to day activities like eating chat from roadside vendor/ driving bike on a slippery road and SRH content would be slowly eased in. Some situations are mentioned below.
Also shown below is a diagram of the Risk meter.

8. Bollywood Quiz- Ice breaking activity

Almost all adolescents are avid movie viewers and are influenced by the on-screen life. This influence is more of an illusion that they compare their reality against. Taking this thread, some plots from popular Bollywood films were put in the light of reality and a few question answers were formulated which seemed amusing. A session that opens with such a fun and quirky quiz that juxtaposes SRH content into Bollywood film themes is likely to engage the participants.
Some of the quiz questions are as follows:

- What's common in Aishwarya Rai's character from Jodha Akbar and Anushka Sharma from Rab ne Bana Di Jodi?
  -Both of their husbands waited for consent before consummating their marriage!

- Which of Shahrukh's character below is more prone to get infected by HIV?
  1. Devdas from Devdas
  2. Rahul from Kuch kuch hota hai
  3. Don from Don
  - all of them are equally in danger

- What's common in Ranbir's character in Bachna aye Haseeno, Yeh Jawaani hai deewani, and Aye dil hai mushkil?
  -He should get himself tested for HIV!

- Why is Alia from Dear Zindagi smarter than Ranbir Kapoor from Tamasha?
  -She understood that she needed to see a counsellor!

- Which of these have more chances of getting HIV AIDS?
  1. Ned Stark and Jaime Lannister
  2. Chandramukhi and Meghna Mathur(Fashion)

6.9 Comparison of Ideas

Considering the timeline of the project and the skillset at hand, it was decided that instead of creating a suite of games, one game should be designed. Existing constraints and limitations in the existing ecosystem of the CSE sessions were considered to narrow down upon the design idea.
The CSE sessions are conducted in all kinds of spaces and hence the game needed to be simple to execute, less heavy on the logistics, fun and engaging. The ideas were evaluated on a likert scale of 1 to 5 (1 being the lowest and 5 being highest preference).

	पूछो और समझो	Myth Buster	चॅट पे चर्चा	Card Game	Board Game	Cool/ Not Cool	Degree of Risk	Bolly wood Quiz
Simplicity	2	3	4	3	2	4	4	3
Content	2	3	1	5	4	3	2	2
Fun	3	3	2	3	3	2	3	2
Total	7	9	7	11	9	9	9	7

The Card game was chosen to be taken further.
In the next session, the game has been detailed out in all aspects.

7
Final design Idea

A game needs to have four ingredients to make it actually fun: Knowledge/ Memory, Strategic thinking, Luck/ Chance and Skill. Inspiration was taken from existing traditional card games like Mendhi-Kot, Badam-Saat (the names are in marathi). The gameplays and rules of these games were observed. Their game mechanics revolves around the hierarchy of power distributed among every suite in a deck (from 2 to 10, then Jack, Queen, King and Ace- in ascending order). Team-player games are fun because there is a lot of guesswork about which cards the other players might have. Moves are made strategically in order to win the round. All these interactions bring the game dynamics.

The content covered in Prayas's CSE sessions is classified into several topics- mental health, consent, condom usage, pregnancy, etc. Although these topics are interrelated, while conducting the session they are taught separately. Thus, these topics could become the different suites in a deck of cards. Each deck of cards would have certain positive things and some negative things. The positive actions would lead to a 'Safe Journey' as the films made by

Prayas are called. While thinking about what would be the opposite of having a safe journey, the famous proverb- 'better be safe than sorry' came to aid and thus the name of the card game was finalized as "Safe or Sorry".

8
Initial Prototyping

8.1 Prototype v1

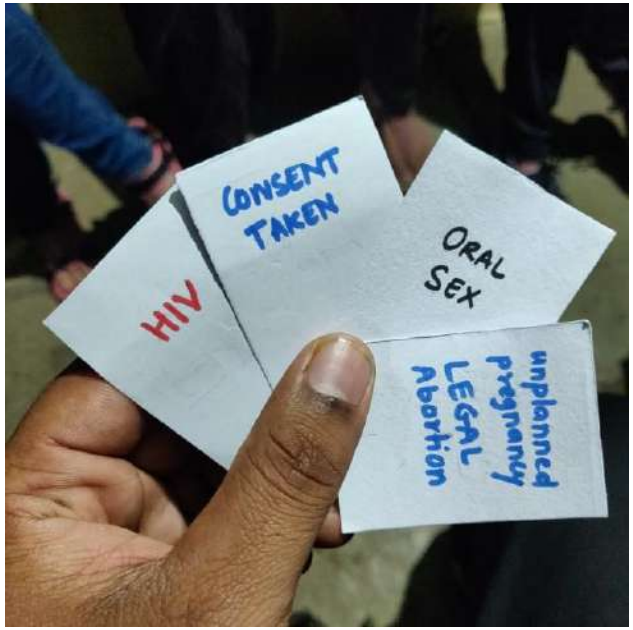
Initially, the cards were classified on the basis of the core aspects like- whether it is a scenario card, action card, an emotion card, a risk card, or a best practices card. The cards were given fixed value of risk and efficacy (goodness of a particular decision) in positive and negative values. But it was realized that these values depend on the situation that has been created. So the values were discarded.

It was observed that the exploratory journey created using these cards were very free-flowing and unstructured. The reason behind this was that the cards were very vague and gave the freedom to be used anyhow. Thus for the second version, it was decided that the number of cards be narrowed down first to set the rules and then scale it up for all domains.

8.2 Prototype v2

Two levels of the card game were thought of in the second version. The first level would be an exploratory level where the participants build a journey based on the cards they've got. This is a way to get to know the various kinds of cards available. The second level would be competitive and the players would be split into two groups and cards played alternatively by opposite teams. One team tries to make it safe and the opposite team makes it sorry. The cards had to be played logically and all the players needed to be convinced. This would lead to conversations and discussions among the players about topics like condom usage, sex, etc. which are taboo.

There were concerns about players wanting to make the journey 'sorry' which shouldn't be the objective of a game conducted in a CSE session. The card content also gave the freedom to turn the story on a sorry path at any moment. As the number of cards was limited, many aspects were missing which reflected in the exploratory journey.

