

Effectiveness of a planned teaching programme on knowledge regarding good touch and bad touch among primary school students in Bethany Vidyalaya, Durg, Chhattisgarh

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DOI: <https://doi.org/10.66856/ijnhr.2026.8.3.8060>

Abstract

Background: Child sexual abuse is a significant public health concern worldwide. Early education regarding Good Touch and Bad Touch empowers children to recognize unsafe situations, protect themselves, and report inappropriate behaviour. School-based educational interventions play an important role in improving children's awareness.

Objectives 1) To assess the Pre-test knowledge regarding Good Touch and Bad Touch among primary school students. 2) To evaluate the effectiveness of a Planned Teaching Programme (PTP) on knowledge regarding Good Touch and Bad Touch. 3) To determine the association between Pre-test knowledge and selected demographic variables.

Methods: A quantitative Pre-experimental one-group pre-test post-test research design was adopted. Sixty primary school students aged 5–10 years from Bethany Vidyalaya, Borsi, Durg, were selected using non-probability convenience sampling. Data were collected using a validated self-structured questionnaire consisting of demographic variables and knowledge questions. The Planned Teaching Programme was administered after the pre-test, followed by a post-test after seven days. Data were analysed using descriptive statistics, paired t-test, and Chi-square test.

Results: A total of 60 primary school students participated in the study. The majority were aged 9–10 years (66.7%), female (51.7%), studying in the 4th standard (55.0%), belonged to the Hindu religion (88.3%), and lived in joint families (56.7%). At baseline, 83.3% of the students had good knowledge and 16.7% had average knowledge regarding good touch and bad touch, while none demonstrated excellent knowledge. Following the planned teaching programme, 86.7% of students achieved excellent knowledge, and the remaining 13.3% had good knowledge. The mean knowledge score increased significantly from 8.65 ± 2.20 (43.25%) in the pre-test to 17.58 ± 2.47 (87.90%) in the post-test, with a mean difference of 8.93. The paired t-test demonstrated a statistically significant improvement in knowledge ($t = 36.60$, $df = 59$, $p < 0.001$), confirming the effectiveness of the planned teaching programme. No significant association was found between pre-test knowledge scores and selected sociodemographic variables, including age, gender, class, religion, and family type ($p > 0.05$).

Conclusion: The planned teaching programme significantly improved knowledge regarding good touch and bad touch among primary school students. School-based educational interventions can be an effective strategy for increasing children's awareness of personal safety and preventing child sexual abuse.

Keywords: Good touch, bad touch, child sexual abuse, planned teaching programme, primary school students, knowledge assessment

Introduction

Importance of touch during a child's development

The emotional needs -'love and affection' are the most important needs of a child after the physiological needs (hunger, thirst, shelter) and safety needs (personal security) (Maslow, 1943). Touch has been seen to be an important factor that impacts the development of any child both physical and emotional (Weber in Barnard & Brazelton, 1990; Del Prete, 1998). Hugging, stroking, hand holding etc. are seen to support the development (Pardew & Bunse, 2005). It improves motor function and muscle tone (Field, et al, 1998; Field, 2001) along with positive social interactions and positive behaviour (Dobson et al, 2002) and cognitive development (Hart et al, 1998). However, any wrong or bad touch can greatly impact the mental health of a child in the long-term.

Development of a child involves biological, psychological, and emotional changes from birth to adolescence in which the individual moves from dependency to increasing autonomy. Erikson (1963) proposed different stages of psychosocial development where in each stage an individual goes through a psychological crisis which has some

negative or positive outcome for that individual. These crises occur due to the conflict between psychological needs of the individual and the needs of the society. The 'Self' keeps on developing through each of the stages and on the successful completion of each of them, the basic virtues are acquired, which are the characteristic strengths that ego can use to resolve the crisis that follow. The failure of which leads to reduction in the ability to complete the successive stages, hence, leading to formation of an unhealthy personality and sense of self. However, in such a case, at a later stage of life, the stages can be resolved successfully. The theory also considers the impact of external factors like parents and society on personality development from childhood to adulthood. Every individual passes through a series of interrelated stages.

Emotional safety and security is one of the basic needs for health of any individual. Children are very sensitive to this need. Increasing incidences of child sexual abuse are posing a potential threat to the emotional safety among children all over the world.

