

**Report on the pilot of
'Choices & Decisions'- an interactive HIV & AIDS
board game for young people.**



Catherine M. Moleni & Mairi E. MacDonald

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All the schools

Likangala Secondary School
St. Mary's Secondary School
Songani CDSS
Nsondole Secondary School
Namisongo Secondary School
Malindi Secondary School
Zomba CCAP CDSS
Mponda Primary School
Chikamveka Primary School
Domassi DEM Primary School
Nankunda Primary School
Cobbe Barracks Primary School
Songani Primary School
Masongola Secondary School

Out of school youth groups

Tikondwe Youth Club - Zomba
Tisinthe Youth in Action - Zomba
Yoneco - Chinamwali Drop-in - Zomba
Tipindule Youth in Action - Zomba
Yoneco Cultural Troupe - Zomba
Khama Youth Club - Zomba
Sakata Green Care - Zomba
Nkhota kota Youth Organisation
Usapilanje Group - Nsanje
Mponela Youth Alive - Dowa
Kamwana Primary School – Dowa
Youth Health & Community –Lilongwe
Lingadzi CBO - Lilongwe
Mowe Youth Club - Nkhotakota

Finally, to friends & family from Scotland who provided funding to have the pilot copies of the game produced and the T-shirts printed.

All photographs were taken by Mairi MacDonald, with permission obtained.

Acronyms

CBO	Community Based Organisation
CDSS	Community Day Secondary School
CERT	Centre for Educational Research and Training
DEM	District Education Manager
EMIS	Education Management Information Systems
FGD	Focus Group Discussion
HIV & AIDS	Human Immuno-virus and Acquired Immunodeficiency Syndrome
MDHS	Malawi Demographic Health Survey
MoE	Ministry of Education
MIE	Malawi Institute of Education
NSO	National Statistics Office
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TDC	Teacher Development Centre
YONECO	Youth net & Counselling

EXECUTIVE SUMMARY

Background

Youth in Malawi face many challenges and are disproportionately affected by HIV & AIDS. The majority of new infections are amongst the youth, with young women four more times likely to be infected than young men. Although knowledge on transmission and prevention of HIV is high, recent research shows that amongst adolescents the majority of sexual acts are unprotected and many myths and misconceptions regarding HIV & AIDS and sexual reproductive health remain, leaving many youth ill-equipped to make well informed decisions on sexual matters.

‘Choices & Decisions’ is a board game that has been designed to equip the youth of Malawi with life skills, knowledge and confidence to take responsibility for their own actions and lives. The emphasis is on HIV & AIDS, looking specifically at areas of risk taking and decision making. It also incorporates issues of sexual reproductive health (SRH), gender and self-esteem. The target age group for this game is youth aged between 14 and 18, although there is potential to extend the age range beyond this.

‘Choices & Decisions’ was piloted in Malawi between April and June, 2007, with the participation of school-based Anti-AIDS clubs and youth clubs targeting out-of-school youth in Zomba district and with Concern Worldwide – affiliated partners in Dowa, Lilongwe, Nkhosakota and Nsanje. The purpose of the pilot was to evaluate the game’s potential in contributing to positive outcomes for young people’s knowledge, attitudes and self-efficacy regarding HIV and AIDS and related issues and get feedback from various users on the effectiveness of the game as a learning tool, as well as their comments and suggestions for the content, layout and overall appearance of the game.

The evaluation adopted an action research approach, directly engaging trained game facilitators– AIDS-Toto patrons from primary and secondary schools and youth leaders - in the piloting of the game and the collection of data. Facilitators played the game over a period of three weeks with groups of young people selected according to agreed criteria and administered pre- and post-pilot questionnaires to all players. A total of 30 facilitators and 240 young people participated. During post-pilot evaluation sessions focus group discussions and other participatory evaluation exercises were used to draw out users’ views of the board game and its accompanying facilitators’ handbook.

Players

Approximately equal numbers of male and female youth participated in the pilot, drawn from both rural and urban locations, although, out-of-school youth were under-represented due to the inclusion of some school-going youth in the youth clubs targeting out-of-school youth. The majority of the out-of-school youth had received at least some secondary education, although a significantly greater percentage of boys had completed their secondary education compared to girls. Overall, the average age of players was 16 years, for both boys and girls. The average age amongst the out-of-school youth was slightly higher at 19 years, with ages ranging from 14 to 26 years, reflecting a number of older members of the participating youth clubs that were included in the pilot.

Mass media is an important means of conveying information and messages about HIV & AIDS and related SRH issues. The majority of the players, in both urban and rural areas, had access to some form of mass media, predominantly radio, although access was more of a problem for rural dwellers: over half of all players from urban areas reported having access to television.

Over two-thirds of players agreed that they worry about issues related to sex and sexuality and over half worried about their own personal risk of contracting HIV & AIDS. Although many of the players reported multiple sources of information on HIV & AIDS, relatively few appeared to have sought out advice and discussed their concerns with parents or other adult family members, fewer still with health workers. Therefore, it is encouraging to note that during the course of the pilot there had been an increase in the numbers of players who said they had talked over their concerns and sought information from health clinics/workers. In addition, prior to the pilot, fewer girls mentioned youth clubs as a source of information on HIV&AIDS, compared to boys, a situation more pronounced amongst the out-of-school youth. Following the pilot this increased, perhaps, reflecting the use of 'Choices & Decisions', and indicative of its potential as a learning tool in clubs, as well as to improve access of out-of-school girls to much-needed information on HIV&AIDS and SRH.

Views on 'Choices & Decisions'

During evaluations sessions, participants stressed that the content of the game was relevant to the youth, providing them with important information about HIV&AIDS and SRH, as they explore their sexuality and need to make decisions on sex-related matters, which can affect their future lives. There was general agreement, however, that the range of topics was not sufficient and that additional issues such as human rights, culture, positive living, stigma and discrimination and others should be included. Despite the sensitive nature of some of the content, the vast majority of players agreed that the language used in both English and Chichewa versions was appropriate for the targeted age group. Participants recommended that both English and Chichewa versions be maintained, with players free to express themselves in either language.

In terms of the design of the board, feedback was generally positive and many spoke of their appreciation of the bright colours and attractiveness of the design. The few concerns raised were mainly regarding the number of times activity squares would be landed on during the course of the game and repetition of the same questions/activities if the game was played several times. Participants recommended that the number of question cards for each topic should be increased.

As a learning tool, 'Choices & Decisions' was welcomed as an innovative and useful resource for learning about HIV&AIDS and related topics, engaging young people in discussion about important issues in a non-threatening environment. There were also spin-off benefits in terms of improved teacher-pupil interactions and greater participation of players in other class activities. Generally, after some initial shyness on the part of some girls, boys and girls were reported to have participated equally and all participants agreed that the game should be played in mixed groups. Suggested ages of players ranged from 10 to 25 years, with the proviso that younger and older players be grouped separately.

Discussions with players emphasised the importance of having a facilitator while playing the game. The majority of players were comfortable with a facilitator of either sex, although a significant minority of girls said they would prefer a female facilitator. Over half of the players said they would prefer a teacher or another adult to facilitate, underlining the effectiveness of recruiting and training patrons of school-based clubs and other teachers as facilitators. Whilst the majority of out-of-school youth said they had no preference as to the age of the facilitator, very few players expressed a specific preference for their peers, thus raising questions as to the popularity of using peer educators in this and other youth-targeted programmes.

Potential Impact of 'Choices & Decisions'

Although the players' initial knowledge of HIV & AIDS transmission and prevention and SRH was relatively high, their involvement in the pilot has shown to have had a positive impact, further increasing knowledge levels, assisting many to distinguish correctly between low and high risk behaviours and dispelling certain myths regarding HIV transmission and sexual reproductive health. Findings also show improved levels of awareness amongst the players of their own personal risk from HIV&AIDS and an increased confidence to both go for VCT and to disclose their status if found to be HIV positive. Attitudes to condoms remain predominantly negative, however, and further adaptation of 'Choices & Decisions' should incorporate opportunities to debate this issue further.

Findings from this pilot study also indicate an improvement a reduction of gender stereotyping amongst some of the players, possibly in relation to increased opportunities for both sexes to interact and share ideas through playing 'Choices & Decisions'. A greater number of players demonstrated positive attitudes to gender roles following the pilot, as well more positive attitudes to girls negotiating relationships.

In terms of self-esteem, however, findings were less conclusive: there was some indication that self-esteem was already high and there was little evidence of improvement over the period of the pilot, although this may have been a reflection on difficulties of finding a useful measure for self-esteem. Evidence from discussions with both participants, however, were indicative of increased confidence, self-efficacy and greater engagement in classroom activities amongst some of the players, particularly girls.

In addition, findings suggest that, through their involvement in the pilot, the likelihood that young people would discuss and seek advice regarding their concerns about HIV&AIDS had increased. As well as evidence of girls' improved access to information through youth clubs, there was an increase in the number of players reported to have accessed information from health clinics. To further support these positive outcomes, it is recommended that a list of possible contacts, such as youth-friendly health services and youth NGOs, be included in the facilitators' handbook.

The Way Forward

When asked how they envisioned 'Choices & Decisions' being used in the future, participants said that they would like to see it going nationally, into schools, churches, youth clubs and even into homes. All were keen to maintain and extend activities started under the pilot, by, for example, setting up competitions between participating clubs and schools. Others noted the importance of utilising trained facilitators to train colleagues and establish more opportunities for playing the game. All participants stressed the need to provide additional copies to existing clubs and increase production overall.

Facilitators were also in agreement that the game could be mainstreamed into schools as a class-based activity, in addition to its role in AIDS-Toto clubs, to complement existing life skills and social studies curricula. Given the overwhelmingly positive feedback from both facilitators and young people, as well as evidence of positive outcomes and longer term potential impact, it is recommended that government, through the Ministries of Education and Youth, Sports and Culture, partner with other key stakeholders to support the mainstreaming and phased roll-out of this resource into schools and youth clubs across Malawi.

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The Background

1.1. The Context

Malawi is a small, densely populated, landlocked country in sub-Saharan Africa. Tanzania borders it to the north, Mozambique to the east and south and Zambia to the west. Malawi is approximately 900 kilometres long and Lake Malawi, which covers about a fifth of the total area of the country, is 475 kilometres long and runs along Malawi's eastern border.

Formerly a British colony until gaining its independence in 1964, Malawi has limited natural resources and an economy highly dependent on agriculture. Following thirty years as a one-party state under the leadership of Dr. Hastings Kamuzu Banda, the country's first multiparty elections were held in 1994 and a new, democratically-elected government was put in place, closely followed by the adoption of a liberal constitution in 1995, enshrining human rights and the democratic process.

Currently, Malawi remains one of the poorest countries in the world. Due to the country's economic problems, coupled with the recent rapid increase in the population, Malawi's per capita income has declined from US\$230 in 1994 to about US\$160 in 2001 (UNESCO, 2005). Poor health and social indicators such as malnutrition, high morbidity and mortality rates, and food insecurity, characterise poverty in the country, where an estimated 65% of the population live below the poverty line (NSO, 2005).

Table 1: Selected Development Indicators for Malawi

Indicator	
Population*	11,627,000
Total area (sq km)	118, 484
Land area (sq km)	94, 276
Density (population per sq km)**	105
Urban population (%)**	14
Total fertility rate*	6.1
Under-five rate (per 1,000 live births)*	133
Life Expectancy at birth (years)*	37.5
Literacy rate (%)*	66
- <i>female</i>	52
- <i>male</i>	79
HIV adult prevalence (%)*	12
GNP per capita***	\$160

* 2004 Malawi Demographic Health Survey (NSO, 2005)

** 1997/98 Integrated Household Survey (cited in NSO, 2005)

*** 2005 EFA Global Monitoring Report (UNESCO, 2005)

Despite a slight decline in fertility rates, the population structure is characterised by a high proportion of people below 15 years of age (approximately 45% of the population). Population density has increased dramatically and recent years have

also seen an increase in urbanisation, although over 85 percent of the population is still found in rural areas.

According to the 1998 census, adolescents aged 12 – 19 years old make up just under a fifth (18%) of Malawi's population. Young people in Malawi, as elsewhere, face many challenges. Access to secondary education is limited and, despite improved enrolment rates in recent years, the majority of young people who exit the formal education system drop out early in the primary school cycle; few enter the formal economic mainstream (Kadzamira and Nell, 2004). Long-term unemployment amongst youth is high, particularly amongst young women, and many marry young: a third of female youth aged 15 – 19 years are either married or co-habiting (NSO, 2005).

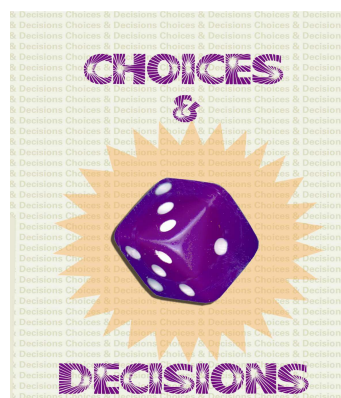
Youth in Malawi are also disproportionately affected by HIV & AIDS. The majority of new infections are amongst the youth, with young women four more times likely to be infected than young men. Currently, the estimated HIV prevalence rate amongst 15-24 year-olds is 6% (9% amongst females and 2% percent amongst males. The national estimated HIV prevalence rate for 15 - 49 year-olds is 12% (NSO, 2005).

Although knowledge on transmission and prevention of HIV is high, recent research shows that amongst adolescents the majority of sexual acts were unprotected, thus exposing them to unplanned pregnancies and the risk of contracting HIV or other STIs (Munthali et.al., 2006). In addition, many myths and misconceptions regarding HIV & AIDS and sexual reproductive health (SRH) proliferate among young Malawians, leaving many youth ill-equipped to make well informed decisions on sexual matters.

1.2. Developing 'Choices & Decisions' – an interactive HIV and AIDS board game for young people.

'Choices & Decisions' is a board game that has been designed to assist young people to address and discuss some of the complex choices and decisions that they make daily. It takes a rights-based approach to education for both in-school and out of school youth and aims to equip the youth of Malawi with life skills, knowledge and confidence to make their own choices and decisions and take responsibility for their own actions and lives.

The main emphasis of this resource is HIV & AIDS, looking specifically at areas of risk taking and decision making. It was also designed to incorporate issues of sexual reproductive health (SRH), gender and self-esteem, factors that influence people in relation to HIV & AIDS. The target age group for this game is youth aged between 14 and 18, although there is potential to extend the age range beyond this.



'Choices & Decisions' aims to support the Malawi Government's HIV/AIDS policy and strategic plan, which were developed to guide and strengthen a national, multi-sectoral response to the HIV/AIDS epidemic in Malawi, including interventions to provide much-needed information, as well as medical care. Ultimately, the goal of 'Choices & Decisions' is to contribute towards achieving the Millennium Development Goal for HIV & AIDS in Malawi, to – to halt and begin to reverse the spread of HIV/AIDS by 2015.

