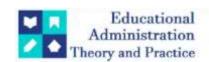
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Effectiveness Of Video Assisted Teaching On Knowledge Regarding Good Touch And Bad Touch Among School Going Children Of Class 4th To Class 6th Students Of Selected Schools Of Dehradun, Uttarakhand.

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ARTICLE INFO ABSTRACT

Background:

The terms "good touch and bad touch" are often used to teach kids about what kind of touching is okay and what isn't. It helps them figure out when they should talk to someone they trust and ask for help, and it also guides the how to treat others. For kids, "good touch" means touching that takes care of them, is needed for their health or safety, makes them feel secure, or is just plain fun. On the other hand, "bad touch" is any touch that they don't like, feels scary, involves secrets, or happens on private parts of their body, unless it's necessary for their health. Understanding these differences gives kids the knowledge and confidence to keep themselves safe and

Recognizing the dynamics of good touch and bad touch is crucial for ensuring the wellbeing of children and fostering healthy development .Positive touch, such as affectionate hugs, plays a significant role in building emotional security, attachment, and trust between caregivers and children. Conversely, negative touch experiences, like abuse or neglect, can result in severe emotional and psychological trauma for the child.

Method:

The study was analyzed by quasi-experimental method. The data was collected using a self-structured knowledge questionnaire and collected from 60 school going children classes (4 to 6) of selected school of Dehradun, Uttarakhand. Samples were selected by random sampling technique.

Result:

The pre-test and post-test results reveal a marked improvement in participants' understanding of good touch and bad touch. Initially, 5% had inadequate knowledge, 21.7% had moderate knowledge, and 73.3% had adequate knowledge. After the intervention, 90% had adequate knowledge, 6.7% had moderate knowledge, and only 3.3% had inadequate knowledge. This demonstrates a successful increase in participants' awareness of these concepts.

Conclusion:

The study shows that the intervention significantly enhanced the children's understanding of good touch and bad touch. Before the intervention, 73.3% of children had adequate knowledge, which increased to 90% after the intervention. The percentage of children with inadequate knowledge dropped from 5% to 3.3%. This improvement highlights the effectiveness of the educational efforts in increasing awareness and ensuring children's safety.

Keyword: Bad Touch, Good Touch, Video-assisted Teaching and Knowledge

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Introduction

Nowadays, we hear a lot about children being hurt by adults. In the newspapers and on TV, there are stories every day about kids who have been hurt by adults they know or by strangers. Sometimes, the kids don't even know that what happened to them was wrong because they don't understand the difference between a good touch and a bad touch. In India, this problem is getting worse. Children are being hurt by people in their families and by people outside their families. This hurts the children's minds and feelings, and it stays with them for their whole lives. Keeping children safe is not just the job of families and teachers, but of everyone in our communities. We all need to work together to protect our children and make sure they grow up safe and happy.

The terms "good touch and bad touch" are often used to teach kids about what kind of touching is okay and what isn't. It helps them figure out when they should talk to someone they trust and ask for help, and it also guides them on how to treat others. For kids, "good touch "means touching that takes care of them, is needed for their health or safety, makes them feel secure, or is just plain fun. On the other hand, "bad touch" is any touch that they don't like, feels scary, involves secrets, or happens on private parts of their body, unless it's necessary for their health. Understanding these differences gives kids the knowledge and confidence to keep themselves safe and happy.

In 2002, the WHO reported that 53,000 children died due to homicide. Statistical records show that 150 million girls and 73 million boys have suffered various forms of abuse, including forced sexual acts. By 2004, it was estimated that one billion children globally experienced physical, sexual, emotional, and other forms of violence. In 2014, 28% of abuse victims were reported, and each year, an estimated 41,000 children under the age of 15 die due to homicide. Approximately five children die every day from abuse, with 90% of sexual abuse victims being abused by strangers and 68% by family members. Many victims experience abuse by the age of 18 or younger.

In 2010, approximately 1,537 children died from abuse and neglect, with 79.4% of them being under four years old and 47.7% under one year old. Around 3.6 million child abuse cases were reported that year. Both boys and girls are victimized at nearly the same rate. Abused children are 11 times more likely to engage in criminal behavior later in life, and about 80% of young offenders were themselves victims of abuse. Additionally, 14% of men and 36% of women in prison were abused as children.

