

A Pre Experimental Study to Assess the Effectiveness of Video Assisted Teaching on Knowledge Regarding Good Touch and Bad Touch among Children in a Selected School of Rajpura, District Patiala, Punjab

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ABSTRACT

Background of the study Good touch refers to physical contact that is appropriate welcomed, and harmless. Examples include hugs from loved ones, pats on the back, or handshakes. Good touch is essential for healthy development, as it fosters feelings of safety, security, and affection. On the other hand, bad touch encompasses any physical contact that is unwanted, uncomfortable, or harmful to the child. It can range from inappropriate tickling to more severe forms of abuse such as sexual assault or molestation. It violates a child's boundaries, causes distress, and can have long-lasting psychological and emotional efforts.

Aim of the study: The aim of the study was to assess the effectiveness of video assisted teaching on knowledge regarding good touch and bad touch among children (6-8 years) in a selected school of Rajpura, Dist. Patiala, Punjab

1. To assess knowledge regarding good touch and bad touch among children (6-8 years) in a selected school of Rajpura, Dist. Patiala, Punjab.
2. To evaluate the effectiveness of video assisted teaching on knowledge regarding good touch and bad touch among children.

Methodology: A pre-experimental study was conducted on 60 children of Patel public school Rajpura, District Patiala, Punjab. Children of the age group 6- 8 years was selected through non-probability convenience sampling technique. Firstly, a pre-test was taken using a self-structured knowledge questionnaire. The tool included the socio-demographic profile and self-structured

knowledge questionnaire containing 12 multiple choice questions which included different aspects of the Good touch and Bad touch. After the pre-test, video is shown to the children and post-test was taken after the five days of the pre-test. The data was analysed by using descriptive and inferential Statics.

Results: In pre-test 73% children had poor knowledge 17% had Good knowledge and 10% had average knowledge. The mean calculated was 2.1. There was a significant increment in post test score 11.5+0.9 and pre-test score 9.4+1.3. The findings showed that the structured teaching programme significantly improved the knowledge regarding Good touch and Bad touch. **Conclusion:** The study concluded that there was a significant difference in the level of knowledge of children regarding Good touch and Bad touch.

KEYWORDS: Good touch, Bad touch, effectiveness, video assisted teaching programme.

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INTRODUCTION

Child is a human being who is in the developmental stage between infancy and puberty, or between birth and puberty. Childhood is a crucial phase of development where children explore the world around them, learn new skills, and form relationships. Central to their well-being is their understanding of physical boundaries and the ability to discern between positive and negative physical interactions. Child sexual abuse is a grave violation of children's rights and a significant public health concern globally. Ensuring the safety and well-being of children is a fundamental responsibility shared by society at large. Among the myriad challenges in this endeavor, protecting children from abuse and exploitation ranks among the most pressing. In recent years, there has been growing recognition of the importance of educating children about personal boundaries and safe touches, particularly in the face of alarming statistics on child abuse globally. Appropriate, friendly, and harmless physical contact is referred to as "good touch." Handshakes, pats on the back, and embraces from loved ones are a few examples. Healthy development depends on good touch since it promotes perceptions of affection, safety, and security. However, any unwelcome, painful, or damaging physical contact with a child constitutes bad touch. It can range from inappropriate tickling to more severe forms of abuse such as sexual assault or molestation. It violates a child's boundaries, causes distress, and can have long-lasting psychological and emotional effects.

Punjab, like many regions globally, grapples with issues of child safety and protection. While strides have been made in legislation and policy frameworks to safeguard children's rights, there remains a pressing need for grassroots-level interventions to equip children with the tools necessary to recognize and respond to potentially harmful situations. By focusing on a specific age group within the school setting, this study aims to provide valuable insights into the existing knowledge base among children and identify areas for targeted educational interventions. Through a comprehensive examination of children's knowledge, attitudes, and practices related to good touch and bad touch, this study seeks to contribute to the body of evidence aimed at enhancing child protection efforts in Punjab and beyond. By shedding light on the prevailing gaps and challenges, it is hoped that this research will pave the way for targeted interventions that empower children to navigate their social environments safely and advocate for their own wellbeing. In India, several laws and regulations aim to protect children from various forms of abuse, including physical, emotional, and sexual abuse. The most notable among these are:

Protection of Children from Sexual Offences (POCSO) Act, 2012 describes different forms of sexual abuse against children and prescribes stringent punishment for offenders. It also mandates the establishment of special courts for speedy trials and the provision of support services for victims.

Juvenile Justice (Care and Protection of Children) Act, 2015 focuses on the rehabilitation and welfare of children in need of care and protection, including victims of abuse. It emphasizes the importance of child-friendly procedures during legal proceedings and promotes the best interests of the child as a primary consideration.

