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## A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge regarding Good Touch & Bad Touch among Children in Selected Schools of Distt. Mandi (H.P.).

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### ABSTRACT

*The first sensory input in life comes from the sense of touch experienced by a baby while he is in the mother's womb and feels protective touch experienced by all of us through childhood, adulthood and into older age. Parents, siblings, elders and friends play an important role in child development, and teachers also play an important role.*

*Objectives: To assess the knowledge regarding good touch & bad touch among children.*

*Material and Method: A quasi-experimental approach and pre-test and post-test control group design was adopted. Non-probability, a convenient sampling technique, was used to select 60 students. i.e. 30 in each experimental and control group. Data collection was done using a self-knowledge questionnaire. The collected data were analysed by calculating frequency, percentages, mean, standard deviation, chi-square, and t-test.*

*Findings: The findings of the experimental group, a majority 93.3% (28children) of participants scored in the good category, and the remaining 6.7% (2children) were in the average range. None scored in the category below, indicating a strong positive impact of the intervention. In control group had only 0% in the good, category, while most 60% (18children) remained average, and 40% (12 children) still scored Below average, showing minimal improvement without intervention.*

*Conclusion: It was concluded that the structured teaching programme on Good Touch and Bad Touch was an effective programme in improving the knowledge of the children, as depicted in the results, which showed a marked increase in post-test level of knowledge.*

**Keywords:** Knowledge, structure teaching programme, Good Touch, Bad Touch.

### INTRODUCTION

The first sensory input in life comes from the sense of touch experienced by a baby while he is in the mother's womb and feels protective touch experienced by all of us through childhood, adulthood and into the older age. Parents, siblings, elders and friends play an important role in child development and teachers also play an important role.

Childhood is the most important times in human development. Child sexual abuse (CSA) is a serious and widespread problem in India. centres for disease control and prevention identified sexual violences as an important public health problem that affects the lives of millions of people. Both boys and girls are vulnerable to child sexual abuse. Research has shown that sexual abuse is three time more often in girl than boys and is common among children less than 17 year of age. A man has been arrested by the police for sexually abusing school children of 3<sup>rd</sup> and 4<sup>th</sup> standards at Ballah Ghati area of mandi district in Himachal Pradesh.

'TOUCH' is a positive experience that gives a safe feeling from the loved one. Good touch gives reinforcement and it is essential for health and good behaviour. Bad touch is unsafe and can also lead to psychiatric disorders, any secret touch or touch to their private part. Good touch and bad touch are words mainly used to explain which touch is safe and not safe. A good touch is always a sense of care, affection, love, and help. It will not make an uncomfortable experience for the child. A bad touch is something you don't want and that makes you feel uncomfortable. Child abuse includes physical abuse, sexual abuse, emotional abuse, and neglect. Physical abuse is hitting with a belt, kicking, biting, burning, and choking. Sexual abuse is when a person shows a nude picture, touches the private parts of the body, or takes the picture of without clothes. Emotional abuse includes criticism, blame, shame, or embarrassment by friends and family members, or coworkers. Neglect is a form of abuse that means failing to pay attention to someone or something. In current days, we hear a lot about molestation from newspaper and media. Every single day when we read newspaper, watch news, there is always news of young children being abused by adult around them whom they trust or a stranger. The problem is that they even do not realize that something wrong had happened to them as they do not know about good touch and bad touch. In India child sexual abuse is widely spreading and occurs at both within and outside family circle. These negative consequences of touch effect children's mental health throughout their lifespan. Everyday safety of children throughout country is threatened keeping our future generations safe is not responsibility of family and teacher.

## NEED OF THE STUDY

You can decide who can touch you, who can kiss you, or who can give you hug, you have the right to say “No” Research has shown that it is three times more often in girls than boys. Survey conducted among elementary students in India have shown that one in four had suffered from bad touch. Statistics also revealed that it has affected both the genders. Abuses against children have a long-term impact on the children's health and well-being. It also affects the family, communities and nations. Abuse against children can be by their parents, care givers, relatives, friends or strangers. Both boys and girls are vulnerable to child abuses. Sexual abuse is three times more in girls than boys. It is common in children less than 17 years of age. In a year about 12 children are sexually abused. The non-governmental organizations reported that the most of the children are abused by their relatives at home, neighborhoods, at school and orphanages. Child Rape Case in India- 5-year data -according to NCRB.

