



“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOLERS AT SELECTED SCHOOL IN SANGAMNER”

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ABSTRACT

Background: Child abuse is a serious public health and social problem that affects millions of children worldwide. Children are vulnerable to various forms of abuse, including physical, emotional, and sexual abuse, which can have long-lasting effects on their physical, psychological, and social well-being. Lack of awareness regarding personal safety and body boundaries increases the risk of abuse among school-age children. Teaching children about Good Touch and Bad Touch is an essential preventive measure that helps them recognize safe and unsafe situations, protect themselves from abuse, and seek help when needed. Schools play a vital role in promoting child safety through health education programmes. A Structured Teaching Programme can effectively improve children's knowledge and awareness regarding Good Touch and Bad Touch, thereby contributing to the prevention of child abuse and the promotion of child protection. Therefore, the present study was undertaken to evaluate the effectiveness of a Structured Teaching Programme on knowledge regarding Good Touch and Bad Touch among schoolers at a selected school in Sangamner.

Material and Methods: quantitative research approach with a pre-experimental one-group pre-test post-test research design was adopted for the study. The study was conducted among schoolers of Bhikaji Tukaram Meher primary school Sangamner. A total of 108 schoolers were selected using a non-probability purposive sampling technique. Data were collected using a structured pictorial questionnaire consisting of demographic variables and questions related to knowledge regarding Good Touch and Bad Touch. The reliability of the tool was established by the Split-Half method and was found to be 0.8023, indicating that the tool was reliable.

After obtaining permission from the concerned authorities and informed assent from the participants, a pre-test was conducted to assess the baseline knowledge of schoolers. Subsequently, a Structured Teaching Programme regarding Good Touch and Bad Touch was administered. The post-test was conducted after the intervention to evaluate its effectiveness. The collected data were analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (paired t-test and chi-square test) to determine the effectiveness of the Structured Teaching Programme and its association with selected demographic variables

Results: The demographic findings revealed that the highest percentage of schoolers (34.3%) belonged to the age group of 7 years, 67.6% were females, 48.1% were studying in 1st standard, 45.4% belonged to joint families, 66.7% resided in urban areas, 68.5% were Hindus, 50.9% had a monthly family income below Rs. 5000, and 59.3% travelled to school by school bus. Before the intervention, 63.9% of schoolers had poor knowledge and 20.4% had very poor knowledge regarding Good Touch and Bad Touch. The mean pre-test knowledge score was 7.72 ± 2.87 . After the Structured Teaching Programme, 63.9% of schoolers had good knowledge and 31.5% had very good knowledge. The mean post-test knowledge score increased to 19.23 ± 2.14 . The mean difference was 11.51, and the calculated paired t-value was 32.61 ($p = 0.0001$), indicating that the Structured Teaching Programme was highly effective. A significant association was found between post-test knowledge scores and monthly family income, whereas no significant association was found with age, gender, class, religion, type of family, area of residence, or mode of transportation.

Conclusion: The study concluded that schoolers had inadequate knowledge regarding Good Touch and Bad Touch before the intervention. The Structured Teaching Programme significantly improved their knowledge, as evidenced by the increase in post-test scores. Therefore, the Structured Teaching Programme was found to be an effective educational strategy for enhancing awareness regarding Good Touch and Bad Touch among schoolers and can be utilized in schools to promote child safety and prevent child abuse.

Key words: Structured Teaching Programme, Good Touch, Bad Touch, Schoolers, Knowledge, Child Abuse Prevention, Child Safety, Effectiveness.

Introduction

Children are some of the most at-risk people in society. Hence they need protection, guidance, and education to stay safe and healthy. Violence against children, including physical, emotional and sexual abuse, is still a big problem all over the world, and it affects all societies, no matter how rich or poor they are. This kind of violence often happens in places where people think they are safe, like homes and schools. This makes it harder for kids to understand and report it. Because of shame, fear, and a lack of knowledge, child sexual abuse is a very sensitive and underreported problem. A lot of kids don't fully understand what inappropriate behavior is, or

they might not have the words or confidence to talk about what happened to them. This lack of awareness makes them more likely to be abused or exploited, which shows how important it is to teach kids about personal safety and body awareness early on.¹

