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Health disparities research helps to document critical gaps in outcomes across a variety of domains, however, rarely are young people involved in designing the interventions to reduce these disparities. To address this problem, [Ci3](#) at the University of Chicago launched [Kissa Kahani](#), an India-based project that applies multimedia storytelling and innovative participatory research methods to understand gender inequities in the lives of young people in Lucknow, Uttar Pradesh (UP), and how these inequities impact their sexual and reproductive health (SRH). With a deeper understanding of young people's lives, Kissa Kahani went *beyond* the research findings to develop an intervention designed with and for adolescents.

According to the 2011 United Nations Population Fund, Uttar Pradesh (UP), India's most populous state, has disproportionate sex ratios of 871 young females per 1000 young males, and a 10.8% gender literacy gap — 75.8% of young women in the region can read compared to 86.6% of young men. Furthermore, according to the International Institute for Population Sciences, 21.1% of girls aged 20-24 report being married before the age of 18, despite laws prohibiting this practice.

Between 2016 and 2017, Ci3's Kissa Kahani team — with the support of the Bill & Melinda Gates Foundation and more than 20 Indian partners — engaged in formative research that strove to understand the constellation of factors (individual, social, systemic) that influence the relationship between gender, early marriage, family planning, and sexual and reproductive health among adolescents in UP. Harnessing participatory and [narrative-based methods](#) (such as [story circles](#), games, body mapping, [human-centered design processes](#), and [digital storytelling](#)), Kissa Kahani encouraged young people to take an active role in developing solutions to problems that affect them and their communities. We found that puberty is a critical juncture in the lives of young people as it relates to their SRH and overall well-being. Participants' narratives revealed that restrictive gender norms and discrimination (particularly after the onset of menstruation), sexual harassment in their communities, and insufficient public safety measures coalesce to limit young women's mobility and their access to continued education and economic opportunities. The taboo nature of SRH topics also leaves young people uninformed and disempowered to make healthy choices about their bodies.

With this contextualized understanding of how young people in Lucknow experience their genders and bodies, and the ways these factors are critically linked to their health, education, and economic empowerment, Kissa Kahani was ready to take its next step. Since 2018, Ci3 has worked to develop the Kissa Kahani intervention — a theory-based, interactive multimedia program for 12- to 14-year-olds aimed at keeping girls in school by:

- **Educating** adolescents about SRH, issues of gender equity, and how boys and men can be allies to girls;
- **Motivating** positive perceptions of menstruation, girls' mobility, SRH and family planning outcomes, and gender equality; and
- **Building Behavioral Skills** that improve menstrual management, expand girls' safe access to public spaces, prevent early marriage and unintended pregnancies, and support girls' health, education, and economic opportunities.



Like the formative research that bore it, at the heart of Kissa Kahani's wraparound, curriculum-based intervention are stories. It is interlaced with digital stories animated from young people's real-life narratives, graphic novels crafted from the themes and characters introduced in these narratives, and educational story-based games reflective of young people's everyday lives.

The Kissa Kahani intervention stands out for its process of co-creation. Throughout intervention design and development, Ci3 collaborated with an Indian design team for its artistic components, as well as with Indian behavioral change and communication experts for its curriculum. Beyond local professional expertise, it was important that the conception and design of this intervention be **rooted in the voices of the young people and community members** for which it was designed. This process was highly iterative and dynamic, entailing multiple rounds of testing individual components with Indian adolescents, as well as piloting the entire intervention in schools. These early evaluations demonstrated increased knowledge and positive shifts in attitudes toward girls' health, education, and gender equality. Furthermore, they generated rounds of feedback from young people and community members about their experiences of and thoughts around the intervention. We continuously incorporated this feedback to modify and re-modify the intervention.

Kissa Kahani was designed to move beyond its research and see it all the way through to intervention, evaluation, and community implementation. The process has and will continue to be dynamic and interactive as well as youth and community-oriented. Much like its name, Kissa Kahani — which loosely translates to “anecdotes and stories” in Hindi — is designed to be engaging, personal, and meaningful to its audience.