

## **WEB.foundation**

### **Evaluation of the communication game LOVE. check**

**Caroline Dusée**

# WEB.foundation

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## **1. Summary**

As a result of the world wide aids- epidemic the situation in many countries gets worse. The WEB.foundation aims to stimulate worldwide communication about hiv/aids. Therefore they developed the communication game LOVE. check.

This report describes the results of an independent evaluation by Caroline Dusée, an anthropological expert, of the game LOVE.check which has been developed by the Web.foundation.

The study had been carried out in Tanzania to investigate the effects of this communication game in the scope of the goals of the Web.foundation. The aim of this study was to evaluate the effectiveness of the game.

The main sub goals were : communication, information and stigma. The population of the groups existed out of four different categories: children in urban and rural areas, children in school and out school, children in different age-groups, children in different gender combinations, children in different size of groups. The methods used were basically qualitative and anthropological. To study the effect of the game related to communication, information and stigma, the research was divided in two stages: before and after the game.

The level of communication and information increased remarkably after playing the game and the level of stigma reduced.

## **2. Abbreviations**

AIDS      Acquired Immuno Deficiency Syndrome

FGD      Focus Groups Discussion

HIV      Human Immunodeficiency Virus

## **3. How to read this report?**

Chapter 1 and 2 provide a summary and a short list of abbreviations. Chapter 3 introduces the organization of the report. Chapter 4 provides the background information of the WEB.foundation and the LOVE. check game. Chapter 5 presents the goal of the research and the research questions. Chapter 6 explains the research setting and its geographic and socio- economical background. Chapter 7 gives insight in the concepts and methodology used in this research. Chapter 8 presents the actual field research. Chapter 9 discusses the theoretical analyses and chapter 10 presents the results of this research, including its conclusions and recommendations.

## 4. Background

### 4.1 The WEB.foundation

The WEB.foundation aims to stimulate worldwide communication about hiv/ aids by educating young people before they become sexually active and to support the communication between people who are dealing with hiv/ aids. Realizing that there are still many taboos, a lot of prejudices and myths concerning hiv and aids and also the fact that countries and cultures have their own sets of moral and religious views, the WEB.foundation hopes to contribute, together with other organizations, to increase the quality of the education and to promote a timely start of this education of young people, mainly in high risk countries. The means to reach these goals which are applied by the WEB.foundation are communication and the encouragement of young people to talk about hiv/ aids.

For this reason the WEB.foundation has developed the LOVE.check game to stimulate a discussion with and between children.

### 4.2 The LOVE. check communication game

LOVE. check is a memory game, especially developed for children up to the age of 12 in countries with a high risk profile for hiv and aids.

Together with local specialists, different versions of the game have been developed per country or group of countries. Thus an optimal match can be achieved with the local cultures and their habits regarding sexuality.

In the game situations are pictured which stimulate the children to discuss matters such as friendship, love, sexuality and hiv/aids. It is considered as extremely important that children get to know that they can protect themselves against aids. The game is distributed within the educational institutes as well as in other settings.

To reach the main goal of the game, to stimulate a discussion with and between children, the youngsters and adults. The following sub goals have been identified:

— Communication: the game stimulates children to talk about sexuality and hiv/ aids.

— Information: the game provides information about sexuality and hiv/ aids.

— Stigma: a part of the providing of information is to reduce stigma about the topics at stake.

The game exists of 70 cards with pictures that tell a story about HIV/ AIDS and related subjects. Every picture appears twice in the game. On the level of the players the purpose of the game is to collect the pairs of identical pictures. The game is played in two parts. The first part is meant as a “warming up” and to familiarize the children with the pictures on the cards. The second part focuses on the storylines and on the knowledge about hiv. After the game is played, the pictures are laid out in the right order and thus the storylines appear and a discussion about them can be held. The game needs to be facilitated by an adult.

### *The storylines*

Until now the first storyline is about hiv and aids in the family. The second storyline is about boys and girls falling in love and the risks connected with sex. The third one is about a girl who is at risk, for example regarding rape and teenage pregnancy. The last line is about myths, risks and awareness.



November 15<sup>th</sup> 2008

## **5. Goal of the study and research questions**

Goal of the study was to assess the effectiveness of the game. Whereby focus on communication, information and stigma have been the main concepts. Within the limit of budget and time frame, the conclusions and recommendations are valid, because of different methods, deep analyses and varying population groups in which the game was tested.