Child sexual abuse (CSA) is a big problem in India that doesn't get enough attention. There is a culture of silence around CSA, even though it is a very serious problem. The only way to fix the hidden problem of CSA is to give kids the tools they need to keep themselves safe and report abuse. The issue is that they are unaware that something inappropriate has occurred because they lack knowledge of appropriate and inappropriate touch. In India, child sexual abuse is pervasive, occurring both within and outside familial contexts. These bad effects of touch on children's mental health last for the rest of their lives.²

It's important to be able to tell the difference between a good and bad touch, and it can be very useful in today's world. A good touch makes you feel safe and cared for. A bad touch, on the other hand, is one that makes you feel scared, uneasy, or worried. It's important for as many people as possible to know about this problem because a bad touch can also lead to child sexual abuse. There are a lot of bad people in the world who like to take advantage of how innocent kids are.³

The idea of "Good Touch and Bad Touch" is a simple and age-appropriate way to teach kids about staying safe. A good touch is any physical contact that makes a child feel safe, cared for, and comfortable. For example, a hug from a parent. Bad touch, on the other hand, is any kind of touch that makes you feel bad, scared, or confused. By teaching kids this difference, they can learn to spot dangerous situations and act appropriately.⁴

Problem Statement

1. A study to assess the effectiveness of structured teaching programme on knowledge regarding good touch and bad touch among schoolers at selected school in Sangamner. **Objectives**
2. To assess the existing knowledge regarding good touch and bad touch among schoolers at selected school.
3. To evaluate the effectiveness of a structured teaching programme on knowledge regarding good touch and bad touch among schoolers.
4. To find out the association between knowledge regarding good touch and bad touch and selected demographic variables.

Hypothesis: -

H1: There will be significant difference between the pre-test and post-test knowledge scores on good touch and bad touch among schoolers

H2: There will be significant association between post-test knowledge scores on good touch and bad touch and selected demographic variables of schoolers.

Materials and Methods

Study Design and Approach

A quantitative research approach utilizing a One-Group Pre-test Post-test Design (Pre-Experimental Design) was adopted to evaluate the effectiveness of a Structured Teaching Programme (STP) on knowledge regarding good

touch and bad touch among school-going children.

Study Setting

The study was conducted at Bhikaji Tukaram Meher Primary School, Taluka Sangamner, Ahilyanagar District, Maharashtra, India.

Variables Under Study

Independent Variable: The Structured Teaching Programme (STP) focused on child safety, good touch, and bad touch.

Dependent Variable: The knowledge scores of schoolers regarding good touch and bad touch.

Extraneous Variables: Sociodemographic characteristics including age, gender, grade/class, religion, family structure, residential area, monthly family income, and mode of school transportation.

Population and Sampling

The target population comprised all school-going children within the region, while the accessible population was restricted to students enrolled at the selected school in Sangamner.

A non-probability purposive sampling method was utilized to recruit participants.

Selection Criteria

Inclusion Criteria

- Students currently enrolled in Classes V to XII at the designated school.
- Students proficient in speaking, reading, writing, and understanding Hindi, Marathi, or English.
- Students present during the baseline data collection phase.
- Students whose parents or legal guardians provided written informed consent, supplemented by student assent.

Exclusion Criteria

- Students unwilling to participate or unable to provide assent.
- Students who previously participated in similar personal safety or anti-abuse educational workshops to prevent pre-test sensitization bias.

Data Collection Instruments

Part A: Sociodemographic Proforma: Captured participant baseline data including age, gender, grade, religion, family type, residential area, monthly income, and mode of school transportation.

Part B: Structured Pictorial Knowledge Questionnaire: A visual-aid-supported instrument consisting of 24 multiple-choice questions tailored for younger demographics. It evaluated six key safety domains: concepts of good/bad touch, boundaries, anatomical awareness of private parts, recognition of unsafe situations, immediate action steps, and reporting strategies.

Descriptive Statistics: Frequencies, percentages, mean scores, and standard deviations (SD) will summarize demographic data and absolute knowledge levels.

Inferential Statistics: A **paired (t)-test** will be executed to compare the mean pre-test and post-test knowledge scores. Statistical significance will be set a priori at ($p < 0.05$). Chi-square tests will determine association mapping between baseline knowledge and selected extraneous sociodemographic parameters.

