

Original Research Article

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Effectiveness of video assisted teaching program on knowledge regarding good touch and bad touch among school age children in selected schools of Jodhpur

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ABSTRACT

Background: The purpose of research was to provide education for every school child about good touch and bad touch so that the child can protect himself in this threatening condition.

Methods: A quantitative approach, pre-experimental one group pre-test post-test only design was adopted to assess the effectiveness of video assisted teaching programs on good touch and bad touch amongst 150 school children, who fulfilled the inclusion criteria at selected government schools of Jodhpur. Non-probability convenient sampling was used to select the samples. Good touch bad touch knowledge was assessed using a structured questionnaire. Data analysis was performed in SPSS version 16 using descriptive statistics and Chi square as well as paired t test.

Results: The study revealed a statistically significant difference between mean pre-test score (16.09) and mean post-test (20.56) score. In pre-test more than one third (39.3%) of children had average knowledge and 8.6% children had poor knowledge, whereas in post-test more than half (54.6%) of children had excellent knowledge and (42%) children had good knowledge. Study further revealed the significant association of religion, total number of siblings and marital disharmony with the pre-test knowledge score.

Conclusions: From this study finding, concluded that a video assisted teaching program pertaining to good touch and bad touch is an effective program in improving the knowledge and awareness amongst the children, which has been depicted in the result, that there was a marked increase in post-test level of knowledge.

Keywords: Effectiveness, Good touch and bad touch, Video, Teaching program, School children

INTRODUCTION

The first sensory input in life comes from the sense of touch experienced by a fetus when he/she is in the mother's womb and feels protective. Parents, siblings, elders, friends and teachers play an important role in a child's development. Sex education is very important for every child. So should be taught to child in school years just like math. Parents sometimes feel uncomfortable while talking on these sensitive topics but the learning has to start at home by parents.¹ School age is one of the

most important times in human development. Relationships throughout childhood shape how children will ultimately relate with others and how they will perceive themselves. A variety of adult psychiatric disorders including major depression, personality disorders and self-harming behaviors have been linked to childhood sexual abuse.² A worldwide survey was conducted and was estimated that at least 1 (one) in 10 (ten) girls and 1 (one) in 20 (twenty) boys had experienced sexual abuse in their childhood. The children who experienced sexual abuse are more prone to

depression, suicidal behavior and further more vulnerable to become victim in adulthood.³ A meta-analysis of 13 (thirteen) studies (including studies on preschool children) reported that 28% of sexually abused children have sexual behavior problems.⁴

A large-scale national study conducted in 2007 by ministry of women and child development (MWCD) to assess the extent and nature of child abuse in India, discovered alarming statistics. Among 12,447 children interviewed, more than half (53 percent) reported experience of sexual abuse, defined as sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude and over 20 percent reported severe sexual abuse.⁵ Child abuse is a heartbreaking reality for many children living in poverty, globally in 2014, 1 (one) billion children aged in between 2-17 years experienced physical, sexual and emotional or multiple types of violence.⁶

In India 33,098 cases of crime against children were reported during 2011 as compared to 26,694 cases during 2010, suggesting a recent increase of 24.0 percent. Reports show that 53.22% of the abused children reported having faced one or more forms of sexual abuse.

Kaur et al reported an increase in knowledge and awareness amongst the students pertaining to good touch and bad touch, after a structured teaching program.⁷ An explorative descriptive survey conducted on 90 children shows significance increasing the knowledge with the planned teaching program.⁸ Nandhini et al reported that mothers of under-five children need an educational programme to improve their knowledge and awareness about child abuse.⁹

Prevention programs and education programs were effective in increasing children's knowledge about sexual abuse and good touch and bad touch children who participated in these programs were also more likely than other children to protect themselves in which they were asked to leave the school and go with someone they did not know. Also improve protective behaviors and knowledge among children.

Nurses should raise awareness about knowledge of good touch and bad touch or prevention of sexual abuse among school age children, to teach children effectively, parents and teachers should be well informed about the complex impact of sexual abuse on children and other key facts. Whatever advice is given to children, they must be a good knowledge of the facts.

The objectives of this study were to assess the pre-test and post-test knowledge regarding good touch and bad touch among school age (6-12 years) children, to compare the pre-test and post-test knowledge regarding good touch and bad touch among school age (6-12 years) children in selected government schools of Jodhpur and

to find out the association of pre-test knowledge score regarding good touch and bad touch with selected demographical variables.