Rape is the fourth most common crime against women in India. According to the 2021 annual report of the National Crime Records Bureau (NCRB), 31,677 rape cases were registered across the country, or an average of 86 cases daily, a rise from 2020 with 28,046 cases, while in 2019, 32,033 cases were registered. Of the total 31,677 rape cases, 28,147(nearly 89%) of the rapes were committed by persons known to the victim. The share of victims who were minors or below 18 – the legal age of consent – stood at 10%. India has been characterized as one of the "countries with the lowest per capita rates of rape". The government also classifies consensual sex committed on the false promise of marriage as rape. The willingness to report rapes have increased in recent years, after several incidents received widespread media attention and triggered local and nationwide public protests. This led the government to reform its penal code for crimes of rape and sexual assault. The estimated occurrence of child sexual abuse is high. Research done on child sexual abuse revealed that one in four girls and one in ten in boys are victim.

Himachal Pradesh has reported 1,134 rape cases, including 43 gangrapes, in the past three-and-a-half years with Mandi district recording the maximum 162 rape cases in the state during the duration 2020.

There is a need for more research that focus on awareness and prevention of good touch and bad touch. The need for the study is to understand school age student's knowledge of good touch and bad touch in children and how they aware about the good touch and bad touch and associated psychological problems and disorders. Hence the researcher felt the need to assess the knowledge of school age children regarding good touch and bad touch in selected school of distt. Mandi (H.P.).

## OBJECTIVES

- i. To assess the knowledge regarding good touch & bad touch among children.
- ii. To determine the effectiveness of structured teaching programme on knowledge regarding good touch & bad touch among children.
- iii. To find out the association between knowledge regarding good touch & bad touch with their selected socio-demographic variables.

## CONCEPTUAL FRAMEWORK

The present study the investigator developed the conceptual framework, based on the King's goal attainment model. According to Imogene King, Nursing is a process of action, reaction and intervention, where by nurses and clients share information about their perceptions in relation to nursing care. Through perception and communication, they identify the problem based on which they set goals and take necessary actions. The concepts of personal, inter-personal and social system including perception, judgment, action, reaction, transaction and feedback are included in the theory.

**Perception:** The nurse investigator perceives the children need to have knowledge regarding good touch and bad touch.

**Judgement:** The nurse investigator judges that educating the children on good touch and bad touch will update their knowledge and will prevent themselves from being a victim.

**Action:** Nurse Investigator develop a structured teaching program on good touch and bad touch. The children prepare themselves to seek information regarding good touch and bad touch after giving assent and obtaining consent from their parents and prepare the questionnaire for pre-test and post-test.

**Reaction:** Reaction refers to the development of action and acting on perceived choice for goal attainment. The action of both nurse investigator and the children will lead to reaction. The children participate in the pre-test followed by structured teaching programme provided by the investigator. The tool and lesson plan for teaching validated from experts.

**Interaction:** Interaction defines to a process of perception and communication between person and communication between person and environment and between people to person. It refers to verbal and non- verbal behavior between an individual and the environment or among two or more individuals. It involves goal directed communication. Action leads to interaction where the nurse investigator execute her structured teaching programme on knowledge regarding good touch and bad touch. The children will be eager to acquire knowledge by showing attentiveness to the structured teaching programme.

**Transaction:** Imogene defines as observable behaviors of human beings interacting with the environment. When transactions occur between nurses and clients, goals attained. Transaction is the mutually identified goals of two or more individuals and the means to achieve them. They reach an agreement about how to attain these goals and then set about to realize them. Transaction identifies the target to assess the promotion of knowledge and skills by administering post-test. To check the change in the level of knowledge after structured teaching programme.

**Feedback:** The outcome may be either positive value or negative value. Feedback is given and the system continues. The outcome of this study may be either improvement or no improvement in knowledge among children.

## MATERIAL AND METHODS

**Research approach and design:** To accomplish the objective of the present study a quantitative approach, Quasi-experimental research design /non- randomized controlled trail design was used to assess the knowledge among students.

