



## Original Research Article

# EVALUATING THE IMPACT OF AN EDUCATIONAL INTERVENTION ON KNOWLEDGE OF THE 'PROTECTION OF CHILDREN FROM SEXUAL OFFENCES' (POCSO) ACT AMONG HIGH SCHOOL STUDENTS

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### ABSTRACT

**Background:** Child sexual abuse (CSA) remains a major public health concern globally and in India. According to UNICEF (2024), 1 in 5 girls and 1 in 7 boys experience sexual violence during childhood. The National Crime Records Bureau (2022) reported that only 39.7% of crimes against children were registered under the POCSO Act. Limited awareness of laws, social inequalities, and cultural norms contribute significantly to vulnerability. School-based educational interventions can empower children with knowledge on safety, reporting mechanisms, and legal protection.

**Materials and Methods:** This study was conducted among 92 students studying in classes 8th–10th in a government school under the UHTC field practice area of Tirupati. Students willing to participate with assent and parental consent were included. The questionnaire validated by legal experts was used to assess pre- and post-intervention knowledge. The educational intervention included two awareness sessions on the POCSO Act. Statistical analysis included paired t-tests and chi-square tests.

**Results:** Participants were predominantly male (70.7%). Pre-test results showed only 11 students (12%) had adequate knowledge. Post-intervention, a significant increase in knowledge for 56 students (60.9%). In terms of mean, there has been significant improvement in knowledge score, improving from 7.15 to 10.79 ( $p < 0.000$ ), reflecting the impact of education intervention.

**Conclusion:** The educational intervention significantly improved awareness and understanding of the POCSO Act among high school students. Incorporating legal-awareness programs into school health initiatives is crucial to empower adolescents, enhance reporting, and prevent child sexual abuse.

**Keywords:** POCSO, education intervention, knowledge assessment, child sexual abuse, awareness, high school students, Tirupati.

## INTRODUCTION

Child sexual abuse is an emerging public health issue. The World Health Organization has defined “child sexual abuse” as “an involvement of either a child or any adolescent in sexual activities that are not completely comprehensible by him/her and for which he or she cannot consent or wherein a child or an adolescent has not undergone complete development

or this act causes violation of laws or is a social taboo”.<sup>[1]</sup> According to UNICEF sexual violence data on October 2024 globally, around 1 in 5 girls and around 1 in 7 boys alive today have been subjected to sexual violence as children.<sup>[2]</sup> The National Crime Records Bureau (NCRB): A total of 162,449 cases of crime against children were registered during 2022. Protection of Children from Sexual Offences Act, 2012 (39.7%), including child rape.<sup>[3]</sup> No child is safe anywhere. CSA often occurs in places we considered

safe (home, neighbourhoods, at school, and legal and child protection institutions). Children lack maturity to understand and vocabulary to report sexual abuse. They are sworn to secrecy or threatened by the perpetrator.

Multiple factors are involved in child sexual abuse.

**Individual level:** Male child preference in family, unwanted child, and mentally retarded child.

**Parenting:** Young age, single parents, unwanted pregnancy, poor parenting skills, substance abuse, physical and mental illness.

**Family level:** Family size, poor socioeconomic status, social isolation, domestic violence, stress.

**Community level:** Unaware of laws, social inequalities & cultural norms.

Sexual abuse has immediate and long-term consequences. These include physical injury, sexually transmitted infections (including HIV/AIDS), emotional trauma, and even death. In the older child, it may result in unwanted pregnancy and unsafe abortion with its complications. Other outcomes include poor school performance, rejection by family and society, family disharmony, poor parenting, and abusive behaviour in later life.

**Protection of children from sexual offenses:**

- POCSO Act 2012. It was published officially on 20th June 2012 but came into force on 14th November 2012.<sup>[4]</sup> The POCSO Act of 2012 is a law providing children (an individual below 18 years of age irrespective of gender) protection from sexual offenses, harassment, and child pornography. It safeguards a child's interest at all stages of legal proceedings, that is, lodging a police report, recording available evidence, and conducting investigations and quick trials in designated courts. The offenses covered under POCSO are listed below:
- Penetrative Sexual Assault
- Aggravated Penetrative Sexual Assault
- Sexual Assault
- Aggravated sexual offense
- Sexual Harassment of the Child
- Use of Child for Pornographic Purposes

**Penetrative sexual offense:** A person himself inserts any object or any part of the body into a child's

vagina, urethra, or anus; rather than committing such an act by himself, he makes the child perform such an act with that person or some other person.