Child abuse is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of

18 and is a globally prevalent phenomenon. Child abuse is a violation of the basic human rights of a child and is an outcome of a set of interrelated familial, social, psychological and economic factors” (Pande, 2016). Child abuse has been defined by Human Touch Bureau Report (2004) as “Causing or permitting any harmful or offensive contact with a child’s body, and any communication or transaction of any kind which humiliates, shames or frightens the child”. The National Institute of Public Cooperation and Child Development, New Delhi (1998) defined “Child Abuse and Neglect (CAN) as the intentional, non-accidental injury, maltreatment of children by parents, caretakers, employers or others including those individuals representing governmental, non-governmental bodies.

World Health Organization (WHO) defines sexual abuse as inappropriate sexual behavior with a child like fondling of child’s genitals, or making the child do so with the adult’s genitals, intercourse, incest, rape, exhibitionism, sodomy and exploitation of the child sexually. Human Touch Bureau report (2004) also talks about these activities being forced or consensual before the age.

India has the second largest population of children in the world with 42% of the world’s-population (Kumar et al, 2012; Seth, 2015) among which 53% children in India have been subjected to sexual abuse according to a Government commissioned survey Carson, Foster & Tripathi (2013) study by confirmed the fact that child sexual abuse is a serious problem in India along with several other countries in the world. Nalini, Thirunavukarasu, & Dongre (2014) found that among all the types of abuse, sexual abuse was the most common with prevalence rate of 84.2% of which about 52.6% of the abusers were known to the victims. Though the percentage of male child victims is 52.94% in sexual abuse, in a study by Subramaniyan et al. (2017) it was found that patriarchy is acting as an oppressing factor and barrier among the male children to seek social or psychiatric help. The outcome of child sexual abuse was found to be poor physical, behavioural, social, and mental health; therefore creating an urgent need for culturally tailored prevention and intervention measures (Choudhary et al., 2018).

Methodology

Study Design

A quantitative, pre-experimental one-group pre-test–post-test design was adopted to evaluate the effectiveness of a planned teaching programme on knowledge regarding good touch and bad touch among primary school students.

Study Setting

The study was conducted at Bethany Vidyalaya, Borsi, Durg district, Chhattisgarh, India. The school was selected based on feasibility, accessibility of participants, and administrative approval.

Study Population

The study population comprised primary school students studying in the selected school.

Sample Size and Sampling Technique

A total of 60 primary school students were selected using a non-probability convenience sampling technique. Students who met the eligibility criteria and whose parents/guardians provided consent were included in the study.

Inclusion Criteria

- Primary school students studying in the selected school.
- Students aged 7–10 years.
- Students who were available during the period of data collection.
- Students whose parents/guardians provided written informed consent and who assented to participate.

Exclusion Criteria

- Students who were absent during data collection.
- Students who did not provide assent or whose parents/guardians did not provide consent.

Intervention: Planned Teaching Programme

A planned teaching programme (PTP) on Good Touch and Bad Touch was developed based on an extensive review of the literature and expert recommendations. The programme included the following topics:

- Concept and importance of good touch and bad touch
- Safe and unsafe touch
- Identification of unsafe situations
- Personal body safety rules
- Strategies for responding to inappropriate touch
- Reporting unsafe situations to trusted adults

The programme was delivered using the lecture-cum-discussion method, supported by audiovisual aids and interactive demonstrations. Each teaching session lasted approximately 30–40 minutes.

Tool for Data Collection

Data were collected using a researcher-developed structured questionnaire, consisting of two sections.

Section A: Sociodemographic characteristics of the participants, including:

- Age
- Gender
- Class
- Religion
- Type of family

Section B: Structured knowledge questionnaire on Good Touch and Bad Touch consisting of 20 multiple-choice questions.

Knowledge scores were categorized as follows:

- **Average:** 0–6 (0–30%)
- **Good:** 7–12 (35–60%)
- **Excellent:** 13–20 (65–100%)

Validity and Reliability

Content validity of the questionnaire and the planned teaching programme was established by a panel of experts in Child Health Nursing, Community Health Nursing, and Nursing Education. Reliability of the knowledge questionnaire was assessed using Karl Pearson’s correlation coefficient, which yielded a reliability coefficient of $r = 0.90$, indicating excellent reliability.

Data Collection Procedure

Data collection was carried out in three phases:

- **Pre-test:** Baseline knowledge was assessed using the structured questionnaire.
- **Intervention:** The planned teaching programme on Good Touch and Bad Touch was administered to all participants.

- **Post-test:** Knowledge was reassessed using the same questionnaire seven days after the intervention.

Data Analysis

Data were analyzed using descriptive and inferential statistics.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics and knowledge scores.