The research has been conducted by Caroline Dusée, cultural and medical anthropologist, co-operator at the UVA and VU in Amsterdam.

The research started at the beginning of November 2008 and was finalized at 31-03-2009.

The following operational research questions have been used:

About the *effects* after playing the game:

- has the children's willingness increased to discuss topics like hiv/aids and their experiences and feelings about it? See chapter 8 and 10.
- are they better informed about how they could be infected with the hiv- virus and how to avoid it? See chapter 8 and 10.
- has the level of stigma around people with hiv/aids decreased? See chapter 8 and 10.

About the *game*:

- is it clear to the children how to play the game? See chapter 8 and 10.
- are the storylines and the pictures clear to them? See chapter 8 and 10.
- are there topics which should be added or removed in/from the game? See chapter 8 and 10.
- does the game match with the target group, children from 8 up to 12? See chapter 8 and 10.

## **6. Geographic and socio-economic background of the research setting**

Tanzania is a country in the eastern part of the African continent sharing borders with Kenya, Uganda, Rwanda, Burundi, Congo, Zambia, Malawi, and Mozambique.

Religious frictions are minimal: Christians and Muslims are living side by side peacefully.

Economically speaking, Tanzania faces a lot of problems. This country of 30 million is ranked as one of the poorest countries in the world. Most of the Tanzanian people live in rural areas where they work on *shambas* (farm plots) and where money is a constant worry. At the other end of the spectrum, there is a small number of wealthy people, often the families of government ministers, who drive SUV's and live in bog Western- style houses. Almost all of Tanzanian's women work: they help on the *shamba's* in rural areas, and they work in shops, restaurants. Most children in Tanzania do not have the opportunity to finish secondary school, and many of those who do can look forward to mass unemployment, especially in rural areas. Given the economic woes, the existence of street children in the cities of Tanzania is an ongoing issue.

To realize this study the country of Tanzania has been chosen because the researcher had already built a vast and accessible network in this country which could easily be used for this study. Moreover, the game had not been introduced in Tanzania yet, so it was a neutral starting point.

### *Mwanza region*

Mwanza Region, in the north- west of Tanzania, has an estimated population of three million, most children attend primary school, but few go on to secondary school. (for Mwanza and Mwanza region see map annex 1)

## *Mwanza city*

Mwanza city is located in the northern part of Tanzania and is the country's second largest city, with a population of about 500,000. It is also the economic heart of the Lake region. Mwanza is a rocky peninsula on the south- eastern shore of Lake Victoria.

It has a busy port that handles much of the cotton, tea and coffee cultivated in the country.

It is acknowledged that the Millennium Development Goals (MDG's)- especially MDG 6, which is to halt and reverse the spread of hiv/ aids by 2015- will not be reached without integrating approaches to children and AIDS. <sup>1</sup>

In Africa, the severity of the hiv- epidemic has been attributed to a wide range of interrelated underlying factors including poverty, poor health services, warfare and the legacy of colonialism. <sup>2</sup>

In Eastern Africa, hiv/ aids was first detected in the lake Victoria region. Now Lake Victoria, home to one of Africa's biggest fishing industries, is known for a population devastated by aids. Via the fishing communities of Lake Victoria, the disease spreads out into the whole area.

## **7. The research**

The research has been conducted by Caroline Dusée, cultural and medical anthropologist, co-operator at the UVA and VU in Amsterdam.

The research started at the beginning of November 2008 and was finalized at 31-03-2009. The following former assumptions have been fulfilled:

- there was no political or other local interference with the research which could have influenced the independency of the study;
- the researcher had full and free access to the people that had been involved in the study.

A local expert in the function of research assistant and translator was hired. In the field there has been asked for some assistance to local NGO's, schools or community members to reach certain parts of the population.