Child Labor (Prohibition and Regulation) Amendment Act, 2016 not directly addressing abuse, this Act prohibits the employment of children in hazardous occupations and regulates working conditions for adolescents. By safeguarding children from exploitative labor practices, it contributes to their overall protection and well-being.

According to the World Health Organization (WHO), child sexual abuse refers to the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or that violates the laws or social taboos of society (WHO, 2016). In India, despite various legislative measures and awareness campaigns, incidents of child sexual abuse continue to occur at alarming rates. A study conducted by the Ministry of Women and Child Development in 2007 revealed that a significant proportion of children in India have experienced some form of sexual abuse, they conducted a study in 2007 which revealed that over 53% of children in India had faced one or more forms of sexual abuse. According to the National Crime Records Bureau (NCRB) data, there were 26% reported cases of crimes against children in India in 2019, including cases of sexual abuse, physical abuse, and neglect (Note: That these numbers only represent reported cases, and the actual number of children facing abuse is likely higher) Real Incidents in India and Punjab.

Unfortunately, India has witnessed numerous distressing incidents of child abuse, highlighting the urgent need for greater awareness and preventive measures. In Punjab, several cases have shocked the nation and underscored the vulnerabilities faced by children: Kathua Rape Case (2018) is murder of an eight-year-old girl in Kathua district, Jammu and Kashmir, sent shockwaves across the country. Outrage about the tragedy prompted demands for stronger legislation and better child safety measures. Moga Molestation Case (2015) in Punjab, a teenage girl was molested and thrown off a moving bus by the conductor and his accomplices. Tragically, she

succumbed to her injuries, prompting widespread protests and demands for justice. These incidents serve as stark reminders of the challenges in safeguarding children from abuse and the urgent need for comprehensive measures to ensure their safety and well-being. Through this study, we aim to contribute to the body of knowledge on child protection and advocate for policies and interventions that prioritize the rights and dignity of every child. The benefits of conducting a descriptive study to assess the knowledge regarding good touch and bad touch among children aged 6-8 years in a selected school of Rajpura, District Patiala, Punjab, are manifold:

Child Protection Enhancement can lead to the development and implementation of targeted interventions aimed at enhancing child protection measures within the school and community, ultimately reducing the risk of child abuse.(7) Despite efforts to address this issue through various educational initiatives, remains a gap in understanding the extent of children's knowledge regarding good touch and bad touch, particularly in specific geographic regions such as Rajpura, District Patiala, Punjab. The efficacy of such programs relies heavily on the foundational knowledge and comprehension levels of the children targeted. Therefore, conducting a descriptive study to assess the knowledge of children aged 6 to 8 years regarding good touch and bad touch in a selected school within this district is imperative. The selected school in Rajpura, Dist. Patiala, serves as an ideal setting for this study due to its diverse student population and its potential to yield findings representative of the broader community. Understanding the nuances of children's perceptions and awareness regarding good touch and bad touch within this context can inform the development of culturally sensitive educational materials and strategies tailored to the specific needs of the local population.

Material and methods

A Pre-Experimental research design (one group pre-test post-test design) was used. Permission was obtained from Gian Sagar College of Nursing authority. The data was collected in the month of October. The sample of 60 students was selected from Patel Public School, Rajpura through Random table

method. The purpose of study was explained and assent was taken from the subject's parents. On the first day, the pre-test was taken by assessing the knowledge of students by using multiple choice questionnaires on Good Touch and Bad Touch and then on same day the planned video-assisted teaching was administered. The post-test was conducted after 5 days of planned video-assisted teaching on Good Touch and Bad Touch. The self-structured questionnaire was developed and validated by 9 experts in the field of medical-surgical nursing and clinical practice. The reliability of the structured knowledge questionnaire was assessed by Test retest Method ($r=0.9$). Hence the found was highly reliable.

Hypothesis:-

Null Hypothesis (H₀):- There will be no significant difference in the level of knowledge regarding good touch and bad touch among children (6-8 years) after receiving video assisted teaching at 0.05 level of significance.

Alternative Hypothesis (H₁):- There will be a statistically significant difference in the level of knowledge regarding good touch and bad touch among children (6-8 years) after receiving video assisted teaching at 0.05 level of significance.

Validity of Research tool: - The research tool was consulted for the content and language used in the tool. The various experts from the field of nursing i.e. Medical- Surgical Nursing, Community Health Nursing and Child Health Nursing validated the tool. Necessary changes were made keeping in mind the suggestions from experts, also consulted and discussed with the guide.