**Research setting:** The present study conducted in selected schools at Distt. Mandi H.P. Present study was conducted among school students of Govt. Primary School Majhwar, District Mandi, Govt. Primary school, Soyara, Golden valley public school, Mandi, Shiva Adarash Sen. Sec. School, Kansa Chowk, Distt.Mandi (H.P.).

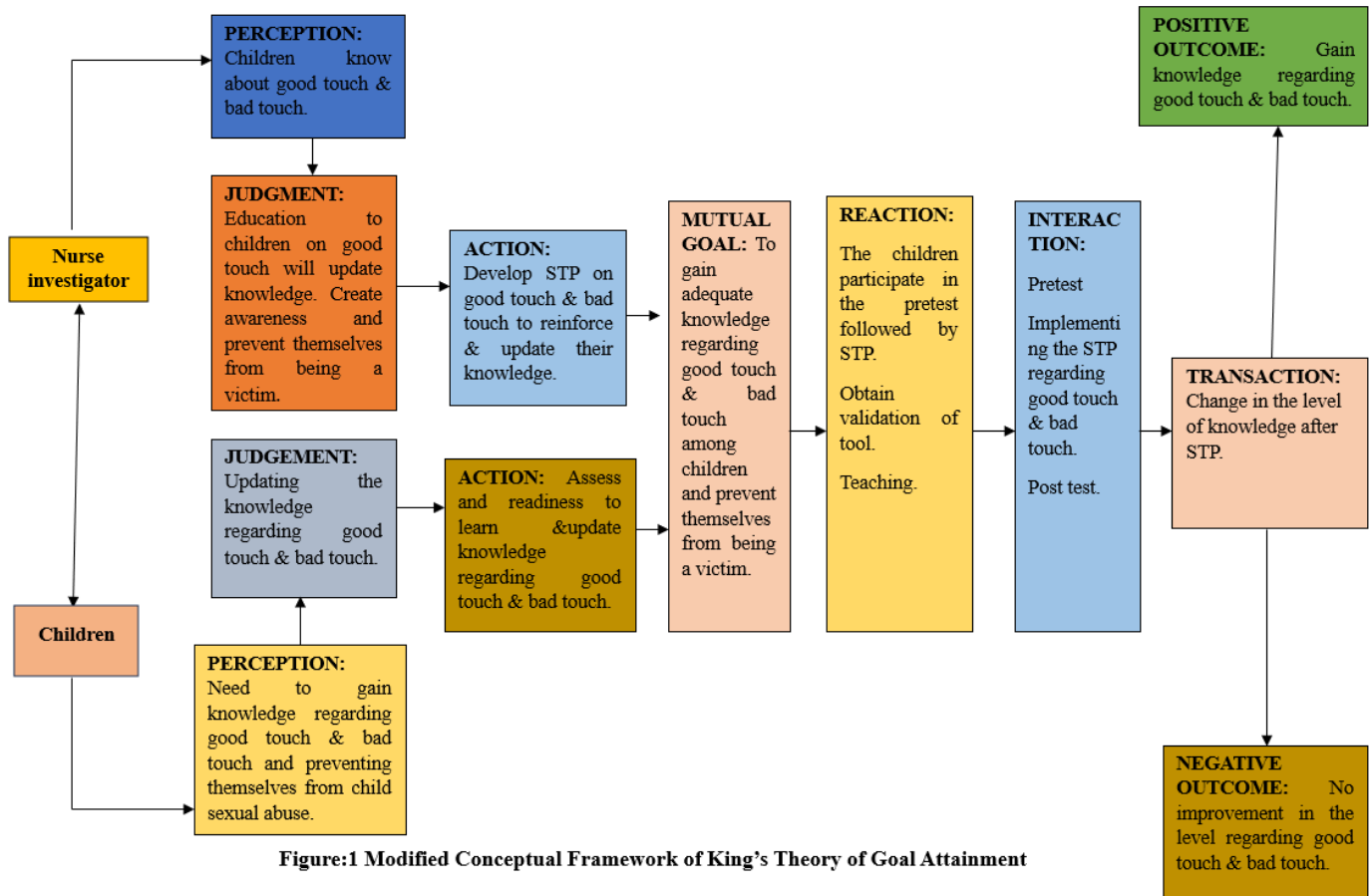


Figure:1 Modified Conceptual Framework of King's Theory of Goal Attainment

**Sample and sampling technique:** Sample consists of 60 students under selected settings. Non- probability Convenient sampling technique was adopted for the study.