**Aggravated penetrative sexual offense:** Committed by a person in a position of trust or authority such as police/army/security personnel, public servants, or family members, Committed by persons in management or staff of educational, medical, or religious institutions. Committed by persons in management or staff of jail, remand home, protection home, observation home, or any other place of custody or care and protection, Gang assault, when the offense causes grievous hurt, when the offense causes physical or mental disability, When an offense is committed, taking advantage of a child's mental or physical disability, When an offense is committed more than once, When a child is below 12 years of age, When the offender is a relative of the child, When an attempt is also made to murder the child, When an offense is committed and a child is made to strip and/or be pared naked in public, When committed by a person who has been previously convicted of having committed such an offense, either under this law or any other law and When an offense is committed in the course of communal or sectarian violence

**Sexual assault:** Any act done with sexual desire on a child involving physical contact.

**Aggravated sexual offense:** Whenever a sexual offense has been carried out by a trusted individual such as a relative or police official or public service personnel or hospital or school management/staff, it is called an aggravated sexual offense.

**Sexual Harassment of the Child:** Repeatedly or constantly follows or watches or contacts a child either directly or through electronic, digital, or any other means; or threatens to use, in any form of media, a real or fabricated depiction through electronic, film, digital, or any other mode, of any part of the body of the child or the involvement of the child in a sexual act.

**Use of a child for pornographic purposes:** Whoever uses a child in any form of media, including advertisements telecast by television channels or the internet or any other electronic form or printed form.

Offence	Punishment	Section in the ACT
Penetrative sexual assault	7 years to imprisonment for life +/- fine	Section 4
Aggravated penetrative sexual assault	10 years to imprisonment for life +/- fine	Section 6
Sexual assault	3 years to 5 years +/- fine	Section 8
Aggravated sexual assault	5 years to 7 years +/- fine	Section 10
Sexual harassment of the child	3 years +/- fine	Section 12

**Procedure for reporting of case:** In case a child is in need of care and protection, SJPU/local police will provide such care within 24 hours of the report. A false complaint against any person with malicious intent is punishable with imprisonment of 6 months or with a fine or both. If false complaint by child, not punishable. A false complaint against a child is punishable with imprisonment of one year or with a fine or with both.

**FIR Registration (Section 173 BNSS):** An FIR must be registered immediately by a female officer if the victim is a girl child. Free legal support it must offer.

**Medical Examination of the child (Section 184 BNSS):** In the case of a girl child, a medical examination by a woman doctor in the presence of parents within 24 hours. In case the parent of the child cannot be present, the medical examination is to be

conducted in the presence of a woman nominated by the head of the medical institution.

**Statement before Magistrate (Section 183 BNSS):** Police must complete the investigation within 90 days. The chargesheet was forwarded to the special POCSO court.

**Investigation and chargesheet (Sections 28 & 33 POCSO Act):** In-camera proceedings investigation within 90 days.

**Child-friendly procedures (Section 36 BNSS):** Recording at the residence of a child by an officer not below the rank of sub-inspector not to be in uniform. The child did not come in contact with the accused. A child is not to be detained in a police station at night.

Based on the study conducted by Sreedevi G. et al. at Kakinada (2024), it was found that no school-going adolescent girls (14-17 years) were aware of the POCSO act. Now, awareness about the POCSO Act is necessary to save children from child sexual abuse. Educating school students about the POCSO Act empowers them to identify potential risks, understand their boundaries, and recognize when they are being subjected to abuse. Awareness about the legal framework and reporting mechanisms enables school students to confidently report abuse without fear of blame. This study aims to assess the effectiveness of educational intervention in improving POCSO Act awareness among school students.

## MATERIALS AND METHODS

**Research Design:** This study was conducted in government high schools located in the Urban Health Training Centre (UHTC) field practice area of Tirupati under the Department of Community Medicine. The study was carried out over a period of six months, including data collection, analysis, and reporting, after obtaining approval from the Institutional Scientific Committee and Institutional Ethics Committee. High school-going students studying in government schools within the UHTC area constituted the study population. Schools were selected using the lottery method from a list obtained from district education authorities, and study participants were selected by simple random sampling using computer-generated random

numbers. Written informed consent was obtained from parents or guardians, and assent was obtained from participating students.

The sample size was calculated based on a previous study by Neelima TM et al,<sup>[5]</sup> (2020), which reported that 48% of senior secondary students had knowledge regarding the POCSO Act. Assuming an expected post-intervention knowledge level of 70%, with 95% confidence and 80% power, the calculated sample size was 78. After accounting for a 10% non-response rate, a final sample size of 85 students was included. Baseline data were collected using a pre-tested semi-structured questionnaire validated with legal experts comprising socio-demographic details and 15 multiple-choice questions assessing knowledge of the POCSO Act. A cut-off score of  $\geq 75\%$  ( $\geq 11$ ) was used to categorize adequate knowledge, while a score  $< 75\%$  ( $\leq 10$ ) was considered Inadequate knowledge.