'Choices & Decisions' was designed by Mairi MacDonald, during her time as a VSO volunteer in Zomba, Malawi (2003 to 2005), working as a Youth Development Advisor in a local youth NGO, YONECO. In the textbox below, she tells her story...

The transition from youth to adulthood is full of challenges. Daily, young people are faced with making choices and decision on all aspects of their lives. As adults we try to give advice, sometimes they listen, sometimes they don't. We are quick to tell them what is right and wrong before giving them time and support to think for themselves and consider the consequences of their own actions. Is this effective or can we advise our youth in other ways?

The concept for designing the board game came about after a needs assessment carried out amongst the youth in Zomba district. What emerged, amongst other things, was a gap in the way young people got accessible, youth friendly information on HIV & AIDS, SRH and other related issues. Young people have a right to access information and it does not always have to be presented in the traditional style of reading from books, or from teachers and youth leaders. I therefore had the idea of creating a resource that would be interactive, educational and, most importantly, fun and enjoyable for the youth of Malawi. People learn best when they are interacting, relaxed and at ease.

After this initial idea I realised if this resource was going to be developed further I required the support, advice and guidance from the young people I worked with at YONECO. Many of these youth played a significant role in the development of the game, especially giving a Malawian perspective.

Encouraged by a small group of youth who quickly understood the concept of the game, we set about designing questions, statements and looking for relevant answers for a range of topics. Whilst still in draft form, we played the game with 40 young people from community based organisations and youth clubs throughout Zomba District who were involved in training organised as a result of the earlier needs assessment. We wanted to see how accessible and interested the youth were in the game. They quickly grasped the concept of playing the game and absorbed themselves into it.

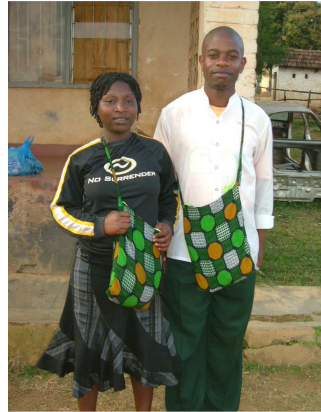
I felt it was important that the youth had some form of ownership of the game, especially as I envisaged them being instrumental in facilitating it in their own communities. All throughout the development of the game, there has been a great level of enthusiasm from the youth in Zomba District as they anticipate using it in their local clubs.

Mairi MacDonald

'Choices & Decisions' - What does it look like?

The game comprises of a board, a facilitator's handbook, topic cards 8 counter pieces and a dice. Topics include: Decision Time, High Risk/Low Risk, It's a question, Who am I?, SRH and Gender,

They are packaged together in a locally made 'chitenji' bags as shown by two of the facilitators who took part in the pilot.



1.3. Purpose and objectives of the pilot

'Choices & Decisions' had received a lot of exposure during its development¹, although there has been no opportunity of carry out a comprehensive evaluation of the game, and almost all the feedback has been verbal. Whilst many interested parties had expressed their appreciation of the game, there was little evidence to show what impact the game could potentially have.

The overall purpose of this pilot was to get feedback from various users in order to evaluate its potential in contributing to positive outcomes for young people's knowledge and attitudes to issues of HIV and AIDS, gender, SRH and enhancing esteem. As any new material is being developed it is important to know how useful it is to the target audience, do they like it, how much will it be used, is it attractive, does it do anything different from other resources/ educational materials? The pilot also aimed to collect comments, ideas and suggestions from users for fine-tuning the content, layout and overall appearance of the game, as well as the feasibility of using the game as a learning tool.

Objectives of the pilot

1. To evaluate the contribution the game makes to increasing young people's level of awareness and understanding HIV & AIDS, Sexual Reproductive Health, gender issues and self-esteem.
2. To examine the relevancy and adequacy of the Facilitator's Handbook and other materials developed, including local resources.
3. To assess the 'user friendliness' of the game.

¹ Refer to Appendix for list of earlier pre-testing and opportunities for exposure.

1.4. Report Structure

This report has been written in such a way that reflects the process the researchers took to conduct the pilot study. The first chapter gives some contextual information about Malawi and its youth. It also gives background information on the development of 'Choices & Decisions' and explains the purpose and objectives of the pilot. Chapter 2 describes the methodology and explains the processes involved in conducting the pilot. Chapter 3 presents a brief profile of the players, including information on their household characteristics and where and from whom they access information about HIV & AIDS.

In chapter 4, the participants' views on the content & layout of the game are discussed in detail, including the relevancy of the content, the appropriateness of language and recommended changes to the content and physical appearance of the board. Chapter 5 extends this discussion to focus on participants' perspectives on feasibility and 'user-friendliness' of 'Choices & Decisions' as a method of learning about HIV and related issues. Chapter 6 assesses the impact 'Choices & Decisions' had had on the knowledge levels, attitudes and behaviour of the young people involved in the pilot. Finally, Chapter 7 offers conclusions and recommendations for the way forward. Appendices include lists of detailed comments from participants on the content and layout.

1.5. Research Team

The Principal Researcher was Catherine Moleni, consultant in education and development, based at the Centre for Educational Research and Training (CERT), University of Malawi, who was responsible for the overall research design and development of research instruments, the training of facilitators and research assistants in action research methodology and the collection, analysis and interpretation of data. The pilot was coordinated by Mairi MacDonald, the designer of 'Choices & Decisions', who trained facilitators in the use of the game, conducted evaluation activities and was responsible for logistical support and monitoring throughout the pilot. The research team also included three research assistants: Monice Kachinjika, Hastings Honde, Chisomo Chaweza.

The Methodology

2.1. Overview

The pilot took place in Zomba district from April 12th to June 8th 2007. The pilot also incorporated participants from 4 other districts, namely Lilongwe, Nsanje, Dowa and Nkhosakota. Facilitators from identified clubs –youth clubs and school-based AIDS-Toto clubs – played ‘Choices & Decisions’ with selected young people over a period of 3 to 4 weeks. The evaluation of the pilot collected qualitative data on users’ perspectives on the content, layout and processes involved in playing ‘Choices & Decisions’, as well as quantitative pre- and post-pilot data on the players. The evaluation used a variety of methods: using facilitators to administer pre- and post-pilot questionnaires to the players and focus group discussions and other participatory evaluation exercises to draw out users’ views of the board game and its accompanying Facilitators Handbook.

2.2. Action Research Approach

The evaluation adopted an action research approach, directly engaging trained game facilitators in the piloting of the game and the collection of data. Action research goes beyond the mere reporting of participants’ views, but seeks to develop ideas based on the practice of the participants and encourages the transformation of feedback from research and evaluation activities into action. Thus, this pilot sought to gain suggestions and recommendations from users, based on their experiences of playing the game, which would directly inform the further adaptation and final development of ‘Choices & Decision’.

In addition, the action research approach not only ensured the genuine participation of actual users and brought a strong sense of ownership to those involved, but also enhanced the professional development of the facilitators – teachers and youth peer educators - through building their capacity and skills in research and evaluation activities and facilitation.

2.3. Selection of participants

Sampling of participants, involved the purposive selection of clubs based on the required target groups: school-going youth attending upper primary and secondary and out-of-school youth, representing both rural and urban locations². Inclusion of these different clubs in the pilot ensured representation of the range of views and opinions of different, potential target groups for the game. A decision was made to use clubs as the entry-point for the pilot, since this would utilise an existing forum for HIV&AIDS activities, with individuals experienced in this field – AIDS-Toto patrons and peer educators – act as game facilitators. In

² For the purposes of this report, ‘urban’ refers to clubs and/or individuals located within Zomba Municipality.

addition, confining the game playing to extra-curricular activities minimised disruption to participating schools.

Four groups of game facilitators participated, as listed below. In total 30 facilitators were identified.

- Youth peer educators from YONECO were selected as they were the youth that developed the game in the initial stages. They work with out-of-school youth - one of the main target groups that the game is aimed at - throughout urban and rural Zomba district.
- Concern Worldwide affiliated partners working with out-of-school youth in 4 districts
- Secondary teachers who are patrons at Anti- AIDS clubs in urban and rural Zomba district
- Primary teachers who are patrons at Anti – AIDS clubs in urban and rural Zomba district.

Selection of the clubs was done with the assistance of Primary District Education Managers for both Zomba urban and rural, the Divisional Manager for South East Education Division (SEED), YONECO Management and Concern Worldwide's HIV&AIDS country coordinator. Concern Worldwide, who funded the pilot, were keen that their affiliated partners should also benefit from the pilot, and it was agreed that seven such youth clubs from their target districts- Lilongwe, Nsanje, Dowa and Nkhatakota – should participate (see Table 2). Thus, three-quarters of the facilitators came from within Zomba District, whilst the remaining quarter was Concern Worldwide partners. The response from all the aforementioned institutions was very positive and remained so throughout the pilot.

Table 2: Selected Participants in 'Choices and Decisions' Pilot

Sampled Groups	No of facilitators	No of players in the pilot	Who are the players?	Evaluation Sessions (facilitators)	Evaluation Sessions (players)
Peer Educators (YONCEO)	8	64	Out of school youth / school going	8	4 females 4 males
Primary school Urban & Rural (AIDS Toto clubs)	7	56	Primary pupils	7	2 females 3 males
Secondary school Urban & Rural (AIDS Toto clubs)	8	64	Secondary students	8	2 females 2males
Concern partners (4 districts)	7	56	Out of school youth / school going	7	N/A
TOTAL	30	240		30	17

The players - out-of-school-youth and secondary and primary school pupils - were selected by the facilitators, according to criteria agreed during initial training sessions with facilitators. In total, 240 players were identified. This was considered a sufficient number for analysis of quantitative data and comparison of group characteristics, such as gender, location etc. Unfortunately, due to limited numbers of young people meeting the age criteria, particularly amongst the out-of-school youth, several of the players were older than 18 years (see section 2.9).

Criteria for the selection of players:

- 8 players
- Aged 14 to 18 years old
- Gender balanced (4 male & 4 female players)
- Members of AIDS Toto clubs (for the schools)
- Had never played the game before (for YONECO facilitators).
- Willingness to participate.

2.4. Instrumentation

As well as a full set of the board game for each participating club, the following instruments were used:

- Training evaluation form for facilitators.
- Pre-pilot questionnaire for young people.
- Post-pilot questionnaires for young people.
- Focus Group Discussion (FGD) guides for facilitators and players
- Pair-wise ranking chart.

All questionnaires and FGD guides were translated into Chichewa, the national language of Malawi, for ease of administration. The facilitators administered both pre- and post-pilot playing questionnaires to their selected players. All pre-pilot questionnaires were collected after completion, with the exception of the Concern partners who surrendered them during the post-pilot evaluation sessions along with their post-pilot questionnaire.

A consent form was written for all the facilitators to read to their respective clubs, outlining the aims and procedures of the pilot and seeking consent from parents/guardians (See Appendix) .

2.5. Training Activities

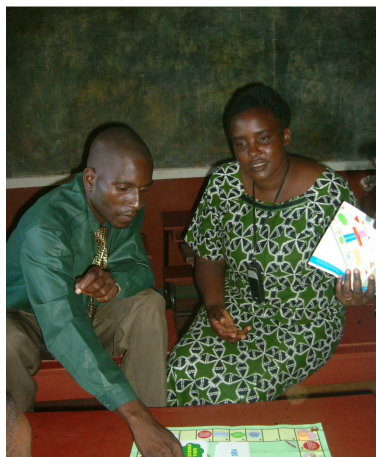
2.5.1. Research Assistants

Two research assistants were recruited from a pool of graduates with previous research experience who regularly work with the Centre of Educational Research and Training (CERT) and other research centres at the University of Malawi. The research assistants were introduced to the game and then heavily involved in translations of all the instruments. Prior to the evaluation sessions, a second training session was conducted with the two research assistants. The one day training involved translations and familiarisations / preparations for conducting FGDs.

2.5.2. Training of Facilitators

Following the development of the instruments and translation, a 2-day training session took place with all the 30 facilitators. For logistical purposes the training took place in Zomba, a locale central of the youth peer educators and selected primary and secondary school teachers. Concern Worldwide partners travelled from other districts throughout the country. The training session introduced the facilitators to the game, train them in basic action research techniques and how to administer the questionnaires. Each facilitator received a checklist document with a guide/timetable of events and activities to carry out during the pilot.

The 2 day training for Facilitators



A short evaluation of this initial training was carried during the facilitators' evaluation session. Overall, the feedback showed that the facilitators believed that they had received sufficient information during training and were confident to carry out the activities of the pilot (Fuller details are available in Appendix)

2.6. Playing the Game

Immediately after the two-day training session, each facilitator went back to their respective stations and identified 8 young people to play the game on a regular basis. Each of these selected players answered a questionnaire administered by the facilitator. At the end of the three-week period, the facilitators then administered post-pilot questionnaires to the same 8 players, in order to assess any measurable change in knowledge and attitudes.

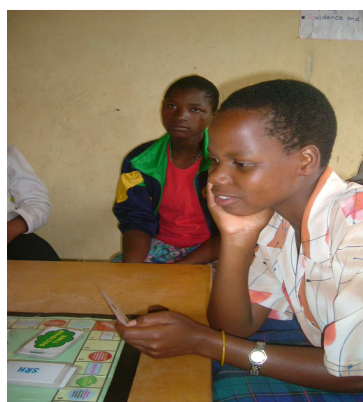
The facilitators played the game at least six times with the same 8 players during the three week period. Some facilitators said during the evaluation sessions that they had played up to twelve times. The facilitators were also given notebooks to keep a record of issues that emerged whilst playing the game. This information was useful during the evaluation sessions.

2.7. Monitoring

During the three-week period, the Pilot Coordinator spent time monitoring the facilitators in the field. The purpose of this was as an additional means of verifying that the research activities were taking place and to increase the validity and reliability of the data. Although this was not part of the evaluation process *per se* this proved to be a useful exercise that the facilitators enjoyed and appreciated. Not all 30 facilitators were visited but they all had regular contact through phone.



Yoneo – Cultural Troupe



Chikamveka Primary School



Likangala Secondary School



Mponda Primary School

2.8. Participatory Evaluation Sessions – Facilitators & Youth

Evaluation sessions took place over 2 days. All 30 facilitators participated in a one-day evaluation exercise on the first day, followed by a second day of similar activities with selected young people. Sixteen young people – eight girls and eight boys - were sampled randomly from schools and youth clubs selected to represent the different target groups (primary, secondary and out-of-school youth), stratified for location so as to include players from both urban and rural schools and clubs. On the day, one extra player came voluntarily and was included in the activities, so there were 17 in total. Budgetary and logistical constraints meant that all players participating in the evaluation sessions were from schools or clubs within Zomba district.

Day One: The Facilitators

The facilitators were divided into three selected groups, Primary and Secondary teachers and out of school Youth Leaders. They participated in three different activities, all of which provided feedback about various aspects of the game. Each group spend approximately an hour and half discussing each area.