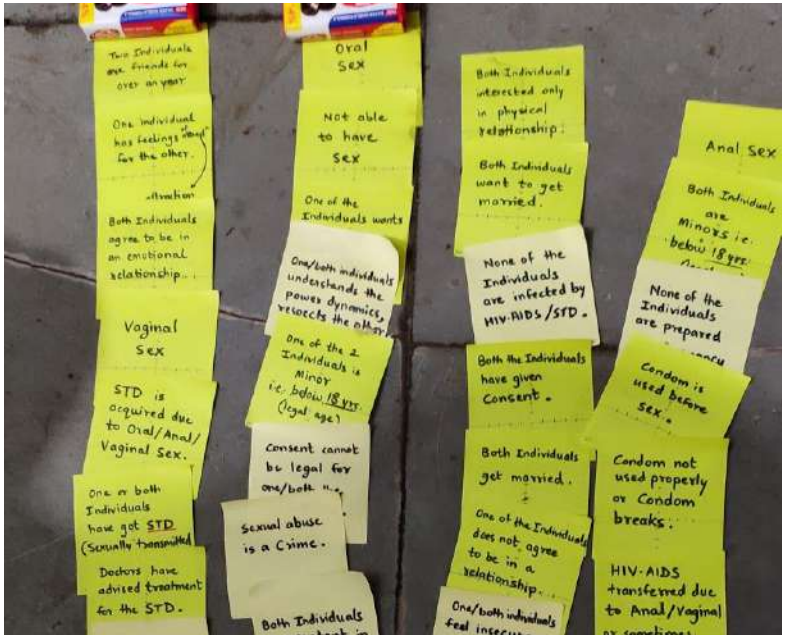


8.3 Prototype 3

For the third prototype, all the concepts were mapped to create a huge deck. These cards did not have any values. Since the cards had more clarity, the journeys became richer. This version was carried forward for testing.

8.4 Prototype Testing

The testing was done during a 3 day Peer training workshop or ToT (Training of Teachers) at AFARM, Shivapur near Pune. The participants were volunteering to get trained as a facilitator for CSE sessions and were from various backgrounds. A few of them had work experience in the domain of HIV health and care but a majority of them were novices in the field which made them a slightly more motivated group of participants who come for the CSE sessions.

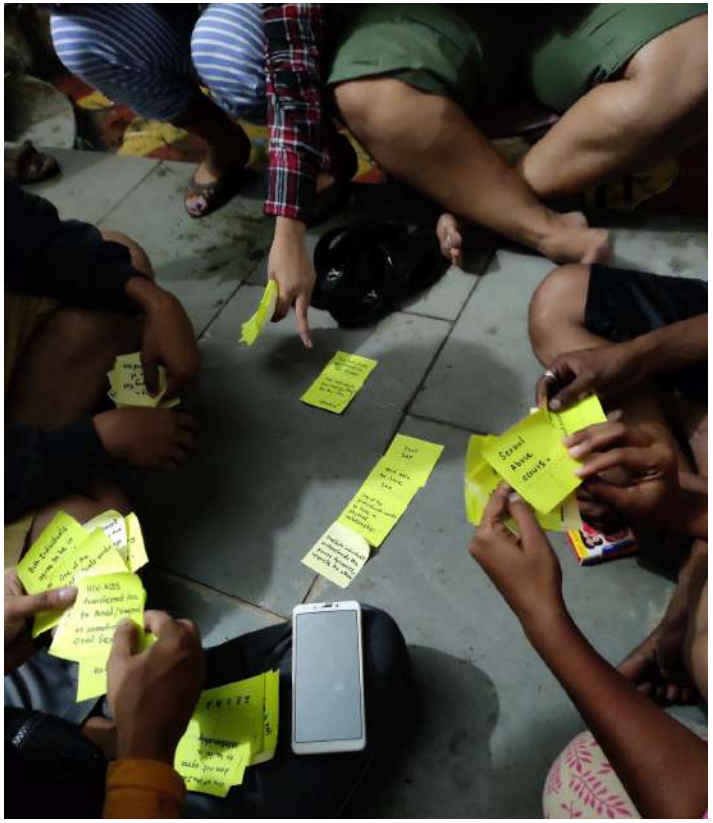


The schedule of the workshop is shown below in which the game slot is marked in green highlight.

Proposed plan

	Day 1 (18 Oct)	Day 2 (19 oct)	Day 3 (20 oct)
8.30 - 9.00	Reaching at venue till 9	Breakfast	Breakfast
9.00 - 9.30	Breakfast	Consent & Choice (role Plays)	GAME (MAYURA)
9.30-11.00	Intro about Techno-peer project + Basic Introduction about Sexuality, attraction, relationships & intimacy (Nitish & Shamoita)		HIV, STIs & Safe Sex & contraception (Ritu)
11.00-11.15	Tea - Break	Tea - Break	Tea - Break
11.15-1.00	Gender, identity, body & self image (Shirish)	Child Sexual Abuse (Shirish)	Demo session (Nitish, Shamoita)
1.00-1.45	Lunch	Lunch	Lunch
1.45-2.00	GAME (MAYURA)	Small Game (Shamoita)	Small Game (Shamoita)
2.00-4.00	Body, anatomy, Self (Shirish)	Demo session (Nitish, Shamoita)	Implementaton plan - Action plan (Nitish)
4.00-4.15	Tea - Break	Tea - Break	Summing Up & closing note (upto 5 pm) (Nitish & Shamoita)
4.15-6.00	Masturbation and pleasure (Nitish & Shamoita)	Mental Health (Shamoita)	
6.00-6.30	Snacks - Break	Snacks - Break	
6.30 - 7.00	Question & Answers (Shirish)	Question & Answers (Shirish)	
7.00 - 8.00	Informal gathering/Group activities/camp fire/roles plays etc. (Nitish, Shamoita, Mayura)	Informal gathering/Group activities/camp fire/roles plays etc. (Nitish, Shamoita, Mayura)	

Video screenings, series of lectures, intensive discussions about the CSE topics happened throughout the day. Safe/ Sorry game was tested at the end of day 1 and day 2. Due to this, the participants were able to apply the learning of the day into the game and reflect upon their understanding.
Here is a small video clip of the playtesting.
(Add video link) https://youtu.be/IPFK05k-I0o



8.5 Observations

Level 1 of Safe/Sorry
Players: 6
Cards: 80
Time required: 30 minutes

As can be observed from the video, the players are discussing the moves without inhibitions, correcting each other, fighting for their own version of the story. The facilitator (who is sitting at the top left corner of the frame), is occasionally intervening and guiding the players.

