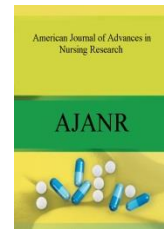




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EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAM ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH AMONG PRIMARY SCHOOL CHILDREN IN A SELECTED SCHOOL, BANGALORE

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ABSTRACT

Objectives: To assess the pre-test knowledge regarding good touch and bad touch among primary school children. To assess the post-test knowledge regarding good touch and bad touch among primary school children. To evaluate the effectiveness of video assisted teaching programme on knowledge regarding good touch and bad touch among primary school children. To associate the post-test knowledge regarding good touch and bad touch among primary school children with their selected demographic variables. **Design:** Pre-experimental design (one group pre-test post-test design) was used to study effectiveness of Video assisted teaching. 100 primary school children, in selected school Bangalore were recruited by non-probability purposive sampling technique. Necessary administrative permission was obtained from concerned authority. Structured interview schedule was used to elicit the baseline data and structured questionnaires were used to elicit the knowledge regarding good touch and bad touch among primary school children in selected school, Bangalore. **Setting:** The study was conducted in St. Thomas residential school, Bidadi. Bangalore rural area, 100 samples were recruited for the present study. **Result:** The data was analyzed by using descriptive and inferential statistics. Knowledge of primary school children was assessed and tabulated, out of 100 primary school children reveals that 66 (66%) participants were in inadequate knowledge in pre-test but it was decreased in post-test that is 6 (6%), 44(44%) were in moderate knowledge in pre-test and it was improved in post-test that is 65 (65%) and there was no inadequate knowledge found in post-test. Paired 't' value of knowledge was 20.48 which is greater than the table value 1.66 at 0.05 of significant. **Conclusion:** The overall experience of conducting this study was satisfying and enriching the knowledge. The study was a new learning experience for the investigator. The study shows that there is a great need to develop and implement video assisted teaching programme for various topics and procedures. Study was found to be effective in the improving knowledge of primary school children as evidenced by the significant change between pre-test and post-test knowledge score. The study reveals that the video assisted teaching programme can be used as an effective teaching learning method.

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INTRODUCTION

The first sensory input in life comes from the sense of touch experienced by a baby while he/she 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, friends and also teachers play an important role in child development.[1]

Children as the "Nations Supremely important asset" to its family and society. Children are the gift, which has much potential with one, which can be best resources for the nation if developed and utilized well. The under five children are vulnerable or special risk group in any population deserving special health care because of their immaturity and the various stages of growth and development.[2]

It is sometimes difficult for adults to accept that children do, in fact, experience Bad Touch and pleasure on some level. It is normal child development. As such children can experience good physical feelings by being touched sexually. It is simply an involuntary physiological reaction - regardless of the touch being inappropriate or abusive. This in no way ever makes sexual abuse the child's fault.[3]

Healthy physical touch is an integral part of human life. From birth onwards, we bond with our loved ones through touch such as when an infant is tenderly held in the arms of a caregiver. As social animals, we often express our love, affection, and concern for others through physical gestures as this helps to facilitate communication and instill in us a sense of belonging. Although touch is necessary in maintaining healthy relationship and often has great therapeutic value, it can also be exploited such as in the case of child sexual abuse. Because touch is inextricable from most human interaction, children can be manipulated through a gradual process involving touch that eventually leads to abuse[4].

The primary concern of the Good Touch and Bad Touch for the personal safety and welfare of the child the best way of adapting personal safety is to empower the people with own choice. The personal safety skills involve active reorganization and living of situation. The remedial measures for child abuse include high level of socio legal help and counseling of the child and parents. The children living in the streets can be adopted and provided educational and occupational opportunities. The role of teacher is to identify the possible cases actively and refer them to the health care services appropriately.[5]

According to the Centers for Disease Control and Prevention, sexual abuse is the involvement of any sexual activities with a child where consent is or is not given by the child. This includes sexual contact with a child that is undertaken by force or threat of force, no

matter the age of participants, and any sexual contact or behavior between adult and child, even if the child has an understanding of the Good Touch and Bad Touch.[6]

Childhood is the most important times in human development; Child Sexual Abuse (CSA) is a severe and widespread problem in India. Center for Disease Control and Prevention identified sexual violence as an important public health problem affects the lives of millions of people. They states "These forms of violence can contribute to serious short and long-term outcomes including physical injury, poor mental health and chronic physical health problems". [7]