1. FGD
2. Layout
3. Content of the facilitator's handbook (English & Chichewa)



Layout

The purpose of the layout group was to critique different aspects of the game; including colour, design, use of local resources, durability of materials used, print quality. They also gave useful feedback on the instructions and ease of playing. This process provided useful suggestions that can be incorporated in to design of the board and its components.

Contents of Facilitator's handbook

Each group took turns to closely critique both the English and Chichewa handbook and the question cards. Once again this was useful as they not only corrected information on the existing books but made good suggestions of additional questions that they wanted to see included, for example cultural practices and human rights.



Focus Group Discussions

Focus group discussions were conducted by the research assistants. To summarise, several key areas were discussed including the role of facilitators, 'Choices & Decisions' as a method of learning about HIV&AIDS, the appropriateness and relevancy of content and language, feasibility of mainstreaming in schools and observed knowledge and attitude change of players.



A Line continuum exercise

This was conducted as an energiser but also as an instant, visual measure to gather specific information on certain aspects of the pilot. 27 facilitators participated in this exercise. Examples are recorded in Table 3 below.

Table 3: Responses to questions during line continuum exercise

Question	Responses	
	YES	NO
Did you like playing the game?	27	0
Was it easy to set up?	27	0
Did you learn anything new from playing the game?	27	0
Did you like being the facilitator?	27	0
Did you play it with anyone other than the 8 people you selected?	18	9
Did you play it with any adults?	12	15
Did you show it to your colleagues?	27	0
Would you play it again	27	0

Mr Alofandika, the District Education Manager for Zomba Urban marked the end of the pilot phase with some closing remarks and presented certificates to all the facilitators to acknowledge the contributions they had made. All facilitators and the youth were then given a 'Choices & Decisions' t-shirt (with the financial support of friends from Scotland) as a token of thanks.



Day Two: The Players

During the second day of the evaluation sessions, the 17 players were divided into two groups, with the groups either predominantly in-school or out-of-school-youth. The two groups participated in an evaluation of the layout and a focus group discussion that explored issues relating to the content, language and use of the game as a learning tool, as well as elicited their views on the facilitation of the game.

All young people also participated in a line continuum exercise, similar to that conducted with facilitators, and a pair-ranking exercise. This latter exercise was a ranking exercise devised to gain young people's perspectives on the relative relevancy of the different topics within 'Choices & Decisions'.



Youth Line Continuum



Discussing the Layout



Focus Group Discussions



Pair-wise Ranking exercise



Youth presented with 'Choices & Decisions' T-shirts.

2.9. Lessons Learnt

Using an action research design had both its strengths and its limitations. As noted earlier (see section 2.2), the pilot was designed to promote genuine participation from facilitators in the research process. In addition, facilitators benefited from capacity building in terms of gaining skills in research and evaluation activities and facilitation. Many facilitators expressed how enjoyable and empowering the experience had been, with several teachers noting an improved relationship with their pupils. All facilitators said they had learnt something new from their involvement in the pilot (see Table 3). One facilitator commented,

...let us be honest, we have gained a lot of knowledge on interviewing techniques. In addition, I never knew what a questionnaire is. Now, I am very confident to interview...

In terms of the logistics of the pilot, using club patrons and peer educators to identify players made the process relatively straightforward, as they had already had an established relationship with the young people in their clubs and the selected players had the same leader throughout the pilot, giving them continuity during the process of playing the game. Unfortunately, however, several of the facilitators did not select players in strict accordance with the agreed criteria. A lack of availability of youth within the required age range (14 – 18 years), particularly amongst youth clubs, meant that a few older youth were recruited, thus somewhat skewing the responses from the quantitative data. In addition, although the sampling was designed to include approximately, half in-school and half out-of-school youth, several of the players selected from youth clubs targeting out-of-school youth, indicated that they were actually attending school. This has meant that out-of-school youth had been under-represented in this study, in terms of quantitative data, although their views were adequately represented during the evaluation sessions.

The main limitation of this study was, given the short time period, the difficulty in measuring any meaningful behaviour change in terms of sexual behaviour and, in fact, this was deemed beyond the scope of this pilot. In addition, it was decided that it was inappropriate to expect pupils to answer questions on their

sexual behaviour in questionnaires administered by their teachers. The few questions on sexual behaviour included in the questionnaire were asked of out-of-school youth only, although the small number of these youth that answered the questions rendered any meaningful analysis problematic and such questions were excluded from the final report.

Other challenges faced during the pilot were mainly linked to the capacity of the facilitators to administer the questionnaires. Although facilitators expressed confidence in the training received, there was some inconsistency in the completion of the questionnaires, with some questions not filled in and, with others, instructions occasionally misinterpreted. To ensure validity of the data, such responses were excluded from the final analysis. In addition, of the 240 players who were selected for the pilot, 8 dropped out: school pupils dropped out because they had left the participating school and, for out-of-school youth, family commitments interfered with their continued involvement.

In terms of making generalisations from the findings, the pilot is bound by the focus of its research – Zomba district – although it is hoped that the findings can be transferable, informing target groups in similar contexts. There was no significant difference between responses of players and facilitators from Zomba district with those participants from other districts involved in the pilot.



THE PLAYERS

3.1. Overview

This chapter briefly describes several characteristics of the young people that participated in the pilot. This information was drawn from pre-pilot questionnaires administered by facilitators to all selected players and includes background data on their schooling and household circumstances, as well as their access to mass media and information on HIV & AIDS and related SRH issues.

3.2. Characteristics of the players

Approximately equal numbers of male and female youth participated in the pilot (51% and 49%, respectively). However, as noted in the discussion of the methodology (see Section 2.9), out-of-school youth were under-represented amongst the players: just 22% of the players reported that they were not attending school. Of these out-of-school youth, a slightly greater proportion was male (58%) as compared to female (42%).

The majority of the out-of-school youth that participated in the pilot had received at least some secondary education (60% of girls and 71% of boys), although a significantly greater percentage of boys had completed their secondary education: 50% compared to 32% of girls. Of the remainder of the out-of-school youth, less than 10% had completed their primary education.

Overall, the average age of players involved in piloting 'Choices and Decisions' was 16 years, for both boys and girls. The average age amongst the out-of-school youth was slightly higher at 19 years, with ages ranging from 14 to 26 years, reflecting a number of older members of the participating youth clubs that were included in the pilot (see section 2.9)

The vast majority of players spoke Chichewa as their first language (81%), with a small minority speaking either ChiYao (9%) or Lomwe (5%). The remainder mentioned either Sena (those players from Nsanje), Chitumbuka or Tonga. The majority of players were Christian (85%), the remainder (15%), Muslim reflecting national trends.

Of the 172 players under the age of 18 years, almost a third (31%) were single orphans. About three times as many players had lost their father (23%) as had lost their mother (8%). A significant number of the players had lost both parents (9%). Thus, overall, 40% of players under 18 had experienced orphanhood. These figures are slightly higher than national trends. A recent national survey of adolescents indicated that 31% of respondents (aged 12 – 18 years) had lost one or both parents, with 6% having lost both (NSO, 2005).

Whilst these figures may not be significantly different, it is possible that the relatively higher proportion of orphans amongst players reflects a situation where adolescents directly affected by HIV & AIDS in their families felt drawn to join clubs tackling such issues.

Figure 1. Where players live

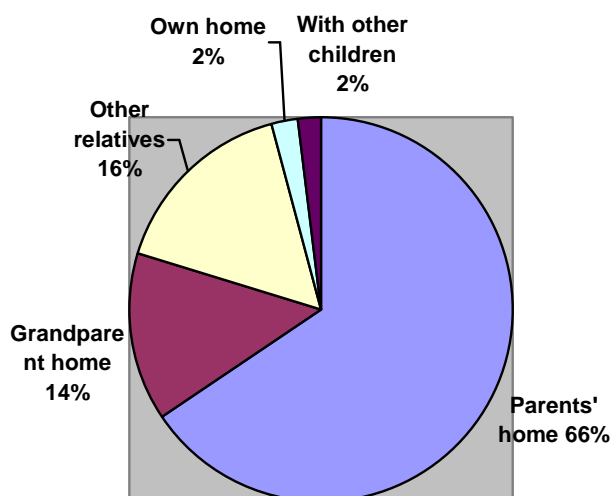
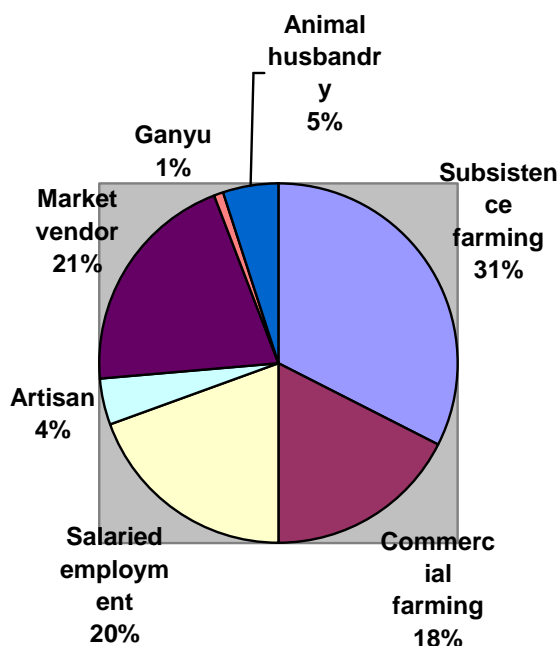


Figure 2: Main source of household income, rural.



3.3. Household Characteristics

Approximately equal numbers of the players were located in rural or urban areas (53% and 47%, respectively), reflecting the sampling design of the pilot.

Whilst the majority of players said they lived with either one or both parents (66%), a significant minority lived with either their grandparents (14%) or other relatives (16%).

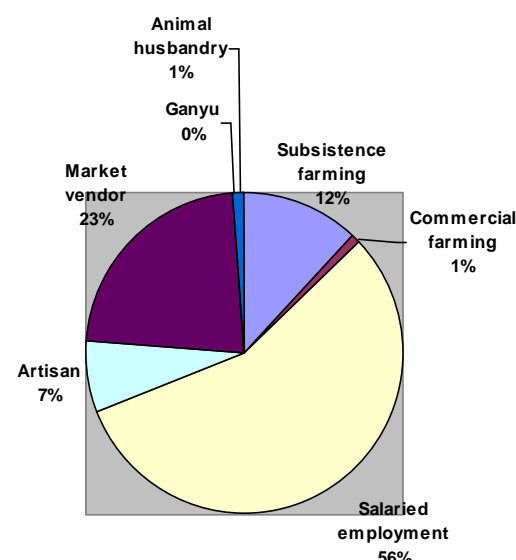
Comparing the household characteristics of players in urban and rural locales, it is perhaps not surprising to see a much greater dependency on farming in the rural areas. Figures 2 and 3 show that just under a third of players in the rural areas (31%) live in households where the main source of income is subsistence farming and just under a fifth (18%) dependent on commercial farming. This compares to just 12% of households of players attending schools or clubs situated in urban areas.

The main source of income for players' households in the urban areas was salaried employment, reported by over half of the players (56%), although a fifth of players (20%) from the rural areas also stated that their household's main source of income was from salaried wages.

Approximately equal numbers of players' households in both rural and urban areas were reported to be dependent on informal trading in markets for their income (23% and 21%, respectively.)

The majority of players from urban areas (85%) reported that their households had electricity, compared to just 19% reported by players from rural areas.

Main source of household income,urban.



3.4. Access to mass media

Whilst the mass media an important means of conveying information and messages about HIV & AIDS and related SRH issues, questions about access remain (Munthali et.al.,2006). Players participating in the 'Choices & Decisions' pilot were asked whether or not they had selected items, relating to mass media, in their households. Table 4 Shows that the vast majority of the young people, in both urban and rural areas, had access to radio (85% and 89%, respectively), somewhat higher than the national figure of 62% reported during the 2004 MDHS (NSO, 2005). Similarly, a relatively high proportion of the players said they had television in their homes, compared to national trends, with the 2004 MDHS reporting figures of 21% in urban areas and just 2% in rural areas (ibid). Over half of all young people from urban areas (58%) who participated in this pilot reported having access to television.

It is possible that this is indicative of a situation where those adolescents who have greater access to mass media – such as television and radio – and, thus, greater access to discussions and information regarding HIV & AIDS, might be more inclined to join anti-AIDS clubs.

Table 4: Percentage of players' with selected media in their households

Media	No. of times mentioned by players (%)	
	Rural	Urban
Radio	85	89
Television	20	58
Newspapers/magazines/brochures etc.	66	81
Books	76	86

It is also worth noting that, whilst the majority of players reported to have access in their homes to printed media – books, newspapers etc. – this was higher amongst those from urban areas (see Table 4), with a quarter (24%) of players in rural areas having no books in their households and just over a third (34%) having no newspapers, magazines or brochures. Thus, the data shows that, in general, access to mass media was more of a problem for rural dwellers.

3.5. Access to information on HIV & AIDS and SRH.

Of the young people that participated in the 'Choices & Decisions' pilot, over two-thirds (67%) agreed that they worry about issues related to sex and sexuality, with little difference between girls (69%) and boys (64%). When asked whether they ever worried about their own personal risk of contracting HIV & AIDS, over half (51%) agreed that they did. A slightly greater proportion of boys (57%) compared to girls (44%) expressed this concern. These figures remained consistent when the few outlying older youth were excluded from the analysis.

Given that recent research (Munthali et.al. 2006) shows that the majority of adolescents (12 – 19 years) had not yet had sexual intercourse (79% of girls and 59% of boys), this level of concern about sex-related matters and HIV& AIDS amongst the players, underlines the shadow that such issues can cast over adolescents' lives during this transitional period. It is all the more important, therefore, that young people have access to accurate information on HIV & AIDS and related issues and feel free to seek advice and discuss their worries.

According to Table 5 , the most common source of information on HIV & AIDS and sex-related matters for players participating in the pilot was, by far, the radio, cited by 80% of girls and 83% of boys. Other common sources of information reported include: Anti- AIDS clubs and other youth clubs, printed media, teachers and parents. Only a fifth mentioned clinics and/or health workers as a source of information on HIV & AIDS, possibly reflecting limited youth-friendly services.

Table 5: Percentage of players reporting sources of information on HIV & AIDS and SRH.

Sources of information on HIV and AIDS and SRH.	No. of times mentioned by players (%)	
	Female	Male
Radio	80	83
Edzi-Toto club	47	52
Youth club/CBO	34	49
Printed media (newspapers, brochures etc.)	28	40
Teachers	34	38
Parents	35	32
Television	31	27
Friends (male)	4	25
Friends (female)	26	7
Health worker/clinic	18	20
Religious institution	14	16
Spouse/ partner	4	8
Other family members	8	6

According to the findings, there were few differences in cited sources of information by gender, except that girls were more likely to report getting information from female friends, whilst boys were more likely to report getting information from male friends. Boys were also more likely to get information from printed media, compared to girls, or from youth clubs or CBOs. (see Table 5). This was particularly pronounced amongst the out-of-school youth, where youth clubs were most frequently reported as a source of information for boys, compared to girls (90% and 57% respectively) This possibly reflects lower participation amongst girls in youth clubs – 28% of girls stated that they were members of a youth club or CBO compared to 40% of boys - and raises questions about the access of girls to the information they provide. Conversely, however, a greater number of girls who are out-of-school (38%) said that they get their information from health workers or clinics, compared to boys (17%).