Evaluation of the Prototype was done using qualitative methods.
Following are the observations from the playtesting of prototype 3:

1. The players were able to follow the instructions
2. Throughout the game, there were no set rules that restrained the use of cards. Only internal logic and discussion governed the gameplay. This seemed like a constraint as the logic could be wrong and sometimes none of the players would understand it (since they are all novices). Thus, the presence of a facilitator was required when the game is played to ensure that the journeys do not go haywire.
3. The cards lacked clarity in terms of content.
4. The players were able to build diverse journeys intuitively using the cards

5. There were signs of engagement and involvement (laughing, debating, joy-disappointment depending on the safe/ sorry-ness of the journey) in the game. The players were willing to play another round.
6. The players were not distracted by mobile phones etc. while they were playing the game.
7. Some words were difficult to understand as they were in English. Some local language words were different than the local, cultural slang that the players were familiar with.
8. Some cards were about complex processes. Such processes/ concepts are difficult to explain in the short span of a CSE session and are beyond the scope of a Peer training workshop as well. Instead of merely introducing/ explaining poorly-improperly, it might be better to skip such concepts.
9. Some cards needed an inherent order. Freedom to play those cards anytime during the game led to bizarre narratives which did not make sense.
10. On several occasions, individual players had no logical card to play and had to pass the round without making a move. Such incidents can disappoint the player and reduce the involvement.

Based on all the prototype versions and the feedback from playtesting conducted at the workshop, the final design of cards was made with following key points:

1. Clarity of Content
2. Structured game mechanics- rules
3. Hierarchy of cards- Order of play
4. Instructions for exceptional situations
5. A guide/ FAQ sheet that explains the complex terms in brief

The specifics of the final design will be discussed in subsequent sections. Before going into those details, it will help to look back at the purpose of CSE sessions, which gaps the design intervention hopes to address, who does it target, and how does it fit in the overall ecosystem of Prayas's sessions. These questions will be discussed in the next chapter.

9
Positioning the Design Intervention

This section will look back at the design space of CSE sessions, revise the gaps identified and position the design intervention in the right context. It will discuss which of the gaps are met by the intervention, which gaps aren't met, and the justification for scoping the project.

9.1 Objective of Prayas's CSE sessions

After conducting a literature review, primary and secondary research, it was possible to look at CSE sessions from a wider perspective. Prayas health group's vision of CSE seemed more aligned with the big picture and hence it was decided to position the work in Prayas's ecosystem. The main objective of Prayas's CSE sessions is to create a positive approach towards SRH. Giving authentic and accurate knowledge is an integral part but not the focus of these sessions. Knowledge/ information even if forgotten,

can be obtained from the right resources but the attitude to be aware, look for information, and look at the right sources is difficult to build. An efficient CSE session would start the process of thinking and developing efficacy so that adolescents become aware of their SRH.

9.2 The Ecosystem

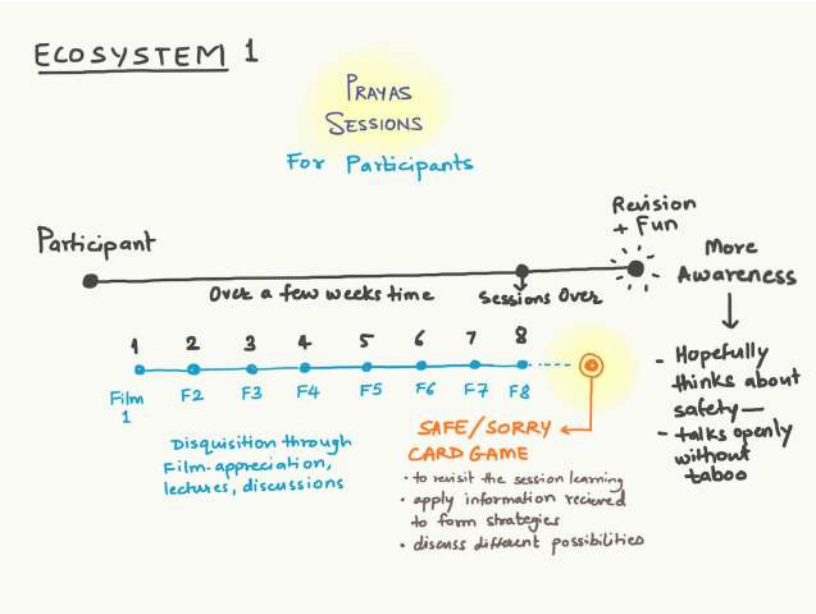
Prayas's CSE sessions are structured around 8 films that are screened separately followed by discussions. There are two kinds of sessions. The first kind is a regular CSE session, which is taken for participants at colleges, community centers, and the second type is the ToT workshop taken for training facilitators. This workshop is conducted for Peers training and target audience for these workshops are volunteers who have come to become facilitators.

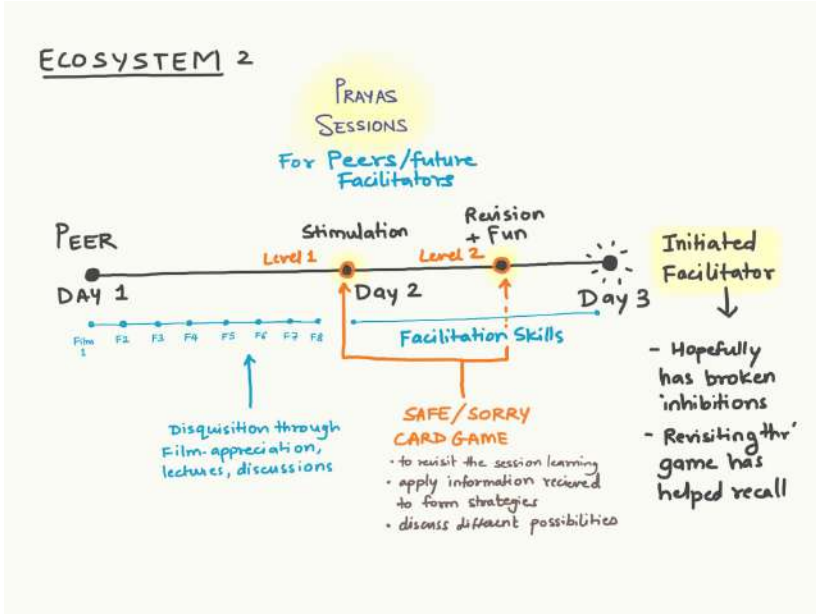
These two sessions have similar content with a difference in two factors only:

1. The Peers are more motivated to learn the content than the Participants
2. The workshop duration is more than the time generally allotted for CSE sessions so the content can be delivered more impactfully with depth.

