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# Beta product testing report

Dolpin - Dolanan Pintar

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Prepared by Tulodo Indonesia

# 1. Background

Toys are very important to shape children's experiences, increase their imagination and influence their behavior (Yilman, 2016). Educational toys are very important to support the teaching and learning process, especially for early / preschool children. A toy can be defined as an educational toy if the toy meets several requirements such as simple, safe to use and can be played in various ways. Educational toys vary in shape and function, one of which is in the form of assembled toys where the toys are assembled and in addition to having the above criteria the toy can also have various functions and objectives such as improving children's motoric skills; knowing the shape of space, size, color; and can generate the children' imagination, concentration and accuracy. When choosing a toy for children, parents need to choose toys that are appropriate for the children's age and their level of understanding.

Parents, other family members, schools, and community members are expected to have the responsibility of teaching children about health, especially reproductive health from early age. Education related to reproductive health and relationships must begin with the family. Children need to know about their body changes, the causes of these changes and to stay healthy and have a good relationship with their environment. Education related to reproductive health could protects a child from all types of sexual harassment, mistreatment from friends, older people, family members, teachers and other community members. In addition, education on health and relationships also creates awareness of diseases and infections, teaches them how to manage sexual behavior, emotions, how to control them and how to stay safe.

To test beta product, we will use the following principles or components (Brown, Lindenberger & Bryant, 2008):

- Attractiveness by exploring if educational toys attract the attention of the target audience.
- Understanding by exploring if the message is clearly understood by the target audience.
- Acceptability by exploring if toys contain something that is offensive or disliked by the community or there are elements that cannot be accepted.
- Persuasion (exploration) by exploring if toys can convince the target audience to carry out the desired behavior.

## **DOLPIN (Dolanan Pintar/Smart Game)**

DOLPIN or Dolanan Pintar is an educational toy with health themes and family-based relationships for children aged 5-9 years in Indonesia. The development of DOLPIN uses the principle of Human Centred Design. There will be several processes for the development of DOLPIN: formative research,

development of prototypes, rapid prototyping test, and the product launch. DOLPIN teaches children about reproductive health, body health and self-protection. One of the benefits of Dolpin is that parents are also expected to be involved actively in this game, because parents have an important role in teaching their children about health. Parental involvement here is to guide their children to play and to teach about reproductive health through the interaction between them. DOLPIN will be designed so that parents will be more comfortable and confident in teaching about reproductive health. Without having to feel shy and awkward, parents and children will easily discuss this theme. DOLPIN is expected to be one of the parents' choices for educational toys that can help and support children development. DOLPIN is expected to help improve children communication skills and most importantly, improve their knowledge related to reproductive health.

## **Dolpin Beta Products**

Dolpin Beta Products consist of a set of puzzle with 6 characters, diorama with four settings, and three story books.

## **2. Research questions**

- What is the experience of parents and children in using Dolpin educational toy beta products?
- What is the opinion of parents and children regarding Dolpin educational toy beta products related to their interest, understanding, acceptance, and persuasion?
- What is the difference between those who receive Dolpin beta products compared to those who do not receive the intervention in terms of knowledge, attitude, and behaviour towards reproductive health issue?

## **3. Objectives**

- Understand parents and children's experience using Dolpin educational toy beta products.
- Understand how parents and children think about Dolpin educational toy prototypes related to their interest, understanding, acceptance, and persuasion.
- Explore the difference between those who receive Dolpin beta products compared to those who do not receive the intervention in terms of knowledge, attitude, and behaviour towards reproductive health issue.

## 4. Methodology

### 4.1 Sample and recruitment methods

This prototype testing is a continuation of previous research "*Formative Research on Parents' Knowledge, Perception and Behaviours on Education on Health Themes and Relationships with Family for Children aged 5-9 years in Central Jakarta*" and "*Prototype Testing of DOLPIN Educational Toy with Families with Children Aged 5-9 years in Central Jakarta*" with the same target audiences -parents with children aged 5-9 years. The location of the beta product testing is in Central Jakarta. There are two groups in the study: control group and intervention group. We recruited 15 families for control group and 15 families for the intervention group.

### 4.2 The process of beta product testing and data collection

**Intervention Group.** The Dolpin Beta Product were distributed to 15 intervention families. Each family received an educational toy package in the form of toys and three storybook series and parents were asked to experience the toys for three months by playing with their children (for Characters and Story Book Series, please see the attachment) from January to March 2019. Each book series was distributed monthly. For data collection, this study used qualitative approach. After a month of intervention for each series, we evaluated the use of educational toys by asking households to complete the evaluation table and post test at the end of the study. Prior to the data collection we asked the families to complete pre-test survey. The intervention group were mostly located in the same subdistrict to each other.

**Control group.** A total of 15 families with children aged 5-9 years were recruited as control group. They did not receive the Dolpin set but they were asked to complete the pretest and post test survey. To minimise contamination, we recruited control group from different sub-district from the intervention group.

### 4.3 Independent and dependent variables

The independent variables in this study are demographics (age, gender, family income, number of family members who live at home, residence status, marital status, education of parents). Dependent variables in this study were parents' perception and opinion of the use of DOLPIN beta products and towards the reproductive health issues.

### 4.4 Inclusion and exclusion criteria

The inclusion criteria for this study for both control and intervention group were parents of children aged 5-9 years in Central Jakarta who were willing to become respondents. Respondents who live outside this

area and / or have children over this age range were not included in the data analysis. If a family has two or more children aged 5-9 years, then observations or responses to research questions will refer to one of the children in accordance with the parent's consent regarding which child will be observed.

#### **4.5 Data analysis**

SPSS 22.0 for PC were used to analyze quantitative data. To analyze demographic data such as gender, age, economic level, parents' education status, descriptive statistics will be used. To answer the research question, inferential statistics will be used.

### **5. Ethical considerations**

As the study involves the participation of human participants, ethical approval is needed. Ethics were obtained from the Ethics Committee at the University of Indonesia. A letter to conduct research was then sent to the Central Jakarta One-Stop Service Office (*Pelayanan Terpadu Satu Pintu/PTSP*) to get permission from the Mayor. Before the research took place, we distributed the consent form to the potential respondents. Some information submitted in the information sheet included:

- Research objectives and benefits for respondents.
- Duration of completing the questionnaire.
- Major themes that will be asked in the survey.
- Respondents' participation is voluntary, and they can decide not to continue completing the survey at any time. The researcher also will not give negative sanctions to those who do not participate.
- Statement that the researcher will maintain the confidentiality of the respondent by not requesting information on names and other identities and ensuring that the results of the survey will not be informed directly to the school. Regarding the confidentiality of data storage, the results of the survey will be stored at the Tulodo Indonesia Office. For electronic data, it will be stored and can only be accessed by internal researchers. Data will be stored for 3 years (until December 2022). After this time period, the data will be destroyed (for paper, it will be destroyed by paper shredder, and for electronic data will be deleted).
- There are no potential hazards arising from filling out surveys.
- Researchers provide compensation for respondents who participated in this study (shopping voucher, IDR 100,000).
- The results of this survey will only be used by the researchers and several parties related to this research.