When comparing urban and rural youth, some expected patterns emerged: radio remains the most frequently mentioned source of information, but it notably higher amongst the rural youth (90%) compared to those living in urban areas. Conversely, television as a cited source of information was more common amongst urban youth (37%) than rural youth (21%). Perhaps more surprisingly, more of the young people from rural areas named health workers or clinics as a source of information, compared to those from urban areas (26% and 12%, respectively), for both in-school and out-of-school youth. Access to information from health facilities was particularly low for in-school youth in urban areas: just 8% compared to 26% in rural areas. In relation to access to information provided through youth clubs and CBOs, again, this was consistently higher amongst rural youth compared to urban youth, both for out-of-school youth and those in school.

3.6. Talking about HIV & AIDS.

Although many of the youth that participated in pilot reported multiple sources of information on HIV & AIDS, relatively few appear to have sought out advice and discussed their concerns with parents or other adult family members, fewer still with health workers or other reliable informants. Prior to commencement of the pilot, of those players that admitted to worries about HIV & AIDS, just over half of boys (54%) and only a fifth (22%) of girls reported having talked to their mother and/or father about such issues. A third of girls (33%) said they had discussed issues of HIV & AIDS with other female family members, whilst the majority (69%) said they talked about such issues with their female friends. Compared to girls, fewer boys (49%) said they discussed issues of HIV & AIDS with friends of the same sex, although, similarly, just under a third (28%) said they talked to other family member of the same sex. Few young people reported having talked to friends of family members of the opposite sex, although this was more common amongst boys.

Very few of the players of either sex that had said that they had worries about HIV & AIDS said that they had discussed their concerns with health workers or teachers. Whilst few girls reported having discussed concerns in youth or school-based clubs, a significant minority of proportion of boys (20%), however, appear to use youth clubs as a forum to discuss HIV & AIDS and related issues. A small minority said that they had not talked to anyone (10% of girls and 15% of boys).

Whilst it is encouraging to note that majority of young people do talk over there concerns with their peers, clearly, there is a need to promote more open attitudes to discussing sensitive topics so that youth feel free to approach family members or other adults when worried and seek advice from reliable informants.

Content & Layout

4.1. Overview

As well as feedback from playing 'Choices & Decisions', the content, both facilitators and players closely critiqued language and layout of the game during the evaluation sessions. This process included discussions and activities designed to elicit perspectives on the relevancy of the content to the youth, the range of topics included, the language used and their general enjoyment of the game. Other activities critiqued the layout and durability and quality of materials used. This following section presents summarised findings from these activities, supplemented by quantitative data from post-pilot questionnaires. The facilitators were also asked to review content of the English and Chichewa handbooks, making written comments directly onto the handbooks. Given the level of detail involved, the results of this particular task are not included in this report, but annotated handbooks will be used in the further development and adaptation of the handbooks.

4.2. Relevancy of the content

During focus group discussions, both groups of youth agreed that they liked the content of the game and the specific topics included.

During FGDs, both the facilitators and youth consistently referred to the overall content of the game as relevant, saying that, as youth are at a stage in their lives where they begin to explore lots of new things, including sex and their sexuality, they need this sort of information. Also, youth are thinking about their futures and a need to know about the issues raised in 'Choices & Decisions', "so it will have a positive impact on their future. One member of the youth FGD said,

We need this information so that we do not do things unknowingly. In addition to this, the youth are the ones more likely to contract HIV & AIDS as they are sexually active. Providing this information helps the youth now and even in their futures

During focus groups discussions, facilitators agreed that all the topics within the game were relevant to the youth, with particular emphasis on issues of HIV & AIDS. One facilitator noted that, 'Decision Time' was particularly relevant because,

It is good for young people to help decide what they want now, as some of there decisions will be with them for the rest of their lives

Another FGD member said, talking about the topic 'Who am I', said,

...for one to know what their future will be like, he firstly has to know who they are so that improvements can be made from there.

And another,

Gender is another good topic, I mean we talk a lot about gender but nobody explains it well in Malawi

Findings from the pair wise ranking exercise done with the youth show how the youth prioritised the specific topics in the game according to their needs and personal relevancy. During this participatory exercise (see Section 2.8) all youth were asked to compare topics and state which they felt were more relevant to their future lives. Scores for all topics were then collated and final rankings made.

Table 6 shows that, overall, the youth believed that topics 'Decision Time' and High Risk/Low Risk' – both related to knowledge and attitudes regarding HIV & AIDS – were seen as the most relevant. Topics related to gender, SRH and self-esteem ranked lower, all with similar scores.

Table 6: Relevancy of topics, showing scores and final rank.

Topic	Scores	Rank
Decision Time	64	1
High Risk / Low Risk	61	2
Gender	36	3
It's a question	36	3
SRH	32	5
Who am I?	26	6

Comparing girls and boys responses, Table 7 shows that 'Decision Time' scored very highly amongst girls – and much higher than any other topics. Since this topic encourages young people to think about real issues related to HIV& AIDS and decide how they would tackle such issues, this appears to be a significant finding, given girls' limited opportunities for negotiation in sexual relationships. The popularity of this topic possibly reflects appreciation amongst girls for the opportunity to face and discuss issues that many are likely to meet in their future lives. With regard to the other topics, 'Gender' scored more highly amongst girls and, conversely, 'Sexual and Reproductive Health' was ranked higher by boys, although the difference with the girls' score for this topic was small. Whilst, overall, the topic 'Who am I', which relates to building self esteem, was ranked as the least relevant, participants did stress that they liked the topic and it should remain in the game.

Table 7: Relevancy of topics, showing scores and final ranking, by gender.

Topic	Girls		Boys	
	Score	Rank	Score	Rank
Decision Time	40	1	21	2
High Risk / Low Risk	28	2	23	1
Gender	21	3	11	5
It's a question	17	4	19	3
SRH	13	6	17	4
Who am I?	16	5	10	6

When youth were asked why 'Decision Time' and 'High Risk/Low Risk' were ranked as the most relevant as they said it was because they linked so closely with young people's daily lives, they liked standing on their own and having to make their own decisions, i.e. giving the answers, and they received a lot of information in the topics.

In addition, both girls and boys highlighted the 'Decision Time' and 'High / Low Risk' topics as most relevant to their future lives because they informed them on behaviours that could lead to infections and also clarified for them what they had previously perceived as high risk behaviours.

Although 'Who am I?' was perceived as the least relevant topic, the youth said that they liked the topic and would not like to see it go. Their reason for it being the least popular topic was linked with the instructions for playing the game: only the player who picks the card answers the question. They did not like the lack of participation.

4.3. Range of topics

When discussing the content of 'Choices & Decisions' all groups of facilitators and youth agreed that the content, whilst good, was not sufficient and that additional topics and questions should be included. They noted that some important issues had been left out. All groups mentioned the need to include issues of human rights, noting that young people need to be aware of their rights in order to avoid being exploited or abused. Four out of the five groups also said that issues of stigma and discrimination should be included, saying that this remained a problem in Malawi. Other suggested topics are listed in the textbox below.

One reason given by teachers for including a wider range of topics was that "we would want to cover many topics that are in the life skills and social and development studies", noting that "the game is good way of teaching the topics we want to address."

Suggested topics for inclusion in 'Choices & Decisions'

- Human/child rights
- stigma & discrimination
- culture
- drugs
- sexual abuse
- stress & anxiety
- parental/pupil conflict
- positive living
- role models
- ARVs
- spiritual life

4.4. Language

During focus group discussions, all respondents, facilitators and young people alike said that both the English and Chichewa language used was clear, easy to understand and suitable for the targeted age group.

When asked whether 'Choices & Decisions' should be played in English or Chichewa, all groups of facilitators agreed that both versions should be available and that it depended on the needs and/or level of education of the players. One FGD noted that out-of-school youth might feel more comfortable with the Chichewa version, whilst for those youth still in school it was a good opportunity for them to practice their English skills. Regardless of whether the players had been using English or Chichewa version of the game during the pilot, all facilitators said that, whilst playing the game, discussions took place in both English and Chichewa, with players free to express themselves in whatever language they felt comfortable with. Some youth who played with an English version said that where English words were unfamiliar their facilitators assisted them.

When asked if any of the language used made them feel uncomfortable, 94% of the players who answered questionnaires said that it did not. During focus groups, the facilitators and young people alike commented that most young people are already familiar with words or terms that may be construed as sensitive or embarrassing. Thus, facilitators said, they never avoided discussing certain topics because of this. However a few of the youth talked about some embarrassing words and issues such as 'periods', talking about one self and answering questions about the opposite sex were sometimes difficult.

Despite such concerns, the consensus amongst both youth and facilitators was that when one is talking about HIV /AIDS and other related issues certain words can never be avoided so mentioning and discussing such things has become the norm.

4.5. Layout and appearance of the game

All players who answered the post-pilot questionnaire (100%) said that they liked the appearance of the game. During FGDs, the youth also gave positive feedback regarding the appearance and layout of the game. One young person commented,

I liked the colours on the game. They are so attractive. Just the colours, they encourage people to see and ask what the game is all about".

The vast majority of players (92%) also said that they found the game easy to set up, an observation that, during the line continuum exercise, was agreed to by all facilitators.

During the evaluation sessions, the facilitators and youth critiqued the design, quality and durability of the game³. This included the board, its layout, the facilitator's handbook, the topic cards and locally made resources (i.e. dice, counter pieces - sewed bottle tops - and a cloth bag for packaging). There was

³ See Appendix for a detailed account of issues raised.

much positive feedback and many constructive comments, which can be used to inform the further adaptation of the overall appearance and content of the game. The most favoured aspects of the board and other materials was the design and its colourfulness, many youth and facilitators alike commented on its attractiveness and how this made young people curious to play.

The main concerns raised about the layout were regarding the design of the squares around the board. The players and facilitators commented on the inappropriateness of the existing colours used in the first and last squares. The first square (start) is red and clashes with other red spots around the board, which are danger spots, the last square which is the winning was said to be not bright nor significantly coloured enough. Other squares, known as resting squares, are blank. There are deliberately no instructions on these so that the player just rests until their next turn. Comments from youth included,

...I don't like the colour of the starting point. Being a special square, I expected it to have any other colour but different from all the other squares...

...I never liked the resting squares. There are too many and most of the times I landed on them. The main aim of the game is that we learn things then what is the need for us to rest?...

The resting squares caused great debate during all the FGDs, whilst some people felt that there were too many and should all be filled with topics for the youth to answer others, accepted this was the nature of the game design and thought it was fine as it was.

It was also noted that the quality of print on the board made it difficult to read instructions, particularly in the Chichewa version.

4.6. Recommendations from participants

At the end of each day of evaluation activities, a short plenary session summarised key issues coming out of the discussions and a few key recommendations were made.

- With regard to the content, facilitators recommended that an additional topic should be included where issues suggested for inclusion could be located (see textbox 'Suggested Topics, above). This topic was provisionally named 'Mixed Bag'. The youth agreed with this idea.
- Facilitators and youth agreed that the number of question cards within each topic was not enough and recommended they be increased from 9 to 15 per set. The reason given for this was that players found that they often answered the same questions twice whilst playing the game.
- With regard to the appearance, the printing needed to be made clearer and changes to the colours of specific squares should also be made.
- Both the youth and facilitators agreed that the behaviour statements around the board should be changed from second person to first person in order to have a greater impact. For example, on square 32 it currently says, 'You have had unprotected sex, go back to the start'; it was suggested that it should read, 'I have had unprotected sex, go back to the start.'
- The quality of material used for the handbook and the cards is not durable and therefore needs to be improved upon.

‘Choices & Decisions’ as a method of learning

5.1. Overview

This section presents findings from evaluation sessions and from the post-pilot administration of questionnaires regarding both players and facilitators perspectives on using ‘Choices & Decisions’ as a tool for learning. ‘Choices & Decisions’ was designed as an alternative, participatory and interactive method of promoting discussion and learning about HIV & AIDS and related issues. During focus groups, participants discussed issues relating to the overall approach of the game, as well as many of the practicalities regarding facilitation and suggested instructions for playing the game. Perspectives on where the game could best be utilised are also presented.

5.2. A participatory, interactive approach to learning about HIV& AIDS

Although designed as a learning tool, ‘Choices & Decisions’ is first and foremost a game and, with that in mind, young people were asked whether they had enjoyed playing the game. All players (100%) that answered the post-pilot questions agreed that they had enjoyed playing the game.

Main reasons why players enjoyed playing the game:

- The combination and relevancy of topics covered.
- It encouraged them to work hard and make good decisions.
- it taught them how to prevent and abstain from risky behaviours.
- They gained knowledge on HIV issues and other frequently asked questions.
- It was a opportunity to learn English,
- it was a form of entertainment

During FGDs, there was consensus from both facilitators and youth that ‘Choices & Decisions’ was a very good method of learning about HIV and other related issues. They further said the approach is very good because it is easily to use, there are a lot of relevant issues covered and a lot discussing and sharing ideas

takes place around the game. One youth said he loved the idea of learning issues whilst playing a game whilst another youth went on to say,

*...it's fun. You chat, discuss issues and gain knowledge.
There is no pressure as when you write exams.*

On a similar positive vein, the facilitators commented that using this approach had enabled them to discuss potentially embarrassing issues and use straightforward language with young people more easily; that it has provided a conducive environment to discuss sensitive issues; it had empowered the youth to discuss issues related to themselves; they liked how it explained HIV & AIDS and related issues easily; it has been educational but entertainment at the same time (this comment specifically came from an out of school youth leader where there is often little socially for youth to do). Comments from facilitators included:

*Its more like group work, its interesting because you share ideas
and learn from each other.*

*I admire this game, if we are to talk about it as a method of
learning about HIV and related issues. Even in a class where one
has one period of teaching, you cannot combine a lot of topics at
one time... 'Choices & Decisions' ... manages to teach so many
topics at one goal. I mean, let's be realistic, who can manage to
do that apart from 'Choices & Decisions'*

During FGDs, some of the teachers also mentioned additional benefits they saw in their role as a facilitator, such as a great improvement in the interaction between teachers and pupils and those who had participated in the game had become more involved in their other classroom activities.

Although the feedback regarding 'Choices & Decisions' as a useful method for young people to learn more about HIV and related issues was very positive, there were some concerns raised including the length of time involved in playing the game. A teacher who played the game after school hours brought up this issue, saying that parents expressed concern when their children were getting home just at darkness. Some Facilitators also had concerns about target age group, noting difficulties when older and younger youth play together (see section 5.5). Other issues relating to the feasibility and practicalities of how the game should be played are discussed in the following section.