A Peer must be prepared with the tools and skills to manage the session, content delivery, clarity in communication, be comfortable to talk about the topics related to SRH. Biased, prejudiced facilitators do a poor job of conducting a session. Thus, peers to learn to drop their inhibitions and have an open-minded approach while conducting a session in order to become a good facilitator. A ToT workshop or Peer training workshop aims to guide a peer to acquire these skills. Although there are rich training material (videos, books) available, there aren't any engaging activities that would help the peer get rid of their inhibitions. Such engaging activities would relieve the pressure that is bound to arise when such taboo topics are discussed.

Participants view these sessions separately and consume the content in bits and pieces. However, all the topics covered in CSE are interrelated and it is beneficial if the participants can form their own narrative out of these fragments and not keep them compartmentalized. In addition to that, since the content is spread across 8 sessions, there is a possibility that the content covered in earlier sessions needs to be recalled.





The game will cater to the following requirements of a Peer as well as a Participant:

1. Recall/ revisit the content covered in different sessions
2. Form a narrative by connecting the dots
3. Discuss openly without taboo/ inhibitions
4. Have fun!

The card game- Safe / Sorry will be conducted for Peers as well as participants in two different contexts. Peers will be exposed to this game in the ToT workshop at the end of Day 2 and 3 when they have gathered enough information about the domain. Participants will play this game after the end of all sessions as a means to revisit the content. A Facilitator is required to be present in both cases.

9.3 Claims

The game will act as a tool that is:

1. Fun, Engaging and allows the player to revisit some of the content covered in the sessions
2. Conversation initiator prompts discussions through the gameplay

The engagement is likely to lead to more involvement of the players in the game and thus the session's recall value is increased. If the players are able to have conversations, discussion in a game environment, it might lead them to have similar open-minded conversations in their real lives as well.
The feedback obtained from the playtesting of the game will help the facilitators of the workshop to analyze the session's quality and improve it.

9.4 Scope and Limitations

For the scope of this project, the game will be targeted at the Peers for the following reasons:

1. Time constraints
   The CSE session taken for participants is generally about 1- 1.5 hrs. Since the entire cycle of the game itself is 20 minutes minimum for just level 1, it won't be possible to conduct the game in a regular CSE session. It would be possible to conduct the game in a scenario where all 8 sessions have already taken place. But it will be difficult to coordinate a session in such places in the span of the next couple of weeks.

2. Accessibility
   The content on the cards will be in English and Marathi. However, translation only solves a small part of scalability. There are many local, cultural slang for the words associated with SRH. To become truly accessible, intensive research needs to be done to translate the content in the local language. In spite of this, there is a high probability that cards used in a certain locality won't be usable in a different locality due to the cultural differences. Hence, currently, the game will be targeted only at a rurban- Marathi speaking population which has a basic understanding of English.

3. Dependency
   The Game requires the presence of a facilitator to overlook the gameplay as there is no mechanism to check the logic. Maybe if the game is converted to a digital platform, there would be an inherent logic built in the code which will prevent the use of wrong cards or use of incorrect logic.

10
Persona

The game will be played in two use-cases which have been characterized by two personas.

10.1 Persona 1: Peers

A group of 12-15 people with mixed Girls and Boys between the age group of 18-25 years who can read and understand basic English. They are motivated to learn about SRH and have volunteered to come for the workshop to become future facilitators and conduct CSE sessions in their peer circle. They might have some basic domain knowledge or could be novices in this area coming from varied educational backgrounds.

At the end of the second day of the workshop, they have understood the structure of CSE sessions taken by Prayas and have some grasp of the content. The serious tone of discussions and the gravity of the topics has put them under pressure. They have a lot of doubts and need clarity but they are eager to check their understanding.

Safe / Sorry- The card game is introduced by the facilitators of the workshop. The level 1 is played today which lets them explore various journeys. They become aware of the possibilities shown in the cards and realize their misconceptions while playing the game.

At the end of the third day of the workshop, level 2 of the card game 'Safe / Sorry' is introduced. This is a tricky, competitive level that can be won using the knowledge of the domain, strategizing your moves and some luck which can give you either good or bad cards. The instructions seem a little complicated to begin with but not so much as the game starts its second round. As the game proceeds, the players are discussing openly about topics they would have never talked about.

At the end of the game, it doesn't matter how many safe / sorry journeys the teams made or who won. The Peers take back another memory from the workshop which is likely going to keep them motivated to become a facilitator.

10.2 Persona 2: Participants

The 8 CSE sessions have been taken by Prayas for this group of Girls and Boys between the age group of 18-25 years. The number can vary from 15 to 30 people. They prefer Marathi but can read and understand basic English. They didn't know much about SRH and after 8 sessions, they have become a little more aware. The sessions could have happened in college or community centers. Since all the participants have been a part of each other's lives before the sessions, they have a certain level of comfort and rapport among themselves.

The extra session 9 is introduced as the game session by the facilitator. The game- Safe / Sorry is explained to them. Level 1 is played individually. The participants recall certain concepts that were discussed in the previous sessions. The journeys are not as diverse as they were when the game was played in the peers' workshop. The participants are unsure of what is supposed to be done and they ask the facilitator for guidance. The facilitator helps them understand the possibilities of the scenarios by various permutation and combination of the cards. Level 1 ends.

If the group is large, two-three people sit together as 1 player and then level 2 is played. This level is much more fun as there is competition. The players have discussions in some rounds. Some rounds turn out to be neither safe nor sorry. The facilitator has to intervene much more in the game as the logic applied by the participants is not accurate. The game helps the participants revisit some concepts talked about during the sessions and seen in the films. The facilitator understands which of the concepts have been retained and the session delivery can be analyzed thereafter. Level 2 ends on a better note than the level 1. Participants have fun playing the game.

11
Final Design

This section has been divided into the following subsections:

1. Card content
2. Rules
3. FAQ sheet + Manual for Facilitator
4. Visual design and Layout
5. Packaging
6. Final Product

11. 1 Card Content

The total number of cards would be 114 (100 stage cards and 14 special cards of two types). The 100 stage cards have been classified based on their occurrence and have been named as Stage 1,2,3,4, and 5. Stage 1 can be described as "Once upon a time…" cards. These 20 cards start the journey. They consist of characters, their relationship status, places and different kind of sexual interests. Players start the journey with Stage 1 cards for Level 1. All of these cards are neutral. For Level 2, stage 1 cards can be played at any point of time but cards from stage 2 to 5 need to be played in a progressive manner. The rules will be explained in the further sections.