**Sampling Criteria:**

**Inclusion Criteria:**

**The study will include those children who will:**

- i. Children age group between 6-12years.
- ii. Present at the time of data collection.

**Exclusion Criteria:**

**This study will exclude those children who:**

- i. Not interested to participate in the study.
- ii. Already participated in same kind of study.

**Research Variables:**

**Independent Variables** - Independent variable in this study will be structured teaching programme.

**Dependent Variables** - Dependent variable in the study will be knowledge regarding good touch & bad touch among children.

**Socio-Demographics Variables** – Socio-demographic variables include. Age in year, gender, religion, educational status, type of family, educational status of mother and father.

**Development and Description of the Tool:**

The tool was developed from various sources like textbook, journals and discussion with experts in field of Child Health Nursing.

**Section A**– It deals with selected socio-demographic variables of children.

**Section B** –Selection of one option from four. Each correct answer was given a score of 1 and wrong answers a score of 0 respectively. Maximum score of the questions is 30 and minimum score are 0.

**Time:**40-45mintues

Table-1: Description of tool

Section	Name of Tool	Description
A	socio-demographic variables	Socio-demographic profile sheets include: - age in years, class in which you are studying, Gender, Religion, Type of family, Father's qualification, mother's qualification, father's occupation, Mother's occupation, Monthly family income, number of siblings, any previous knowledge related to good touch & bad touch.
B	Self-Structured Knowledge Questionnaires	Self- Structured knowledge questionnaires were used to assess the knowledge regarding good touch & bad touch among children. It consists of 30 multiple choice questions.

**Table-2:** Criteria for assessing the pre-test & post-test knowledge of children regarding good touch and bad touch

S. NO.	KNOWLEDGE LEVEL	SCORE	PERCENTAGE
1.	Below average	1-10	0-59 %
2.	Average	11-20	60-79 %
3.	Good	21-30	80-100 %

Grading of knowledge score

**Minimum=00**

**Maximum=30**

**Validity of the Tool:**

Validity is the degree to which an instrument measures what it is supposed to measure. To ensure the content validity of tool, it was submitted to seven experts from the various fields. Experts were requested to judge the terms for their clarity, relatedness, and meaningfulness. Suggestions from seven experts were according to them, considering the practicability of the tool, Reorganization of the items of the tool was done finally and validated tools were ready to ascertain the data from the sample of children (6-12) years.

**Pilot Study:**

It is a small version or trial even design to test the method to be used in the study. The main aim of the pilot study was taken 10% of data from final sample size and to find out the practicability, feasibility and reliability of the study. The study was conducted in the month of June in Govt. primary School Badog of Distt. Mandi. The study consent was taken by the children and then assess the knowledge regarding good touch & bad touch.

**Reliability:**

The reliability of an instrument is a major criterion for assessing its adequacy. It is the ability of the data gathering devices to obtain a consistent result.

Reliability of an instrument is the degree of consistency with which it measures the attributes it is supposed to be measuring. Reliability will be calculated by

Karl Pearson's Coefficient of co-relation and tested by test-retest method by the investigator for establishing reliability for observation structured knowledge questionnaires. In this study reliability score is 0.8.

**Ethical Consideration**

1. Permission will be conducted from the ethical committee of Abhilashi College of Nursing Tanda, Mandi (H.P).
2. Written permission will be taken from the principal from the selected schools of Distt. Mandi (H.P).
3. Written consent will be obtained from the participants to maintain Confidentiality of the information.

**Data Collection Procedure:**

Formal administrative approval was taken from the Principal of Govt. Primary School Majhwar, Govt. Primary school, Soyara, Golden valley public school, Mandi, Shiva Adarash Sen.Sec. School, Kansa Chowk, Distt.Mandi (H.P.). Self-introduction and introduction of the study will be given to the participants. Informed Consent was taken from the children was assured about the confidentiality of the observation. Individual children were assessed for the knowledge regarding good touch & bad touch. After assess structured teaching program was administer to experimental group. After teaching post test was assessed in experimental group.