5.3. Guidelines for playing 'Choices & Decisions'

'Choices & Decisions' is played with 8 people and a facilitator. Each player takes turn to throw a dice and travel around the board in order to reach the last square, square 33. As they travel around the board they will land on squares, some with instructions and some without. Whilst playing, the players interact with each other and answer the questions posed as a result of landing on specific squares. The first person to reach square 33 is declared the winner. It is then optional for the other players to continue until they have all reached the end. Post test questionnaires revealed that 92% of the youth felt it was important to have a winner, thus showing that playing the game and the element of competition was as important to them as the knowledge they gained. It was also noticed during the monitoring visits the games was always played until there was a winner and young people were proud to say how many times they had won.

5.3.1. Equal participation of girls and boys

During FGDs, both the youth and the facilitators generally agreed there was good participation of both boys and girls. Noting that "...the design of the game automatically encourages everyone to speak" and "...with the design of the game, boys and girls participate in the same way". However, one group of facilitators also commented that girls were initially shy but went on to say, with time, their level of involvement grew and noted that other players also encouraged the participation of the quieter ones. Linked to this, the facilitators also said that the players were generally comfortable in expressing themselves and were spurred on by the element of competition with each other.

There was consensus throughout the FGDs that 'Choices & Decisions' should be played in mixed groups, because girls and boys have a lot of things to learn from each other and the exchange of knowledge can be greater. In addition to this, all the FGDs made the comment that the game talks about 'gender' so it should be practiced. One player from an all girls school commented,

It was hard playing girls only because if we picked a question about boys, we couldn't know the real answer to that.

5.3.2. Number and age of players

There was consensus amongst all focus groups that 8 was a good number of players. One facilitator said,

To be honest, we have no problem with the suggested no. of players (8). It was actually more fun to have many players so that issues are discussed and people even gain more knowledge.

There were however a wide variety of opinions about the appropriate age group for 'Choices & Decisions', with the suggested target group ranging from as wide as 10 – 25 years old. One facilitators' FGD suggested three different ages categories: 10 – 15, 16 – 21 and 21 – 25. A different facilitators' FGD suggested that younger children (e.g. 12 year olds) are familiar with the language and behaviour discussed within the game so it would not be strange for them to play the game. There was however consensus from all the FGDs that 12 – 18 year olds should be the targeted age group as they are vulnerable to many of the issues discussed within the game. Another significant comment made by the one group of facilitators is the relevance of this game for adults too.

5.3.3. Length of time required

During focus groups, participants also discussed the average length of time taken to play a complete round of 'Choices & Decisions', There were varying opinions on the length of time it takes to play the game, one youth FGD said that it took too long and it should finish after two or three players had emerged as winners. The Facilitator's FGDs all acknowledged that it can take time to complete one round, however did not see this as a real problem as they have discussed a lot of different topics. The average game can take one and a half hours. One facilitator commented,

We don't want to rush things for no proper reason. It's good that people discuss and learn from each other regardless of the length of time being taken

5.4. Facilitation

The facilitation of 'Choices & Decisions' has been an important issue throughout the development of the game. Questions had been raised regarding whether it was necessary, how feasible it was and what the advantages and disadvantages of having one might be.

5.4.1 Use of facilitator

Findings from the pilot show that the players involved saw benefit in having a facilitator. Almost all players that answered the post-pilot questions (99%) said that they found it helpful to have a facilitator and the vast majority (87%) of participants in the line continuum exercise agreed that a facilitator was important. Both youth focus groups agreed it was necessary and important to have a facilitator whilst playing the game, as they helped give direction to the game, gave explanations of issues and words and provided overall guidance whilst playing. One young person explained why having a facilitator was important,

Everywhere a leader is necessary. Even at a church. Imagine if we had no priest at the church, how could things be? We need the facilitator; they are helpful because sometimes when the players have no answers, he helps a lot. Apart from that, the facilitator helps the players to be a bit serious.

A small number of young people said they had played without their facilitator, when they were busy with other school and club demands. Facilitators also said they were keen to see the youth use the game as much as possible. Whilst 60% of players said they would be happy to play without a facilitator, those with experience of this said that, in the absence of a facilitator, discussions were not as serious and players were more playful. Some of the older players said they were comfortable not having a facilitator though, and instead just used the handbook, which they found useful and easy to use.

5.4.2. Preferred characteristics of a facilitator

Table 8 shows that approximately three-quarters of all players (74%) that participated in the pilot did not express a preference for either a male or female facilitator, although just under a quarter of girls (23%) and a fifth (18%) of boys said they would prefer a female facilitator. Very few players, either boys or girls, said they would prefer a male facilitator.

Table 8: Percentage of players' preferred gender of facilitator, by gender.

Gender of Facilitator	All players	Girls	Boys
Either	74	71	77
Female only	18	23	14
Male only	8	6	9

Interestingly, further analysis showed that none of the out-of-school youth mentioned a specific preference for a male facilitator, whilst over a third of female out-of-school youth said they would prefer a female facilitator. Thus, whilst the majority of out-of-school youth had no strong preference, a significant minority of girls appeared to prefer a facilitator of the same sex. This raises issues regarding the availability of female youth leaders and/or peer educators in youth clubs that are often male dominated (Moleni & Gallagher, 2006).

During focus groups discussions with the youth, there was some debate over whether a facilitator should be of a similar age to the players, or an adult such as a teacher. Some youth said that they would rather have a facilitator who is older than themselves, particularly because they felt there would be more seriousness when playing the game. Others said that having a facilitator who was their age made them freer during their discussions, some commenting that there is still a degree of fear and respect of older people in Malawi.

Table 9: Percentage of players' preferred type of facilitator, by gender.

Type of Facilitator	All players	Girls	Boys
Either adult or peer	37	38	36
Teacher	27	29	25
Another Adult	27	22	33
Peer	9	12	7

However, as Table 9 shows, less than 10% of all players expressed a specific preference for a peer facilitator and, whilst just over a third (37%) said that it didn't matter, over half (54%) said they would prefer a teacher or another adult. A similar pattern was observed for both boys and girls.

Further analysis showed that out-of-school youth were less likely to express a preference, with a greater proportion (63%) saying that it didn't matter and only a quarter (26%) saying that they would prefer a teacher or another adult. Interestingly, despite their membership of youth clubs, few out-of-school youth expressed a specific preference for peers as facilitators.

5.5 Challenges

There were other unanticipated challenges that emerged during the FGDs such as playing with mixed ages and mixed abilities. Playing the game with a mix of ages made some players uncomfortable to express themselves freely, particularly when discussing issues of sex. One youth said during an FGD that older players who were sexually active were not comfortable talking about sex alongside younger players. Alongside this, one facilitators' focus group said that the younger players felt inferior whilst playing alongside older youth and subsequently their participation was not as active. This issue possibly emerged as a result of some of the selected players being as old as 26 years, despite the given age criteria. This, however, does show the of looking at the ages of the participants playing at the same time. Whilst there is no sure way of monitoring this especially if the youth are playing without a facilitator, the role of the facilitator becomes crucial in this issue. Another issue that emerged during the FGDs was when players of differing abilities played together it was frustrating and difficult and for everyone to enjoy equally. Addressing this depends, to a large extent, on the skills of the facilitator.

5.6. Possible Settings

During the FGDs and, previously, throughout the monitoring process of the pilot, the facilitators were already looking at the next stage and asking, 'what next?' They were aware this has been a pilot, but have seen the potential for 'Choices & Decisions'. Several agreed that they would like to see this game going nationally, into schools, churches, youth clubs and even into homes. One teacher commented,

All young people in Malawi should have access to playing this game and be educated by it.

During the FGDs, the facilitators and youth discussed the possibility of using 'Choices and Decisions' in a classroom setting, in addition to the AIDS-Toto clubs where it had been piloted. All of the FGDs, youth and facilitators agreed that 'Choices & Decisions' could be used in the classroom, although there were some concerns on the actual feasibility of it. The textbox below lists the perceived advantages and disadvantages of using the game as a classroom-based activity expressed during all the FGDs.

The facilitators acknowledged that it is important a greater number of young people be exposed to the game, (i.e. be used in the classroom) although they were reluctant to see it leave the club setting completely and made the comment that both settings are equally suitable for the game to be used. In one particular FGD, the facilitators said it is easier and better to schedule the game during the weekend when there is more time to play the game properly.

Perceived advantages and disadvantages of introducing 'Choices & Decisions' as classroom activity.

Advantages:

- It reach a greater number of youth; would help more youth in getting the much needed information on HIV and related issues.
- Participatory methods, such as group work, are being used in classes already.
- The game is more like a life skills or social studies activity, so it can easily be incorporated into classrooms.
- It could be done within the two periods that the existing life skills class takes.
- Students can learn quickly, unlike a normal lesson because through discussion they can easily get answers.
- The youth said they can do well in life skills exams, because it is easy to get and understand information from playing the game.

Disadvantages:

- Large classes - only one facilitator within a class of 70 or more.
- Noise in the classroom would disrupt other classes.
- Game can take too long to play.
- Some children would not take it seriously and take it as playtime.

Participants also noted the importance of the out-of-school youth in any form of dissemination of the game. This was particularly emphasised during the facilitators' plenary session when suggestions were made to increase the number of games to go into the youth clubs, introduce inter-club competitions and extend the out of school provision into religious organisations.

The Impact

6.1. Overview

As well as gathering feedback from players and facilitators on the content, layout and use of the game as a learning tool, the pilot was designed to assess the potential impact of the game, in terms of the knowledge and attitudes of the players. As such, all selected players were asked a series of knowledge-based questions and attitude statements both before and after the period of playing the game. Despite already high levels of knowledge of HIV&AIDS and SRH amongst some players, this section presents evidence of further increased knowledge levels in SRH and assessing risk of HIV&AIDS and indicates attitudinal change in areas such as gender and HIV& AIDS. Impact on self esteem was less conclusive. With the short time period of the pilot, there had been little expectation of behavioural change and, given the difficulties inherent in identifying and measuring sexual behaviour, this had been deemed beyond the scope of the pilot. However, findings indicative of an increased openness and confidence amongst players to discuss and seek advice and information on HIV&AIDS and related issues are presented here.

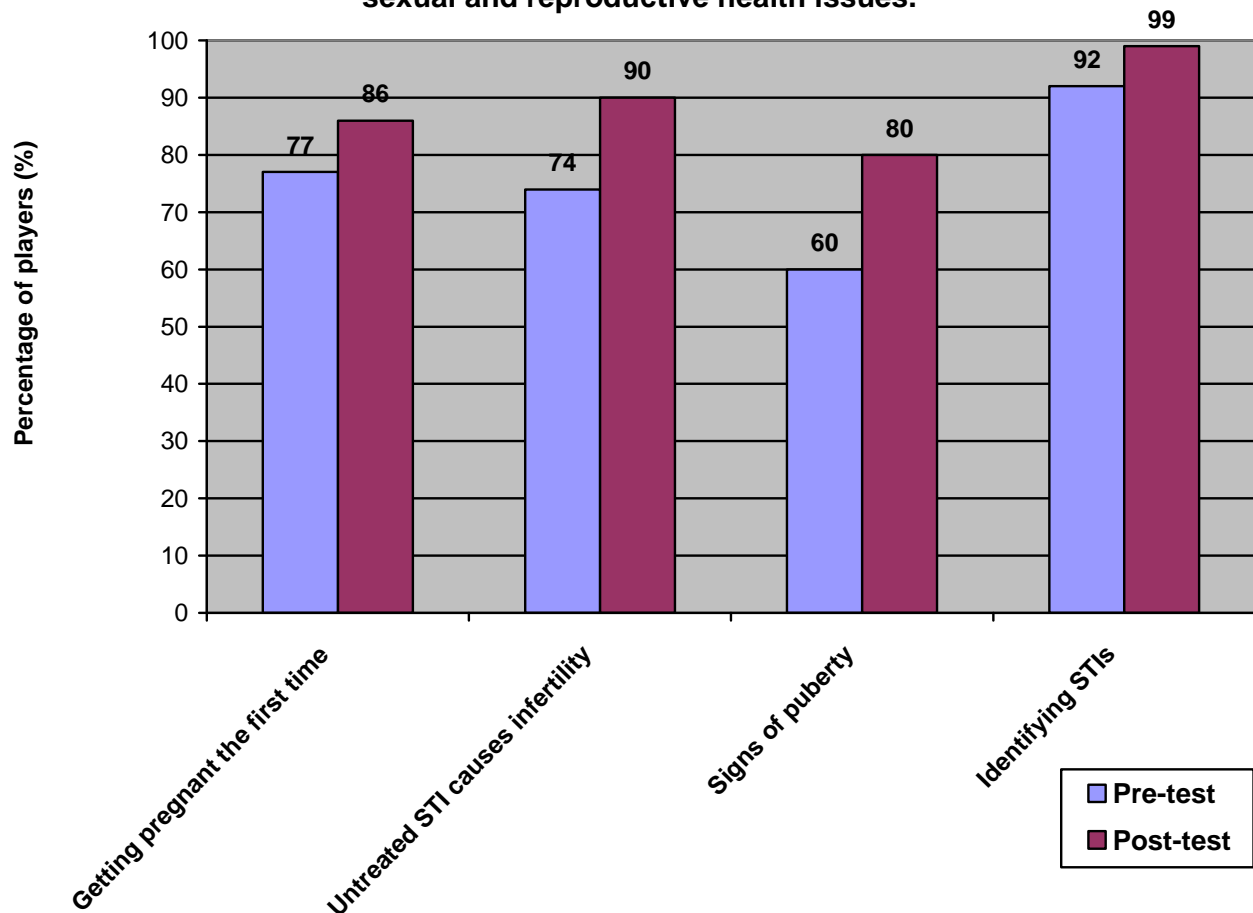
6.2. Knowledge

6.2.1. Knowledge of Sexual Reproductive Health

Figure 5 shows that, overall, whilst the majority of players could correctly answer questions on SRH prior to playing the game, in all cases, these figures increased, indicating a positive impact on knowledge levels. For example, players were asked whether the belief that a girl cannot get pregnant the first time she has sex was true or false. Figure 5 shows that 77% of players could answer correctly prior to the pilot, rising to 88% after their participation.

Perhaps the greatest impact seen was with regard to players' knowledge of the signs of puberty amongst boys: an increase of a fifth (20%) of players able to answer correctly, for both boys and girls. In addition, following the pilot the vast majority of players (90%) were able to correctly say that untreated STIs can cause infertility – an increase from 74%. Interestingly, further analysis shows a greater increase amongst the number of girls able to correctly answer this question, compared to boys (an increase of 22% compared to 10%) and a greater increase still for girls in rural locations. Only two-thirds (64%) of rural girls knew that untreated STIs can cause infertility prior to the pilot, a figure which increased to 97% following the pilot. Such an increase reflects a positive trend across several knowledge-based questions and is indicative of a significant impact on this target group.

