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A Study To Assess The Effectiveness Of Video Assisted Teaching On Knowledge Regarding Good Touch And Bad Touch Among Children Of Selected Primary Schools Of Mandvi, Surat, Gujarat

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Abstract

Background of the study: Childhood is the most important stage of life and forms the foundation of adulthood. It requires fulfillment of emotional, physical, and psychological needs for healthy development. Touch, being the first sensory experience, plays a vital role in a child's growth, but it can be both positive and negative. While "good touch" provides safety and comfort, "bad touch" creates fear, discomfort, and may lead to abuse. Increasing incidences of child abuse highlight the need to educate children about safe and unsafe touch to ensure their protection, well-being, and overall development.

Aim: To assess the effectiveness of video-assisted teaching on improving knowledge regarding good touch and bad touch among children of selected primary schools of Mandvi, Surat, Gujarat.

Methods: A pre-experimental one-group pre-test post-test research design was used. A total sample of 121 primary school children were selected using a non-probability sampling technique from selected schools of Mandvi, Surat, Gujarat. The data were collected using a socio- demographic tool and a self structured knowledge questionnaire. A pre-test was conducted to assess the knowledge, followed by an 11 minute and 30 seconds video-assisted teaching session. The post-test was conducted 7 days after the intervention to evaluate changes in knowledge. Descriptive and inferential statistics, including mean, standard deviation, paired t-test, and chi-square test, were used to analyze the data.

Result: In the one group pre-test and post-test design, the video- assisted teaching significantly improved children's knowledge regarding good touch and bad touch. Mean knowledge increased from 15.04 ± 3.98 in the pre-test to 21.32 ± 2.73 in the post-test. Before the intervention, 29 children (24%) had poor knowledge, 58 children (47.9%) had average knowledge, and only 34 children (28.1%) had good knowledge. After the intervention, 95 children (84.1%) had good knowledge, 18 children (15.9%) had average knowledge and none of children had poor knowledge. The association found between post-test mean score of knowledge with age and class of study. None of the other variables were significantly associated. The intervention effectively improved children's knowledge on good touch and bad touch, as shown by higher post-test scores.

Conclusion: The study concluded that the awareness video was effective in improving children's knowledge regarding good touch and bad touch.

Keywords: Effectiveness, Knowledge, Video assisted teaching, Good Touch, Bad Touch, Children

Introduction and need of the study

Childhood is a golden period and a outline of an adult, it is the connection between birth and adulthood. So, it has to be well, with the fulfillment of emotional, physiological and physical need. "Childhood" usually signifies happy living, healthy nutrition, love, warmth, support and overall affectionate environment.[1]

The sense of touch is the first sensory input a baby experiences in the womb and continues to influence development throughout life. Parents, caregivers, and teachers play a crucial role in shaping a child's growth. Children are a vital national resource whose potential must be nurtured. Under-five children are particularly vulnerable due to their developmental immaturity and require special care.[2] "Touch" is generally a positive, reassuring experience that promotes healthy behavior, whereas "bad touch" is unsafe, involves secrecy or contact with private parts, and can lead to psychological harm.[3]

The primary aim of teaching Good Touch and Bad Touch is to promote personal safety and protect children from harm. Empowering children with personal safety skills enables them to recognize unsafe situations and respond appropriately. Effective management of child abuse requires strong socio-legal support and counseling for both the child and parents, along with educational and rehabilitation opportunities for vulnerable children. Teachers play a crucial role in early identification of suspected cases and ensuring timely referral to healthcare services. According to the Centers for Disease Control and Prevention, sexual abuse involves any sexual activity with a child, whether or not the child gives consent, including any forced or non-consensual contact between an adult and a child.[2]

According to the World Health Organization (WHO), 3 in 4 children (around 300 million) aged 2–4 years experience physical punishment or psychological violence from parents or caregivers. Additionally, 1 in 5 girls and 1 in 13 boys report sexual abuse before age 18, and 120 million girls under 20 have experienced some form of forced sexual contact (WHO, 2020).[4] UNICEF reports that globally, over 370 million girls (1 in 8) have experienced rape or sexual assault before 18, and including online and verbal harassment, this rises to 650 million (1 in 5). Boys are also affected, with 240–310 million experiencing sexual violence in childhood, increasing to 410–530 million when non-contact abuse is included (UNICEF, 2020).[5]

THE OBJECTIVES:

1. To assess the knowledge regarding good touch and bad touch among children before and after video assisted teaching.
2. To compare the pre - test and post- test knowledge regarding good touch and bad touch among children of selected primary school of Mandvi, Surat, Gujarat".
3. To find out the association between post-test mean score of knowledge regarding good touch and bad touch among children with selected socio-demographic variables.

MATERIALS AND METHODS

A pre- experimental one-group pretest-posttest research design and quantitative research approach was used, research setting were selected primary schools of Mandvi, Surat, Gujarat. The total sample size of the study was 121 primary school children between the age group of 6 to 12 years, which is estimated by power analysis. Purposive sampling technique was used in the study for data collection. Permission and ethical consideration was obtained from the competent authorities of schools and parental consent and assent from children was obtained before data collection. Children who were willing to participate in this study with parental consent and who understand Gujarati and English languages were included in the study and children who are not available at the time of the study and who are mentally challenged were excluded from the study.