**Organization and Presentation of Data**

**Section I:** - Distribution of socio-demographic variables.

**Section II:** - Knowledge score among the school students regarding good touch & bad touch in selected school of distt. mandi (H.P.)

**Section-III:** - Comparison between the pre-test and post- test knowledge among experimental and control group.

**Section- IV:** -Association of knowledge score regarding good touch & bad touch among students with their selected socio-demographic variables both in experimental and control group.

**Section – I**

**Distribution of socio-demographic variables**

**Table-3:** Frequency and Percentage Distribution of among Students of Selected Schools of distt. Mandi (h.p.)  
(N=60)

SOCIO DEMOGRAPHIC VARIABLES		Experimental (%)	Experimental (n=30) (f)	Control (%)	Control (n=30) (f)
Age (in years)	6-7 years	40.0%	12	50.0%	15
	8-9 years	53.3%	16	40.0%	12
	10-11 years	6.7%	2	10.0%	3
	11-12 years	0.0%	0	0.0%	0
Class	1st to 2nd standard	40.0%	12	40.0%	12
	3rd to 4th standard	53.3%	16	50.0%	15
	5th to 6th standard	6.7%	2	10.0%	3
	7th standard	0.0%	0	0.0%	0
Gender	Male	40.0%	12	40.0%	12
	Female	60.0%	18	60.0%	18

<b>Religion</b>	Hindu	100.0%	30	93.3%	28
	Muslim	0.0%	0	0.0%	0
	Christian	0.0%	0	0.0%	0
	Sikh	0.0%	0	6.7%	2
<b>Type of family</b>	Nuclear family	33.3%	10	33.3%	10
	Joint family	30.0%	9	30.0%	9
	Extended family	36.7%	11	36.7%	11
<b>Father's qualification</b>	No formal education	0.0%	0	0.0%	0
	Primary	6.7%	2	10.0%	3
	Secondary	73.3%	22	70.0%	21
	Graduate and above	20.0%	6	20.0%	6
<b>Mother's qualification</b>	No formal education	0.0%	0	0.0%	0
	Primary	26.7%	8	26.7%	8
	Secondary	56.7%	17	53.3%	16
	Graduate and above	16.7%	5	20.0%	6
<b>Father's occupation</b>	Unemployed	3.3%	1	3.3%	1
	Self-employed	50.0%	15	50.0%	15
	Govt. employee	20.0%	6	20.0%	6
	Private employee	26.7%	8	26.7%	8
<b>Mother's occupation</b>	Home maker	86.7%	26	83.3%	25
	Self-employed	6.7%	2	10.0%	3
	Govt. employee	3.3%	1	3.3%	1
	Private employee	3.3%	1	3.3%	1
<b>Monthly family income (Rs)</b>	≤ 10,000	10.0%	3	10.0%	3
	10,001-20,000	60.0%	18	60.0%	18
	20,001-30,000	20.0%	6	20.0%	6
	> 30,001	10.0%	3	10.0%	3
<b>Number of siblings</b>	None	16.7%	5	23.3%	7
	One	56.7%	17	46.7%	14
	One	23.3%	7	23.3%	7
	Three	3.3%	1	6.7%	2
	More than three	0.0%	0	0.0%	0
<b>Any previous knowledge related to good touch &amp; bad touch</b>	Yes	13.3%	4	10.0%	3
	No	86.7%	26	90.0%	27

**Table-3** shows the frequency and percentage distribution of subjects in both the **experimental group (n= 30)** and the **control group (n = 30)** according to their socio-demographic variables.

Experimental group, a majority of the students (53.3%) were aged between 8–9 years. Within the control group, 50% of the students belonged to the 6–7 years age group. Regarding the class in which the students were studying, the majority of participants in the experimental group (53.3%) and control group, 50% were enrolled in 3rd to 4th standard. The majority of the participants in both groups were female. The majority of students in both the experimental and control groups belonged to the Hindu religion. This shows that extended and nuclear families were slightly more common among the participants in both groups.

