



Original Research Article

EFFECTIVENESS OF HEALTH EDUCATION REGARDING GOOD TOUCH AND BAD TOUCH AMONG 6 TO 10 YEAR OLD CHILDREN.

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ABSTRACT

Background: Sexual abuse is now a days common among children. So it is important to create awareness among them to reduce the incidence. **Aim:** The aim of this study is to evaluate the effectiveness of health education regarding good and bad touch among 6 to 10 year children. **Setting and design:** 6 to 10 year children in Thoothukudi district. **Subject and method:** It is a quasi-experimental study conducted among 6 to 10 years children in primary schools. **Result:** The study evaluation showed that the health education on good touch and bad touch has a positive effect over the children. The comparative study among rural and urban children showed that the urban children had a better overview about good touch and bad touch.

Conclusion: Children should be made aware of good touch and bad touch from early age itself. Parents and teachers should be educated about the importance of talking such topics with children.

Keywords: Good touch, bad touch, child abuse

INTRODUCTION

In India talking about child sexual abuse is still a taboo and mostly faces silence. In most cases, children don't even realise that they are being abused where their innocence is being exploited. Educating the child to differentiate good and bad touch is need of the hour as most of the sexual abuse is done by people known to child, not strangers. It's our fundamental duty as society to create awareness about sexual abuse to the next generation and also to parents as most are not comfortable in opening up these sensitive topics to the children.^[1]

Good touch and bad touch, both are experienced by children throughout their day to day activities and they learn about them by experience. We can improve these learnt behaviours by making an effort to teach a child about the difference between good touch and bad touch at an early age.^[2] It is also important to encourage the child in sharing the experience with an adult whom the child trusts.

The aim of this health education is to teach child about appropriate behaviour, about good touch and bad touch, sexual or otherwise. If children learn in early life about boundaries in terms of touching, hugging and kissing and more intimate behaviour,

this will be of great help when they face an inappropriate behaviour in their adult life.^[3]

"Good touch and bad touch" are words most commonly used to explain to children what touch is and isn't okay, and help them understand what situations they should contact a safe person and ask for help and how they should treat other people. For children, "good touch" is touch that cares for them, that is necessary for their health or safety, or makes them feel safe, or is fun. "Bad" touch is any touch that they don't want or makes them feel scared, uncomfortable or any secret touch, or any touch on their genitals or bottom, unless it's necessary for their health.^[3,4]

Alarmingly in a review of 217 studies, it was found 1 in 8 of the world's children (12.7%) had been sexually abused before reaching the age of 18.^[5]

A WHO review of research estimated the global prevalence of childhood sexual victimization to be about 27% among girls and around 14% among boys.^[6]

In results released by the Ministry of Women and Child Development of a nation-wide survey on Child Abuse, where 12,500 children had participated across 13 States about 53% children had said that they had been subjected to one or more

forms of sexual abuse. If that can be extrapolated it would mean that one in every two children have been a victim of sexual abuse.^[7]

In a 2016 report about POCSO act, 74% victims of sexual abuse were minor and 91% were abused by known persons.^[8]

Tamil Nadu saw a 31 percent increase in child sexual abuse cases, accounting for 4,465 cases registered in 2021 as compared to 3,090 cases reported in 2020. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse.^[9]

Exposure to such bad experiences in childhood has a long term effect on their physical, mental and psychological wellbeing.^[10] Hence this study was planned to educate the children about good touch and bad touch using flash cards and to assess its effectiveness.

MATERIALS AND METHODS

Research Design

This quasi-experimental study was conducted to evaluate the knowledge regarding good touch and bad touch among 141 children of 6 to 10 years in Thoothukudi district, Tamilnadu after getting consent from parents and assent from the children. Children who gave willingness and were able to read or understand either Tamil or English were included in the study.

After obtaining institutional ethics committee approval, a pre-test was conducted followed by a health education which was given using flash cards. The outcome was assessed by post-test.

Study tool: Semi structured questionnaire containing sociodemographic details and 15 pictures showing good touch and bad touch were used. One point was given for correct identification, hence total score would be 15. Initially pre-test followed by educating the children with flash cards on good touch and bad touch and then post-test were conducted.

Scoring procedure

SCORE	PERCENTAGE	LEVEL OF KNOWLEDGE
Below 6	below 40%	Inadequate
6-12	40-80%	Moderately adequate
Above 12	Above 80%	Adequate

Effectiveness was measured using difference in the mean pre-test and post-test knowledge score.