The tool used for data collection consisted of two sections. Tool 1 Section A included the socio-demographic data of children. Section B consisted of Self-structured knowledge questionnaire was developed to assess the knowledge regarding good touch and bad touch among children, which consisted of 25 multiple choice questions, each with 4 options, out of which one was the correct answer. The total score was 25, each

correct response was given score 1. The questionnaire was prepared according to a blueprint, which ensured balanced coverage of all the content areas included in the teaching program. The blueprint was developed based on the objectives and major content areas of the topic; Introduction, Boundaries and private parts of our body, Dynamics of touch, Difference between good touch and bad touch, Concept of good touch and bad touch, What to do when someone touches inappropriately, and Safety rules to protect oneself. Each area was allotted an appropriate number of items according to its importance and learning objectives to ensure content validity. The tool reviewed by 7 experts from child health nursing, obstetrics and gynecology, and information technology. Experts evaluated the items for relevance, clarity and adequacy. The content validity index was calculated, which resulted in a CVI of 0.87 for the knowledge questionnaire and 0.91 for the socio-demographic tool, indicating high content validity. The reliability of the knowledge questionnaire was established using the split-half method. The obtained r- value was 0.80, indicating good internal consistency of the tool.

The total knowledge score was interpreted using Modified Bloom's Cut-off Criteria: 80-100% (good), 60-79% (average), and < 60 % (poor).

Tool 2 The video-assisted teaching intervention in which an awareness video prepared by the researcher and validated by IT experts which was provided to the children after the pre-test for 11 minutes and 30 seconds.

RESULTS:

Socio demographic variables of children

Majority 79 (65.3%) of the children were in the age group of 9 to 11 years. Majority 63 (52.1%) were girls, 87.6% of them were from Hindu religion. Majority 61.2% of children belonged to joint families. 100% of the children lived in rural area. Highest number of children were studying in the 5th standard 43 (35.5%), and 60 (49.6%) had one sibling. Regarding parents, 41 (33.9%) fathers had studied up to the higher secondary level, 71 (58.7%) fathers were farmers, and 93 (76.9%) mothers were homemakers. A majority, 112 (92.6%) of the children had no prior knowledge about good touch and bad touch.

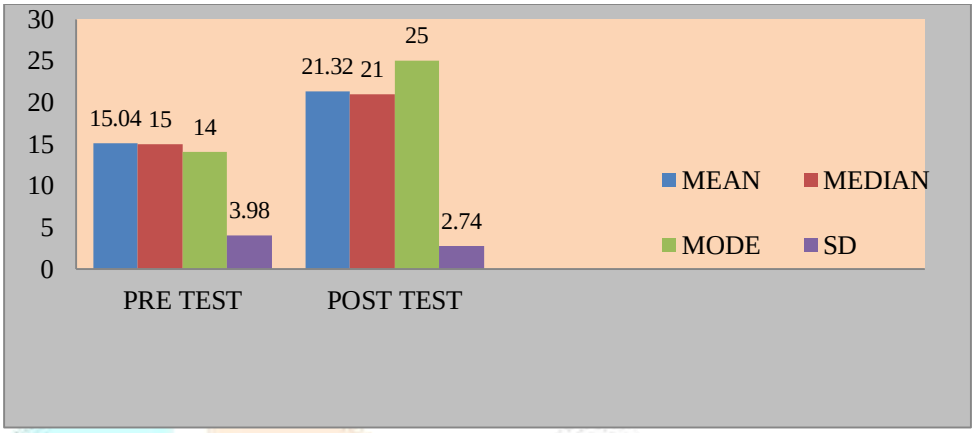
Table 1: Level of knowledge of children regarding good touch and bad touch in pre-test and post-test. (n1=121, n2= 113)

Level of knowledge pretest and posttest	Pretest knowledge		Posttest knowledge	
	Frequency	Percentage	Frequency	Percentage
Poor knowledge	29	24%	0	0%
Average knowledge	58	47.9%	18	15.9%
Good knowledge	34	28.1%	95	84.1%
Total	**121**	**100%**	**113**	**100%**

The above table showed a clear improvement in children's knowledge after the video-assisted teaching. Children progressed from lower levels of knowledge to the highest level after the intervention, demonstrating that the teaching method was effective in increasing their understanding of good touch and bad touch.

Table 2: Mean, Median, Mode and standard Deviation of knowledge scores in pre-test and post-test

Area of knowledge	Mean	Median	Mode	Std. Deviation	Range
Pre-test	15.04	15	14	3.98	8-22
Post-test	21.32	21	25	2.74	15-25



The above table showed that the range of scores in the pretest is 8 to 22, indicating a moderate spread in knowledge levels before the intervention and the range narrowed to 15–25, showing that post-intervention scores were consistently higher than the pretest. Data revealed that mean post-test knowledge score 21.32 was higher than pre-test score 15.04.It is evident from data that there was a significant improvement in knowledge of children from poor to good level in the children.