The idea of introducing content on 'Good Touch and Bad Touch' is in the formative stage and many aspects are being looked into, the new books will also have helpline numbers, brief information about the Protection of Children from Sexual Offences (POCSO) act and the National Commission for Protection of Child Rights (NCPCR). The suggestion was made by the Ministry of Women and Child Development, which was accepted by National Council of Educational Research and Training (NCERT). The Director of NCERT, Hrushikesh Senapathy told that teachers do make an effort to educate students to differentiate between 'good touch and bad touch' but they as well as parents, are often clueless about what to do in such situations.[8]

Parents are not comfortable talking up these sensitive topics, but the learning has to start at home and it's all about the child's safety. Doubts are put aside and talk with a child about the good touch and bad touch. Good touch and bad touch are gradually learned through a child's day activity. We can increase this learnt behavior by making an effort to teach children about the difference between good touch and bad touch early age.[9]

Teaching our children the differences between "good touch" and "bad touch" has been preached about for quite some time as a means of protecting those children from possible sexual abuse. It sounds good and makes a great deal of sense to the parents. Good touch referring to hugs, kisses and gentle brushes meant out of love and bad touch means touching any private areas. Sounds simple and effective.[10]

MATERIALS AND METHODS

The research design adopted for this study is Evaluative Research Approach. The research design used for this study Pre-experimental (one group pre-test post-test) research design. The study was conducted in St. Thomas residential school, Bidadi. Bangalore rural area. The sample size of this study comprised of 100 primary school children from St. Thomas residential school, Bidadi. Bangalore rural area, who met the inclusive criteria were selected through the purposive sampling



technique. Structured interview schedule was used to elicit the baseline data and Video assisted teaching on Good touch & Bad touch was administered for primary school children from St. Thomas residential school, Bidadi. Bangalore rural area [11-14].

Necessary administrative permission was obtained from concerned authority. A letter requesting permission was sent to the concerned authority of the St. Thomas residential school, Bidadi. Bangalore rural area, prior to the data collection during the month of February 2020, and permission was granted for the same. The data was collected in the month of March, 2020 in St. Thomas residential school, Bidadi. Bangalore rural area. The data was collected from 100 adolescence by using purposive sampling technique. The purpose of the study was explained to the group and confidentiality of their responses was assured. After obtaining the permission and consent, the pre-test was administered using the

questionnaire followed by Video assisted teaching. After 7 days, the post-test was administered by using same questionnaire for evaluating the effectiveness of video assisted teaching regarding knowledge on good touch and bad touch among primary school children from St. Thomas residential school, Bidadi. Bangalore rural area.

RESULTS

Assessment of Level of Knowledge Regarding Good Touch And Bad Touch Among Primary School Children Before And After Video Assisted Teaching Programme

The data presented in table 1 shows that in the pre-test majority of primary school children 66 (66%) having inadequate knowledge on good touch and bad touch but in post-test majority of the 65 (65%) primary school children having moderate knowledge on good touch and bad touch.

Table 1. Frequency and percentage distribution of pre-test and post-test level of knowledge of primary school children regarding good touch and bad touch n=100

Level of knowledge	Pre -test level of knowledge		Post-test level of knowledge	
	Frequency(f)	Percentage (%)	Frequency(f)	Percentage (%)
Inadequate	66	66	6	6
Moderate	44	44	65	65
Adequate	0	0	29	29
Total	100	100	100	100

Table 2. Range, Mean, Standard Deviation and Mean score percentage of gain in knowledge regarding good touch and bad touch among primary school children and statistical significance n = 100

S. No	Aspects of knowledge	Max.score	Enhancement				Paired 't' value
			Range	Mean	SD	Mean %	
1.	General information	6	0-3	2.05	0.13	34.16	20.96*
2.	Assessment of knowledge	9	2-3	2.55	0.11	28.33	16.09*
3.	Child safety measures	8	0-2	2.12	0.22	26.5	16.24*
4.	Problems of bad touch	5	0-2	1.66	0.28	33.2	15.30*
	Overall knowledge	28	8-10	8.37	0.51	29.89	20.48*

Note: $t_{(99)} = 1.66$ significant at $p < 0.05$

Table 3. Association between post-test knowledge and their selected demographic variables n=100

Demographic variable		Level of knowledge		Samples	df	Table value	Chi-square value (χ^2)
		<median	>median				
Age	6-8 years	20	17	37	1	3.84	1.17
	9-12 years	27	36	63			NS
Sex	Female	30	50	80	1	3.84	14.49
	Male	17	3	20			S*
Religion	Hindu	36	42	78	2	5.99	0.357
	Muslim	9	8	17			NS
	Christian	2	3	5			
Type of family	Nuclear	37	40	77	2	5.99	1.31
	Joint	10	12	22			NS
	Extended	0	1	1			
	No formal education	9	11	20	4	9.48	0.55