From Stage 2 to 5, the cards inherently are positive and negative. Visually they won't be marked in that manner as the game shouldn't stigmatize certain situations as negative. The classification into positive and negative cards is to ensure that the game is well balanced. The negative cards are too powerful and it becomes difficult to convert a sorry looking journey into a safe journey. On the contrary, a safe journey can easily become a sorry journey, which is why the number of positive cards is more than the negative cards. There are a few cards that the facilitator would need to keep an eye on as they are misleading cards. Such cards will have a mark on them. Certain keywords on these cards will be highlighted and the meaning of these words will be given in a FAQ sheet that will come along with the deck of cards.

Apart from the 100 stage cards, 14 special cards are included to increase the climax of the game. 7 cards will be called 'My Turn' cards and the other 7- 'Jokers'. The 'My turn' cards can be used to skip a player's turn and play another card on his/her behalf. This brings a moment of climax as the fate of the journey can be changed. A similar effect can be caused by the 'Joker' cards which can be used

as any card that the player might want. In this case, knowledge of the game and memory of what all cards are there in the stack can make the journey turn in the player's favour. These 14 cards will be disguised as the stage cards with 1 extra special card in stage 4 and 5 as it matters the most.

The specific content of the cards is shown in the table on the next page. This content was verified from field experts.

Once upon a time	Setting the stage	Before...	During...	After...
Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Girl/Boy Komal मुलगी/ मुलगा कोमल	***Consent*** asked for physical ***intimacy*** शारीरिक जवळीकीसाठी संमती घेतली	***IUD*** used IUD चा वापर केला	***Consent*** taken for ***vaginal sex*** योनीमार्गाद्वारे सेक्ससाठी संमती घेतली	Pregnancy test positive after ***unprotected sex*** असुरक्षित सेक्सनंतर गर्भचाचणी पोझिटिव्ह
Girl Suman मुलगी सुमन	With ***Consent***- initiating kiss/touch संमती घेऊन किस / स्पर्श केला	***OCP*** used गर्भनिरोधक गोळ्यांचा वापर केला	***Consent*** taken for ***Oral sex*** तोंडाचा उपयोग करून सेक्ससाठी संमती घेतली	HIV positive pregnant mother is given ***ART*** treatment HIV पोझिटिव्ह गर्भवती मातेसाठी ART उपचार
Boy Suhas मुलगा सुहास	Couple enjoys the ***intimacy*** जवळीकीचा दोघांनी आनंद घेतला	***Condom*** was used. कंडोम / निरोधाचा वापर केला	***Withdrawal method*** used because ***condom*** was not used कंडोम न वापरल्याने योग्य क्षणी लिंग काढून घेतले	Consistent ***ART*** treatment leads to a healthy life सातत्यपूर्ण ART उपचाराने निरोगी आयुष्य
Girl Kriti मुलगी क्रिती	Forgiven and couple stays in a relationship क्षमा करून सोबत रहातात	Emotional Relationship with personal space मोकळीक असलेले सशक्त भावनिक नाते	***Consent*** taken for ***anal sex*** गुदद्वारामार्गे सेक्ससाठी संमती घेतली	Legal and Safe ***abortion*** under guidance of a doctor डॉक्टरांच्या मार्गदर्शनाखाली कायदेशीर व सुरक्षित गर्भपात
Boy Kamal मुलगा कमल	Respect for one another एकमेकांसाठी आदर	***Consent*** asked and given for physical intimacy शारीरिक जवळीकीसाठी संमती घेतली	***Emergency pill*** taken after ***unprotected sex*** असुरक्षित सेक्सनंतर emergency pill घेतली	Starting fresh, coming out of mental depression नैराश्यातून बाहेर येऊन नवी सुरुवात
Taking Tuitions together शिकवणी एकत्र घेतात	The one who didn't want ***intimacy*** asks for ***consent*** आधी नकार देणारी व्यक्ती जवळीकीसाठी संमती विचारते	Multiple partners so ***getting screened*** for ***HIV-STD*** एकाहून अधिक लैंगिक नाती असल्याने HIV-STD ची तपासणी	With ***consent Oral and Anal sex*** तोंड व गुदद्वाराचा वापर करत सेक्ससाठी संमती घेतली	***ART*** treatment sincerely followed ART उपचार नियमितपणे घेतला
Met at a Friend's party मित्र-मैत्रिणींच्या पार्टीमध्ये भेट	Partner apologises for ***misbehaviour*** पार्टनरने गैरवर्तना साठी माफी मागितली	If ***condom*** is not available, no sex in order to be safe कंडोम नसल्याने सेक्स न करण्याचे ठरवले	Opening up in front of a friend and accepting help जवळच्या व्यक्तीसमोर भावना व्यक्त करून मदत स्वीकारली	Supervision after ***HIV-STD*** screening till 3-6 months HIV-STD प्राथमिक चाचणीनंतर 3 ते ६ महिने नजर ठेवणे
Music and Art class आर्ट क्लास मध्ये सोबत	One who refuses ***consent*** also enjoys the ***intimacy*** संमती न देणाऱ्या व्यक्तीला जवळीक आवडली	Want to get ***pregnant*** so not using a ***condom*** मूल हवे असल्याने कंडोम नाही वापरला	***Consent*** is withdrawn so physical intimacy stopped संमती काढून घेतल्याने शारीरिक जवळीक थांबवली	Got blood checked before ***transfusion*** रक्त स्वीकारण्यापूर्वी तपासून घेतले