Reliability of tool:- The Reliability of the tool was checked by using Karl Pearson's coefficient of correlation and spearman Brown prophecy formula and split half method. The reliability of the tool was 0.9. So, tool found reliable.

Organization and data for analysis:-

Section A: Analysis of Sample characteristics.

Section B: Assessment of previous knowledge of students on Good Touch and Bad Touch.

Section C: Effectiveness of video-assisted teaching on Good Touch and Bad Touch.

SECTION – A**Analysis of sample characteristics****TABLE 1: Frequency and percentage distribution of sample characteristics****N=60**

Socio-demographic variables	Frequency	Percentage
1) GENDER a) Male 32 53 b) Female 28 47	32 28	53 47
1) CLASS a) 1 st 7 12 b) 2 nd 22 37 c) 3 rd 31 52	7 22 31	12 37 52
2) AGE a) 6 years 6 10 b) 7 years 9 15 c) 8 years 45 75	6 9 45	10 15 75
3) PLACE OF RESIDENCE a) Urban 46 77 b) Rural 14 23	46 14	77 23
4) TYPE OF FAMILY a) Single family 31 52 b) Joint family 29 48	31 29	52 48
5) FATHER'S EDUCATION a) Educated 49 82 b) Uneducated 11 18	49 11	82 18
6) MOTHER'S EDUCATION a) Educated 55 92 b) Uneducated 5 8	55 5	92 8
7) HAVE YOU HEARD OF GOOD TOUCH AND BAD TOUCH? a) Yes 60 100 b) No 0 0	60 0	100 0

Table 1 showed that the majority of subjects (53%) were male whereas female were (47%). In educational status, the majority of subjects were from class 3rd (52%) whereas a minority of subjects (12%) were from 1st class. The majority of subjects (75%) were in age groups of 8 years whereas minority (10%) of subjects were age groups of 6 years. More than half subjects were from an urban background (77%) whereas (23%) were from rural localities. In relation to type of family, the majority of subjects (52%) were from a single family. As per father's qualification, majority of subjects fathers (82%) were educated, whereas minority of subjects fathers (18%) were uneducated. Regarding mother's qualification, the majority of subjects mothers (92%) were educated, whereas minority of subjects mothers (8%) were uneducated.

Hence it's concluded that majority of subjects were in age group of 8 years and in educational status majority of subjects were from class 3rd. Regarding family type, the vast majority of participants came from a single household. As per qualification, the majority of subjects mothers and subjects father were educated. Majority of subjects got information regarding good touch and bad touch from their teachers, and the majority of subjects belong to urban background.

SECTION – B**Assessment of pre-existing knowledge of students regarding Good Touch and Bad Touch****Table 2: Pretest score of knowledge regarding Good Touch and Bad Touch among students.**

VARIABLE	MEAN	STANDARD DEVIATION
KNOWLEDGE	9.4	1.3

Table 2 depicted the pre-test knowledge score ranging with mean± SD 9.4 ± 1.3 regarding good touch and bad touch.