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<sup>1</sup> Report Children and Aids, a stocktaking report; unaids Unicef, World Health Organisation 2007

<sup>2</sup> Barnett & Whiteside 2002

## **7.1 Concepts and methodology**

### **7.1.1 Theoretical concepts**

The following concepts have been applied in this study:

- Communication about hiv/aids
- Information
- Stigma

In the next sub sections these concepts have been elaborated

### **7.1.2 Communication about sexuality and hiv/ aids**

It has previously been noted that typically Tanzanian parents are authoritative and children respectful and obedient, with a taboo on communication about sex. <sup>3</sup> Daniel Wight et. al. noted in their research about sexuality in Tanzania that sexual issues are rarely discussed publicly, explicit discussion was even regarded as “obscene” by some in their research <sup>4</sup>

Furthermore there seems to be a big gender- difference as sex is frequently discussed amongst men and sometimes even between fathers and their older sons. Also when caught in a sexual relationship, schoolboys, in contrast to schoolgirls, are rarely beaten by parents. <sup>5</sup>

But as sexuality still is a taboo- topic to talk about, in many cultures, it is imaginable that communicating about hiv/ aids even causes more concerns. In this research communication about this topic is one of the main focuses.

### **7.1.3 Information**

There has been a long running debate as to whether sexual cultures in Sub-Saharan Africa are permissive or characterized by restrictive rules, rituals and restraints. In social science sexuality is seen as beliefs that are socially constructed and subject to social change <sup>6</sup>, such as shifting power between generations, integration in the cash- economy, or the spread of schooling. These all effect the level of influence from information adapted by the different communities. Findings suggest that sexual culture and the level of information in Tanzania is more complex because of the slightly varying cultures shared within different

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<sup>3</sup> Abrahams 1981, Bujra 2000,

<sup>4</sup> Daniel Wight et al. 2006

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

groups in the villages. <sup>7</sup>In this research information is seen as the level of which the children are informed about sexuality and hiv/ aids.

#### 7.1.4 Stigma

Social science research on stigma has grown dramatically over the past two decades. Internationally, there has been a recent resurgence of interest in hiv and aids-related stigma and discrimination, triggered at least in part by growing recognition that negative social responses to the epidemic remain pervasive even in seriously affected communities.

Nowadays most people refer on the work of the famous sociologist Erving Goffman. He defined stigma as an unwanted or shameful quality that reduces the status of the individual in the eye of the community. <sup>8</sup>

While Goffman looked more at stigma in general, this research will focus on stigma in relationship with hiv/ aids.

## 7.2 Methodology

The research methodology used had a basically anthropological characteristic. The local social, cultural, economic and political circumstances in Tanzania have been taken into account.

This implies that the research mainly was qualitative at a micro- level.

The different groups amongst which the research was carried out had been split up and tested by their knowledge and communication- level about sexuality, hiv/ aids and all the related taboo- topics.

The research has been divided in two main parts: *before* and *after* playing the game.

This means that the research has started with an assessment of the baseline to obtain a reference for the further findings.

In the second part of the research, the game was played with the children and the effects of the game have been investigated using the following techniques of data-collection:

- semi- structured interviews
- focus group discussions (FGD's)
- (participated) observations
- in-depth interviews
- drawing

The field research was carried out between November and January 2008/ 2009. The research can be divided into two main stages: Before playing the game and after playing the game.

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<sup>7</sup> Caldwell 1989

<sup>8</sup> Goffman 1963

The first stage of the research, started with semi- structured interviews, FGD's and observations.

In the second stage of the research, after playing the game, it continued with interviews, FGD's and observations, with the same topics and questionnaire lists, in order to compare the difference.

Also in- depth interviews and drawing have been conducted to the research at this stage.

The drawing- session was introduced to let the children draw new cards which they considered to be needed to be part of the game and which were not in it yet.

The different techniques employed in searching for the truth are called *triangulation*; In anthropology, triangulation, or the use of the multiple methods and sources of data, is usually practised within a study. In anthropology, to avoid bias, triangulation is the constant checking and double- checking of your data. Whenever you ascertain a deviation, you have attempt to find out why that is and where that comes from.

Therefore we use different techniques to test the results of an earlier observation or interview. So it is used as a validation method.

## 8. Execution of the field research

Through studying and portraying different kind of groups of children, the research shows the effectiveness and efficiency of the game in different kind of groups.