College classroom कॉलेजच्या एका वर्गात	***Consent*** willingly given स्वेच्छने संमती दिली	Request partner to use a ***condom*** पार्टनरला कंडोम वापरण्याची विनंती केली	***Mutual decisions*** taken with ***Consent*** प्रत्येक निर्णय दोघांच्या संमतीने घेतला	Understood that one who gets sexually abused is not at fault लैंगिक छळ झालेल्या व्यक्तीने स्वतःला दोषी न मानणे
PG/ Hostel room हॉस्टेल / रूम मध्ये	***Mutual decisions*** taken with ***Consent*** प्रत्येक निर्णय दोघांच्या संमतीने घेतला	Both agree to use a ***condom*** दोन्ही व्यक्ती कंडोम वापरायला तयार	Using a fresh ***needle for drugs*** नशा करताना निर्जंतूक नवी सुई वापरली	Consulted a Doctor for mental health मानसिक आरोग्यासाठी डॉक्टरांची मदत घेतली
Not interested in any relationship **कोणत्याही नात्याची इच्छा नाही**	No physical ***intimacy***, emotional relationship शारीरिक जवलीकीशिवाय भावनिक नाते	Both decide to have sex under drug/ alcohol influence नशेच्या अमलाखाली सेक्स करण्याचे ठरवले	Preliminary Screening test results- ***HIV/ STD*** negative HIV-STD ची प्राथमिक तपासणी निगेटिव्ह	Treatment for STD/ HIV started HIV- STD साठीचे उपचार सुरु केले
Only interested in a physical relationship **फक्त शारीरिक नात्याची इच्छा**	***Assumed Consent*** ***संमती गृहीत धरली***	Respecting other's wishes, ***condom*** is not used एकमेकांच्या इच्छांचा मान राखून कंडोम नाही वापरला	Taking ***emergency pill*** always after sex प्रत्येक सेक्सनंतर emergency pill घेतली	Healthy mother and Baby आई आणि बाळाची उत्तम प्रकृती
Interested in physical and emotional relationship **शारीरिक आणि भावनिक नात्याची इच्छा**	Disagreement and upset partner मतभेदामुळे पार्टनर नाराज	Feeling depressed and lonely निराश आणि एकाकी वाटू लागते	Checking online for solutions so that Doctor is avoided डॉक्टरकडे जाणे टाळण्यासाठी इंटर्नेटवर उपाय शोधले	Not getting ***screened*** for ***HIV- STD*** HIV-STD ची तपासणी न करणे
Interested in only an emotional relationship **फक्त भावनिक नात्याची इच्छा**	***Minor*** files a ***sexual abuse*** case अज्ञान व्यक्तीने लैंगिक छळाचा आरोप केला	Partner disagrees to use ***condom*** पार्टनरने कंडोम वापरायला नकार दिला	More than two people using same ***needle*** for drugs नशेसाठी दोनपेक्षा अधिक व्यक्तींनी एकाच सुईचा वापर केला	Lack of ***ART***, HIV positive mother gives birth to HIV positive baby ART अभावी HIV पोझिटिव्ह आईने HIV पोझिटिव्ह बाळाला जन्म दिला
One/ Both of them are *Minor/s* **दोघे / पैकी एक सज्ञान नाही**	***Sexual abused*** Feels guilty लैंगिक छळ झालेली व्यक्ती स्वतःला दोषी मानते	Partner forces decisions and tries to have sex पार्टनरने बळजबरीने सेक्स करायचा प्रयत्न केला	***Emergency pill*** not taken after ***unprotected sex*** असुरक्षित सेक्सनंतर emergency pill नाही घेतली	Unsafe and ***illegal abortion*** बेकायदेशीर व असुरक्षित गर्भपात करून घेतला
Engaged in an Arranged Marriage **घरच्यांनी एकमेकांचे स्थळ सुचवलेले**	***Consent*** not given संमती नाही दिली	***Condom*** not used during sex सेक्स करताना कंडोमचा वापर नाही केला	***Condom*** breaks as it is expired Expired कंडोम वापरल्यामुळे फाटला	***Transfusion*** of blood without checking the blood तपासणीशिवाय रक्त स्वीकारणे
In relationship for many years **अनेक वर्षांचे प्रेमाचे नाते**	Without ***consent***- Kiss and touch initiated संमतीशिवाय किस आणि स्पर्श केला	Ashamed due to ***sexual abuse*** लैंगिक छळ झाल्यामुळे लाज वाटू लागली	Sex without ***consent*** is ***Sexual Abuse*** संमतीशिवाय केलेला सेक्स लैंगिक छळ ठरतो	Discontinuation of ***ART*** treatment, weakens the person ART उपचारांमध्ये खंड पडल्याने तब्येत बिघडली
Met through an *online dating app* **मोबाईल डेटिंग अप वर भेट**	***Consent*** is withdrawn due to discomfort अस्वस्थ वाटल्याने दिलेली संमती काढून घेतली	Mentally disturbed, angry, sad मानसिकरित्या त्रस्त, चिडचिड, दुखी	Screening test results- HIV/ STD positive HIV-STD ची प्राथमिक तपासणी पोझिटिव्ह	Not accepting help, Severe Depression मदत न स्वीकारल्यामुळे नैराश्याने ग्रस्त
In a *Live-in Relationship* **लिव्ह-इन रिलेशनशिप मध्ये**	Couple breaks up ब्रेक अप झाला	***Consent*** withdrawn during physical ***intimacy*** सेक्स दरम्यान एका व्यक्तीने विरोध दाखवला	***Condom*** breaks as it not worn-removed properly चुकीच्या पद्धतीने घातल्याने / काढल्याने कंडोम फाटला	***IUD*** not replaced in the time frame IUD योग्य वेळेप्रमाणे बदलले नाहीत
Married **विवाहित**	***Consent*** is not given, partner upset संमती न मिळाल्याने पार्टनर नाराज	***Consent*** not given for sex सेक्ससाठी संमती नाही दिली	Lack of sleep, focus, isolation- signs of depression झोप, लक्ष लागत नाही, एकाकीपणा- नैराश्याची लक्षणे	Side effects due to self prescribed pills मनाप्रमाणे घेतलेल्या औषधांमुळे दुष्परिणाम