## 6. Results

### 6.1 Sample characteristics

A total of 30 families (15 control and 15 intervention group) joined the survey. In general, 96.7% (n=29) were female respondents whilst 3.3% (n=1) were male respondent. All control group respondents were female. 93.3% (n=28) of respondents were primary caregiver whilst 3.3% (n=1) were head of household and 3.3% were other family members.

No	Variables	Total	Control	Intervention
1	<b>Age</b> 25-34 years 35-44 years 45-54 years Above 65 years	n=30 14 (46.7) 14 (46.7) 1 (3.3) 1 (3.3)	n=15 9 (60.0) 5 (33.3) 0 (0) 1 (6.7)	n=15 5 (33.3) 9 (60.0) 1 (6.7) 0 (0)
2	<b>Education</b> SD SMP SMA University	n=30 2 (6.7%) 7 (23.3%) 17 (56.7%) 4 (13.3%)	n=15 2 (13.3) 4 (26.7) 8 (53.3) 1 (6.7)	n=15 0 (0) 3 (20.0) 9 (60.0) 3 (20.0)
3	<b>House ownership</b> Owned Rented Living with parents/in-laws	n=30 5 (16.7) 5 (16.7) 20 (66.7)	n=15 0 (0) 6 (40.0) 9 (60.0)	n=15 4 (26.7) 0 (0) 11 (73.3)
4	<b>Household main income</b> Salary (government, NGOs) Private sector Pekerja/Pedagang Buruh toko/perusahaan Others	n=27 5 (18.5) 11 (40.7) 5 (18.5) 3 (11.1) 3 (11.1)	n=15 2 (13.3) 6 (40.0) 5 (33.3) 1 (6.7) 1 (6.7)	n=12 3 (25) 5 (41.7) 0 (0) 2 (16.7) 2 (16.7)
5	<b>Average of income</b> <IDR 1,000,000 IDR 1,000,000-2,000,000 IDR 2,000,000-3,000,000 IDR 3,000,000-4,000,000 IDR 4,000,000-5,000,000 IDR 6,000,000-7,000,000 >IDR 7,000,000	n=30 2 (6.7) 2 (6.7) 6 (20.0) 11 (36.7) 6 (20.0) 1 (3.3) 2 (6.7)	n=15 1 (6.7) 1 (6.7) 3 (20.0) 7 (46.7) 2 (13.3) 1 (6.7) 0 (0)	n=15 1 (6.7) 1 (6.7) 3 (20.0) 4 (26.7) 4 (26.7) 0 (0) 2 (13.3)
6	<b>Number of family</b> 1 family 2 families 3 families	n=25 13 (52.0) 8 (32.0) 4 (16.0)	n=13 7 (53.8) 3 (23.1) 3 (23.1)	n=12 6 (50.0) 5 (41.7) 1 (8.3)
7	<b>Number of children aged 5-9 years</b> 1 child 2 children	n=30 22 (73.3) 8 (26.7)	n=15 11 (73.3) 4 (26.7)	n=15 11 (73.3) 4 (26.7)
8	<b>Education of children</b>	n=30	n=15	n=15

	PAUD TK	15 (50) 15 (50)	7 (46.7) 8 (53.3)	8 (53.3) 7 (46.7)
9	<b>Children age</b> 5 years 6 years 7 years	n=30 16 (53.3) 8 (26.7) 6 (20.0)	n=15 6 (40.0) 5 (33.3) 4 (26.7)	n=15 10 (66.7) 3 (20.0) 2 (13.3)

## 6.2 Pretest and Post Test

### Discussion about organs

Regarding the question whether family has ever taught or discussed the functions of organs with their children in the last 3 months, in the pretest, for the control group, 100% have taught or discussed the functions of organs with children in the last 3 months. While for the intervention group: 86.7% had taught / discussed the functions of organs with children in the last 3 months. The following are some quotes from respondents who teach their children regarding the function of organs: "(It is important to teach them about the organs) So that children know which organs must be covered and protected" (Control Respondents #1); "To help the growth of children and children know their body parts early on" (Intervention Respondents #1). For those who did not teach the organs: "Children have already gotten in school so there is no need to teach back to children." (Intervention Respondent #2), "Because my child has already received the lesson at school, so I don't need to teach at home anymore and my child can learn by himself from YouTube" (Intervention Respondents #3).

In the post test survey, for the control group, 77.8% had discussed body organs in the last three months, whilst for the intervention group: 90.0% had discussed body organs as they received the Dolpin set. By using statistical analyses, there was no difference between the control and intervention groups in terms of teaching the children about organs. Some quotes from the respondents: "Children already know what their functions are for and last year the ma'am had taught about the functions of body instruments to children" (Control Respondent #2). "Because the (Dolpin) storybook explains the organs, we indirectly explain the functions of body organs including genitals and how to protect it." (Intervention Respondent #4); "(It is important for children) to take care of themselves, for example when someone touches them."(Intervention Respondent #5).

### Introducing the body parts to children

When we asked how respondents introduce body parts to children, at the pretest survey, 76.7% reported that they show/point out the body parts directly, 60% through discussion with their children, 30% through

stories, 30% through pictures. At the post test survey, 45% reported that they show/point out the body parts directly, 40% through discussion with their children, 30% through stories, and 30% through pictures.

### **Discussion about genitals and their functions to children**

When we asked how respondents introduce genitals and their functions to children in the last three months, at the pretest survey, for the control group: 60% have taught about genitals and their functions whilst for the intervention group only 46.7% had taught about genitals and their functions. And only 10% teach genitals using biological terms (use of vagina and penis to mention genitals). "Because in my opinion, the language that should be told to children is not the language of the past (in the past, people did not use correct terms)" (Intervention Respondents #3). For those who do not use the biological terms": "I am afraid that if I use medical language, my child will tell other friends and that is not a good thing. I use other terms such as "momok" and "titit" (Control Respondents #4). "I do not use biological terms, I taught it because I was taught the same as my parents used the language and so it didn't get dirty" (Intervention Group #5). It seems that for some respondents, the biological terms of genitals are associated with "dirty" terms.