Data Analysis and Interpretation

Section-I: Distribution of Schoolers According to Their Demographic Variables $n=108$

The demographic analysis revealed that out of 108 participants, the majority, 37 (34.3%), were 7 years old, followed by 31 (28.7%) who were 8 years old. Regarding gender, 73 (67.6%) were female and 35 (32.4%) were male. In terms of class/standard, the majority, 52 (48.1%), were studying in the 1st standard, followed by 25 (23.1%) in the 2nd standard, 12 (11.1%) in the 4th standard, 10 (9.3%) in the 5th standard, and 9 (8.3%) in the 3rd standard. Regarding family type, 49 (45.4%) belonged to joint families, 41 (38.0%) belonged to nuclear families, and 18 (16.7%) belonged to extended joint families. Concerning the area of residence, 72 (66.7%) participants were from urban areas, while 36 (33.3%) were from rural areas. Regarding religion, the majority, 74 (68.5%), were Hindu, followed by 19 (17.6%) belonging to other religions, 11 (10.2%) who were Muslim, and 4 (3.7%) who were Christian. In terms of monthly family income, 55 (50.9%) participants belonged to families earning below ₹5,000, 29 (26.9%) had a monthly income between ₹5,001 and ₹10,000, 13 (12.0%) had an income between ₹10,001 and ₹15,000, and 11 (10.2%) belonged to families earning above ₹15,000 per month. Overall, the findings indicate that most participants were young female students studying in the 1st standard, belonged to joint families, resided in urban areas, followed the Hindu religion, and came from families with a monthly income below ₹5,000.

Section-II: Description of Knowledge on Good Touch and Bad Touch Among Schoolers Before Intervention. $n = 108$

Level of knowledge	Frequency (f)	Percentage (%)
Very Poor	22	20.4%
Poor	69	63.9%
Average	14	13.0%
Good	3	2.8%
Very good	0	0.0%
Total	108	100%

Table - 1: Percentage distribution of knowledge scores on Good

Level of knowledge	Frequency (f)	Mean $\pm$ SD
Very Poor	22	3.95 $\pm$ 0.92
Poor	69	7.78 $\pm$ 1.31
Average	14	11.42 $\pm$ 0.49
Good	3	16.6 $\pm$ 0.94
Very good	0	0 $\pm$ 0
Total	108	7.72 $\pm$ 2.87

Table - Mean & SD of knowledge scores on Good Touch and Bad Touch among schoolers before intervention.

Section-III: Description of Knowledge on Good Touch and Bad Touch Among Schoolers After Intervention *n* =108

Level of knowledge	Frequency (f)	Percentage (%)
Very Poor	0	0.0%
Poor	0	0.0%
Average	5	4.6%
Good	69	63.9%
Very good	34	31.5%
Overall	108	100.0%

Table -Percentage distribution of knowledge scores on Good Touch and Bad Touch among schoolers after intervention

n=108

Level of knowledge	Frequency (f)	Mean $\pm$ SD
Very Poor	0	0 $\pm$ 0
Poor	0	0 $\pm$ 0
Average	5	12.8 $\pm$ 0.74
Good	69	18.6 $\pm$ 1.23
Very good	34	21.3 $\pm$ 0.52
Overall	108	19.23 $\pm$ 2.14

Table- Mean & SD of knowledge scores on Good Touch and Bad Touch among schoolers after intervention

Section-IV: Comparison of Knowledge Scores on Good Touch and Bad Touch in Children Among Schoolers Before and After Intervention.

Presents the comparison of percentage distribution of knowledge scores on Good Touch and Bad Touch among schoolers before and after the intervention. The findings reveal a marked improvement in the level of

knowledge among the schoolers following the intervention. In the pre-test assessment, the majority of schoolers, 69 (63.9%), had poor knowledge regarding Good Touch and Bad Touch, while 22 (20.4%) had very poor knowledge. Only 14 (13.0%) schoolers demonstrated average knowledge and a very small proportion, 3 (2.8%), had good knowledge. None of the schoolers were found to have very good knowledge during the pre-test.

Comparison of Mean, SD & Mean percentage of knowledge on good touch and bad touch among schoolers before and after intervention.

depicts the comparison of mean, standard deviation, and mean percentage of knowledge scores on Good Touch and Bad Touch among schoolers before and after the intervention. In the pre-test, the overall mean knowledge score of the schoolers was

7.72 ± 2.87 with a mean percentage of 32.2%, indicating inadequate knowledge regarding Good Touch and Bad Touch. Among the different levels of knowledge, the mean score for the very poor category was 3.95 ± 0.92 (16.5%), poor category was

7.78 ± 1.31 (32.4%), average category was 11.42 ± 0.49 (47.6%), and good category was

16.6 ± 0.94 (69.2%). No schoolers were found in the very good category during the pre-test. In the post-test, a remarkable increase in knowledge scores was observed after the intervention. The overall mean score increased to 19.23 ± 2.14 with a mean percentage of 80.1%, showing substantial improvement in knowledge among schoolers. In the post-test, the average category had a mean score of 12.8 ± 0.74 (53.3%), the good category showed a mean score of 18.6 ± 1.23 (77.5%), and the very good category recorded the highest mean score of 21.3 ± 0.52 (88.8%). No schoolers remained in the very poor or poor categories after the intervention.