The educational qualifications of the fathers, the majority in the experimental group (73.3%) and control group, 70% had completed secondary education. And the mothers in the experimental group (56.7%) and control group, 53.3% had completed secondary education. The occupation of fathers, half of the fathers (50%) in both the experimental and control groups were self-employed. The majority of mothers in both groups were homemakers. In the experimental group, 86.7% and control group, 83.3% of the mothers were homemakers. Monthly family income, the majority of families in both groups (60%) had a monthly income between ₹10,001 to ₹20,000. The majority in the experimental group (56.7%) had one sibling. In the control group, 46.7% had one sibling. In the experimental group, the majority (86.7%) And the control group, (90%) the majority had no previous awareness.

**Section-II**

**To assess the knowledge regarding good touch & bad touch among children.**

**Table 4:** Showing Frequency & Percentage distribution of pre-test knowledge score in Experimental and Control Group (N=60)

PRE-TEST KNOWLEDGE SCORE		
CATEGORY SCORE	EXPERIMENTAL GROUP	CONTROL GROUP
GOOD (21-30)	0(0%)	0(0%)
AVERAGE (11-20)	18(60%)	16(53.3%)
BELOW AVERAGE (1-10)	12(40%)	14(46.7%)

Maximum=30

Minimum =00

**Table 4** Predicts the distributions of pretest knowledge level among students in both the control and experimental groups. In the experimental or control groups had a good knowledge score (21–30). Most participants in both groups had average knowledge scores (60% in the experimental group and 53.3% in the control group), while the remaining participants had below average scores (40% experimental, 46.7% control). This indicates that the majority of children had only average knowledge prior to the intervention, with no one demonstrating good knowledge.

**Table-5:** Comparison of descriptive statistics b/w Experimental & Control Group of knowledge

N=30						
	Descriptive Statistics	Mean Score	Mean%	Median Score	Range	S.D.
PRE TEST	Experimental	10.83	36.11%	11	7	2.086
	Control	10.37	34.56%	11	6	1.956

Maximum=30

Minimum =00

**Table 5:** revealed that in experimental group (pre- test), mean score and SD score of knowledge score among subjects i.e. mean score  $\pm$  S.D  $10.83 \pm 2.086$ , indicating low knowledge levels before the intervention. The median score was 11 and range is 7. The mean percentage was 36.11%, reflecting a need for improvement.

Where as In Control Group (Pre-Test) mean score and SD score of knowledge score among subjects i.e. mean score  $\pm$  S.D  $10.37 \pm 1.956$ , showing similarly low knowledge levels and slightly higher variability. The median score was 11, and s range is 6. The mean percentage score was 34.56%, indicating comparable baseline knowledge to the experimental group.

**Table 6:** Showing Frequency & Percentage distribution of Post- test Knowledge Scores in Experimental and Post-Control Group (N=60)

POST -TEST KNOWLEDGE SCORE		
CATEGORY SCORE	EXPERIMENTAL	CONTROL
GOOD (21-30)	28(93.3%)	0(0%)
AVERAGE (11-20)	2(6.7%)	18(60%)
BELOW AVERAGE (1-10)	0(0%)	12(40%)

Maximum=30

Minimum =00

In the **experimental group**, a majority **93.3%** (28children) of participants scored in the **good** category, and the remaining **6.7% (2children)** were in the **average** range. **None** scored in the **below** category, indicating a strong positive impact of the intervention. In contrast, the **control group** had only **0%** in the **good**, category, while most **60%** (18children) remained **average**, and **40%** (12 children) still scored **Below average**, showing minimal improvement without intervention.

**Table-7:** Comparison of descriptive statistics b/w Post Experimental & Post Control Group of knowledge N=60

	Descriptive Statistics	Mean Score	Mean%	Median Score	Maximum	S.D.
POST TEST	Experimental	26.13	87.11	26	29	2.129
	Control	10.77	35.89	11	15	2.223

Maximum=30

Minimum=00

**Table:7** revealed that in experimental group (post - test), mean score and SD score of knowledge score among subjects i.e. mean score  $\pm$  S.D  $26.13 \pm 2.129$ , indicating high knowledge levels with low variability among participants. The median score was 26, and range is 9. The mean percentage score was 87.11%, reflecting a strong impact of the intervention.