RESULTS

Among the study participants, 54.6% were boys and 45.4% were girls. 61% were residing in rural area and 39% were from urban area (Table 1). And around 75% of children were of age 9-10 years. [Figure 1]

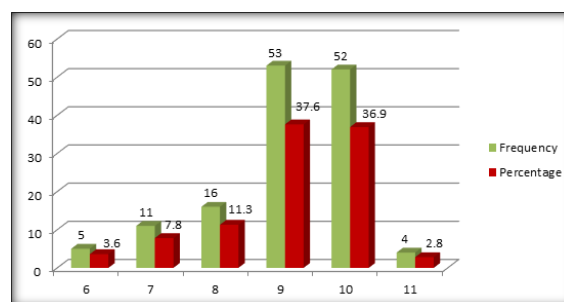


Figure 1: Age wise distribution

Mean knowledge scores were 12.9 and 13.2 in pre-test and post-test respectively (Table 2). The study showed almost 30% increase in knowledge scores after the health education (Table 3). Boys showed a significant increase in knowledge score in the post-test. [Table 4]

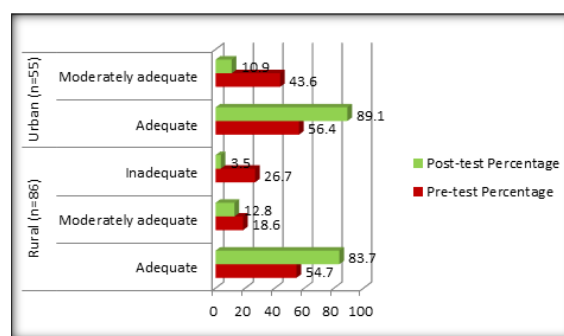


Figure 2: Knowledge about good touch and bad touch based on residence

Table 1: Sociodemographic details

S. No	Characteristics	Frequency(n=141)	Percentage
1.	Gender		
	Male	77	54.6
	Female	64	45.4
2.	Grade		
	I	5	3.5
	II	11	7.8
	III	16	11.3
	IV	54	38.3
	V	55	39.0
3.	Residence		

	Rural	86	61.0
	Urban	55	39.0
4.	Mode of Transport		
	Walk by self	22	15.6
	Parents dropping and picking up	85	60.3
	Private vehicle	34	24.1

Table 2: Mean knowledge score of Pre-test and Post-test

	Mean score	Std. deviation
Pre-test	12.9	1.27
Post-test	13.2	0.95

Table 3: Knowledge of good touch and bad touch before and after health education

Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Adequate	78	55.3	121	85.8
Moderately adequate	40	28.4	17	12.1
Inadequate	23	16.3	3	2.1
	141		141	

Table 4: Knowledge level based on Gender

Knowledge	Pre-test		Post-test	
	Female	Male	Female	Male
Adequate	84.4	72.7	90.6	94.8
Moderately adequate	12.5	26	9.4	5.2
Inadequate	3.1	1.3	0	0
	141		141	

DISCUSSION

This quasi-experimental study was conducted among 6 to 10 years school children to know the effectiveness of health education regarding good touch and bad touch. The percentage of children with adequate knowledge about good touch and bad touch was 55.3 in pre-test which showed a significant improvement in post-test. The pre-test score among children in rural area with adequate knowledge was 54.7% and among urban area was 56.4%. And the percentage of children with adequate knowledge in post-test was 83.7% and 89.1% in rural and urban area respectively. Low level of knowledge was found to be in young children and children in rural area. Children living in rural area have drastic improvement in post-test after giving health education. Pre-test knowledge score was observed to be more in girls whereas post-test score was more in boys.

A similar study was conducted in Bangalore at selected schools among children, it revealed that 60% of the children have adequate knowledge and 40% of the children had poor knowledge in the pre-test. Whereas it was found that 80% of the children had good knowledge and 20% of them had average knowledge after a structured teaching programme.^[11]

An interventional study conducted in Maharashtra at Nutan primary school, showed that there is significant relationship between performance of pre-test and post-test outcome.^[12]

A study conducted in Aligarh among 9 to 19-year-old girls showed that 60% of girls have no knowledge of bad touch.^[13]

CONCLUSION

From this study we can conclude that there is significant increase in knowledge about good touch and bad touch among 6 to 10 years children after giving them health education. Hence there is a need to strengthen the awareness regarding the importance of teaching children about the knowledge of good touch and bad touch. It will help not only in decreasing the incidence but also in curtailing the hesitancy and bias in seeking help after the abuse.

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