METHODS

A pre-experimental, one group pre-test post-test study was conducted on knowledge regarding good touch and bad touch over a period of 12 months (April 2019 to March 2020) among school age children at selected three government high primary and high secondary schools at Jodhpur (schools in sector-11, sector-18 and Basni phase II at Jodhpur). The required sample size was calculated from pilot study for test power of 80% at 5% level of significance which came to be 29 but researcher decided to take 150 subjects according to feasibility and availability of sample. Non-probability convenient sampling technique was used to select the subjects. The inclusion criteria included school age children of 6-12 years. Exclusion criteria included children who can't read out, children who were not present on the day of pre-test data collection (Figure 1).

The instruments used in this study included sociodemographic data sheet containing 11 questions about child (age, gender, religious, parent education, parent occupation, type of family, total number of siblings, any marital disharmony in family and have any previous knowledge about good touch and bad touch) and knowledge questionnaire which include 26 multiple choice questions related to meaning of good touch and bad touch, different body parts (general or private) safe circle, safety rules, action taken when someone touch in the wrong way. One mark was given to the right answer and zero mark was given to the wrong answer. There was no negative marking, knowledge levels were categorized as poor (score <10), average (11-15), good (16-20) and excellent (21-26). Reliability was assessed using KR 20 and was found to be 0.80. The instruments were validated by the team of 9 (nine) experts including paediatric and nursing departments.

The study was conducted in three stages

Stage first: before intervention

After obtaining ethical clearance from the institute ethical committee of AIIMS, Jodhpur, permission from principal of college of nursing AIIMS, Jodhpur and from district education office, subjects, who fulfilled the inclusion criteria were selected from the three-government high primary and high secondary schools at Jodhpur by convenient sampling technique. Total number of samples were 150 (one hundred fifty). After getting acquainted with the children, the researcher introduced herself and stated the objectives of the study, its importance and how the research is going to be done, then informed written consent was obtained ensuring confidentiality of information and pre-test was obtained from groups (Figure 2).