At the post test survey, for the control group: 55.6% ever taught about genitals and their functions in the last three months, whilst in the Intervention group, 100% have ever taught about genitals and their functions in the last three months (during the intervention period with Dolpin set). There was a significant difference between control group and intervention ( $p = 0.033$ ). After using DOLPIN, all respondents of the intervention group taught about genitalia and their function to their children. There was an increase from 46.7% to 100% before and after the intervention. For the intervention group, after using Dolpin set, 80% taught their children about genitals by using biological terms (use of vagina and penis). Several quote from respondents: "Let the children understand. I get the (biological) term from the (Dolpin) story book" (Intervention Respondent #3); "Because the biological term is more polite and good and use correct Indonesian language. I already knew about these terms before but I just explained to my child after reading Dolpin book "(Intervention Respondent #4); "So that the children know the correct term, familiar and they can use in daily life."(Intervention Respondent #5); "The language is more polite for the child's age. I got the term from Dolphin story book "(Intervention Respondent #6). On the other hand, some respondents from the control group explained why they didn't teach about genitals in the last three months: "It's not time yet. Later when my children are in junior high school, they can have good attitudes to the opposite sex and be taught about the differences between men and women "(Control Group Respondents #2); "Because my child is still young and I still have no idea on how to tell my child about this, but I will tell my child soon" (Control Group Respondent #3); "Because (I think) children do not understand and it will be taught at the age of 9" (Control Group Respondent #7)

## **Teaching children about how to clean genitals**

When we asked whether respondents teach their children about how to clean genitals in the last three months, at the pretest survey, for the control group: 100% have taught / discussed how to clean genitals in the last 3 months, whilst for the intervention group: 100% have taught / discussed how to clean genitals in the last 3 months. Some quotes from respondents: "To clean the genitals, do not just touch them but clean them from top to bottom." (Intervention Respondents #5); "When finished pee, wash the genitals using soap and pour a lot of water and dry it using a towel" (Control Respondent #6). At the post test survey, for the control group: 88.9% had taught / discussed how to clean genitals in the last 3 months whilst for the intervention group: 90.0% had taught / discussed how to clean genitals in the last 3 months. Some quotes from respondents: "(It is important) to clean the genitals after urinating so it will not itch" (Control Respondent #8); "(It is important) to clean genitals with water after urinating and defecating" (Control Respondent #10); "Wash and clean with soap when washing hands, take a shower, urinate, defecate" (Intervention Respondent #11). There was no difference between the control and intervention groups.

## **Roles**

When asked about who respondents think those who should teach children about body organ function in general, at the pretest survey 100% reported parents, 60% of other family members, and 66.7% of teachers. Some quotes: "Parents and teachers in school because they are closer to children and are easy to teach to children" (Control Respondent #1); "I feel comfortable if parents teach their children themselves. But at school teachers also teaches about body better." (Intervention Respondent #3). At the post test, 95% reported parents, 40% reported other family members, 35% reported teachers. "Parents because the children will understand and in school they will certainly be taught about bodily organ functions (Control Respondent #7); "Teachers in school, because children will understand more quickly" (Intervention Respondent #8). There was no difference between the control and intervention groups. When asked about at what age should children be introduced to body organ functions, the average age is 3.95 years at the pretest survey whilst at the post test, the age was 3.58 years. There was no difference between the control and intervention groups. When asked about who should teach children about genital functions, 96.7% reported parents, 36.7% reported other family members, and 23.3% reported teachers at school. When asked about at what age should children be introduced to reproductive health issues including genital functions, the average age is 8.47 years at the pretest survey whilst at the post test, the age was 8.95 years. There was no difference between the control and intervention groups.

## Discussion about Reproductive Health Themes

When asked about how **comfortable** respondents when talking to their family members about reproductive health themes or themes around sexuality, at the pretest, for the control group, 60% feel very comfortable and comfortable, whilst for the intervention group, 60% feel very comfortable and comfortable. Some quotes from respondents: "(I am not confident because) Lack of maternal knowledge about sexuality and lack of good talk about sexuality with children." (Control Respondent #1). Perspective of young age also influence parents not to inform their children: "(My child's) age is still (too) young and it's not time to talk about sexuality" (Control Respondent #8); For those who feel comfortable: "Because sexuality (education) must be delivered and mothers need to have sufficient knowledge in theory related to sexuality." (Intervention Respondent #5); "Because in my family, my child must be told, his brother and sister also get the information because in my opinion it is important" (Intervention Respondent #8).

At the post test, for the control group: 33% feel very comfortable and comfortable to discuss about the reproductive health issues in the last three months, whilst for the intervention group: 80% feel very comfortable and comfortable. There was an increase in the proportion of intervention groups to be comfortable and very comfortable (before and after using Dolpin set). But statistically, there were no significant differences between the control and intervention groups. Some quotes from post test: "Because the closest person. The importance of teaching children which organs should be protected and they can also protect themselves "(Intervention Respondent #9); "It is important for children to know about sexuality (from us directly) and better than looking for the information from elsewhere" ((Intervention Respondent #10)

When asked about how **confident** respondents when talking to their family members about reproductive health themes or themes around sexuality, at the pretest, for the control group, 53.3% felt very confident and confident whilst for the intervention group, 73.3% felt very confident and confident. Some quotes: "I feel confused about explaining to children and not knowing where to start" (Controls Respondent #4); "His mother was afraid if her child asked more about sexuality and she felt she had to learn a lot more before talking to her child" (Control Respondent #11); "There is openness in the family. When there is an initiative from the child, the mother confidently answers the question because she had already read about sexuality and based on her personal experience" (Respondent Intervention #12); "Because the father himself had learned lessons about sexuality when he was in school" (Respondent Intervention #9). At the post test, for the control group, 55.6% felt very confident and confident whilst for the intervention group, 90.0% feel very confident and confident. There was an increase in the proportion of the intervention group to be very confident and confident (after using Dolpin set). But statistically, there were no significant

differences between the control and intervention groups. Some quotes: "I don't know what to talk about with children, confused about how to talk to children" (Control Respondent #4). "Because for the sake of the family and so that the children also know about sexuality" (Intervention Respondent #5).

### **Differences between male and female bodies**

When asked how **comfortable** respondents when talking to their children about the differences in male and female bodies, at the pretest, for the control group, 93.3% felt very comfortable and comfortable whilst for the intervention group, 86.7% feel very comfortable and comfortable. "It's easy to explain the differences in male and female bodies" (Control Respondents #9); "So that children know the difference between their genitals and their female friends, so I must teach the children" (Intervention Respondent #8). At the post test, for the control group, 100.0% feel very comfortable and comfortable whilst for the intervention group: 90.0% feel very comfortable and comfortable. There was an increase in the proportion of intervention groups to be comfortable and very comfortable (after using Dolpin set). But statistically, there were no significant differences between the control and intervention groups. Some quotes: "You have to talk about it and children know the difference between men and women" (Control Respondent #7). "Let the child know that female and male genitals are different, which parts can be touched or cannot be touched" (Intervention Respondent #5); "Because children are close to parents and parents are those who need to teach children about differences in male and female organs" (Intervention Respondent #12).