The research focused on:

- children in urban and rural areas
- children in school and out school
- children in different age- groups
- children in different gender- combinations
- children in different size of groups



December 17<sup>th</sup> 2008

The research has been taken place in and around Mwanza (Mwanza region) in the North of Tanzania on the following locations:

Rural: Nykato: Nundu school  
 Semi- rural: Nyegezi: Hyamalango school  
 Urban: Mwanza: Mbugani school  
 Mwanza: streetchildren centre Fonelisco

The study population comprised children in the age of approximately 8 to 17 years. Every group of children obtained about 20 pupils, but as the research studied smaller groups and gender- differences as well, the sizes of groups varied from time to time.

The researcher made an amateur dvd of the scene of the complete playing of the game in Mbugani school in Mwanza. (see annex 2)

The structure of the field research was:

|                        | <b>Communication</b>   | <b>Information</b>     | <b>Stigma</b>          |
|------------------------|------------------------|------------------------|------------------------|
| <b>Before the game</b> | <b>See chapter 8.1</b> | <b>See chapter 8.2</b> | <b>See chapter 8.3</b> |
| <b>After the game</b>  | <b>See chapter 8.4</b> | <b>See chapter 8.5</b> | <b>See chapter 8.6</b> |

## 8.1 Communication before the Game

The children from the urban school in Mwanza all mentioned that they sometimes talked about sexuality and hiv/aids, but also told that they felt that they didn't communicate about this in mixed gender groups. The girls and boys only sometimes discussed these topics separately from each other.

The one who learned them to speak a bit about hiv/ aids was their teacher, because they have sexual education- classes sometimes. Although it mostly means that the teacher herself is explaining things. They don't actually share information.

In contrast; the children from the more rural Hyamalangu school in Nyegezi all told me to have difficulties communicating about sexuality.

Tatu, nine year old boy: "We get shy when we talk about this, because it's something you should talk about when you are twenty years old. Aids is a bit more normal to talk about. Not sexuality."

The children in the streetchildren centre of Fonelisco all experienced rough street life before they started living in the shelter.

Difficult experiences with sexuality has formed a part of their former life. Rape, abuse and prostitution was for some of them an almost daily experience.

Therefore they find it quite hard to talk about this in public.

Next to that, they didn't go to school and didn't get any sexual education to motivate them talking about these topics.

In the rural school of Nyakato, children mentioned that they actually hardly ever communicate about sexuality and hiv/aids. Although they were quite familiar with people infected by hiv/aids. <sup>9</sup>

<sup>9</sup> Many rural Tanzanian areas are highly infected with the aids- epidemic

But, as in most rural areas, they did not get any sexual education to stimulate them talking about it.

Children in all the different groups mentioned that the age of eight was too young to start communicating about sexuality and aids.

The researcher has to agree that it almost was embarrassing as well to ask these youngest children questions about these topics, as they seemed too small to be confronted with this.

However, the children did not really know what was a good age to start communicating about this, as their answers varied from ten to twenty years old.

## **8.2 Information before the game**

Almost 80% of the children from the urban Mwanza school wanted to get more information about sexuality and hiv/aids. They mentioned that most of their knowledge about these topics came from radio, television and information in hospitals.<sup>10</sup>

Zula, a twelve year old girl: “We know about hiv/aids because of this and sexual education at school, but we don’t really know what sexuality really is.”

Part of the interviews and FGD’s taken in these sessions, focused on testing the factual information they knew about hiv/aids. This included questions as:

Can you get aids from kissing anybody?

Can you get aids from mosquitoes?

Can you get aids from sharing the same glass or spoon?

What pills can you take when you have aids?

Can you be cured from aids?

Despite the fact that the high level of factual knowledge that children in the urban school had about hiv/aids was surprising, sometimes untrue and even funny things did come up, like:

Frankie, a ten year old boy: “You have to wear clothes all over your body when you share the same bed with someone.”

Also in the semi- rural school of Nyegezi and the rural school of Nyakato the factual knowledge about hiv/aids was quite reasonable due to media or sexual education.

But, however, they all did share some big gaps of knowledge, mainly about how to get infected.

In all different groups, for example all up to 50% thought to be infected after sharing a glass or food with someone. Also no one really knew what exact medicines you can take when you are infected.

The Fanelisco street children- group was a different case. Despite their rough backgrounds and lack of education, it still was quite amazing what they knew. But still, their lack of information seemed much bigger than in the former groups.

An example of this is this remark from one of the girls:

Angela, a fourteen year old girl: “Maybe when you go to church and you pray, you can recover from aids.”