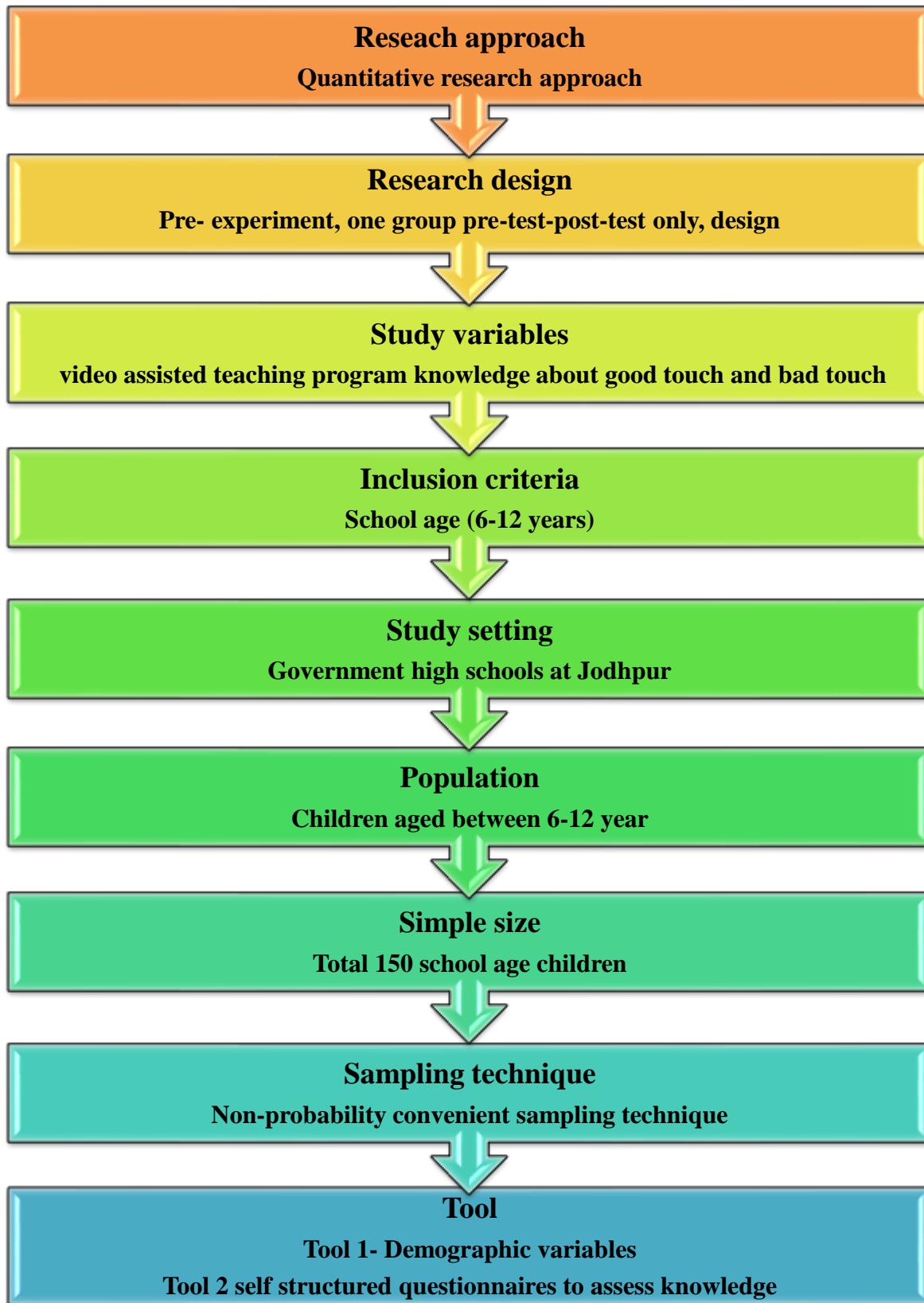


Figure 1: Schematic presentation of research methodology.