When asked how **confident** respondents when talking to their children about the differences in male and female bodies, for the control group, 93.3% felt very confident and confident. For the intervention group, 73.3% felt very confident and confident. Some quotes: "Children must know the difference and the mother can answers all the questions raised by her child." (Intervention Respondent #13). At the post test, for the control group, 88.9% felt very confident and confident. Whilst for the intervention group 90.0% felt very confident and confident. There was an increase in the proportion of intervention groups to be comfortable and very comfortable (after using Dolpin). But statistically, there were no significant differences between the control and intervention groups. Some quotes: "Because mother or father really have to teach about other organ differences and then they (children) can protect themselves, or where clothes should be seen and which other people should not see, such as those mentioned in the Dolpin book" (Intervention Respondent #12).

When asked whether respondents have ever taught their children how to protect themselves from sexual violence, at the pretest survey, for the control group, 93.3% had taught children how to protect themselves from sexual violence, whilst for the intervention group: 100.0% have taught children how to protect themselves from sexual violence. Some quotes: "Because it has happened in our neighboring

environment where some adults touch children's genitals." (Control Respondent #7); "For the sake of children so that children can be more alert" (Control Respondent #10); "In order for children to be protected and so that children know besides the family they cannot believe in others. Mother taught it as early as possible." (Intervention Respondent #8); "I teach when my child starts school, and I teach because there are many cases of pedophiles and sometimes I do not pick up my child at schools. So it is useful for them to take care of himself "(Intervention Respondent #13). At the post test, for the control group, 100.0% have taught children how to protect themselves from sexual violence whilst for the intervention group, 100.0% have taught children how to protect themselves. Some respondents reported that Dolpin help them to deliver the messages to their children: "Children can take care of themselves if for example someone is doing bad to them, they know what must be done is he must shout out for help. I teach my children when I read the Dolpin story book to them" (Intervention Respondent #14).

### **6.3 Evaluation of Dolpin Beta Product Series 1**

In January 2019, we distributed Dolpin Set Series 1 to 15 families in Central Jakarta and ask them to play with their children for 4 weeks. In the end of week 4, we explore their experience playing Dolpin and evaluate their knowledge, attitude and practice towards the Dolpin educational toy Series 1 (This is My Body).

#### **Role of parents**

When asked who gave an explanation to the child for Dolpin Set Series 1, 66.7% (n=10) reported the primary caregiver/mother whilst 26.7% (n=4) reported both (father and mother) and 6.7% (n=1) reported father only. Several reasons identified for those who reported that mother was the one who play with the children: husbands were busy (50,0%, n=5), children were closer to mother than father (30,0%, n=3), different role between husband and wife (20.0%, n=2). Some quotes from respondents "Their father is rarely at home. Everyday the children are with me," (Respondent #13); "Girls are much more closer to their mother. When I read the Dolpin story book, the father was also listening. Sometimes father told the child if she needs to use a towel to cover it," (Respondent #10). For those who reported that father played with children: "Because his father is much more closer to the child. And his father is more patient and does not fester," (Respondent #11). For those who reported that father and mother both played Dolpin with their children: "Because the child wants to play with father and mother" (Repondent #9); "Because we can share with part of stories will be told to the child" (Respondent #8).

#### **Understanding of the content**

When asked to review the content of the Dolpin book stories Part 1, all respondents mentioned the detail of characters correctly (100,0%, n=15). Some quotes: "The (Dolpin) characters Include dora, alpin,

grandmother, grandfather, father, mother. The story is about childhood, how to use clothes and pants, body parts that need to be protected on men and women. The benefits for the children is that Dolpin is explained in detail so that children know and they can add knowledge” (Respondent #5); “Nice. The story is about children aged 5-7 years, male female alpine dora. Stories about their body, children know about the functions of body organs one by one, go to the bathroom to pee. Male genitals penis, for female vagina. Maintain cleanliness of genitals. Alpin bathed with father and Dora with mother. How to use a towel for women from the chest down, men from the waist” (Respondent #6); “The storybook tells about the difference between women and men, including the genital differences, how to treat boys and girls, the tools used for bathing. In series 1 there are 4 characters namely dora, alpi, father, and mother. The benefits of Dolpin is that the story is easy to remember including when explaining about the difference between men and women, how to take shower properly, including whom boys or girls should take a shower with” (Respondent #7).

**A1.** When asked whether the storyline of Dolpin set Series 1 is easily understood by children, 80.0% (n=12) reported that they agree, 13.3% (n=2) reported that they strongly agree whilst 6.7% (n=1) reported that they disagree. Some quotes from those who agree and strongly agree: “Not too difficult, not many stories. The story is more simple and easy to understand according to the age of the child” (Respondent #8); “Because series 1 about body parts and children already know what their functions are” (Respondent #1). Quotes from those who disagree: “If for 5-7 years it's still lacking. I think it is more suitable for the age of 6 years. Because they can understand mathematics and understanding things. In my opinion, It is more suitable for her sister aged 8 year” (Respondent #14)

**A2.** When asked whether, language and words used in Dolpin set Series 1 are easily understood by children, 80.0% (n=12) reported that they agree, 6.7% (n=1) reported that they strongly agree whilst 13.3% (n=2) reported that they strongly disagree. Some quotes from those who agree and strongly agree: “The language used is our daily language” (Respondent #2); “For the genital terms we were shocked but then it was okay in the second and third times (Respondent #7). Quotes from those who disagree: “The language used still uses adult language, thus it is difficult for parents to explain to children” (Respondent #3)

**A3.** When asked whether children can capture and understand the main message of Dolpin set Series 1 story This is My Body), 80.0% (n=12) reported that they agree, 20.0% (n=3) reported that they strongly agree. Some quotes from those who agree and strongly agree: “Because it is helped by using characters” (Respondent #1), “Because it's easy to understand with lots of pictures” (Respondent #5); “When telling the story, mother directly pointed out to the mother's body and asking the child to mention their function one by one” (Respondent #7).

