

Title	Educational Game
Target group	Children with diabetes, their siblings and friends. The game has also been distributed to nearly 400 children whose parents or grandparents have type 2 diabetes
Objectives	To enhance positive health-related behaviour; improve bonding between siblings and create understanding with classmates and friends
Main contents	<p>The game consists of a laminated board, a dice and tokens. The hard board is 29 x 34 cm in size and is based on a 1-100 check board pattern with 10 snakes and 10 ladders. The snakes represent unhealthy practices, while ladders stand for healthy behaviour patterns. Healthy behaviour includes five items related specifically to diabetes and five related to general health in order to ensure the acceptance and interest among children without diabetes. Similarly, three unhealthy practices are specifically related to diabetes while seven are of general interest.</p> <p>Of the 20 behaviours mentioned, three are related to diet; three to physical activity, Five to use of insulin; three to self monitoring; four to health and hygiene in general and two to stress management.</p>
Staff - preparations and qualifications	The game was developed in 2006 by a multidisciplinary team of diabetes health care professionals and others at Bharti Hospital, Karnal, Haryana, India. The development was led by dr. Bharti Kalra, who is a consultant in diabetology and gynaecology and whose interest is in adolescent diabetes.
Time table	Children are encouraged to play the game with their siblings and friends. It takes about 10-15 minutes to play a game.
Key benefits/ evaluation	<p>The snakes and ladders game has benefitted children with diabetes in many ways. Formal and informal feedback received from both children and parents reveal:</p> <ul style="list-style-type: none"> - Improved bonding with health care providers due to receiving the game as a gift from the doctor. A common refrain among the children is said to be: 'I want to go to the 'game hospital', not to any other doctor'. - Improved bonding with family members due to improved understanding among siblings, for example. Children with diabetes are often frustrated because they feel that siblings are allowed more freedom concerning food etc. On the other hand the siblings often feel that the parents are spending more time, money and energy on caring for the child with diabetes. 'Now I understand what Rashmi goes through when she has a hypo' said her brother.
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