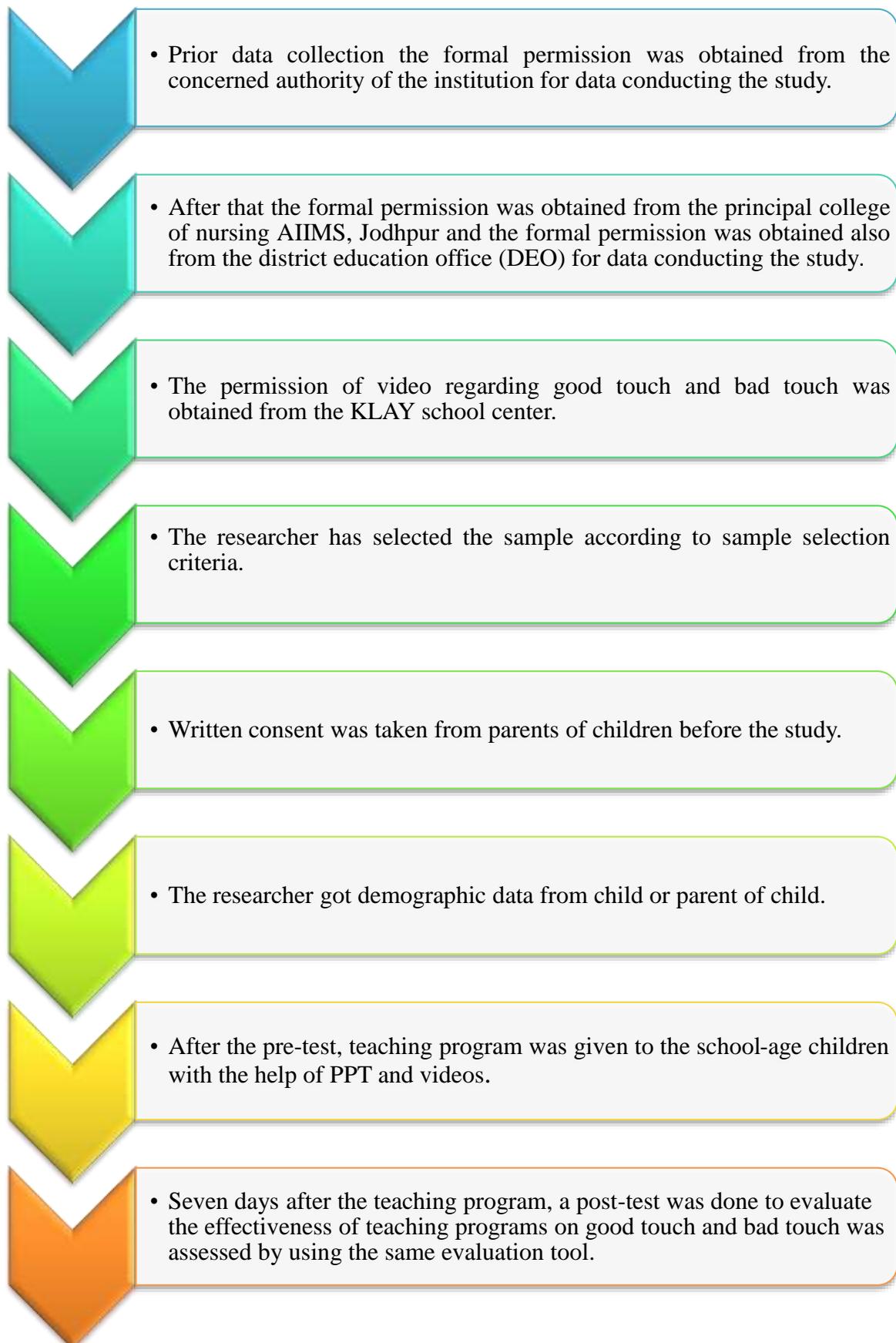


Figure 2: Flow chart procedure of data collection.

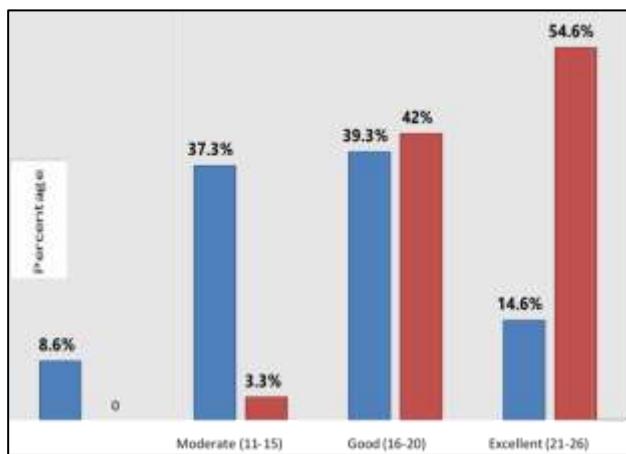


Figure 3: Percentage distribution of pre-test and post-test level of knowledge.

Stage second: during intervention

In this study a video was used to achieve the objectives of this study. The video was used after reviewing literatures, other video available from various organizations. The video was prepared by KLAY schools organization so study. The descriptive statistics revealed that 73.4% was 9-12 years of age. In regards to gender, 52.7% of females participated in research study. In respect to religion, the majority 82% followed Hindu religion. In respect to education, 37.3% of fathers were educated up to the primary level whereas 42% of mothers were illiterate. With regard to the occupation, the majority 55.3% of fathers were private employees and the 75.3% mothers

before use of this video the ethical permission was taken from the organization. This video included information about good touch and bad touch, different body parts (general or private) safe circle, safety rules, action taken when someone touch in the wrong way. After obtaining permission, the video was used for intervention as given to subjects after getting pre-test data from them. A short briefing about the topics covered in the video was also given to them.

Stage third: after intervention

After 7 (seven) days of intervention, post-test data was collected from subject (Figure 2). Data were statistically analyzed using SPSS version 16. Descriptive statistics include frequency, percentage, mean and standard deviation. Inferential statistical methods include paired t test to measure the effectiveness of the video and Chi square to check the association of knowledge with demographic variables.

RESULTS

The results were analyzed by using descriptive and inferential statistics. 150 children participated in the were housewives. Considering the type of family, the majority 53.3% of the children belong to nuclear families. With regard to the number of siblings 54% children had two or more siblings. The majority of sample 86.7% had marital disharmony in the family. With regard to knowledge on good touch and bad touch 53 % of children had previous knowledge about good touch and bad touch (Table 1).

Table 1: Frequency and percentage distribution of demographic variables (N=150).