Educational status of mother	Primary level	18	17	35			NS
	Secondary level	6	7	13			
	Higher secondary level	12	15	27			
	Above higher secondary level	2	3	5			
Educational status of Father	No formal education	3	4	7	4	9.48	3.62 NS
	Primary level	12	13	25			
	Secondary level	10	8	18			
	Higher secondary level	12	13	25			
	Above higher secondary level	8	17	25			
Mother's occupation	Farmer	18	20	38	4	9.48	0.106 NS
	Labor/daily wage	1	1	2			
	Service	1	1	2			
	Business	2	3	5			
	Housewife	25	28	53			
Father's occupation	Farmer	27	28	55	3	7.81	0.31 NS
	Labor/daily wage	2	3	5			
	Service	4	6	10			
	Business	14	16	30			
Monthly income	Below Rs.5000	8	10	18	3	7.81	0.35 NS
	Rs.5001-10000	18	20	38			
	Rs.10001-15000	10	12	22			
	Rs.15000	11	11	22			
Resident	Rural	25	50	75	1	3.84	5.901 S*
	Urban	22	3	25			
Previous source of information	Radio/TV	38	35	65	4	9.48	1.07 NS
	Newspaper	5	5	10			
	Film/movie	3	4	7			
	Parents	3	5	8			
	Friends	6	4	10			

S- Significant; NS – Not Significant

The tables 2 given above shows the range mean standard deviation and mean score percentage of gain in knowledge regarding good touch and bad touch among primary school children and statistical significance. With regard to the general information about good touch and bad touch fixation, out of maximum score of 6, the range was 0-3, mean score was found to be 2.05, with standard deviation of 0.13, mean score percentage of 34.16 and the paired 't' value was 20.96. In context with assessment of knowledge about good touch and bad touch, out of maximum score of 9, the range was 2-3, mean score was found to be 2.55, with standard deviation of 0.11, mean score percentage of 28.33 and the paired 't' value was 16.09. In relation to child safety measures, out of maximum score of 8, the range was 0-2, mean score was found to be 2.12, with standard deviation of 0.22, mean score percentage of 26.5 and the paired 't' value was 16.24. With regard to problems of bad touch, out of

maximum score of 5, the range was 0-2, mean score was found to be 1.66, with standard deviation of 0.28, mean score percentage of 33.2 and the paired 't' value was 15.30. On an overall, gain in knowledge regarding good touch and bad touch, out of maximum score of 28, the range was 8-10, mean score was found to be 8.37, with standard deviation of 0.51, mean score percentage of 29.89 and the paired 't' value was 20.48 IS greater than table value $t_{(99)}=1.66$. Hence research hypothesis (H_1) is accepted. This shows that the video assisted teaching programme was effective in improving the knowledge regarding good touch and bad touch among primary school children [15-17].

Association Between Post-Test Level Of Knowledge Regarding Good Touch And Bad Touch Among Primary School Children With Their Selected Demographic Variables



The table 3 represents the association between selected demographic variables and post-test knowledge regarding good touch and bad touch among primary school children. In relation to variable age in years, religion, type of family, educational status of mother, educational status of father, occupational status of mother, occupational status father, monthly income, resident, previous source of information chi-square values obtained were 1.17(df=1), 0.357(df=2), 1.31(df=2), 0.55 (df= 4), 3.629 (df=4), 0.1068 (df=4), 0.3143 (df=3), 0.359 (df=3), 0.05333(df=1) and 1.0726 (df=4) respectively shows no significance association between post-test knowledge with these demographic variables. So H_2 is rejected. In relation to variable sex and resident chi-square values obtained were 14.49(df=1) and 5.901(df=1) respectively shows significant association between post-test knowledge with these demographic variables. So H_2 is accepted [18-20].

DISCUSSION

The present study was conducted to assess the effectiveness of Video assisted teaching on knowledge regarding good touch and bad touch among the primary school children in a selected school, Bangalore. In order to achieve the objective of the study, one group pre-test post- test design was adapted. 100 sample, those who fulfilling the inclusion and exclusion criteria, were selected by using non probability purposive sampling

technique. This study was conducted on scheduled date. The data was collected among 100 respondents.

CONCLUSION

The study concluded that the Video assisted teaching on knowledge regarding good touch and bad touch among the primary school children in a selected school, Bangalore carried out was effective in improving the knowledge of primary school children in a selected school.

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Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance

Permission was sought from the concerned authorities of the college of nursing, before conducting the study.

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