Child abuse occurs across all socioeconomic levels, religions, cultures, and educational backgrounds. Globally, up to one billion children face sexual, physical, or emotional violence. About 300 million children aged 2-4 regularly experience violence from parents or caregivers. Among children aged 0-17, one in five women and one in 13 men have faced sexual abuse. The WHO reports that 120 million girls under the age of 20 have suffered sexual abuse.

Nationally 1,28,531 cases of violence against children are reported in 2020. 24 lakhs of online child sexual abuse are reported between 2017- 2020. 80% of victims are girls below 14 years. 2 in 3 of children are physically abused. Out of that 69% are girls and 54.68% are boys. 53.22% children are suffering more than one forms of sexual abuse.

Despite acknowledging the significance of positive touch and the harmful effects of negative touch, there is a need for a thorough analysis of these experiences and their implications for child development. This study aims to explore various aspects of good touch and bad touch, including their prevalence, impact, and the factors influencing children's perceptions.

By gaining deeper insights into the dynamics of good touch and bad touch, this research aims to inform educators, parents, and policymakers about the importance of promoting positive touch experiences while preventing and addressing negative touch situations. Ultimately, the goal is to contribute to the creation of a supportive and secure environment for children, promoting their overall well-being and laying the foundation for healthy emotional development.

Method:

A quasi-experimental study was conducted with 60 randomly selected school going children's, who met the inclusion criteria in selected school of Dehradun, Uttrakhand. Demographic data and knowledge of good and bad touch was assessed by one-on-one samples with self-structured questioners. The data were analyzed using inferential statistics. Content validity was established by obtaining the suggestions from the field validators The tool was sent along with the research objectives and criteria checklist to experts of similar fields to validate the tool. Written permission was obtained from the principal Dev Bhoomi Institute of Nursing and School of Nursing, ethical committee of Dev Bhoomi Uttarakhand University, Dehradun, Uttarakhand. The written consent was obtained from each study participants before starting data collection. After getting administration approval and ethical clearance from ethical committee tools were administered to school going children of class 4th to class 6th students. The data was collected from 19th February 2024 to 28th February 2024. The analysis was done as per the objectives. Data analysis was done by using descriptive and inferential statistics and SPSS software.

Result

Tableno.1:-Frequency and percentage distribution of demographic characteristic of study participants.

S.NO	Demographic variable		Frequency	Percentage%
		8-10	11	18.3
L		11-13	49	81.7
2.	Gender	Male	30	50
		Female	30	50
	Class	th 4	16	26.7
3.		th 5	21	35.0
		6 th	23	38.3
	Residence	Rural	32	53.3
1.		Urban	10	16.7
		Semi–urban	18	30.0
	Religion	Hindu	59	98.3
5.		Muslim	1	1.7
·	Type of family	Nuclear	18	30
5.		Joint-Family	41	68.3
		Extended	1	1.7
	No of siblings	0	2	3.3
7.		1	35	58.4
		Morethan1	23	38.3
3.	Father's Education	Illiterate	1	1.7
		Primary	16	26.7
		Graduate or above	43	71.7
).	Mother's Education	Illiterate	4	6.7
		Primary	12	20.0
		Graduate or above	44	73.3
О.	Father's Occupation	Self- employed	20	33.3
		Private	23	38.3
		Government	17	28.3
1.	Mother's Occupation	Housewife	49	81.7
		Private	9	15.0
		Government	2	3.3
2.	Socioeconomic class	Upper	7	11.7
		Middle	51	85.0
		Lower	2	3.3
13.	Have you heard about	Yes	55	91.7
	Good Touch and Bad Touch?	No	5	8.3
4.	If Yes, What is the	Parents	34	56.7
	source of Information?	Social media	11	18.3
		Other sources	15	25.0
15.	Who is a trusted adult		50	83.3
•	you can talk to about		2	3.3
				10·0

The majority of study participants are 11-13 years old (81.7%) with an equal gender distribution. Most are in Class 6th (38.3%), live in rural areas (53.3%), and are predominantly Hindu (98.3%). They mostly reside in joint families (68.3%) with one sibling (58.4%). Both parents generally have graduate or higher education (71.7% of fathers and 73.3% of mothers). Fathers are mainly private employees (38.3%), and mothers are predominantly housewives (81.7%). Most participants come from middle-class families (85%). The majority are aware of "good touch and bad touch" (91.7%), primarily informed by their parents (56.7%). Trusted adults are mainly parents (83.3%), with less trust in older siblings (13.3%) and grandparents (3.3%).