Variables	Frequency	%
Age (in years)		
<9	40	26.6
>9	110	73.4
Gender		
Male	71	47.3
Female	79	52.7
Religion		
Hindu	123	82.0
Muslim	26	17.3
Christian	01	00.7
Education of father		
Illiterate	28	18.7
Primary	56	37.3
Secondary	53	35.3
High secondary	13	8.7
Education of the mother		
Illiterate	63	42.0
Primary	59	39.3
Secondary	20	13.3

Continued.

Variables	Frequency	%
High secondary	8	5.3
Occupation of the father		
Home-maker	11	7.3
Self-employed	52	34.7
Private Service	83	55.3
Government service	4	2.7
Occupation of the mother		
House wife	113	75.3
Self-employed	5	3.3
Private employee	30	20.0
Government service	2	1.3
Type of family		
Nuclear family	80	53.3
Joint family	64	42.7
Extended family	6	4.0
Total number of siblings		
No	6	4.0
1	17	11.3
2	46	30.7
>2	81	54.0
Any marital disharmony in family		
No	20	13.3
Yes	130	86.7
Do you have any previous knowledge about good touch and bad touch?		
Yes	80	53.0
No	70	46.4

Table 2: Frequency and percentage distribution of pre-test and post-test level of knowledge regarding good touch and bad touch among children.

Sr. No.	Knowledge score	Pre-test		Post-test		Mean±SD	
		f	%	f	%	Pre-test	Post-test
1.	Poor (≤ 10)	13	8.6	0	0		
2.	Average (11-15)	56	37.3	5	3.3		
3.	Good (16-20)	59	39.3	63	42	16.09±4.081	20.56±2.671
4.	Excellent (21-26)	22	14.6	82	54.6		

Table 3: Comparisons of knowledge score between pre-test and post-test by paired t test.

Sr. No.	Level of knowledge	Mean±SD	t test	P value
1.	Pre-test	16.09±4.081		
2.	Post-test	20.56±2.671	13.868	<0.001 S*

S* = highly statistically significant at the level of $p < 0.001$.

Table 4: Association between pre-test knowledge score among children with selected demographical variables (N=150).

Sr. No	Socio-demographic variables	Knowledge score				χ^2 (df)	P value
		Poor	Moderate	Good	Excellent		
1.	Age (in years)						
	<9	6	23	10	1	24.10 (15)	0.06 (NS)
	≥9	7	33	49	21		
2	Gender						
	Male	6	29	22	14	5.18 (3)	0.1 (NS)

Continued.

Sr.	Socio-demographic variables	Knowledge score				X ² (df)	P value
3	Female	7	27	37	8		
	Religious						
	Hindu	6	46	54	17	22.5 (6)	0.001 (S)
	Muslim	6	10	5	5		
4	Christian	1	-	-	-		
	Education of father						
	Illiterate	3	14	8	3	9.2 (9)	0.4 (NS)
	Primary	3	25	22	6		
5	Secondary	6	13	23	11		
	Senior secondary	1	4	6	2		
	Education of mother						
	Illiterate	3	28	26	6	10.6 (9)	0.2 (NS)
6	Primary	6	21	20	12		
	Secondary	2	6	10	2		
	Senior secondary	2	1	3	2		
	Occupation of father						
7	Home-maker	-	6	4	1	9.9 (9)	0.3 (NS)
	Self-employed	5	24	19	4		
	Private job	8	24	34	17		
	Government job	-	2	2	-		
8	Occupation of mother						
	House wife	11	49	35	18	10.85 (6)	0.09 (NS)
	Self-employed	1	2	2	-		
	Private job	1	5	20	4		
9	Government job	-	-	2	-		
	Type of family						
	Single family	8	27	35	15	5.8 (9)	0.7 (NS)
	Joint family	4	26	21	6		
10	Extended family	1	1	1	1		
	Total number of sibling						
	No	-	4	2	-	19.3 (9)	0.02 (S)
	1	1	7	3	6		
11.	2	6	21	12	7		
	>2	6	24	42	9		
	Any marital disharmony in family						
	Yes	3	7	5	3	13.14 (6)	0.04 (S)
11.	No	10	50	54	19		
	Do you have any previous knowledge about good touch and bad touch?						
	Yes	9	28	33	10	2.03 (2)	0.5 (NS)
	No	4	28	26	12		