**A4.** When asked whether Dolpin set Series 1 encourages interactions and question and answer between children and parents, 60.0% (n=9) reported that they agree, 13.3% (n=2) reported that they strongly agree whilst 26.7% (n=4) reported that they disagree. Some quotes from those who agree and strongly agree: "Because there are some words that children don't know so encourage children to ask parents" (Respondent #2); "Mother uses the question and answer method with children because the mother wants to know if the child knows" (Respondent #7); "so many questions. So the question is why it should be like this and so. And I continued explaining" (Respondent #14). Quotes from those who disagree: "The child hasn't asked questions that he doesn't understand" (Respondent #15); "The child already understands and there is no question from the child" (Respondent #9).

**A5.** When asked whether Dolpin set Series 1 is too simple and lacking in depth regarding the discussion of body parts and their functions 60.0% (n=9) reported that they disagree, whilst 40.0% (n=6) reported that they agree. Some quotes from those who agree and strongly agree: "Because only covers some topics and there are still some topics that are still taboo" (Respondent #3); "just a little more in depth" (Respondent #12); "Because some introduction is enough. If it's too deep later, the child will be confused" (Respondent #15). Quotes from those who disagree: "The story book is very detailed for his age" (Respondent #9).

**A6.** When asked whether respondents feel comfortable using the term vagina to refer to female genitals and penis to refer to male genitals to children in Dolpin set Series 1, 73.3% (n=11) reported that they agree, 13.3% (n=2) reported that they strongly agree whilst 13.3% (n=2) reported that they disagree. Some quotes from those who agree and strongly agree: "Because the language/terms used is more polite than other languages that seem negative" (Respondent #1); "Because using scientific/medical language so children must know" (Respondent #2). Quotes from those who disagree: "Children still do not understand and cannot understand. It became a source of questions and not yet easy" (Respondent #14).

**A7.** When asked whether Dolpin set Series 1 can improve my child's knowledge of organs and genitals and their functions, 73.3% (n=11) reported that they agree, 20.0% (n=3) reported that they strongly agree whilst 6.7% (n=1) reported that they disagree. Some quotes from those who agree and strongly agree: "Because it increases knowledge in recognizing body functions by providing knowledge about the genital names" (Respondent #1); "Because at school the child hasn't got the material regarding genitals" (Respondent #4). Quotes from those who disagree: "The language is too common, children do not understand the genitals terms" (Respondent #13).

## **Experience in Playing Dolpin Series 1**

**B1.** When asked whether children can assemble their own toys without help / explanation from parents, 93.3% reported that their children did so, whilst 6.7% (n=1) reported that parents help the children. Some quote: “I just provide direction to children, and justify the results of assembling the Dolpin toys” (Respondent #1); “Children assemble themselves. The mother saw the child assembling and after everything was assembled the mother looked at the guidebook to check whether it was correct according to the guidebook or not. And it turns out that everything the child assembles is correct” (Respondent #10).

**B2.** When asked whether children can mention their body parts and their functions according to the manual in SERI 1, all respondents reported yes they could do it (100.0%, n=15). Some responses from respondents: “Eyes to see, nose to breathe and smell fragrant, ears to hear, mouth to speak and hands to hold” (Respondent #2); “Eyes: see, nose: for snot, ears: hear, mouth: talk, hands: eat” (Respondent #8).

**B3.** When asked whether children can mention the term genitals according to those taught by SERI 1 books, namely the vagina for women and the penis for men, 46.7% (n=7) reported that they could mention the genital terms (penis and vagina) whilst 53.3% (n=8) reported that they could not do it.

**B4.** When asked whether children are able to mention how to maintain genital hygiene in accordance with the manual in SERI 1, all respondents reported yes they could do it (100.0%, n=15). Some responses: “When finished pee, we need to clean it by using water and soap (after urinating/defecating and bath time) (Respondent #2); “It need to be soaped with water. Cleaned when urinating, bathing” (Respondent #14).

**B5.** When asked whether children asked questions, 73.3% (n=11) reported that they asked questions whilst 26.7% (n=4) did not ask questions. Some questions asked: “Who is the character in the story book, why do you use a towel when you take a shower? And the mother answers by giving an explanation to the child” (Respondent #1); “the question about the name of male and female genitals and the mother explained it to the child” (Respondent #2); “my children ask about clothes (panties) to parents related to their functions and parents explain directly to give understanding” (Respondent #5).

**B6.** When asked whether parents improvised the story on SERI 1 to make it easier for children to understand, 60.0% (n=9) reported that they did not improvise, whilst 40.0% (n=6) improvised the story. Some responses: “I just change the name of the character name. For example this is ayah, mama, sakira

is dora and the little one is a'a (the little brother)" (Respondent #11); "I read first and then told the children using simpler language and everyday language" (Respondent #1).

**B7.** When asked whether parents read the Guidebook before telling the child, 66.7% (n=10) reported that they did it, whilst 33.3% (n=5) did not. Those who did not read the Manual/Guidebook reported that they did not have the QR scan tool: "Because I don't have a QR scan tool and don't understand how to use it" (Respondent #1) whilst those who read manual reported: "Simple guidebook, easy to understand. But the guide link has not been opened" (Respondent #9); "Good, the guidebook helps mothers get rid of their confusion because children like to ask weird questions. The online guide hasn't been opened yet" (Respondent #13).

**B8.** When asked whether parents use the terms vagina and penis to refer to female and male genitals when telling stories to children, all respondents reported yes they did it (100.0%, n=15). Even though not all parents comfortable use the terms for stating penis and vagina, all parents used the words when telling their children. Some responses: "Because it's more polite and if you use other terms it leads to a dirty direction" (Respondent #1); "In the story book already written. Let the child understand the language not just reading" (Respondent #13); "I have read some literature, for the introduction of body parts, just use the actual word/terms, it doesn't need to be replaced" (Respondent #15).

## **6.4 Evaluation of Dolpin Beta Product Series 2**

In February 2019, we distributed Dolpin Set Series 2 to 15 families in Central Jakarta and ask them to play with their children for the next 4 weeks. At the end of week 4, we explore their experience playing Dolpin and evaluate their knowledge, attitude and practice towards the Dolpin educational toy Series 2 (Protect your Body). One family dropped out, thus data collected from 14 families.

### **Role of parents**

When asked who gave an explanation to the child for Dolpin Set Series 2, 100.0% (n=14) reported the primary caregiver/mother. Several reasons identified for those who reported that mother was the one who play with the children: husbands were busy (42.9%, n=6), children were closer to mother than father (42.9%, n=6), husband is lazy (14.3%, n=2). Some quotes from respondents "Series 2 about protecting body parts so mothers are more appropriate to explain to girls" (Respondent #3); "Because the father did not understand (the topic) and the mother was closer to the child" (Respondent #10); "My husband is busy" (Respondent #6); "My husband is lazy" (Respondent #4).