Figure5: Percentage of players correctly answering questions on sexual and reproductive health issues.

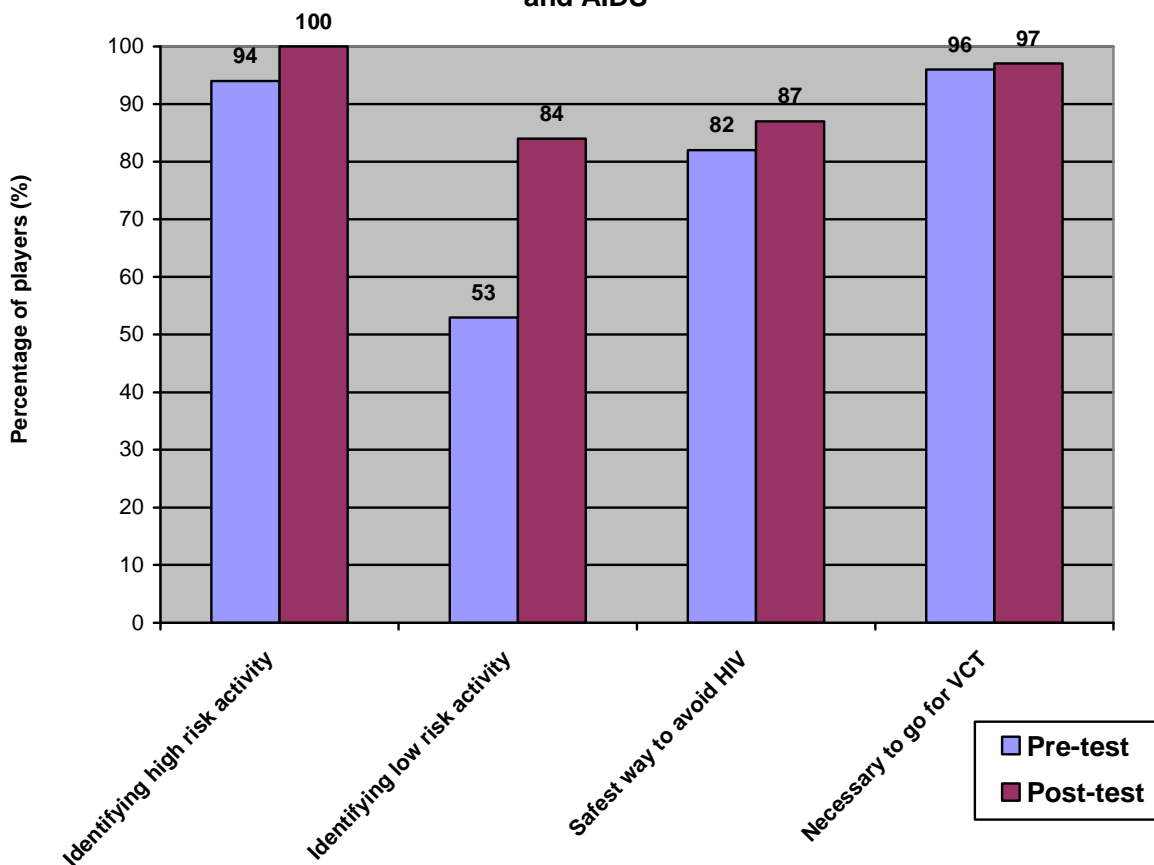


6.2.2. Knowledge of HIV and AIDS

Studies have shown that amongst adolescents' knowledge of transmission and prevention of HIV&AIDS is high, although a significant minority still hold misconceptions regarding transmission and risk of infection (Munthali et. al, 2006; MDHS, 2005). This study confirms such findings, with the majority of players being able to identify correctly unprotected sex as a high risk activity and identify the safest way to ensure that one does not contract HIV – abstinence - even prior to their involvement in the pilot.

Whilst, on such existing levels of knowledge, impact appears less pronounced, the ability to assess the potential personal risk of various activities in relation to HIV is a valuable skill and, thus, it was encouraging to note that by the end of the pilot knowledge levels amongst players had further increased, so that the great majority could successfully distinguish between low and high risk activities (see Figure 6). Such an impact was seen most in relation to a question that required the player differentiate between high and low risk activities by correctly identifying a low risk activity from amongst several activities of higher risk: a jump of 53% to 84%. Figure 7 below lists three of the questions asked, with the post-pilot scores for the various potential answers, clearly indicating players' ability to identify low or high risk behaviours correctly.

Figure 6: Percentage of players correctly answering questions on HIV and AIDS



There was little variation in scores in relation to gender, although further analysis indicated that fewer girls from rural areas were initially able to identify unprotected sex correctly as a high risk activity (83% compared to 97% of girls in urban areas), showing, therefore, the greater impact of the game on their knowledge levels. Similarly, prior to the pilot, fewer players from rural areas, both boys and girls, were able to correctly identify the low risk activity from amongst those of high risk (43% compared to 63% of urban players).

As well as evidence from pre- and post-pilot questions, discussions during focus groups with both youth and facilitators attested to the contribution 'Choices & Decisions' had made to improved knowledge and awareness of HIV&AIDS, noting that it had helped to clear up a lot of misconceptions. As noted earlier (see section 4.2), youth stressed the relevancy of the topics on HIV&AIDS, in particular in relation to their awareness of high risk and low risk activities, and agreed that the new knowledge learnt through playing the game would be useful in their daily lives. For example, one of the youth said that she learnt that she needs to wear gloves when caring for someone who has an open wound. She indicated that she had never heard of this before. Another young man said that after knowing unprotected sex can lead to infection or pregnancy, he has decided to abstain from it.

Figure 7: Questions on HIV risk and prevention, showing post-pilot scores of players.

Which one of the following activities puts you at high risk of HIV infection?	Sharing a bed with someone who is HIV+.....0 Having unprotected sex with someone whose HIV status you do not know.....100% Sharing a cup with someone who is HIV+.....0 Having sex using a condom.....0 Don't know.....0
Which one of the following activities is of low risk of HIV infection?	Circumcision using one razor blade on several boys.....1% Not using protective gloves when dressing a wound.....12% Kissing someone without mouth sores.....84% Having unprotected sex with several partners.....2% Don't know.....0
What is the safest way to ensure that you do not contract HIV?	Using a condom whilst having sex.....3% Abstinence.....87% Having one sexual partner.....2% Avoiding casual sex.....9% Don't know.....0

Interestingly, discussions indicated that facilitators too had gained additional knowledge through their involvement with the pilot. One teacher commented,

The game has some topics that are in the life skills and social studies. It has an impact to the players and the teachers. The game added knowledge to both sides...

6.3. Attitudes

6.3.1. Attitudes to gender

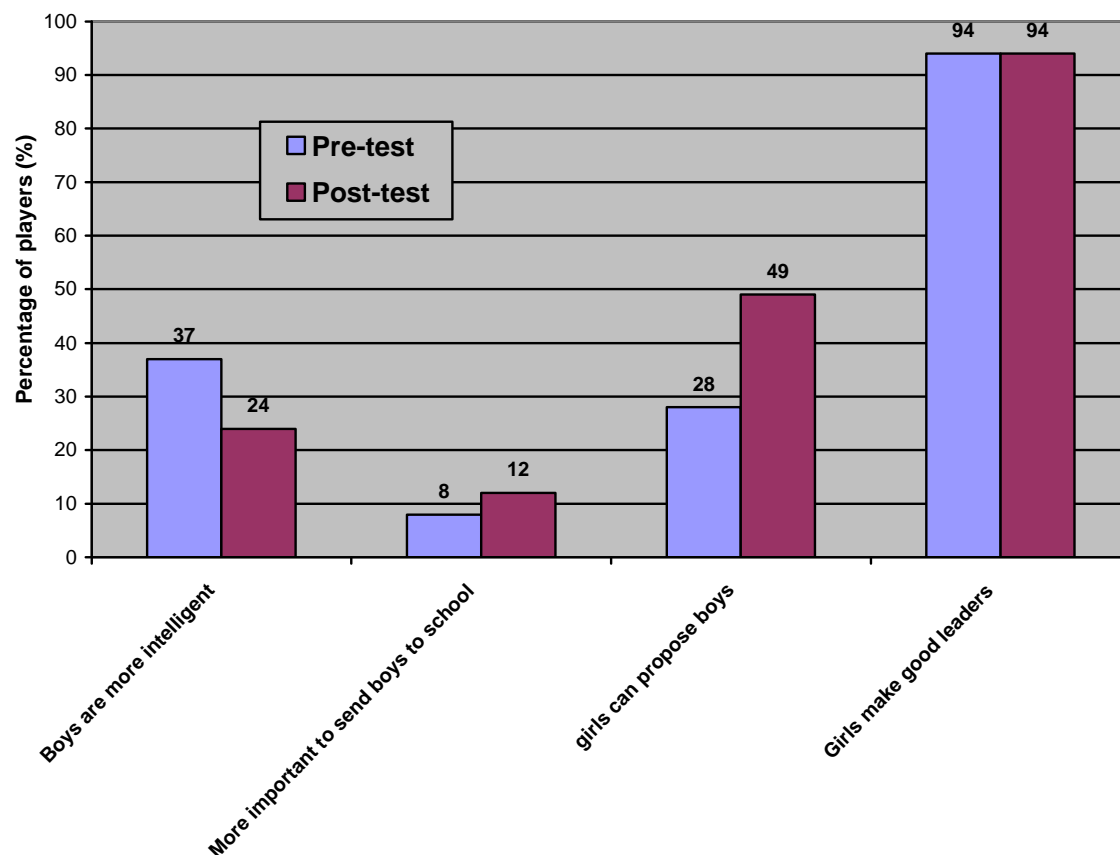
Clear gender disparities exist in Malawi. Women's participation in development activities and decision-making at all levels is limited, and gender stereotyping of workloads and household responsibilities reinforces their subordinate position. Adult illiteracy is significantly higher amongst women and, despite gender parity in enrolments on entry to primary, girls still drop out in greater numbers than boys and fewer girls access secondary and tertiary education (EMIS, 2005).

In order to assess gender attitudes amongst the youth, players were read out a number of statements related to gender issues and asked whether they agreed or disagreed. Figure 8 shows their responses before and after the pilot.

Whilst the vast majority of players, both boys and girls agreed that girls can make good leaders, responses to other statements were less clear-cut. Notably, over a third (37%) of players agreed that boys were more intelligent than girls. Further analysis showed that, whilst the proportion of boys that agreed with this statement was higher (43%), a significant number of girls (30%) also agreed with this statement. Scores do indicate, however, that the number of players reflecting such attitudes fell during the course of the pilot, so that, following the pilot, fewer players (24%) agreed with the statement. The greater drop was seen amongst boys, a drop of 16% compared to 9% for girls. Interestingly, however, a slightly

greater percentage of players agreed that it was more important for boys to go school, if money in the family was not sufficient to send all children. The reason for this was not clear, although the small percentage difference may not be significant.

Figure 8: Percentage of players agreeing with statements on gender



In terms of attitudes to gender roles and relationships, players were asked whether it was 'okay' for girls to 'propose boys' - in other words, to initiate a relationship, which is usually seen as the role of the boy. Prior to the pilot just over a quarter of players (28%) said that this was acceptable, with 22% of girls agreeing with the statement and, slightly higher, 34% of boys. Following the pilot, just under half of all players (49%) said that girls could propose boys, with a greater proportion of boys agreeing (58%), compared to girls (41%). Such changes indicate more positive attitudes to girls being in control of when and who they start a relationship with.

During focus group discussions, several of the youth talked of changed attitudes towards girls and gender roles. One boy said,

I used to think girls are not intelligent as boys. After playing the game, I have realised I was wrong. The girls had answers to most of the questions whilst the boys usually got the answers wrong.

Another commented,

At first I thought only girls should be involved in cooking, but after playing the game I think otherwise...girls and boys are equal.

Facilitators also noted greater respect and improved interactions between boys and girls, which they attributed to playing the game.

6.3.2. Self-Esteem

Results from the pre-pilot and post-pilot measures for self-esteem show little conclusive impact, although this might have been, to some extent, a reflection of the difficulties of finding a reliable measure for self-esteem. Figure 9 shows that there was already high confidence amongst the vast majority of players (96%) regarding their ability to achieve future plans and that majority (73%) believed that their opinion was valued in their homes. Further analysis indicated no difference for gender or location. In terms of peer pressure, rural girls showed that they found it more difficult to say no to friends if asked to do something they didn't want to do, compared to urban girls (34% and 19%, respectively). However, these patterns remained unchanged after the pilot.

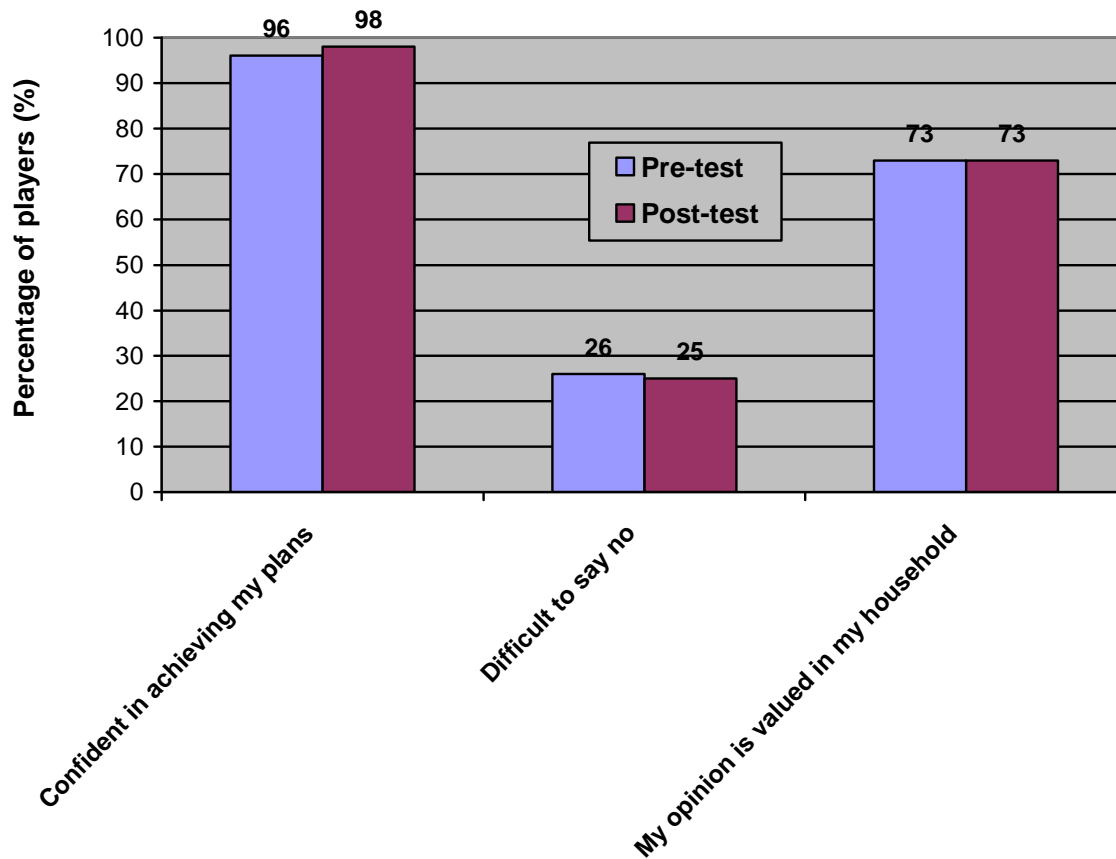
Whilst there is no conclusive evidence to show a marked difference in the self esteem levels of players, there are references throughout all FGDs on issues relating to a possible increase in the young people's confidence and their decision-making powers. For example as alluded in a previous section, one young man who had previously been influenced by peer pressure to have a sexual partner has decided that now is not the right time for him to have one and another girl said,

Because of the game, now I really know what I want in life and this has happened because of the topic 'Who am I?'