Section-V: Effectiveness of Structured Teaching Programme on Good Touch and Bad Touch Among Schoolers

Presents the comparison of pre-test and post-test knowledge scores regarding good touch and bad touch among schoolers to determine the effectiveness of the structured teaching programme. The total sample size was 108 schoolers.

The findings reveal that the mean pre-test knowledge score was 7.72 with a standard deviation of 2.88, indicating inadequate knowledge among schoolers before the intervention. After administration of the structured teaching programme, the mean post-test knowledge score increased to 19.23 with a standard deviation of 2.15, showing considerable improvement in knowledge.

The mean difference between pre-test and post-test scores was 11.51 ± 0.73 , which indicates a substantial increase in knowledge following the teaching programme. The calculated paired 't' value was 32.61, which is highly significant at $p = 0.0001$ ($p < 0.05$).

Section VI: Association Of Post-Test Knowledge Scores on Good Touch and Bad Touch with Demographic Variables.

The association between post-test knowledge scores regarding good touch and bad touch and selected

demographic variables was analyzed using the chi-square (χ^2) test. The findings revealed that among all the demographic variables, only monthly family income showed a statistically significant association with post-test knowledge scores ($p < 0.05$). Hence, the research hypothesis was accepted.

The remaining demographic variables such as age, gender, class/standard, type of family, area of residence, religion, and mode of transportation did not show a statistically significant association with post-test knowledge scores, as their p-values were greater than 0.05. Therefore, the research hypothesis was rejected.

Thus, it can be concluded that post-test knowledge scores on good touch and bad touch among schoolers were significantly associated only with monthly family income.

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Discussion of Demographic Variables

The study evaluated 108 primary schoolers, primarily aged 7 (34.3%) and 8 years (28.7%), with a female majority (67.6%). Most participants resided in urban areas (66.7%), belonged to joint families (45.4%), and came from households with a monthly income below Rs. 5,000 (50.9%). These findings align with Mahalakshmi Beeman et al. (2023) and Sharma S. (2024), who reported that baseline safety awareness is heavily influenced by socioeconomic and demographic backgrounds.

Effectiveness of the Structured Teaching Programme (STP)

Pre-test Baseline: Prior to the intervention, 63.9% of the schoolers had poor knowledge, and 20.4% had very poor knowledge, with a baseline mean score of 7.72 ± 2.87 (out of 24). This baseline deficit matches findings by Mahalakshmi Beeman et al. (2023), confirming a severe lack of initial safety awareness among young children.

Post-test Transformation: Following the STP, 63.9% achieved good knowledge and 31.5% achieved very good knowledge, pushing the mean score up to 19.23 ± 2.14 . All participants moved completely out of the poor/very poor categories.

Hypothesis Testing (H_1): The mean improvement was 11.51 points (a 47.9% net increase). The paired t-test yielded a highly significant value of $t = 32.61$ ($p = 0.0001$, $p < 0.05$). Therefore, the null hypothesis was rejected, proving that the child-friendly STP was exceptionally effective in teaching boundary safety, matching the success rates reported by Sharma S. (2024).

Conclusion

Primary school children exhibit a critical baseline vulnerability regarding personal safety rules. This study establishes that an interactive, visually supported Structured Teaching Programme (STP) is a highly viable and statistically proven tool to eliminate these knowledge gaps and promote early child abuse prevention.

Implications and Recommendations

Nursing & Education: Child safety modules must be integrated into primary school curricula. Pediatric and community health nurses should actively lead institutional workshops to teach personal safety boundaries.

Future Research: Future studies should utilize a randomized controlled trial (RCT) design with a control group and track long-term knowledge retention over a 6-to-12-month period across multiple districts.

Limitations

The study was restricted to a single school using a non-probability purposive sample without a control group, which limits the immediate generalization of the behavioral results.

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