Tableno.2:-Pre- test and post- test Knowledge level of participants.

n=60

S.No.	Knowledge Level	Pre-Test		Post- Test			
		Frequency	Percentage (%)	Frequency	Percentage (%)		
1.	Inadequate(0-8)	3	5.0	2	3.3		
2.	Moderate(9-14)	13	21.7	4	6.7		
3.	Adequate(15-20)	44	73.3	54	90.0		

The comparison of pre-test and post-test knowledge levels of participants reveals a significant improvement in knowledge regarding good touch and bad touch. Initially, 73.3% of participants had adequate knowledge, while 21.7% had moderate knowledge and 5.0% had inadequate knowledge. Following the intervention, the proportion of participants with adequate knowledge increased to 90.0%, while those with moderate and inadequate knowledge decreased to 6.7% and 3.3%, respectively. This substantial shift indicates that the intervention effectively enhanced participants' knowledge, with a marked increase in the percentage of individuals demonstrating adequate understanding.

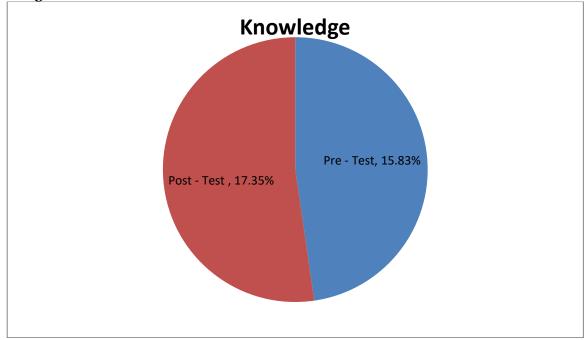
TableNo3:-Mean and Standard deviation of the knowledge score of participants.

n=60

Group	Mean	Standard deviation	Minimum	Maximum
Pretest	15.8	3.39	3.00	20.00
Post-test	17.3	2.64	8.00	20.00

Manifest the mean, median and standard deviation of the knowledge of the study participants revealed that the obtain range of pre- test knowledge were notify that mean is 15.8333, standard deviation is 3.39075 and minimum value is 3.00 or maximum value is 20.00. The post – test knowledge were notify that mean is 17.3500, standard deviation is 2.64142 and minimum value is 8.00 or maximum value is 20.00.

Knowledge of Good Touch and Bad Touch:



TableNo4:-Effectiveness of video assisted teaching among school going children.

n=60

Variable	Mean	df	't' value	P value
Video assisted teaching	1.51	59	6.53	0.00

Manifest to assess the effectiveness of video-assisted teaching among school-going children. Based on the statistical analysis, the results demonstrated a **mean effectiveness score of 1.51**. A **t-test** conducted on the data yielded a **t-value of 6.53** with **59 degrees of freedom**. The corresponding **p-value was 0.00** (p < 0.00), indicating that the observed effect was statistically significant.

That video-assisted teaching has a significant positive impact on the learning outcomes of school-going children. The null hypothesis, which posits no difference or effect of video-assisted teaching, can be rejected with high confidence.

TableNo5:- Findings related to association between pretest knowledge score and demographic variable.