## Understanding of the content

When asked to review the content of the Dolpin book stories Part 2, all respondents mentioned the detail of characters correctly (100,0%, n=15). Some responses: “Book 2 tells about how to protect the body from strangers and to educate children to protect their genitals from other people. We teach them that other than parents no one can touch certain parts. The benefits of this book are they continue the first cbook (the body parts), the second, it is mentioned in the next series 1 how to protect the body, what is the use of clothes for them. They become aware of protecting from cold, and sun” (Respondent #1); “Explanation of which organs can be touched by friends and cannot be touched. About what to do if there are bad people. The benefit for the child is that he knows what to do if there are those who do evil. Character: Dora, alpin, grandfather, father, mother, aunt” (Respondent #15).

**A1.** When asked whether the storyline of Dolpin set Series 2 is easily understood by children, 78.6% (n=11) reported that they agree, 21.4% (n=3) reported that they strongly agree. Some responses: “The picture is bigger and the writing is not much” (Respondent #1); “The language is easy to understand and lots of pictures” (Respondent #8); “Easy to understand by children. What can be touched and can not be touched or who can touch her, for example: doctor or if there are reasons to touch her” (Respondent #14).

**A2.** When asked whether, language and words used in Dolpin set Series 2 are easily understood by children, 78.6% (n=11) reported that they agree, 21.4% (n=3) reported that they strongly agree. Some responses: “The language is simple, the words are not complicated, easy for children to understand” (Respondent #4); “The use of genital terms is more polite. Children understand that changing clothes need to be done in certain places and should not be seen with other people” (Respondent #14).

**A3.** When asked whether children can capture and understand the main message of Dolpin set Series 2 story (Protect your Body), 57.1% (n=8) reported that they agree, 42.9% (n=6) reported that they strongly agree. Some responses: “It is clear about what he has to do if that “situation” happens” (Respondent #5); “The children know that they can not change their clothes anywhere, others cannot touch their body parts. I said that all covered by underwear cannot be touched: chest, buttocks, genitals” (Respondent #1).

**A4.** When asked whether Dolpin set Series 2 encourages interactions and question and answer between children and parents, 71.4% (n=10) reported that they agree, 21.4% (n=3) reported that they strongly agree whilst 7.1% (n=1) reported that they disagree. Some responses: “So my child asked. For example, why can't we open our clothes anywhere and later my child sees people and compares them. Why can't other people see it, others also have the same like me” (Respondent #11); “Children are much more brave to say no if there are people who want to do something bad” (Respondent #14).

**A5.** When asked whether Dolpin set Series 2 is too simple and lacking in depth regarding the discussion of body parts and their functions 71.4% (n=10) reported that they disagree, 14.3% (n=2) reported that they strongly disagree whilst 14.3% (n=2) reported that they agree. Some responses: “At their age, the discussion does not need to be too much but to the point. It's enough to be understood and the message conveyed” (Respondent #1); “It's right and not too deep. Because they are children and it is already based on their age and stage of development” (Respondent #11); “Because in the book itself, it is very clear for children, so children can be alert to themselves if there are people who do evil children know what to do” (Respondent #14).

**A6.** When asked whether respondents feel comfortable using the term vagina to refer to female genitals and penis to refer to male genitals to children in Dolpin set Series 2, 71.4% (n=10) reported that they agree, 14.3% (n=2) reported that they strongly agree whilst 14.3% (n=2) reported that they disagree. Some responses: “Because I am already getting used to that language (since Series 1) (Respondent #8); “The terms are less common for children. And I'm just not used to it” (Respondent #3); “My child still doesn't understand. Even though we read it again and again but still he can't absorb it properly” (Respondent #11).

**A7.** When asked whether Dolpin set Series 2 can improve my child's knowledge of organs and genitals and their functions, 64.3% (n=9) reported that they agree, 35.7% (n=5) reported that they strongly agree. Some responses: “In the book series 2, the use of clothes is detailed including the right way to change clothes, how to protect body body parts that cannot be touched. All is there” (Respondent #1); “My child knows that he can also follow the “message” in the book. So Dolpin books can be a guide for him” (Respondent #5).

## **Experience in Playing Dolpin Series 2**

**B1.** When asked whether children are able to mention how to change clothes correctly and what to do when someone else touches their body parts according to the guidebook on Series 2, 92.9% (n=13) reported that their children did so, while 7.1% (n=1) reported that parents help the children. Some responses: “The best places to change the clothes are in the bathroom and closed room. (When someone wants to harm you) all you have to do is run away, look for anyone who shouts for help, stop, you can't” (Respondent #1); “Do not change clothes carelessly, use the bathroom and use a towel. If some strangers wants to touch your body, run or shout” (Respondent #8); “To change the clothes appropriately, you need to use the bathroom or closed room if you don't use a towel. Is a stranger

approaches you, all you have to do is say don't and shout for help, report to the police, report to the mother, father and at school report to the teacher" (Respondent #14).

**B2.** When asked whether children asked questions, 78.6% (n=11) reported that they asked questions whilst 21.4% (n=3) did not ask questions. Some questions asked: "Why do we have to shout? Because if not, you will be kidnapped later. You cannot be given to anyone, then you will be held on to it later. There are characters of grandpa and aunt but how come there aren't any? Maybe later in book 3. Do 'tukang bakso' is also a stranger? Yes, he is! Be careful" (Respondent #1); "If someone wants to hold hands? It is okay. Holding your shoulder? Yes, it's still okay. But if they want to hold your mouth, they can't do it" (Respondent #5); "Why are cheeks, vagina, chest, buttocks not touched? If a woman can but if a man can. Men are different from women" (Respondent #13).

**B3.** When asked whether parents improvised the story on SERI 1 to make it easier for children to understand, 50.0% (n=7) reported that they did not improvise, whilst 50.0% (n=7) improvised the story. Some responses: "For a child to understand, mom uses the song about what can be touched or cannot be touched and should be linked to series 2" (Respondent #1); "by imitating sound" (Respondent #8); "I summarize it first and explain it to the child using the characters" (Respondent #9).

**B4.** When asked whether parents read the Guidebook before telling the child, 35.7% (n=5) reported that they did it, whilst 64.3% (n=9) did not. Those who did not read the Manual/Guidebook reported that they can open the link: "Well. Online guides cannot be opened" (Respondent #2); "I don't have the apps to open the link" (Respondent #9); "I lost the hard copy guidance and it cannot be opened (the link)" (Respondent #13).