11.2 Rules

Level 1- Duration: 15- 20 minutes
Exploratory Level- To be played among 4 players
Total Cards= 100 (12 special cards are omitted)
Objective: Get to know all the Stages, all the cards, possibilities, break the barriers of conversation
Word highlighted on the cards will have their meanings given in the FAQ sheet

Instructions:

- You have to build a story in five stages using the cards given to you. There are 20 cards in every stage. Every player gets 5 cards in every stage
- In each stage, 2 rounds will be played so every player gets to play 2 cards
- Every card played needs to be played logically- all the players should be convinced
- Discussion is an integral part of this process so feel free to have conversations
- If however, there are no logical cards in your hand, you can ask the other players for a trade of cards and play an appropriate card that takes the journey forward
- You can check the FAQ sheet or ask the facilitator if you have any doubt regarding the cards or the journey
- Once a card is played, a contradicting card cannot be played after it- eg. if a condom not used card is played, 'condom used'- card can't be played after that as it contradicts the earlier card
- Once 2 rounds are played in 1 stage, its cards are kept aside and the next stage begins
- Similarly, cards are dealt and played until Stage 5.
- In the end, discussion of whether the journey was Safe / Sorry?

Level 2- Duration: 20-30 minutes
Competitive Level- To be played in 2 teams of 2 players- to sit alternately around the deck of cards,
Total cards= 100 + 7 My Turn Cards + 7 Joker Cards
Objective: Make maximum safe journeys when your team starts the round, try to make other team's journeys sorry
Word highlighted on the cards will have their meanings given in the FAQ sheet

Instructions:

- All Stage cards are mixed together for this Level. Each Player gets 5/ 10 cards (depending on how much time is in hand- 5 card game finished in 20minutes).
- The rest of the cards are kept in the center in a stack with face downwards.
- If you want to play out of turn, you need to use a 'My Turn' card and then play what you want to play.

To compensate for the loss of one extra card, one card is to be picked from the deck.

- Joker card can be used as any card provided the player can tell the exact card content.
- Two teams have to play against each other. One who starts owns the journey of that round.
- There are 5 rounds (for 5 cards). If the team manages to make a safe journey, display the cards as Safe (The scoring system is a part of the visual design).
- The next round's journey is owned by the opposite team.
- Every card played needs to be played logically- all the players should be convinced.
- Discussion is an integral part of this process so feel free to have conversations.
- If however, there are no logical cards in your hand, you can trade a card in your hand with a card in the deck. You get only two chances to pick a card from the deck for one round.
- All the cards need to be played in a progressive manner. Stage numbers written on the cards should be followed. For eg., 1234/ 1345 / 2335 are acceptable when played by consecutive players. But descending order like 4243 is not acceptable. Once a card of stage 5 is played, the cycle repeats. Stage 1 card can be played anytime
- Once a card is played, a contradicting card cannot be played after it- eg. if a condom not used card is played, condom used card can't be played after that as it contradicts the earlier card
- Every player gets to play 1 card (for 5 card game, 2 cards in a 10 card game) in one round.
- The team decides whether the journey in the four cards played is safe or sorry
- The team with maximum safe journeys wins
- Some rounds can end neutrally as well.

11.3 FAQ sheet

The FAQ sheet will act as a dictionary with alphabetically arranged concepts that appear in the cards. Players can refer to the FAQ sheet if they do not understand the meaning and cannot ask the facilitator.

11.4 Visual design and Layout

The inspiration for the cards was taken from 'Cards against humanity' [28] which is trending popular card game for the young.

Image Credits: Cards Against Humanity

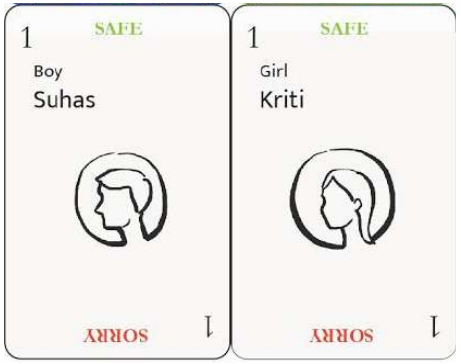
However, the cards seemed to lack character.
The following are some iterations that were explored while deciding the visual design.

Truck art Inspiration

Since the videos made by Prayas had adopted a truck-art style, a similar approach was tried out for the inner part but it seemed too jarring for readability.

Simple graphics depicting the content

Line doodles that conveyed the content were thought of at first but the idea was dropped as it was inadvisable to construct a fixed image for the players (even simple things like a person with long hair would be a girl). Also, most graphics related to the content had the possibility of becoming vulgar. Such graphics might push the players away from playing the game. It was decided that the entire focus of the card should be on the text.



(Right: Some other explorations)

11.5 Packaging

A cardboard case which would hold the 100 cards, 14 special cards, rules and FAQ sheet. Appropriate branding would be done. The product would be named as a collaboration between IDC and Prayas Health Group.

11.6 Final Product

Ultimately, a theme of artefacts introduced in the respective stages of cards was chosen for the covers. A peppy, fun icon style was used.

(Cover)

(Sample Stage 2 Card)

(Card back covers of stages 1,2,4,5)

12
Evaluation Plan

Before the game is deployed, consent of the participants will be taken. The content will be validated by SRH experts.Qualitative Evaluation would be done to assess the design intervention. Observations would be made on the basis of the following questions:

1. Does the intervention have clear instructions? Easy to follow?
2. How much time is taken to execute the intervention? Does the session permit that much time?
3. Is the intervention heavy on infrastructure?
4. Is the infrastructure easy to use?
5. Is the intervention content exhaustive and rigid or flexible to accommodate more content and/or modify existing content?
6. Who is the target user of the intervention? Does the objective of the intervention align with the objective of the user?
7. Does the intervention build a big picture by applying the learning?

8. Does the intervention focus on knowledge or attitude building?
9. Does the intervention aid in opening up the participants? Initiate discussions? Does it create ambiguity/ clarity/ misinformation?
10. Does the intervention have any dependencies?
11. Is there a change in the game player's knowledge and attitude assessment?
12. Feedback from the participants, experts from the field