With regard to the level of knowledge regarding good touch and bad touch among children, it was found that in the pre-test 39.3% of children had good knowledge and 8.6% had poor knowledge and in the post-test 54.6% had excellent knowledge and 3.3% had average knowledge on good touch and bad touch (Figure 3). It also revealed that, in the pre-test mean and standard deviation was 16.09 ± 4.081 whereas after the structured teaching programme, in the post test mean and standard deviation was 20.56 ± 2.671 (Table 2). The calculated t test was of 13.868 at $p=0.001$ which showed that there is a highly significant difference observed between the mean pre-test knowledge score and post-test knowledge score

(Table 3). Hence researcher rejected the null hypothesis and concluded that video-assisted teaching program was effective in improving the knowledge regarding good touch and bad touch among children.

The finding of the present study was supported by a similar study conducted in Banglanagar 2015 by Nandhini to investigate the effectiveness of structured teaching programme regarding child abuse among mothers of under five children. The study result showed that the overall mean with standard deviation was 12.78 ± 3.55 in pre-test and the overall mean with standard deviation was 22.72 ± 2.76 in post-test. The analysis showed that the

improvement score of mean value and standard deviation was 2.58 ± 9.94 and the t test value was 27.22 which were statistically significant. The study also conclude that the structured teaching programme was effective and showed improvement in knowledge level of mothers of under five children about child abuse at $p < 0.05$.

On finding the association between level of knowledge regarding good touch and bad touch and selected socio-demographic variables of the children, it was found that a significant association between level of knowledge and religious, total number of siblings and any marital disharmony at $p < 0.05$ level (Table 4).

DISCUSSION

The education of good touch and bad touch is very necessary for school age children because this age group children don't know about what good touch is and what is bad touch and today's children have more chance of sexual abuse at home, schools and community so if conducted educational program on good touch and bad touch than greatly achieve the target in case of prevent sexual abuse of children. The study was proved that video assisted teaching program has brought significant changes in the level of knowledge regarding good touch and bad touch among children.

In the pre-test, most children had good knowledge and the overall mean and standard deviation was 16.09 ± 4.08 . Whereas in the post-test, most children had excellent knowledge and the overall mean and standard deviation was 20.56 ± 2.67 (Table 2). It revealed that the school age children were improving in their knowledge regarding good touch and bad touch. The improvement score of mean value was 20.56 with the standard deviation of 2.67 and the t test value was 13.86 which were statistically significant (Table 3).

These study findings were consistent with the study of the effectiveness of video-assisted teaching program on knowledge regarding the prevention of child abuse among school teachers conducted by Nandhini. The study result showed that the overall mean of knowledge regarding child abuse among mothers of fewer than five children was 12.78 and the class interval was between 11.79-13.77 with the standard of 3.55 in pre-test and the overall mean of knowledge regarding child abuse in posttest 22.72 and the class interval was between 16.62-28.83 with the standard deviation of 2.76.

In post-test, most children 54.6% had excellent knowledge and 3.3% children had moderate knowledge. In the post-test, the overall mean and standard deviation was 20.56 ± 2.67 (Table 2). It revealed that school age children needed educational program to improve their knowledge about good touch and bad touch. The improvement score of mean value was 20.56 with the standard deviation of 2.67 and the t test value was 13.86 which were statistically significant (Table 3). These

findings are consistent with the study findings of Lillypet et al (2017) on knowledge regarding good touch and bad touch among children, in which results showed that comparison of pre-test and post-test scores using paired t test indicated statistically improvement in knowledge mean scores $t=12.03$, $p < 0.05$.

These findings are also consistent with the study findings of Nandhini. The improvement score of mean value was 9.94 with the standard deviation of 2.58 and the t test value was 27.22 which were statistically significant. It implied that the structured teaching program was effective and showed improvement in knowledge level of mothers of under five children about child abuse at $p < 0.05$.

Limitation

Despite showing significant outcomes, findings of the study had some limitations as this study had been conducted with school age children and government schools of Jodhpur only.

CONCLUSION

It is concluded from the present study findings that the children have a lack of knowledge and confusion between good touch and bad touch. The present study findings shows that the self-structured questionnaire and video-assisted teaching program related good touch and bad touch help in improving knowledge of children.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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