**B5.** When asked whether parents use the terms vagina and penis to refer to female and male genitals when telling stories to children, almost all respondents reported they did it (92.9%, n=13) whilst 7.1% (n=1) did not use the terms. Even though not all parents comfortable use the terms for stating penis and vagina, all parents used the words when telling their children. Some responses: "Let the child memorize that 'titi' is the same as the penis and 'pepek' is the same as the vagina" (Respondent #1); "So that the child knows that the correct term and it is in accordance with the language used daily in the environment and the school" (Respondent #12).

### **6.5 Evaluation of Dolpin Beta Product Series 3**

In March 2019, we distributed Dolpin Set Series 3 to 14 families in Central Jakarta and ask them to play with their children for one week. At the end of the week, we explore their experience playing Dolpin and

evaluate their knowledge, attitude and practice towards the Dolpin educational toy Series 3 (When I am at Public Space). One family dropped out, thus data collected from 13 families.

### **Role of parents**

When asked who gave an explanation to the child for Dolpin Set Series 2, 92.3% (n=12) reported the primary caregiver/mother whilst 7.7% (n=1) reported the father. Several reasons identified for those who reported that mother was the one who play with the children: husbands were busy (50.0%, n=6), children were closer to mother than father (33.3%, n=4), mother can tell the stories clearer than father (16.7%, n=2).

### **Understanding of the content**

When asked to review the content of the Dolpin book stories Part 3, all respondents mentioned the detail of characters correctly (100,0%, n=13). Some responses: "Book 3 tells stories about the importance of protecting yourself in public places. Children must be polite and Alpin ask many questions regarding receive gifts from strangers and then run away. They are good as reading materials. Character: Dora, alpin, aunt, grandfather, uncle, mother (Respondent #1); "Book 3 explores guidance for children when they are in public places and to not accept the gift of strangers, when they pee it is better to go with parents not other people. The benefits of this book is that children know which ones are prohibited, which are not, what to do in public places. Characters include Alpin, Dora, father, mother, grandfather, grandmother, aunt, uncle." (Respondent #3).

**A1.** When asked whether the storyline of Dolpin set Series 3 is easily understood by children, 76.9% (n=10) reported that they agree, 23.1% (n=3) reported that they strongly agree. Some responses: "The child understands by looking at the picture in the book"(Respondent #1); "Because the images/pictures are in accordance with the contents of the story and the writing is not much" (Respondent #2)' "Because it comes with the picture. And the pictures are very detailed. The writings and images that are more specific" (Respondent #11).

**A2.** When asked whether, language and words used in Dolpin set Series 3 are easily understood by children, 84.6% (n=11) reported that they agree, 15.4% (n=2) reported that they strongly agree. Some responses: "It uses the common or our daily language (Respondent #13); "Because the story is not too long, simple, short" (Respondent #3).

**A3.** When asked whether children can capture and understand the main message of Dolpin set Series 2 story (When I am at the Public Spaces), 76.9% (n=10) reported that they agree, 23.1% (n=3) reported that they strongly agree. Some responses: "Children know that if they are not with their parents, they don't

want to be with other people” (Respondent #3); “(after reading Dolpin) now she becomes more careful and she understood about the dolpin story, and she likes to report to me about what happened outside” (Respondent #12); “In a crowded place, keep close distance with your parents. And my child also often watches news about the dangers of receiving food from unknown people” (Respondent #13).

**A4.** When asked whether Dolpin set Series 3 encourages interactions and question and answer between children and parents, 69.2% (n=9) reported that they agree, 23.1% (n=3) reported that they strongly agree whilst 7.7% (n=1) reported that they disagree. Some responses: “Now, my children ask many questions” (Respondent #1), “Children can think critically, their curiosity can be answered” (Respondent #4); “Because the child asks why not? Then I give explanation because there are many people out there that we don't know” (Respondent #10); “So many questions are asked by my children. For example what ‘other people’ are like, then I say and explain in detail such as relatives and close relatives” (Respondent #11).

**A5.** When asked whether Dolpin set Series 2 is too simple and lacking in depth regarding the discussion of body parts and their functions 53.8% (n=7) reported that they disagree, 15.4% (n=2) reported that they strongly disagree whilst 23.1% (n=3) reported that they agree whilst 7.7% (n=1) strongly agree. Some responses: “The story is already detailed enough” (Respondent #6); “In story books teach children about protecting themselves. What if someone who does evil what should be done. The story book is very detailed” (Respondent #5).

**A6.** When asked whether respondents feel comfortable using the term vagina to refer to female genitals and penis to refer to male genitals to children in Dolpin set Series 3, 46.2% (n=6) reported that they agree, 23.1% (n=3) reported that they strongly agree whilst 30.8% (n=4) reported that they disagree. Some responses: “because I'm getting used to using those terms” (Respondent #10); “Let the children be familiar with those words” (Respondent #4).

**A7.** When asked whether Dolpin set Series 3 can improve my child's knowledge of how to protect themselves in public spaces, 76.9% (n=10) reported that they agree, 23.1% (n=3) reported that they strongly agree. Some responses: “Children becomes more aware of who can and cannot give them food” (Respondent #3); “Children can understand the messages and can take care of themselves and are not easily lied to by others” (Respondent #12).

## **Experience in Playing Dolpin Series 1**

**B1.** When asked whether children can explain how to protect themselves at the public spaces, 100.0% (n=13) reported that their children did so. Some responses: "You have to wear pants, you can't be seen by others when you pee (Respondent #1); "Dare to say no, stop, cannot. Look for help" (Respondent #2)' "Cannot change the clothes in public places, if someone wants to give something nor want to touch the body parts have to say no/stop" (Respondent #8).

**B2.** When asked whether children asked questions, 69.2% (n=9) reported that they asked questions whilst 30.8% (n=4) did not ask questions. Some questions asked: "Why can't I give massage to grandpa? And then I explained to my child that he's not his grandfather, it's just someone else asking for massage with Dora so Dora has to talk to mom first. Why can't auntie see when Dora change clothes? She should not. Aunt Tina isn't her mother. If the father, mother, teacher may but if other people cannot" (Respondent #2); "Mother, why should Shakira not be doused by her father or accompanied by father to the bathroom? Because Shakira is a girl, girls must be accompanied by mothers or other women" (Respondent #5).

**B3.** When asked whether parents improvised the story on Series 3 to make it easier for children to understand, 53.8% (n=7) reported that they did not improvise, whilst 46.2% (n=6) improvised the story. Some responses: "Mother uses the question and answer method with children" (Respondent #2); "Giving some examples, for example the playground near our house/RPTRA (Respondent #12).

**B4.** When asked whether parents read the Guidebook before telling the child, 61.5% (n=5) reported that they did it, whilst 38.5% (n=5) did not. Those who did not read the Manual/Guidebook reported that they can open the link because they don't have the app: "I don't have the tool to open the link" (Respondent #5); "Because I read the book directly, no need to see the manual" (Respondent #5).