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<sup>10</sup> The last years many awareness campaigns on hiv/ aids have been implemented in Tanzania



### 8.3 Stigma before the game

From the urban school of Mwanza 90 % of the children all reacted quite strongly and stigmatizing while asking them about how to look at and treat people with aids around them.

Most of them said to be afraid of these people and made announcements like: “they look very bad. They have wounds and skin diseases and are very thin.” Also only a few children from this group said to actually know an infected person. In all cases it was a neighbour.

The same reactions had been given in the semi- rural school of Nyegezi. Asking them why they were so afraid of them, they replied with being afraid to get infected themselves. One eleven year old boy even mentioned: “You better not talk about it when you have it, otherwise you get unyanyapa.”<sup>11</sup>

Also all the children from the urban and semi- urban school did not want to befriend an infected person. The group of Fonelisco street children was a bit more flexible; 50% of them said to befriend an infected person, but they all still said to be afraid of getting infected themselves.

Next to that, they also described the same physical symptoms as the former groups did; like bad hair, wounds, skinny and so on.

In the rural school of Nyakato the level of stigma was quite different. The children seemed to be very familiar with people infected by hiv/ aids and got along with them in a decent way. Even 80% percent said not to be afraid of befriending them.



January 3<sup>rd</sup> 2009

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<sup>11</sup> *Unyanyapa* is the slang word for “being stigmatized” in Kiswahili

#### **8.4 Communication after the game**

The level of communication increased enormously after playing the game in all different groups. In Mwanza's urban school children mentioned that they finally started talking about these topics in mixed gender groups; so boys and girls together. The same was mentioned in the group in Nyegezi. Also other interesting remarks have been made;

Pendo eleven year old boy:

"Now I know the father goes to the mother to tell he has aids, before I didn't know it was good to do that."

Also absolutely remarkable is that the children from the Fonelisco street children group, despite their difficult sexual backgrounds, really opened up while playing the game.

Halisa, 13 year old girl:

"Now we know that you have to talk about it."

Observation learned that they, after playing the game, facilitated by their group leader, started playing the game themselves and discussed topics while playing it.

Interesting was the amount of enthusiasm about communication in the rural group of Nyakato.

Before all of them never really communicated about sexuality or hiv/aids. Now they started to do that and enjoy it.

Nema, 11 year old girl:

"We learned from the game how to open up about hiv/aids and don't keep it a secret topic."

#### **8.5 Information after the game**

The level of their factual information had in all groups highly changed after playing the game a couple of times. The researcher let them explain the storylines themselves without the facilitator being involved. The increase in knowledge was quite remarkable and almost doubled in all different groups.

James, eleven year old boy: "Now I know that I don't get infected by shaking hands or eating from the same spoon."

Yacintha, one of the girls from the Fonelisco street children group mentioned: "I like to learn new things about hiv/aids. That's what I like about the game!"

## 8.6 Stigma after the game

Although stigma was not noticeable at the rural school, it surely existed at the urban and semi-urban school and partly in the Fonelesco- group before playing the game.

After playing the game and having it discussed many times, their attitude and opinion about infected people really changed remarkably. First 90% of the Mwanza school and 70% of the Nyegezi school did not want to befriend a person with HIV/AIDS, now this changed into the opposite into wanting to befriend in a full 100% in Nyegezi and 80% in Mwanza and in Fonelesco.

Angelina, fourteen year old girl from Fonelesco, put it quite nice by saying: "To love them, to treat them well and to keep them safe, is very important. Now we learned that."

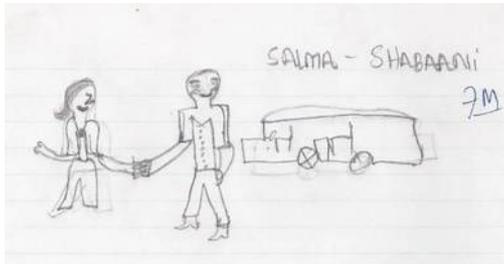
## 8.7 The game

The first part of the game; literally playing it, was very much loved by all children from all different groups. Next to that it wasn't hard for them to understand the game. The second part was very much loved as well, although they seemed to get a bit bored sometimes as it takes quite long to play the whole game and to put all the storylines together and then discuss them. It seemed to function much better and to get hold on their attention, when working in small groups and to split the storylines. For example doing two storylines on Tuesday and another one on Wednesday. Then they also remembered more of the information while playing the game.