Inferential statistics included:

- Paired *t*-test to determine the effectiveness of the planned teaching programme by comparing pre-test and post-test knowledge scores.
- Chi-square test to examine the association between pre-test knowledge scores and selected sociodemographic variables.

A *p*-value < 0.05 was considered statistically significant.

A total of 60 primary school students participated in the study. Sociodemographic characteristics including age, gender, class, religion, and type of family were analyzed using descriptive statistics and are presented as frequencies and percentages.

Ethical Considerations

Ethical approval was obtained from the concerned Institutional Ethics Committee before the commencement of the study. Administrative permission was secured from the principal of the selected school. Written informed consent was obtained from the parents/guardians of all participants, and assent was obtained from the students. Confidentiality, anonymity, and voluntary participation were maintained throughout the study.

Table 1: Distribution of Participants According to Age (N = 60)

Age (years)	Frequency (n)	Percentage (%)
5–6	0	0.0
7–8	20	33.3
9–10	40	66.7
Total	60	100%

Interpretation

Among the 60 participants, 40 (66.7%) were aged 9–10 years, while 20 (33.3%) were aged 7–8 years. None of the participants belonged to the 5–6 years age group. This indicates that the majority of the study participants were between 9 and 10 years of age.

Table 2: Percentage-wise distribution of participants with regard to gender

Gender	Frequency	Percentage
Male	29	48.3%
Female	31	51.7%
Total	60	100%

Table 2 presents the gender distribution of the participants. Of the 60 participants, 31 (51.7%) were female and 29 (48.3%) were male. The results indicate a nearly equal representation of both genders, with females slightly outnumbering males. This balanced gender distribution suggests that the study included participants from both sexes in almost equal proportions, reducing the likelihood of gender bias in the sample.

Table 3: Percentage-wise Distribution of Participants with Regards to Class

Class	Frequency (n = 60)	Percentage (%)
3rd Grade	27	45.0
4th Grade	33	55.0
Total	60	100.0

Table 3 depicts the percentage-wise distribution of participants according to their class or grade level. Out of the total 60 participants, 27 participants (45.0%) belonged to the 3rd grade, while 33 participants (55.0%) belonged to the 4th grade. The findings indicate that the majority of the participants were from the 4th grade, constituting more than half of the study sample, whereas participants from the 3rd grade represented slightly less than half of the total sample.

Table 4: Percentage-wise Distribution of Participants with Regards to Religion

Religion	Frequency (n = 60)	Percentage (%)
Hindu	53	88.3
Muslim	4	6.6
Christian	3	5.1
Sikhism	0	0.0
Total	60	100.0

Table 4 depicts the percentage-wise distribution of participants according to their religion. Out of the total 60 participants, the majority, 53 (88.3%), belonged to the Hindu religion. Four participants (6.6%) were Muslims, while three participants (5.1%) were Christians. None of the participants belonged to the Sikhism religion (0.0%). Thus, the study sample was predominantly composed of Hindu participants, with only a small proportion representing Muslim and Christian religions.

Table 5: Percentage-wise Distribution of Participants with Regards to Type of Family

Type of Family	Frequency (n = 60)	Percentage (%)	Type of Family	Frequency (n = 60)	Percentage (%)
Small Family	26	43.3	Small Family	26	43.3
Joint Family	34	56.7	Joint Family	34	56.7

Table 5 depicts the percentage-wise distribution of participants according to their type of family. Out of the total 60 participants, 34 (56.7%) belonged to joint families, while 26 (43.3%) belonged to small families. None of the participants belonged to single-parent families or extended families (0.0%). The findings indicate that the majority of the participants were from joint families, whereas a considerable proportion belonged to small families.

Assess the pre-test and post-test knowledge level of primary school students regarding Good Touch and Bad Touch

This section deals with the assessment of the existing knowledge regarding Good Touch and Bad Touch among primary school students of Bethany Vidyalaya, Borsi, Durg, and Chhattisgarh. The knowledge level was classified into three categories—Average, Good, and Excellent—based on the participants' scores. The findings are presented in terms of frequency and percentage distribution.

Table 6: Frequency and Percentage Distribution of Pre-test Knowledge Scores (N = 60)

S. No.	Criteria	Frequency	Percentage
1	Average	10	16.7%
2	Good	50	83.3%

Table 6 depicts the frequency and percentage distribution of the pre-test knowledge scores of primary school students regarding Good Touch and Bad Touch. Out of the 60 participants, 10 (16.7%) had an average level of knowledge, 50 (83.3%) had a good level of knowledge, and none (0%) had an excellent level of knowledge. These findings indicate that the majority of the students possessed a good level of knowledge before the implementation of the Planned Teaching Programme, while no participant achieved an excellent level of knowledge during the pre-test.