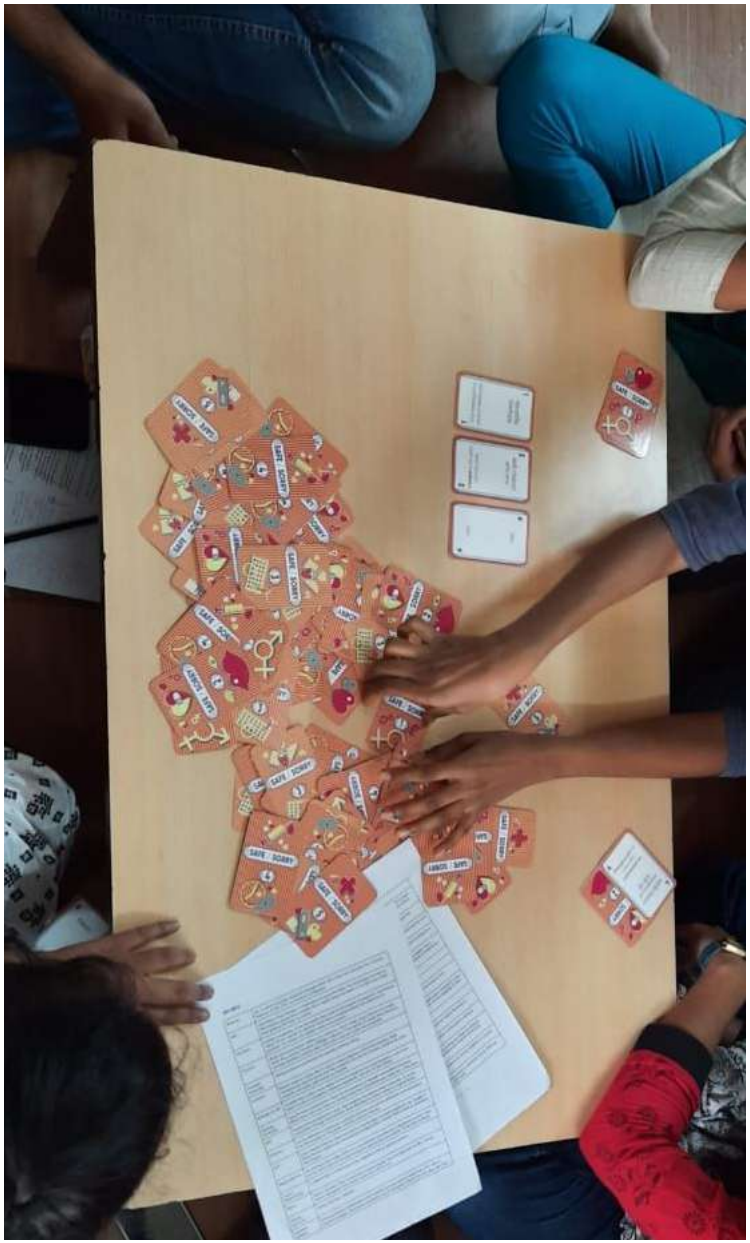
13
Expert Reviews

The game was shown to SRH and Card Game experts in order to evaluate the product from two different angles. Prayas, FPA and Lakshmi Moorthy were the experts from SRH domain and Shradha Jain, Mangesh Thombre (both of them are avid game collectors) from games domain.

Prayas:
The level 1 enables a player to build a narrative from fragmented pieces given in the sessions. The knowledge that is compartmentalized during the delivery of content gets connected. The level 2 is fun and strikes conversations among the players discussing approaches and creating intervention points for the facilitator.
"The game is making a serious, taboo topic into something so much cool and fun subject!"
In terms of content some more tweaking needs to be done. The game also has scope for improvement in the structure (rules, instructions) to make it easier to follow.

Lakshmi Moorthy:
It has the potential to reduce taboo about the topic. These card sets will work as an activity for reinforcing what has been learned.
"So I would locate this at the end of the TOT."
A group of trainers who have already been through one round of training can play the game as a medium to refresh the content. For this context the cards should work well as ice breakers.

(The game will be reviewed by other experts in the next few days)



14
Feedback from User Testing

The game was tested with 9 peers who had been a part of the earlier workshop. Both the levels finished in half an hour each. Before starting the game, the participants were given instructions about the gameplay and verbal consent was taken. They were informed that they can choose to stop playing the game at any point of time. They were also assured that the feedback received from the playtesting will be used for academic purposes only. Following are some observations from the testing based on the questions mentioned in the Evaluation section earlier.

Visual Design:
The design of the Cards was attractive and there were immediate remarks like. “Have you done these?”, “The drawings look great!”. The cards appealed to the crowd.

Language Dependency:
The bilingual cards worked well. Players were able to choose the language (marathi or english) whichever they

were comfortable with. The words used to write the content were comprehensible.

FAQ Sheet:
A few players used the FAQ sheet which was named- SRH ABCD to find meanings of IUD, abortion. (as it has the complex terminologies appearing on the cards in alphabetical order).

Content:
The cards seemed to lack clarity and allowed the players to use them flexibly. This became a problem as there was ambiguity in deciding the scenario expressed in the card.

Game Structure:
Even after reading the instructions from the rule sheet, the players were not clear about the rules/ structure of the game before playing. Many suggested that a video about how to play the game would be helpful.
They preferred the Level 1 as it had more possibilities and the cards had to be always chosen from a particular stage which avoided the situations of unavailability of logical cards (which happened a couple of times in level 2).

The level 2 was more fun to play because of the competitive nature. However, the joker and my turn cards were not used efficiently as the instructions weren't clear. It might be helpful to give a list of all cards in order to know what exact content goes on the joker card. Mechanics and usage of the my-turn card needs to be tweaked further as the card cannot be played in the last round of level 2.

Game Play:
In Level 1, some cards reached a dead end and there were no cards that could be played after that in that stage. Such specific cards need to be modified further.
In Level 2, some players found the cards in hand as too less and asked for more cards so that there would be more possibilities.

Game Dynamics:
The game was able to spark a lot of conversation and lively discussions from the players. Since 2-3 peers were playing together as one player, they had discussions regarding which card is better. Most players consulted one another and the facilitator as well ensuring that they were using the right logic. Comments like- "कुणीतरी काहीतरी करा! (somebody please do something)", "Safe होईल ना (Will this be safe) ", "हे नाही… हे जास्ती बरोबर आहे (not this… this seems more appropriate)" and disappointing remarks if somebody played a card that made the journey sorry, etc. showed that the peers were involved in the game.
The role of a facilitator was crucial in order to make sure that the logic played is scientifically correct as well.

(Images from the Playtesting)

15
Future Scope

The existing design has scope of improvement in terms of content and the game structure. In terms of usability, the sizes of the different stage could be varied to make card sorting for level 1 easier. The game content needs to be refined further in order to increase clarity and remove ambiguity. The role of a facilitator is the make sure the journey is scientifically accurate as mentioned in the earlier section. This limits the scalability of the game as it cannot be played without a facilitator. Language is another dependency which make the target group narrower. Such limitations can be removed by converting this into a Digital self-explorative game. However, it should not lose the element of discussion which is an important aspect.

Similar games can be created for other SRH content. Interactive tools that cater to the facilitation training is another possibility which will be useful for the Facilitators to conduct the sessions.

16
Conclusion

Sexual Reproductive Health (SRH) is a domain ridden with inhibitions, myths, misinformation just like parasites. It is taboo to talk about it openly which makes intervening in these spaces even more difficult. Comprehensive Sexuality Education (CSE) sessions' objective is not only to provide the right information but help in building a positive attitude towards the topic. Such sessions highly depend on the facilitator's skills to engage the participants of these sessions in the content. In order to do that, facilitators themselves need to be free of inhibitions in talking about these topics and be non-judgemental so that the participants feel comfortable to open up in front of the facilitator. The card game, 'Safe / Sorry' can be a tool to revisit some of the content covered in the sessions/ workshops for participants as well as peers. It is an intervention that makes the serious SRH topic fun, engaging and strikes conversations, discussions about the subject. After improving the structure and content, Safe / Sorry card game might reduce the taboo around the subject and develop a positive attitude towards SRH.

17
Glossary

CSE: Comprehensive Sexuality Education
SRH: Sexual Reproductive Health
STD: Sexually Transmitted Diseases
SRHR: Sexual Reproductive Health and Rights
HIV: Human Immunodeficiency Virus

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