On a different vein, a facilitator commented on the increased activity of some quieter pupils in the class room, another possible indication of increased confidence levels of the pupils.

The players that were not active in class became really active after playing the game. Since they were able to share embarrassing ideas with their friends, they became very free to talk in class.

Figure 9: Percentage of players agreeing with statements on self esteem



6.3.3. Attitudes to HIV & AIDS

In terms of attitudes to issues surrounding HIV & AIDS, the pre-pilot scores show that the vast majority of players held positive attitudes to issues of openness and negotiation for HIV prevention: 90% of players agreed that it was okay for a girl to ask her boyfriend to use a condom and 98% agreed that couples should discuss issues of HIV & AIDS before they marry (see Figure 10). In terms, of stigma the majority of players (75%) agreed with the statement “nurses who are HIV + should be allowed to continue working”, with this showing a slight increase following the pilot.

A greater impact on attitudes appears to be in relation to their own perceptions of risk. Pre-pilot scores showed that, overall, over a third of players (38%) believed that only individuals who had several sexual partners were at risk from contracting HIV. Post-pilot scores saw fewer players agreeing with this, with an overall reduction to 25%. Further analysis indicated that such a change was more prevalent amongst girls, with an initial 42% of girls agreeing with the statement falling to 26% following the pilot.

Figure 10: Percentage of players agreeing with statements related to attitudes to HIV and AIDS

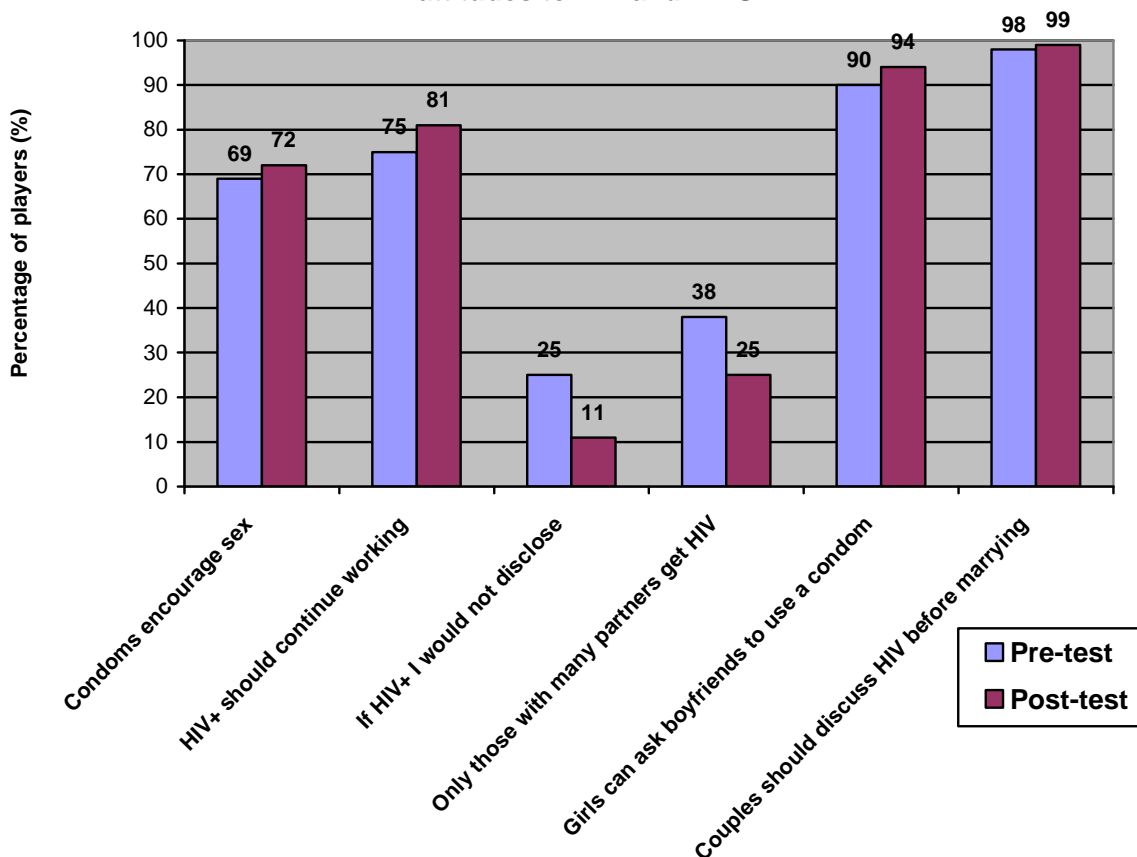


Figure 10 also shows that, whilst the majority of players would disclose their HIV status if found to be positive, a significant minority (25%) said they would not tell anyone. Following the pilot, it is encouraging to note that this figure had dropped to just 11%. Further analysis showed that a greater proportion of girls had changed their attitude to disclosure. Whereas pre-pilot almost a third (29%) of girls had said that they would not disclose their status to anyone, this fell to just 10% post-pilot.

Surprisingly, however, was that negative attitudes to condom use appeared to be common, both prior to, and following the pilot, with approximately 70% believing that 'condoms encourage young people to have sex', with a slight rise in the percentage agreeing with this statement, although was found not to be statistically significant. Commenting on the 2004 national survey of adolescents, Munthali et. al (2006) observed that "adolescents' attitudes towards condoms are a greater obstacle to use than are barriers to buying condoms" and stressed the need for more education on the benefits of condom use. The findings from this pilot further underline this concern. Further research into attitudes amongst the youth towards condoms is required – and how teachers and other adults or peer educators influence and address these attitudes.

6.4. Behaviour

As noted earlier, assessing possible change in sexual behaviour of the youth was seen as largely beyond the scope of this pilot. However, findings suggest that 'Choices & Decisions' has the potential to bring about an increased openness and confidence amongst players to discuss concerns and seek advice and information on HIV&AIDS and related issues.

6.4.1. Accessing information on HIV & AIDS and SRH

As noted earlier (see Section 3.5), young people receive information about HIV & AIDS and related SRH issues from a wide range of sources, the most common, according to players in this pilot, being the radio, printed media, clubs, teachers, parents and television. Overall, only a fifth of players (18% girls, 20% boys) said that they received information from health personnel. This possibly reflects a situation in Malawi where many adolescents do not access health clinics because they are shy, embarrassed or afraid. (Munthali et.al., 2006)

Whilst 'Choices & Decisions' was not designed to have a direct impact on increased access to health facilities, it was hoped that the players' involvement could lead to greater confidence and an openness to discuss sensitive issues. Therefore, it has been encouraging to note that during the course of the pilot there had been an increase in the numbers of players who said they had sought information from health clinics/workers. This was most noticeable amongst boys, particularly those who were out of school. Prior to the pilot, just 17% of male out-of-school youth mentioned health clinics as a source of information on HIV&AIDS and SRH, a figure that rose to 37% following the pilot. However, much of this change appears to have taken place only in the rural areas – the numbers of urban male youth who said they received information from health clinics remained low, less than 10%.

Prior to the pilot, fewer girls mentioned youth clubs as a source of information on HIV&AIDS and SRH, compared to boys, a situation more pronounced amongst the out-of-school youth (see Section 3.5). Following the pilot there was an increase in the numbers of female out-of-school youth who reported accessing information from youth clubs: an increase from 57% to 70%. This, perhaps, reflects the use of 'Choices & Decisions' in the clubs and is indicative of its potential as a learning tool in clubs, as well as to improve access of out-of-school girls to much-needed information on HIV&AIDS and SRH.

6.4.2. Talking about concerns.

As noted earlier (see Section 3.6), approximately half of the young people (51%) said that they been worried about the risk of getting HIV& AIDS. Of these, the most common groups of people that they reported having talked to were friends or family members, predominantly of the same sex.

In terms of the impact of the pilot, there has been some indication of a greater likelihood that young people will discuss and seek advice regarding their concerns. Whilst the majority of girls still said they talked to their friends, a greater proportion of girls reported talking to their mother or a female family member following the pilot. In addition, increases were seen in the number of girls who had discussed their concerns with either a health worker, Edzi-Toto club patron or youth club member, indicating that some now were seeking alternative sources of advice beyond immediate family or friends.

Prior to the pilot around a fifth (20%) of boys said that they discussed their concerns with other members of youth clubs, a figure which rose to 30% post pilot. As with girls, there were small increases in the number of boys who said they had talked to either a health worker or their Edzi-Toto patron, the latter likely to be as a result of playing the game. Also, although numbers were small, it was encouraging to note that fewer players were saying that they had talked to no-one (just 2% of girls, compared to 10% pre-pilot, and 6% of boys, dropped from 15% pre-pilot). A small increase in the number of boys who had talked to either a male or female teacher was also seen.

6.4.3. Taking action

An important first step in dealing with issues of HIV&AIDS in one's life is to know your status. Findings from the pre-pilot questionnaires showed that the vast majority of young people (85% of girls; 94% of boys) said they would consider going for voluntary counselling and testing (VCT) in order to know their status. Although already high, these numbers that increased yet further following the pilot, with the greater increase seen amongst girls (93% of girls; 96% of boys).

During focus group discussions several young people alluded to how, through playing the game, increased awareness and understanding of issues related to HIV & AIDS, and implications for their own personal risk, would allow them to make more informed choices about their future. One boy commented,

I have learnt much from 'decision time'. Before the game, I was influenced by my friends to have a sexual partner. After playing the game, I have realised that I was wrong. This is not the right time to have a sexual partner



Conclusions and Recommendation

'Choices & Decisions' is a very good way of learning about HIV/AIDS and related issues. It's not boring at all. You chat, laugh, share ideas, correct each other and gain more knowledge... you don't get tired easily and you learn a lot within a short period of time.

7.1. Participants' views on playing 'Choices & Decisions'.

Overall, discussions with participants at all stages of the pilot and its evaluation clearly indicated that 'Choices & Decisions' had been well received and that players and facilitators alike had enjoyed being part of the process of piloting the game.

Participants agreed that the content of the game is relevant to young people's lives and gave them much-needed information at a critical, transitional period in their lives. In addition, both the content and overall approach was reported to encourage the players to think critically and make informed decisions about their future lives. There was general agreement, however, amongst participants that the range of topics was not sufficient and it was recommended that an additional topic should be included to cover issues such as human rights, culture, positive living, amongst others.

Despite the sensitive and potentially embarrassing nature of some of the content, the vast majority of players did *not* find the language used made them feel uncomfortable. Participants agreed that the language of both the English and Chichewa versions was appropriate for the targeted age group (14 to 18 years). Whilst some players would predominantly express themselves in Chichewa when playing the game, it is recommended that both English and Chichewa versions be maintained – participants stressed that there should be a choice and that English versions are a chance for players to enhance their language skills.

In terms of the design of the board, participants noted that the layout was colourful and attractive and feedback was generally positive. The few concerns raised were mainly regarding number of times activity squares would be landed on during the course of the game and repetition of the same questions/activities if the game was played several times. It was felt that the likelihood of a player landing on a new activity should be increased by, for example, increasing the number squares for some topics, reducing the number of resting squares and, overall, increasing the number question cards per topics, It is recommended that

participants' suggestions for the number and content of topics, question cards and activity squares should be reviewed and, where feasible, incorporated into the final development of the game design. Other issues regarding the quality and durability of the equipment and handbook should also be addressed.

Participants' suggestions for the content and layout

- Include a 'Mixed Bag' topic with emphasis on issues such as human rights, stigma and discrimination, positive living, culture, gender violence, substance abuse etc.
- Add more question cards to topics (15 cards per topic)
- Some questions should begin with I not YOU - change to first person on the board.
- To avoid cheating - use a cup for throwing the dice
- Improve the quality and durability of the cards and handbook.
- Increase the number of spaces on the board for 'Who am I?' 'Gender' and 'SRH', whilst reducing number of 'resting boxes'.
- Increase size and resolution of print on the board, so that words are easier to read (Chichewa version).
- Consider increasing the size of the board.
- Change the colour of the 'start' box to make it more distinctive.
- Change the image on the 'finish' box to represent the winner (e.g. shield or trophy)

As a learning tool, generally 'Choices & Decisions' was welcomed as an innovative and useful resource for learning about HIV&AIDS and related topics, which engages young people in discussion and debate about important issues affecting their lives in straightforward and non-threatening environment. There were also spin-off benefits in terms of improved teacher-pupil interactions and greater participation of players in other class activities. Generally, after some initial shyness on the part of some girls, boys and girls were reported to be participating equally and all participants agreed that the game should be played in mixed groups, as recommended. Suggested ages of players ranged from 10 to 25 years, although with the proviso that younger and older players be grouped separately.

Discussions with players emphasised the value, benefit and importance of having a facilitator while playing the game. The majority of players were comfortable with a facilitator of either sex, although a quarter of girls and overall, and a third of female out-of-school youth said they would prefer a female facilitator. In terms of the age of the facilitator, over half of the players said they would prefer a teacher or another adult to facilitate, underlining the effectiveness of recruiting and training patrons of school-based clubs and other teachers as facilitators for game playing. Whilst the majority of out-of-school youth said they didn't mind who facilitated, very few players expressed a specific preference for their peers. This raises the question as to the popularity of using peer educators in this and other youth-targeted programmes. Further research is required to 'unpack' why peer educators are not popularly seen as the preferred choice to lead such activities.

7.2. Potential Impact of 'Choices & Decisions'

Overall, this pilot study has seen the achievement of many, if not all, of the outcomes of playing 'Choices & Decisions' anticipated during its development. Although the players' initial knowledge of HIV & AIDS transmission and prevention and SRH was relatively high, their involvement in the pilot appears to have had a positive impact, further increasing knowledge levels, assisting many to distinguish correctly between low and high risk behaviours and dispelling myths. Analysis suggests that the greatest impact on knowledge levels was found amongst girls from rural locations. Findings also show improved levels of awareness amongst the players of their own personal risk from HIV&AIDS and an increased confidence to both go for VCT and to disclose their status if found to be HIV positive. Attitudes to condoms remain predominantly negative, however, and, since this has shown a negative impact on their use (see section 6.3.3), any further adaptation of 'Choices & Decisions' should incorporate opportunities to debate this issue further.