Table 7: Frequency and Percentage Distribution of Post-test Knowledge Scores (N = 60)

S. No.	Criteria	Frequency	Percentage
1	Average	0	0.0%
2	Good	8	13.3%
3	Excellent	52	86.7%

Table 7 presents the frequency and percentage distribution of the post-test knowledge scores of primary school students regarding Good Touch and Bad Touch. Out of the 60 participants, 52 (86.7%) achieved an excellent level of knowledge, 8 (13.3%) had a good level of knowledge, and none (0%) had an average level of knowledge following the Planned Teaching Programme. These findings indicate a marked improvement in the knowledge of the participants after the educational intervention, with the majority attaining an excellent level of knowledge.

Table 8: Association between Pre-test Knowledge Scores and Selected Sociodemographic Variables (N = 60)

Sociodemographic Variable	Calculated χ^2	Critical χ^2	p-value	Interpretation
Age	1.806	9.488	>0.05	Not Significant
Gender	7.508	9.488	>0.05	Not Significant
Class	6.720	9.488	>0.05	Not Significant
Religion	5.827	12.592	>0.05	Not Significant

The association between pre-test knowledge scores regarding good touch and bad touch and selected demographics variables was analyzed using the chi-square test. The selected variables included age, gender, class, religion, and type of family. The findings revealed that there was no statistically significant association between pre-test knowledge scores and any of the selected sociodemographic variables at the 5% level of significance ($p > 0.05$). The calculated chi-square value for age was 1.806, which was lower than the critical chi-square value of 9.488, indicating no significant association between age and pretest knowledge scores. Similarly, the calculated chi-square value for gender ($\chi^2 = 7.508$) was less than the critical value (9.488), demonstrating no statistically significant association. The association between class and pretest knowledge was also not significant, with a calculated chi-

square value of 6.720, which was below the critical value of 9.488.

Furthermore, no significant association was observed between religion and pretest knowledge scores ($\chi^2 = 5.827$, critical value = 12.592). Likewise, type of family showed no statistically significant association with pretest knowledge ($\chi^2 = 0.476$, critical value = 12.592).

Overall, the results indicate that the baseline knowledge regarding good touch and bad touch among primary school students was independent of their selected demographics characteristics, suggesting that factors such as age, gender, class, religion, and family type did not significantly influence students' pre-test knowledge levels.

Table 6: Scoring Criteria for Level of Knowledge

Level of Knowledge	Actual Score	Score (%)
Average	0–6	0–33%
Good	7–13	34–66%
Excellent	14–20	67–100%

Assess the Pre-test and Post-test Knowledge Level of Primary School Students Regarding Good Touch and Bad Touch

This section deals with the assessment of the existing knowledge regarding Good Touch and Bad Touch among primary school students of Bethany Vidyalaya, Borsi, Durg, and Chhattisgarh. The level of knowledge was classified into three categories: Average, Good, and Excellent, based on the knowledge score obtained by the participants.

Table 7: Assessment of the Pre-test and Post-test Knowledge Level of Primary School Students Regarding Good Touch and Bad Touch (N = 60)

Knowledge Level	Score Range	Pre-test f (%)	Post-test f (%)	Knowledge Level
Average	0–6 (0–33%)	20 (33.3%)	0 (0.0%)	Average
Good	7–13 (34–66%)	40 (66.7%)	9 (15.0%)	Good
Excellent	14–20 (67–100%)	0 (0.0%)	51 (85.0%)	Excellent

Results

The effectiveness of the Planned Teaching Programme (PTP) was evaluated by comparing the pre-test and post-test knowledge scores of 60 primary school students using a paired *t*-test.

The mean pre-test knowledge score was 8.65 ± 2.20 , corresponding to a mean percentage score of 43.25%. According to the scoring criteria, this indicates that, on average, the participants had a good level of knowledge before the intervention. Following the planned teaching programme, the mean post-test knowledge score increased to 17.58 ± 2.47 , corresponding to a mean percentage score of 87.90%, which falls under the excellent level of knowledge.

The mean improvement in knowledge score was 8.93, demonstrating a marked increase in knowledge following the educational intervention.

Statistical analysis using the paired *t*-test revealed a highly significant difference between the pre-test and post-test knowledge scores ($t = 36.60$, $df = 59$, $p < 0.001$). Therefore, the Planned Teaching Programme was found to be highly effective in improving the knowledge of primary school students regarding Good Touch and Bad Touch.