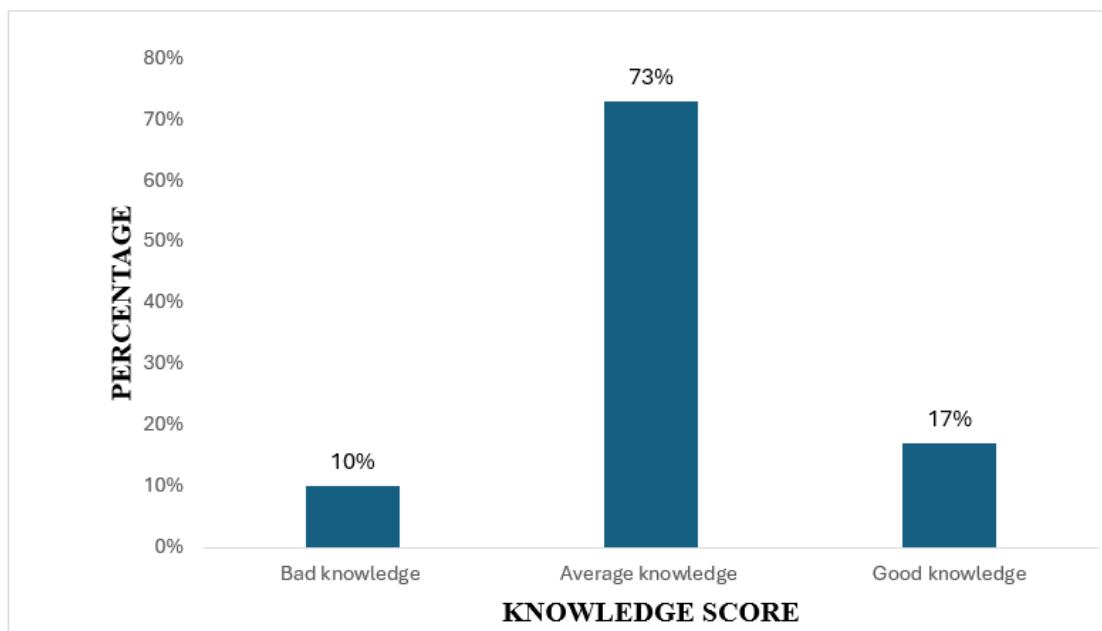
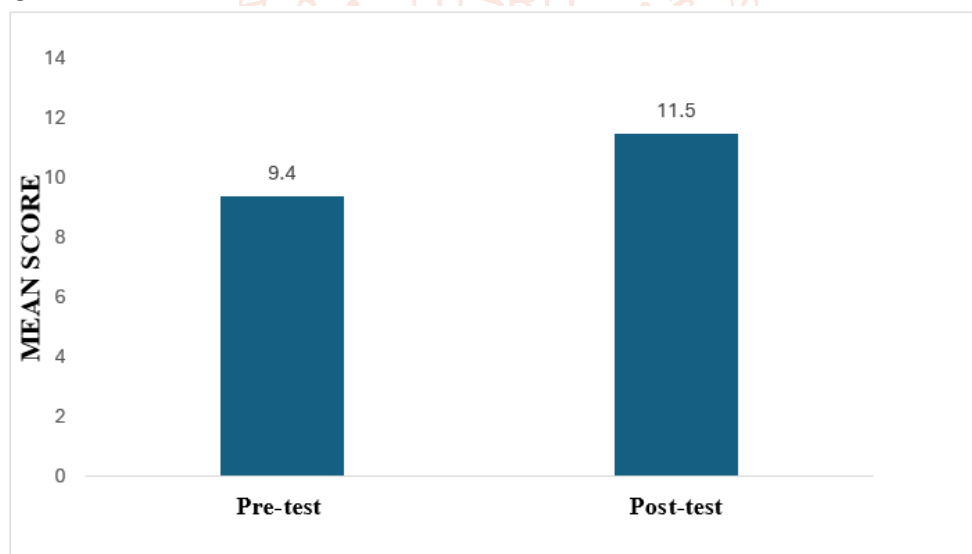


Fig. 2

Fig. 2 represented the distribution of subjects as per their pre-test knowledge scores regarding Good touch and Bad touch. It depicted that maximum of the subjects were having average knowledge scores i.e. 73% followed by 17% good and 10% bad knowledge score regarding Good touch and Bad touch.

SECTION – C



Effectiveness of video assisting teaching on Good touch and Bad touch

Fig. 3

Fig. 3 shows the mean pre-test and post-test knowledge score of students regarding Good touch and Bad touch. This revealed that the post-test mean knowledge score (11.5) was higher than the pre-test mean knowledge score (9.4) regarding Good touch and Bad touch.

H₁: There will be significant difference in pre-test and post-test knowledge score of students regarding Good touch and Bad touch.

Table 3: Comparison of pre-test and post- test score of knowledge regarding Good Touch and Bad Touch.

Test	Mean	Standard Deviation	Mean Difference	t-test
Pre-test	9.4	1.3	2.1	13.08*
Post-test	11.5	0.9		

*Significant (p<0.05), df =59

Table 3 revealed that there is significant difference in mean pre-test and post-test knowledge scores of the subjects, moreover there are significant increment in average post-test score i.e. 11.5 ± 0.9 from pre-test average score of 9.4 ± 1.3 . Therefore, hypothesis H_1 accepted at 0.05 level of significance.

Conclusion

Good touch is defined as acceptable, friendly, and safe physical contact. Example include hugs from loved ones, handshakes. Good touch is essential for healthy development, as it fosters feelings of safety, security and affection. On the other hand Bad touch encompasses any physical contact that is unwanted, uncomfortable, harm to the child.

An evaluator approach with pre experimental design was used and study was conducted in Patel public school, Rajpura. The purpose of this study was explained to the samples and confidentiality was assured. Assent was obtained from the sample and Analysis and interpretation of data is done on the basis of objectives. In our study mean score of knowledge of experimental group in pre-test was 9.4 which is increased to 11.5 in post-test. The mean difference was 2.1 in experimental group which shows the effectiveness of planned video assisted teaching program in improving knowledge regarding good touch and bad touch among children. We compared t-test. Calculated t value 0.05 level shows that finding were statistically significant.

Study showed that planned teaching program was effective in improving the knowledge regarding good touch and bad touch among children.

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