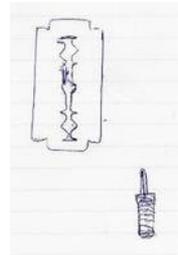
When I asked them what to change about the game, it was interesting that in two different groups they had a comment on the same card: the one of the kissing people; signifying that this doesn't cause an infection.

Eddy, thirteen year old boy:  
"It is dangerous. You can be infected by kissing. One can have a small wound in the mouth."

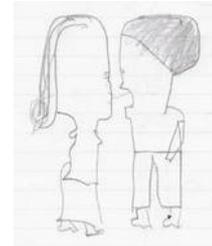
After the latest session as a method I let them draw pictures of cards they thought had to be in the game and were not in it yet. Some very interesting pictures and ideas came up. See below for some remarkable examples and see annex 3 for some other interesting drawings.



*Boy and girl go together to the clinic to test*



*Used sharp object and injection can cause aids*



*Boy and girl talk about aids*

## 9. Theoretical analyses

Looking back at the concepts defined before and comparing them with the actual field research, it can be said that the children in this research have been studied in line of the anthropology of childhood; to study them from a child's point of view. Their cultural and social context had constantly been taken into account.

Looking back at former theories about communication and sexuality in the African culture, it must be said that it indeed is a very closed culture and the gender differences that appeared referred to Daniel Wight et. al. had been clearly expressed by the children telling me that they had never communicated about these topics in mixed gender groups before.

But what nowadays has changed in contradiction with what was said in the article of Wight et.al. is that communicating about hiv/aids is more familiar to most of them as they, at least in more urban areas, have sexual education classes in school now.

Referring to sexual culture indeed it is socially constructed. This already is clearly shown by looking at the differences in attitude between the rural and urban children.

The notion made by Calwell et. al. that the sexual culture in Tanzania is more complex, because of the slightly varying cultures within different groups in the villages, might be true given the fact that Muslim and Christian children all go to the same schools and live together, the same as children from different tribes. Despite the fact they live so close, they might still share different values and therefore get different access to information.

Although most children in urban areas get sexual education now, still in these areas the level of stigmatization was enormous.

This can be linked directly to the former described definition of Goffman, especially the parts that the status of the infected persons is reduced in the eye of the community where they live in. Also the feeling of shame was very often announced.

## 10 Results

### 10.1 Summarized results

The study has resulted in the following answers on the research questions:

About the effects after playing the game:

- has the children's willingness increased to discuss topics like hiv/aids and their experiences and feelings about it?
- are they better informed about how they could be infected with aids and how to avoid it?
- has the level of stigma around people with hiv/aids decreased?

| <b>Effects of the game</b> |                      |                    |               |
|----------------------------|----------------------|--------------------|---------------|
|                            | <b>Communication</b> | <b>Information</b> | <b>Stigma</b> |
| <b>Urban/Rural</b>         |                      |                    |               |
| Urban                      | +                    | ++                 | +++           |
| Rural                      | +++                  | +                  | +             |
| <b>In/out school</b>       |                      |                    |               |
| in school                  | +                    | ++                 | ++            |
| out school                 | ++                   | +                  | +             |
| <b>Age groups</b>          |                      |                    |               |
| < 10 years                 | -                    | -                  | -             |
| > 10 year                  | +                    | +                  | +             |
| <b>Gender combinations</b> |                      |                    |               |
| non mixed groups           | +                    | ++                 | +             |
| mixed groups               | ++                   | ++                 | +             |
| <b>Group size</b>          |                      |                    |               |
| small                      | +                    | +                  | +             |
| large                      | -                    | -                  | +             |

Conclusions about the *game*:

- It is clear to the children how to play the game;
- The storylines and the pictures are clear to them;
- There are no topics which should be removed from the game, however it could be considered to add in some cases a card which expresses the children's points of view.
- It appeared that an age of 8 is too young to play the game, while at the other hand the game appeared also suitable for children older than 12.