Table 7: Effectiveness of the Planned Teaching Programme on Knowledge Regarding Good Touch and Bad Touch among Primary School Students (N = 60)

Knowledge Test	Mean	Mean Percentage (%)	Mean Difference	SD	df	Paired t Value	Inference
Pre-test	8.65	43.25	8.93	2.2003	59	36.60	Highly Significant ($p < 0.001$)
Post-test	17.58	87.90	–	2.4650	–	–	–

Table 7 demonstrates the effectiveness of the Planned Teaching Programme by comparing the pre-test and post-test knowledge scores of the participants. The mean pre-test knowledge score was 8.65 (43.25%), indicating a good level of knowledge according to the predetermined scoring criteria. After the intervention, the mean post-test knowledge score increased to 17.58 (87.90%), reflecting an excellent level of knowledge. The mean gain in knowledge score was 8.93. The standard deviation was 2.2003 in the pre-test and 2.4650 in the post-test. The calculated paired t -value was 36.60 with 59 degrees of freedom, which was statistically highly significant ($p < 0.001$). These findings demonstrate that the Planned Teaching Programme was highly effective in significantly improving the knowledge of primary school students regarding Good Touch and Bad Touch.

Overall Results

Among the 60 participants, the pre-test findings showed that 50 (83.3%) students had good knowledge, 10 (16.7%) had average knowledge, and none (0%) had excellent knowledge.

Following the Planned Teaching Programme, 52 (86.7%) students achieved an excellent level of knowledge, while 8 (13.3%) remained in the good knowledge category. No participant was classified as having an average level of knowledge in the post-test.

The increase in the mean knowledge score from 8.65 (43.25%) to 17.58 (87.90%), along with the highly significant paired t -test result ($t = 36.60$, $p < 0.001$), confirms that the Planned Teaching Programme was effective in significantly improving students' knowledge regarding Good Touch and Bad Touch.

Recommendations

Based on the findings of the present study, the following recommendations are proposed:

1. Similar studies may be conducted on a larger sample to improve the generalizability of the findings.
2. Comparative studies may be carried out between government and private schools to assess differences in knowledge regarding Good Touch and Bad Touch.
3. Longitudinal studies may be undertaken to evaluate long-term retention of knowledge following the Planned Teaching Programme.
4. Similar educational interventions can be implemented among preschool, middle school, and secondary school students.
5. Different teaching methods such as videos, role plays, puppet shows, storytelling, and interactive games may be compared to identify the most effective approach for educating children about personal safety.
6. School authorities should organize regular awareness programmes on Good Touch and Bad Touch as a part of the school health education curriculum.
7. Teachers and parents should be trained to reinforce concepts of child safety and encourage open

communication regarding inappropriate touch and reporting mechanisms.

8. Educational materials such as posters, booklets, flashcards, and audiovisual aids should be made available in schools to strengthen children's awareness.
9. Future research may assess the effectiveness of Planned Teaching Programmes on children's attitudes, self-protection skills, and reporting behaviours in addition to knowledge.
10. Collaborative programmes involving schools, healthcare professionals, psychologists, and child protection agencies should be encouraged to promote a safe and supportive environment for children.

Conclusion

The present study was conducted to assess the effectiveness of a Planned Teaching Programme (PTP) on knowledge regarding Good Touch and Bad Touch among primary school students in Bethany Vidyalaya, Durg, Chhattisgarh.

The findings of the study revealed that the majority of the students had inadequate to moderate knowledge regarding Good Touch and Bad Touch before the implementation of the Planned Teaching Programme. After administering the programme, there was a significant improvement in the post-test knowledge scores of the students. The calculated paired t -test value indicated a statistically significant difference between the pre-test and post-test knowledge scores, demonstrating that the Planned Teaching Programme was effective in improving the knowledge of primary school students.

The study also found that selected sociodemographic variables showed no statistically significant association with the pre-test knowledge scores, indicating that the baseline knowledge of the students was generally similar irrespective of their demographic characteristics.

The study concludes that a well-planned, age-appropriate educational programme is an effective strategy for increasing awareness among primary school children regarding Good Touch and Bad Touch. Such educational interventions can empower children to recognize unsafe situations, protect themselves from sexual abuse, and encourage timely reporting to trusted adults. Therefore, Planned Teaching Programmes should be incorporated regularly into school health education to promote child safety and overall well-being.

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