Expected Outcomes of playing 'Choices & Decisions'

- Increased level of knowledge in HIV & AIDS, gender issues, sexual reproductive health.
- Increased access to accurate information
- Increased level of confidence and greater capacity in making choices and decisions in their lives
- Improved level of awareness of the dangers of particular behaviour.
- A change in attitude on certain issues ie. gender
- Overall improved self esteem
- Potential behaviour change

Findings from this pilot study also indicate an improvement a reduction of gender stereotyping amongst some of the players, possibly in relation to increased opportunities for both sexes to interact and share ideas through playing 'Choices & Decisions'. A greater number of players demonstrated positive attitudes to gender roles following the pilot, as well more positive attitudes to girls negotiating relationships.

In terms of self-esteem, however, data from questionnaires was inconclusive: there was some indication that self-esteem was already high and there was little evidence of improvement over the period of the pilot, although this may have been a reflection on difficulties of finding a useful measure for self-esteem. However, evidence from discussions with both facilitators and players is indicative of increased confidence, self-efficacy and greater engagement in classroom activities amongst some of the players.

In addition, findings suggest that, through their involvement in the pilot, the likelihood that young people would discuss and seek advice regarding their concerns about HIV&AIDS had increased. As well as evidence of girls' improved access to information through youth clubs, it was also encouraging to note that there was a small increase in the number of players reported to have accessed information from health clinics. To further support these positive outcomes, it is recommended that a list of possible contacts, such as youth-friendly health services and youth NGOs, be included in the facilitators' handbook.

7.3. The Way Forward

When asked how they envisioned 'Choices & Decisions' being used as an educational resource in the future, all participants agreed that they would like to see this game going nationally, into schools, churches, youth clubs and even into homes. All were keen to maintain and extend activities started under the pilot, by, for example, setting up competitions between participating clubs and schools. Others noted the importance of utilising facilitators trained during the pilot to train colleagues and establish more opportunities for playing the game. All participants stressed the need to provide additional copies to existing clubs and increase production overall.

Participants' Recommendations for how 'Choices & Decisions' could be used in the future.

- Increase the number of games to go into clubs – both AIDS-Toto clubs and youth clubs - so that there is more than one game per club.
- Incorporation of the game into classroom activities in schools, such as during life skills or social studies lessons.
- Extension of the out of school provision to additional stakeholders (e.g faith -based youth organisations)
- Train more facilitators at zonal and district level.
- Utilise trained facilitators to train others and raise awareness about the game.
- Inter school / club competitions
- Put on TV!

In order to increase the exposure of young people to this resource, facilitators were also in agreement that the game could be mainstreamed into schools as a class-based activity, in addition to its role in AIDS-Toto clubs. Several teachers emphasised that 'Choices & Decisions' complements existing life skills and social studies curricula. Assessment as to the feasibility and requirements for such an initiative will be necessary to maximise its effectiveness as a teaching and learning strategy within the context of the classroom environment.

Given the overwhelmingly positive feedback from both facilitators and young people, as well as clear evidence of positive outcomes and longer term potential impact, it is recommended that government, through the Ministries of Education and Youth, Sports and Culture, partner with other key stakeholders to support the mainstreaming and phased roll-out of this resource into schools and youth clubs across Malawi.

Further Developments

Currently, Mairi MacDonald, the game's designer, alongside several of the facilitators trained during the pilot, is working to incorporate recommended changes to 'Choices & Decision', including the inclusion of additional topics and question cards. Suggestions for changes to the board design are also being addressed.

Since the completion of the pilot phase, there has been a lot of interest from stakeholders working in Education and HIV & AIDS programmes in Malawi. Many were eager to embrace the concept of 'Choices & Decisions' even before the completion of this report or the outcomes and impact of the game had been disseminated. Below is a list of the specific stakeholders who have expressed an interest in taking 'Choices & Decisions' forward.

- Dr Abagi, (consultant) Nairobi, who recommended during an evaluation exercise of Ministry of Education's HIV & AIDS programme that "Choices & Decisions' is mainstreamed into schools.
- Officers at Malawi Institute of Education (MIE) have expressed interest in incorporating the game within the Primary School Standard 7 & 8 Life Skills curriculum and implementing nationally.
- Staff members at Chancellor College have expressed interest in including the game as a resource for HIV and AIDS seminars for undergraduates.
- 4 NGOs have expressed interest in utilising the game within their own HIV & AIDS programmes targeting youth groups and Anti-AIDS clubs.



Life after the pilot....

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APPENDIX 1: Names of the Facilitators

Zomba District

Mr Fletcher Mushani	Malindi Secondary School
Mr Kumalo Mtambo	St Mary's Secondary School
Mrs Kalembe	Likangala Secondary School
Ms S Kapawe	Zomba CCAP CDSS
Mr R G Gadama	Songani Secondary School
Mr Richard Chipata	Namisongo CDSS
Mr N Nsomba	Nsonsole CDSS
Mr Josmas Kaiya	Masongola Secondary School
Mr J Maganga	Mponda Primary School
Mrs C Maere	Chikamveka Primary School
Mrs E Chitedze	Nankhunda Primary School
John Gondwe	Songani Primary School
Ms Kajasiche	Cobbe Barracks Primary School
Mrs Grace Zintambira	Namilongo Primary School
Mr Kawiza	Domasi Demonstration Primary School
Dorothy Salimi	Sakata Green Care
Violet Nkupala	Tipindule Youth in Action
Richard Nkonjera	Khama Youth Club
Emmanuel Pherani	Yoneco - Cultural Troupe
Lucius Chiripo	Yoneco Chinamwali Drop in
Clarah Kalibeti	Tisinthe Youth in Action
Peter Chipata	Tikondwe Youth CBO
Moses Banda	Yoneco, Mayaka

Other Districts

Charles Madalitso	Nkhotakota Youth Organisation, Nkhotakota
Maliko Madengu	Usapilanje Group, Nkhotakota
Lonely Thuwala	Mponela Youth Alive, Dowa
Temwanani Banda	Kamwana Primary School, Dowa
Maxwell Chienda	Youth Health and Community, Lilongwe
Wickson Maluzi	Lingadzi CBO, Lilongwe
Leonard Zuze	Mowe Youth Club, Nsanje

APPENDIX 2: Summary of Evaluation of Training for Facilitators

Date of training 27th – 28th April 2007.

		YES	NO	Not answered
1	Did the training meet your expectations?	29	1	
2	Did the training give sufficient information?	26	4	
3	After the training, did you feel confident in facilitating the game?	30	0	
4	Would you encourage other people to take part in training of 'Choices & Decisions'?	27	0	3
5	Any other useful comments			

		Summary of comments made
1	Did the training meet your expectations?	<ul style="list-style-type: none"> Yes, since we are working with the youth this is going to help the youth I have been looking for new ways of spreading HIV/AIDS messages, so 'Choices & Decisions' has assisted me enough as one method.
2	Did the training give sufficient information?	<ul style="list-style-type: none"> Yes, because we did not have a lot of challenges when we were playing the game Through the training I have also learnt a lot of information The period of the training was appropriate
3	After the training, did you feel confident in facilitating the game?	<ul style="list-style-type: none"> Youths were just so interested and their ideas and contributions gave me confidence After the training, I felt very positive to facilitate the game Yes, I was ready to be a facilitator and I enjoyed after the training
4	Would you encourage other people to take part in training of 'Choices & Decisions'?	<ul style="list-style-type: none"> There is need for others to be equipped with these skills Yes because it is only easier and simple way for youths and other people to get real information about HIV/AIDS issues Yes because 'Choices & Decisions' training is a good method of spreading the message of HIV Yes, it will help them have more knowledge on HIV and AIDS, Gender, SRH and self esteem that they will also teach other people Yes, because one also learns skills of facilitating the game The training was successful and fruitful because as facilitators we learnt a number of things such as interviewing.
5	Any other useful comments	<ul style="list-style-type: none"> Appreciate your encouragement, supervision. And the impact the game is providing the youth particularly on positive behavioural interactions My comments is that the game must be expanded, more

		<p>people must receive the training</p> <ul style="list-style-type: none"> • The game should continue and spread all over the country as it is fast and easier way to spread the information • Just appreciation for you coming up with that game design • Yeah, the game is very important and it really changes the behaviours and encourages the youth as well as the facilitator • Yes, I wish I had the game so as to teach others the message of HIV/AIDS because the game was so good • The equipment should allow more than 8 participants, the topics should be more and it should be done in a competition
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APPENDIX 3: LETTER OF PERMISSION

Telegrams: MINED LILONGWE
Telephone: +265 1 789 422
Fax: +265 1 788 064/164

Communications should be addressed to:
The Secretary for Education, Science and
Technology



In reply please quote No.

MINISTRY OF EDUCATION AND VOCATIONAL
TRAINING

PRIVATE BAG 328
CAPITAL CITY
LILONGWE 3
MALAWI

Ref. No. DP2/134/10

21st November 2006

RE : CHOICES AND BOARD GAME

Dear Madam,

This is to inform you that the Ministry of Education and Vocational Training has approved that you can pilot the Choices and Board Game that you developed in our schools.

We expect that you will follow all procedures and protocols during the pilot time. Should you need further assistance, do not hesitate to contact the Ministry for guidance. I wish you all the best in your study.

Your Faithfully,

A handwritten signature in dark ink, appearing to be 'L.C Chide'.

L.C Chide

For: Secretary for Education and Vocational Training

APPENDIX 4: CONSENT LETTER (English Translation)

Verbal consent from Parent/Guardian

A new project about HIV& AIDS, sexual reproductive health and gender education is being pilot in your school. It is called 'Choices & Decisions'.

It is important that you inform your parent/guardian that this project is taking place.

If you are selected to take part in the project it will require your commitment for about six weeks. During this month you will be asked to take part in a questionnaire study and then play a board game.

You may then be selected to travel to Zomba for one day to take part in a workshop with other young people. This workshop will be about the game that you will have played.

You must now get permission form your parent/guardian for you to take part in the pilot project of 'Choices & Decision'.

If you or your parent/ guardian wants to have more information please ask your teacher.

Mairi MacDonald
Project Co-ordinator

April 23rd 2007

APPENDIX 5: PREVIOUS EXPOSURE AND PRE-TESTING

Exposure of 'Choices & Decisions'

Form its initial concept to now, many individuals, groups and several different forums have seen and realised the potential of 'Choices & Decisions'. Below is a list of those people and institutions.

- 'Choices & Decision' presentation at VSO, RAISA conference in South Africa 2004
- Featured in VSO's first publication Life-changes distribution
- YONECO, Malawi. Presented at Youth and Children's conference on HIV and AIDS in 2004. Played and did a preliminary pre-test exercise with 32 young people from throughout Southern and Eastern Africa. I also presented it to the delegation of 54 youth programmers.
- VSO volunteers in-country (2003 – 2006)
 - In Country training – as an HIV & AIDS resource.
 - Presented and trained volunteers and partners in Health, Education, Food Security and HIV & AIDS sectors (2005 - 06)
- Several youth trainings at community level in Zomba District
- Concern Worldwide, Malawi & Dublin
- UNFPA, Lilongwe, Malawi
- Actionaid, Malawi
- Ministry of Education - Malawi and Uganda 2006

Preliminary Pre- testing and editing of 'Choices & Decisions'

Preliminary pre-testing has taken place with different organisations, individuals and institutions.

- Board members and former colleagues of YONECO, Zomba
- Youth delegates at a regional Youth Conference (32 in total) from Malawi, Namibia, Botswana, South Africa, Mozambique (2004)
- National Youth Council of Malawi staff
- National AIDS Commission, Malawi
- SAFE(Sub- Sahara Africa family enrichment) - Malawi

APPENDIX 6: Issues arising from Layout discussions

	Issues/ suggested changes
Design / arrangements of square/travelling around the board	<ul style="list-style-type: none"> • Attractive colours • Everyone generally liked the concept of travelling around the board and the method of play
No of squares	<ul style="list-style-type: none"> • Generally most people agreed that the no. of squares was adequate
Size of the board	<ul style="list-style-type: none"> • Generally the size was ok • Some suggested to make it bigger, twice the size
Colours on the boards	<ul style="list-style-type: none"> • Overall they liked the variety of colours with the exception on the start box and last box
Print on the board	<ul style="list-style-type: none"> • Large writing was ok on both boards • English was easy to read • Chichewa print was very blurry
Images / Shapes of topic cards	<ul style="list-style-type: none"> • Overall the shapes were ok • Would like 'It's a question' topic to look the same on all of the images. • The Chichewa spelling is wrong on the board
Situation circles	<ul style="list-style-type: none"> • Liked the red & blue colours • Difficult to read especially Chichewa board • Suggestion of covering whole square with colours thus giving more space for words • Change the wording to the first person. • Liked the consequences – moving forward & backward
Were instructions in the situation circles clear	<ul style="list-style-type: none"> • English was ok, Chichewa was a problem, • Wrong instructions in the Chichewa board
Starting box	<ul style="list-style-type: none"> • Would like to see a different colour from the red situation danger boxes
Finishing box	<ul style="list-style-type: none"> • The words are not clear enough • Change the image to possibly a shield • Change the colour of the words and the image
Topics	<ul style="list-style-type: none"> • Some topics are not landed on as often as others. Suggestion of rearranging the topics on the board so that all topics are equally landed on
Additional topic	<ul style="list-style-type: none"> • A 'Mixed Bag' of 15 questions will be created to cover such topics as peer

	pressure, the environment, GBV etc. Everyone agreed with this suggestion
No. of questions in each topic	<ul style="list-style-type: none"> The no. of topics is too little for all topics. Suggestion that instead of 9 it becomes 15.
Resting spaces	<ul style="list-style-type: none"> There was much discussion and differing opinions on the purpose and number of resting spaces. The consensus that was reached was to leave them as they are – ie for resting but there will be 2 less (7 in total) once an additional topic is inserted
The dice	<ul style="list-style-type: none"> Need to include in the instructions that the players need to use a tumbler / or cup to avoid cheating
The quality of the board	<ul style="list-style-type: none"> The overall quality of the material is excellent. Some people suggested that they would like to see their boards covered in plastic. People will have to take their own responsibility to do this
Quality of the book	<ul style="list-style-type: none"> The quality is really poor and needs to be improved if it is to be durable
The bag / overall packaging	<ul style="list-style-type: none"> People liked the bag, (it reminded them of their younger days!) The concept of keeping it all in one place, in a compact bag was good
The cards	<ul style="list-style-type: none"> Concerns that the quality of the cards will be a problem in terms of durability. Need for lamination or plastic covering
Local resources	<ul style="list-style-type: none"> The dice, the bottle tops and bag were all attractive Some people said that the dice and bottle tops were too big for the board. This size so that they don't get lost, and if so they can be easily replaced. People said that they would improvise easily enough