## 10.2 Conclusions

The following conclusions can be drawn:

- The children start communicating much more about hiv/ aids and sexuality after playing the game.
- The children start playing the game themselves and discuss the topics after having played it with a facilitator.
- After playing the game, the overall opinion of most of the children is that you should share information and communicate together about hiv/ aids.
- As an effect of the game the children start communicating about sex- and hiv related topics in gender- combinations.
- In the rural groups the children were less familiar with sexual education and via the game they started communicating about these topics for the first time.
- The level of information and knowledge about hiv/ aids has increased remarkably after playing the game
- The level of stigma changed remarkably after playing the game, especially in urban areas.
- In rural areas children were much more familiar with hiv- infected people. For them communication was the most important effect of the game. In urban areas children were less familiar with hiv- infected people. For them the reduce of stigma was the most important effect of the game.
- They all understand the game very well and quickly.
- All children like playing the game.
- The game can be played in different ways.
- New method: to let them draw potential new cards themselves, to get deeper insight into the vision of the child and into the local cultural context.
- The game proved to be very useful as well to children with a difficult sexual background.
- The game is not only useful in schools, but showed to be very effective as well for out- of- school children like street children living in shelters.

### 10.3 Recommendations

Based on the conclusions the following recommendations can be formulated:

- ⤴ The age of eight years to start playing the game is too young. Strongly advised is to use the game for children between ten and sixteen years old.
- ⤴ Game is less appropriate for larger groups. It is recommended to play the game in smaller groups.
- ⤴ There is a small mistake in the game about mouth infections. People can be infected by kissing when a person has a wound in his mouth.
- ⤴ To play the game and to have the discussion afterwards is too long to play in school circumstances and to play in a school environment. This asks too much concentration of the children. Advised is to divide the storylines and play the game on different days.
- ⤴ Shame culture avoids openness towards grown up people who are supposed to lead the game. Therefore it is very important that the facilitators have been well instructed and that the children have a chance to play it together without supervision as well.
- ⤴ To let children draw their own cards gives an interesting and useful perspective on their vision and local cultural context. It can help to optimize the game.

### 10.4 Theoretical Discussion

Since still little is known about different cultures and subcultures and their communication- level and taboos considering speaking about sexuality and hiv/aids, further (comparative) research about this topic should be done in different regions of the world. In developing countries, few studies have evaluated the effectiveness of sexual and reproductive health interventions among children. This means there is an urgent need to evaluate the effect of interventions to improve the sexual and reproductive health and reduce the number of hiv/ aids. Because of sexuality still is a taboo- topic in many countries, alternative ways of collecting this sensitive data should be developed.

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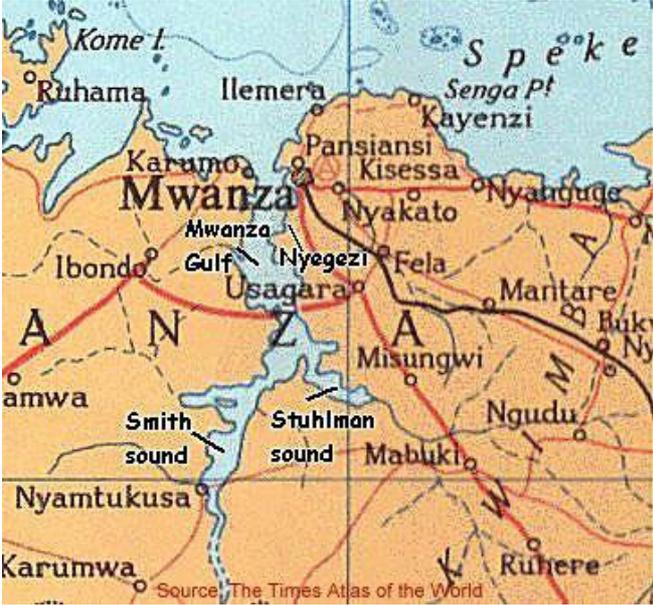
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## 13. Appendix

**Annex 1**

**Map of Tanzania and Mwanza**



*Map of Mwanza and the surrounding area.*



*Map of Tanzania*

**Annex 2**  
DVD of playing the game

**Annex 3**

Potential cards drawn by children



*The man approaches the lady for sex.*



*The man and woman are going to have sex, but have to use a condom.*



*The man gives the woman money to have sex.*