Where as in control group (post-test) mean score and SD score of knowledge score among subjects i.e. mean score  $\pm$  S.D  $10.77 \pm 2.223$ , showing relatively low knowledge and greater variability. The median score was 11, and s range is 9. The mean percentage score was 35.89%, indicating limited improvement without the intervention.

**Section - III**

**To determine the effectiveness of structured teaching programme on knowledge regarding good touch & bad touch among children.**

**Table-8:** Showing comparison within the Group with Paired & Unpaired T Test of Knowledge Scores

		KNOWLEDGE SCORE				Paired T Test		
		Pretest		Post test				
Group	N	Mean	SD	Mean	SD	df	T	Result
Experimental Group	30	10.83	2.086	26.13	2.129	29	27.052*	P value= $<0.001$ Significant
Control Group	30	10.367	1.956	10.77	2.223	29	1.293	P value=0.206 non-significant
Unpaired T Test	Df	58		Df	58			
	T	0.894		T	27.340*			
	Result	P value=0.375 non-significant		Result	P value= $<0.001$ Significant			

**Maximum = 30**  
**Minimum = 00**

This table depicts the comparative analysis of knowledge scores between the experimental and control groups using unpaired t-test, with the maximum possible score being 30 and the minimum 0.

In the pretest, the mean knowledge score of the experimental group was  $10.83 \pm 2.086$ , while the control group had a mean score of  $10.367 \pm 1.956$ . The unpaired t-test yielded a t-value of 0.894 with 29 degrees of freedom, and the p-value was 0.375, indicating that the difference in pretest knowledge scores between the two groups was not statistically significant. This suggests that both groups had a comparable baseline level of knowledge regarding the subject.

In the post-test, the mean knowledge score of the experimental group significantly increased to  $26.13 \pm 2.129$ , whereas the control group had a mean post-test score of only  $10.77 \pm 2.223$ . The unpaired t-test showed a t-value of 27.340 with 29 degrees of freedom, and a p-value less than 0.001, indicating a highly statistically significant difference between the groups after the intervention. This demonstrates that the intervention was effective in improving knowledge in the experimental group.

**Section-IV**

**To find out the association between knowledge regarding good touch & bad touch with their selected socio-demographic variables.**

**Table-10:** Table Showing Association of Scores and scores with their selected Demographic Variables in control group

DEMOGRAPHIC VARIABLES		ASSOCIATION OF POST -TEST KNOWLEDGE SCORE WITH DEMOGRAPHIC VARIABLES IN CONTROL GROUP					
Variables	Opts	GOOD	AVERAGE	BELOW AVERAGE	df	Chi Test	P Value
Age (in years)	6-7 years	0	7	8	2	3.333	0.189 <sup>NS</sup>
	8-9 years	0	8	4			
	10-11 years	0	3	0			
	11-12 years	0	0	0			
Class	1st to 2nd standard	0	5	7	2	3.958	0.138 <sup>NS</sup>
	3rd to 4th standard	0	10	5			
	5th to 6th standard	0	3	0			
	7th standard	0	0	0			
Gender	Male	0	10	2	1	4.537	0.033*
	Female	0	8	10			
Religion	Hindu	0	18	10	1	3.214	0.073 <sup>NS</sup>
	Muslim	0	0	0			

	Christian	0	0	0			
	Sikh	0	0	2			
<b>Type of family</b>	Nuclear family	0	5	5	2	0.644	0.725 <sup>NS</sup>
	Joint family	0	6	3			
	Extended family	0	7	4			
<b>Father's qualification</b>	No formal education	0	0	0	2	2.321	0.313 <sup>NS</sup>
	Primary	0	1	2			
	Secondary	0	12	9			
	Graduate and above	0	5	1			
<b>Mother's qualification</b>	No formal education	0	0	0	2	3.090	0.213 <sup>NS</sup>
	Primary	0	3	5			
	Secondary	0	10	6			
	Graduate and above	0	5	1			
<b>Father's occupation</b>	Unemployed	0	0	1	3	3.160	0.368 <sup>NS</sup>
	Self-employed	0	8	7			
	Govt. employee	0	5	1			
	Private employee	0	5	3			
<b>Mother's occupation</b>	Home - maker	0	14	11	3	1.556	0.670 <sup>NS</sup>
	Self-employed	0	2	1			
	Govt. employee	0	1	0			
	Private employee	0	1	0			
<b>Monthly family income(Rs)</b>	≤ 10,000	0	2	1	3	2.917	0.405 <sup>NS</sup>
	10,001-20,000	0	9	9			
	20,001-30,000	0	4	2			
	> 30,001	0	3	0			
<b>Number of siblings</b>	None	0	4	3	3	1.726	0.631 <sup>NS</sup>
	One	0	10	4			
	One	0	3	4			
	Three	0	1	1			
	More than three	0	0	0			
<b>Any previous knowledge related to good touch &amp; bad touch</b>	Yes	0	0	3	1	5.000	<b>0.025*</b>
	No	0	18	9			