Table 3: significance difference between the mean pre-test and post-test knowledge scores of children regarding good touch and bad touch at 0.05 level of significance

(n1=121, n2=113)

Comparison pretest and posttest	Mean	SD	Mean Enhancement	SD Difference	Calculated t -value	Tabulated value	p-value
Pretest knowledge	15.04	3.98	6.28	2.16	30.7**	1.98	**S**
Posttest knowledge	21.32	2.73					

df=112, p value=<0.05 at 0.05 level of significance

The above table showed that the mean difference between the pre-test and post-test scores was 6.28 with a standard deviation of 2.16, which shows that, on average, each child's knowledge improved after watching the video.

The calculated t- value was 30.7** at 112 degrees of freedom, which is greater than the table value of 1.98 at 0.05 level of significance. Hence, the null hypotheses was rejected and the research hypothesis was accepted. The p-value was less was less than 0.05, indicating that the difference between pre-test and post-test scores was highly statistically significant and effective in improving children's knowledge regarding good touch and bad touch. This improvement may help the children to better understand about personal safety and protect themselves from bad touch.

Association between post-test knowledge score regarding good touch and bad touch among children with their selected socio-demographic variables.

There was a significant association between age ($\chi 2=26.46$, $p<0.05$) and class of study ($\chi 2=55.19$, $p<0.05$) with posttest knowledge scores. However there was no any significant association found with gender, religion, types of family, area of residence, number of sibling, education and occupation of father and mother, previous knowledge on good touch and bad touch.

DISCUSSION

The study showed clear improvement in post-test scores. In the pre-test, 29 children (24%) had poor knowledge, 58 (47.9%) had average knowledge, and 34 (28.1%) had good knowledge. After the intervention, most children 95 (84.1%) achieved good knowledge, 18 (15.9%) had average knowledge and none of the children had poor knowledge, indicating the effectiveness of the video-assisted teaching.

In present study findings is supported by **shivcharansingh Gandhar et al.(2024)** show that in pretest knowledge score majority of 48.33% had good knowledge, 45% had average knowledge and 6.67 % had poor knowledge. In post-test knowledge score majority 70% had good knowledge, 26.67% had average knowledge and 3.33 had poor knowledge. The mean post-test knowledge score (14.72) which is higher than the mean pre-test knowledge score (12.4) with mean difference 2.32.[6]

The mean pre-test knowledge score is (15.04 ± 3.98) increased to 21.32 ± 2.73 in the post-test, with a mean difference of 6.28 (SD= 2.16) and calculated t value 30.7** (DF=112, p=0.000), indicating a statistically significant improvement. This indicates that video assisted teaching was highly effective in enhancing children knowledge about good touch and bad touch.

In present study findings is supported by, **Rubi Khan et al.(2021)** Result show that the mean pre-test knowledge score is 16.09 (SD= 4.081) which increased to 20.56 (SD= 2.671), and calculated t value 13.86 at p=0.001 which showed that there is a highly significance difference observed between the mean pretest knowledge score and posttest knowledge score.[7]

The association found between post-test mean score of knowledge with age and class of study. None of the other variables were significantly associated. In present study findings is supported by **Ranjita Xalxo, Vartika Gouraha et al.(2024)** It reveals that there was a significant association found between the post scores of good touch and bad touch and demographic variables like age. And there was no significant association between post test scores of knowledge level when compared to other demographic variables such as gender, education.[8]

CONCLUSION:

The study revealed that children had limited awareness about good touch and bad touch. After the video-assisted teaching, a significant improvement in knowledge was observed, showing the effectiveness of the intervention. Educating children at an early age is essential to help them identify good and bad touch. Such awareness programs empower children to respond appropriately

and seek help when needed. Video- assisted teaching is a simple and effective method to enhance children's personal safety awareness. Continuation education can play an important role in preventing child abuse and ensuring children's safety and well being.

LIMITATIONS:

- During post test 8 drop out of sample was not under the control of the researcher.
- The small sample size may have less generalization of the study.
- Three students were irregular in attendance, so they were not included in the study.
- Homogeneity of sample affected the result of the study, as most children had similar characteristics in terms of age, gender and class of study.
- There was a possibility of data contamination during the study, as children may have shared information with each other between the pre-test and post-test.

RECOMMENDATION

- An awareness program can be organized for parents and teachers to enhance their knowledge about child safety and protection.
- A study can be conducted to assess the effectiveness of different teaching methods, such as storytelling, role play or puppet shows, in improving knowledge regarding good touch and bad touch.
- The study can be conducted using a control group to compare the effectiveness of VAT with other teaching method.
- A comparative study can be conducted to assess the level of knowledge regarding good touch and bad touch between boys and girls among primary school children in urban and rural areas.
- A similar study can be conducted on large sample and in different settings.

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