n=60

			T	1	1	las :	120 -		n=60
S.NO	O Demographic variable		Inadequa te	Modera te	Adequat e	Chi square value	df value	p-Value	Inferenc e
		8-10	2	4	-				
		11-13	2	4	5	1			
1.	Age	11-13	1	9	39	12.3	11	0.33	NS
2.		Male	О	30	0				
	Gender	Female	2	10	18	11.8	11	0.37	NS
		₄th	2	4	10			07	- 1.0
0	Class	5 th	1	1	13	0= 0	00	0.000	NTC
3.	Class	6 th	0	2	21	25.3	22	0.282	NS
		Rural	2	5	25				
Ì		Urban	o	3	7	-			
4.		Semi– urban				1			
	Residence		1	5	12	22.0	22	0.45	NS
		Hindu	3	13	43				
5.	Religion	Muslim	О	0	1	5.76	11	0.88	NS
		Nuclear	2	2	14				110
6.		Joint- Family		11	29				
	Type of family	Extended		0	1	05.1	22	0.00	NS
		О		0	2	25.1	22	0.29	IND
		1		9	21				
7•	No. of Siblings	More than 1							
	J. J		2	4	21	34.9	33	0.37	NS
		Illiterate		О	1				
8.	Father's	Primary	0	8	8				
	education	Graduate or		6					
		above Illiterate	3	6 1	34 2	26.5	22	0.22	NS
9.	Mother's	Primary		6	5				
	education	Graduate or above		6	37	35.0	22	0.03	S
		Self-			0,	JJ.0		0.03	
	Father's occupation	employed	2	4	14				
10.		Private	0	6	17				
		Government	1	3	13				
						13.7	22	0.90	NS
	Mother's	Housewife	_	11	35				
11.	occupation	Private	О	2	7				

		Government	О	0	2				
						14.8	22	0.86	NS
12.		Upper	О	3	4				
	Socio-economic class	Middle	2	9	40				
		Lower	1	1	О	30.7	22	0.10	NS
13.	Have you heard	Yes	3	11	41	Jo.,		0.10	
	about good touch and bad touch ?	No	О	2	3	14.5	11	0.20	NS
14.	If yes, what is the		2	8	26				
	source of Information?	Social media	О	3	7				
	information .	Other sources	1	2	11				
						23.0	22	0.40	NS
15.	Who is a trusted	Parents	3	12	35				
	adult you can talk to about uncomfortable		О	1	1				
	touch?	Older–	О	o	8				
						46.7	22	0.00	S *

To manifest the pretest knowledge scores relative to demographic variables found no significant associations with age, gender, class, residence, religion, type of family, number of siblings, father's occupation, and socioeconomic class (p-values >0.05). However, maternal education was significantly associated with pretest knowledge (p=0.038), indicating that children whose mothers had higher education levels had better knowledge. And also the identification of parents as trusted adults for discussing uncomfortable touch was significantly related to higher knowledge scores (p=0.002). These results underscore the importance of maternal education and the role of trusted adults in enhancing children's understanding of good touch and bad touch.

Discussion

This study aimed to assess the knowledge of school-going children regarding the concepts of good touch and bad touch, using video-assisted teaching as an intervention tool. The pre-test findings revealed that while 73.3% of children had adequate knowledge, a significant portion (21.7%) had only moderate understanding, and 5% had inadequate knowledge. After the intervention, there was a substantial improvement, with 90% of participants demonstrating adequate knowledge, which indicates the effectiveness of video-assisted teaching in enhancing awareness.

This increase in awareness is particularly important given the prevalence of child abuse globally and nationally. According to the World Health Organization (WHO), up to one billion children worldwide face various forms of violence, including sexual, physical, and emotional abuse. In India alone, over 1,28,531 cases of violence against children were reported in 2020, with 80% of victims being girls under the age of 14. Furthermore, 2 in 3 children experience physical abuse, with both boys and girls suffering from various forms of violence and neglect.

The study also highlighted that children primarily rely on their parents (56.7%) as the main source of information regarding good and bad touch, underscoring the role of family in educating children on this sensitive subject. Additionally, the association between knowledge and certain demographic variables, such as the mother's education and trusted adults, suggests that these factors play a crucial role in children's understanding of safe and unsafe touch.

Given the alarming prevalence rates of child abuse and the potential lifelong consequences, it is vital to continue implementing educational interventions like video-assisted teaching. These findings support the need for community-wide efforts, including parents, schools, and policymakers, to protect children and empower them to recognize and report unsafe situations.

Conclusion:

The study demonstrates the effectiveness of video-assisted teaching in significantly improving children's understanding of "good touch" and "bad touch." After the intervention, 90% of children had adequate knowledge, up from 73.3% before. The research emphasizes the importance of educating children on personal safety, with parents playing a key role as primary sources of information. Given the high prevalence of child abuse globally, As of 2020, approximately 1 billion children worldwide face various forms of abuse, including physical, sexual, and emotional violence. Ongoing efforts to raise awareness and empower children are essential to ensuring their safety and well-being.

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