A **significant association** between gender and post-intervention knowledge score ( $p = 0.033$ ). Boys were more likely to have average scores, while girls had a higher proportion of below average scores. There was a **significant association** between prior awareness of good and bad touch and post-intervention knowledge score ( $p = 0.025$ ). Children with previous knowledge were more likely to have below average post-test scores.

## DISCUSSION

In the present study, the findings revealed that in the experimental group, a majority of the students (53.3%) were aged between 8–9 years. Within the control group, 50% of the students belonged to the 6–7 years age group. Regarding the class in which the students were studying, the majority of participants in the experimental group (53.3%) and control group, 50% were enrolled in 3rd to 4th standard. The majority of the participants in both groups were female. The majority of students in both the experimental and control groups belonged to the Hindu religion. This shows that extended and nuclear families were slightly more common among the participants in both groups. The educational qualifications of the fathers, the majority in the experimental group (73.3%) and control group, 70% had completed secondary education. And the mothers in the experimental group (56.7%) and control group, 53.3% had completed secondary education. The occupation of fathers, half of the fathers (50%) in both the experimental and control groups were self-employed. The majority of mothers in both groups were homemakers. In the experimental group, 86.7% and control group, 83.3% of the mothers were homemakers. Monthly family income, the majority of families in both groups (60%) had a monthly income between ₹10,001 to ₹20,000. The majority in the experimental group (56.7%) had one sibling. In the control group, 46.7% had one sibling. In the experimental group, the majority (86.7%) And the control group, (90%) the majority had no previous awareness.

The first objective of the study was to assess the knowledge regarding good touch & bad touch among children. The findings of the experimental or control groups had a good knowledge score (21–30). Most participants in both groups had average knowledge scores (60% in the experimental group and 53.3% in the control group), while the remaining participants had below average scores (40% experimental, 46.7% control). This indicates that the majority of children had only average knowledge prior to the intervention, with no one demonstrating good knowledge

The second objective of the study was to determine the effectiveness of structured teaching programme on knowledge regarding good touch & bad touch among children. The findings of the **experimental group**, a majority **93.3%** (28children) of participants scored in the **good** category, and the remaining **6.7%** (2children) were in the **average** range. **None** scored in the **below** category, indicating a strong positive impact of the intervention. In **control group** had only **0%** in the **good**, category, while most **60%** (18children) remained **average**, and **40%** (12 children) still scored **Below average**, showing minimal improvement without intervention.

The third objective of the study was to find out the association between knowledge regarding good touch & bad touch with their selected socio-demographic variables. The findings of the **group a significant association** between gender and post-intervention knowledge score ( $p = 0.033$ ). Boys were more likely to have average scores, while girls had a higher proportion of below average scores. There was a **significant association** between prior awareness of good and bad touch and post-intervention knowledge score ( $p = 0.025$ ). Children with previous knowledge were more likely to have below average post-test scores.

## CONCLUSION

The finding suggests that the structure teaching programme on Good touch and Bad touch was an effective programme in improving the knowledge of the children which was depicted in the result, that there was a marked increase in post-test level of knowledge. Thus, the investigator for the implementation of the intervention developed a structured teaching programme which was validated and was proved to be an effective programme. The structured programme can be utilized in school regularly to educate the children good touch and bad touch and in turn helps in preventing the occurrence of child sexual abuse in children.

## RECOMMENDATIONS

Based on the findings, the following recommendations were offered for future research.

- i. The study can be replicated on a large sample to validate and generalize its findings.
- ii. Similar study can be conducted in a different area.

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