**B5.** When asked whether parents use the terms vagina and penis to refer to female and male genitals when telling stories to children, 61.5% (n=8) reported that they did it whilst 38.5% (n=5) did not. Even though not all parents comfortable use the terms for stating penis and vagina, all parents used the words when telling their children. Some responses: "In order for the child to know, so that the child does not mention the other words"(Respondent #4); "Because it is the correct terms and so that children are not confused about other languages that are not appropriate. And let him understand since childhood" (Respondent #12).

## 6.6 Evaluation of Dolpin Beta Products All Series

*Attractiveness.* When asked whether Dolpin toys are less attractive for children, 40.0% (n=6) reported that they disagree, 33.3% (n=4) strongly disagree, whilst 26.7% (n=4) reported agree. Those who reported agree said that “My child was just interested in the toys in the beginning only” (Respondent #7); “Too abstract and the visual is not good” (Respondent #8); “the materials are easy to get dirty” (Respondent #10) and “The characters are not complete as there are no uncle and grandmother” (Respondent #11). Those who reported that the toys are attractive reported that the toys are unique and easy to play. “My child is very happy because there was no toys like this before” (Respondent #3); “Comfortable toys for children, safe. Story books teach children about protecting themselves” (Respondent #5).

Regarding the statement whether ‘toys are too complicated for my child’, 73.3% (n=11) disagree whilst 26.7% (n=4) strongly disagree. Several respondents reported that they toys are easy to assemble. Some responses from respondents: “Simple toys, there are rooms/dioramas, pictures from story books are clear, stories are good and useful” (Respondent #2). And that the manual helps the toys assembly: “Because it has the manual” (Respondent #15); “Children can know how to wear clothes because there is a manual” (Respondent #4).

Regarding the statement whether ‘toys are not suitable for my child's age’, 66.7% (n=10) disagree and 33.3% (n=4) strongly disagree. Some responses: “It is very appropriate because education about caring for the body, knowing gender differences, how to protect yourself must be taught from childhood” (Respondent #2); “It is very suitable for ages 5 to 6 years” (Respondent #15).

Regarding the statement whether ‘toys are too vulgar for my child’, 60.0% (n=9) disagree, 20.0% (n=3) strongly disagree whilst 20.0% (n=3) agree. Some responses from those who agree: “Because the sleeves are short, sexy” (Respondent #1); “Because the toys are wearing clothes, but if possible, the clothes need longer/cover some parts again” (Respondent #12). For those who disagree: “There are clothes so that part of the body is covered” (Respondent #4); “It's quite polite and based on everyday life” (Respondent #14).

Regarding the statement whether ‘this toy contains values that are not appropriate with the community value’, 53.3% (n=8) disagree, 40.0% (n=6) strongly disagree whilst 6.7% (n=1). Some responses: “Because it teaches goodness, how to protect children at public places, how organs function, how to protect themselves from heat” (Respondent #2); “Because it is in accordance with the values that exist in

society” (Respondent #12); “This toy educates children in the community to recognize the importance of body organs” (Respondent #14).

Regarding the statement whether ‘I feel comfortable playing this toy with my child’, 66.7% (n=10) agree and 33.3% (n=5) strongly agree. Some responses: “Because the toys are easy for children to play” (Respondent #11), “I and the child are not awkward to play this toy” (Respondent #14); “Because there is nothing dangerous from toys. The paper is good, the puzzle is also good” (Respondent #2).

Regarding the statement whether ‘my child likes this game’, 53.3% (n=8) agree and 46.7% (n=7) strongly agree. Some responses: “Easy to play, story books and clear guidelines” (Respondent #4); “Because my child likes toys and is unique” (Respondent #11); “Because children are happy, so far the toys have never existed and are unique” (Respondent #3).

Regarding the statement whether ‘toy manual is easy to understand’, 60.0% (n=9) agree and 40.0% (n=6) strongly agree. Some responses: “In the manual, which clothes for whose character is clear” (Respondent #5); “The manual is short but detailed” (Respondent #14); “Because it's easy to help put clothes on each character’ (Respondent #12).

Regarding the statement whether, ‘this toy can increase my child's knowledge about the use of organs and their functions’, 60.0% (n=9) strongly agree and 40.0% (n=6) agree. Most respondents reported that the toys help their children to understand the body parts and their functions, the introduction to reproductive organs. Some responses: “Children become aware of body parts and their functions, gender differences and terms to mention reproductive organs” (Respondent #2); “Children know the medical terms for genitals, how to cleanse, know the functions of the senses” (Respondent #3); “Teach children the functions of their organs. Children know what their organs function for” (Respondent #5); “My child very quickly understood the organs and their functions from the story book” (Respondent #11); “Early education for children to study organs and their functions” (Respondent #14).

Regarding the statement whether ‘this toy can increase interaction and communication between children and parents’, 60.0% (n=9) agree and 40.0% (n=6) strongly agree. Most respondents reported that the toys encourage children to ask some questions to their parents. Some responses: “Children become creative to ask questions” (Respondent #3); “Can encourage children to ask questions” (Respondent #13); “The child asks questions and parents can explain what the child must do in public” (Respondent #14).

Regarding the statement whether 'his toy can help children to increase awareness about the importance of protecting themselves', 60.0% (n=9) strongly agree and 40.0% (n=6) agree. Some responses: "Because when they are outside playing, at school if anyone wants to do bad things immediately looks for an adult to ask for help" (Respondent #2); "Children become aware of what must be protected" (Respondent #13); "Children get early education about protecting themselves from the dangers of sexual violence and crime and abuse" (Respondent #14).

## **6.7 Evaluation of Dolpin Beta Product version 4**

We revised Dolpin Beta Product and then asked the Intervention Family to evaluate the Final Product. 12 families joined the rapid evaluation of beta product version 4. Regarding the material respondents preferred the toys made from plastics if possible, that are not thin but rather thick. The respondents stated that paper materials looks easily damaged, because when played it can also be damaged. On the other hand, it is better than wood to last longer. Regarding the design, compared to the previous product, the design is better, because the character is considered more alive. Regarding the color, most respondents stated that the color is okay but it would be better if the aunt and mother character have more that two colors tone. Regarding the size, most respondents stated that the size is right, the character matches the size of the house (diorama). Regarding the doll character, most respondents asked if it is possible to add some other characters, especially grandmother and uncle, and Dora and Alpin's friends at school. Regarding the story book, respondents stated that they liked the content, and they suggested to add stories about other families. They like the big picture on each page. For the manual, they suggested to add more colour and bigger size.