An educational intervention was delivered one week after the baseline assessment through a single interactive session lasting 60–90 minutes by a multidisciplinary team comprising the investigators, a legal expert, a psychologist, and a social sciences expert. The intervention covered an overview of the POCSO Act, recognition of sexual offenses, legal rights, and reporting mechanisms. Post-intervention assessment was conducted four weeks later using the same questionnaire. Participants who did not attend the educational session were excluded from the final analysis.

### Inclusion criteria:

- School students studying 8th, 9th, and 10th.
- Willing to participate (with assent & parental consent).

### Exclusion criteria:

- Students who are not willing to participate
- Students who leave on the day of study

**Statistical Analysis:** Data were entered in an MS Excel sheet and analysed using SPSS version 27. Continuous variables were expressed as mean  $\pm$  standard deviation or median (interquartile range) based on distribution and compared using Mann-Whitney U tests. Categorical variables were compared by chi-square or Fisher's exact test. Statistical significance was set at  $p < 0.05$ .

**Ethical approval:** Ethics approval for the study was obtained from the Institutional Ethics Committee with the protocol number Lr. No. 167/2025.

## RESULTS

**Table 1: Sociodemographic characteristics of study population**

Variables		Frequency (n)	Percentage (%)
Class	8	32	34.8
	9	28	30.4
	10	32	34.8
Father Education	Illiterate	73	79.3
	Educated	19	20.7
Mother Education	Illiterate	76	82.6
	Educated	16	17.4
Type of Family	Nuclear Family	18	19.6
	Joint Family	64	69.6
	Three-Generation Family	5	5.4

Residence	Urban	72	78.3
	Rural	20	21.7

A total of 92 high school students from government schools in the Urban Health Training Centre (UHTC) field practice area of Tirupati participated in the study. The mean age of the participants was 14.12 years, with a predominance of male students (70.7%). Most students were distributed almost equally across classes VIII and X (34.8% each), while 30.4% were studying in class IX. A majority of fathers (79.3%) and mothers (82.6%) were illiterate. Nearly two-thirds of the participants belonged to joint families (69.6%), and most students resided in urban areas (78.3%).

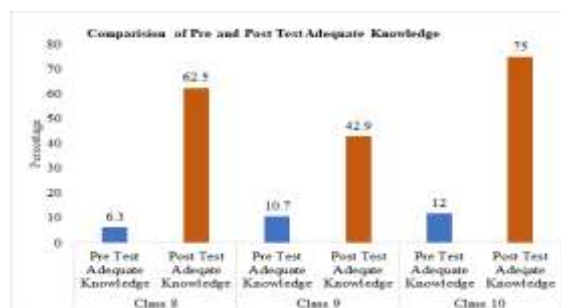


Figure 1: Evaluation of Knowledge Level Before and After Education Intervention.

Table 2: Class-wise distribution of pretest and posttest scores

Variables		Mean	Standard Deviation
Class 8	Pretest score	5.81	±2.361
	Post-Test Score	10.56	±2.651
Class 9	Pretest score	7.64	±2.345
	Post-Test Score	10.11	±2.079
Class 10	Pretest score	8.06	±2.614
	Post-Test Score	11.63	±2.254

Table 3: Class-wise distribution of knowledge regarding the POCSO Act before and after intervention

Variables		Adequate Knowledge%	Inadequate Knowledge %
Class 8	Pretest	6.3	93.8
	Post-Test	62.5	37.5
Class 9	Pretest	10.7	89.3
	Post-Test	42.9	57.1
Class 10	Pretest	12.0	88.0
	Post-Test	75.0	25.0

Table 4: Association of Sociodemographic Factors with POCSO Knowledge

		Adequate Knowledge	Inadequate Knowledge	p-value	Significance
Gender	Male	8 (72.7%)	57 (70.4%)	1.000	Non-significant
	Female	3(27.3%)	24(29.6%)		
Father Education	Illiterate	9 (81.8%)	64 (79.0%)	1.000	Non-significant
	Educated	2(18.2%)	17(21.0%)		
Mother Education	Illiterate	7 (63.6%)	69 (85.2%)	0.95	Non-significant
	Educated	4(39.4%)	12(14.8%)		
Type of Family	Nuclear Family	7 (63.6%)	62 (76.5%)	0.458	Non-significant
	Either a joint family or a three-generation family	4(36.4%)	19(23.5%)		
Residence	Rural	2(18.2%)	18(22.2%)	1.000	Non-significant
	Urban	9(81.8%)	63 (77.8%)		

Table 5: Overall Comparison of Pretest and Posttest Knowledge following educational intervention

	Difference in Proportions	Standard Error	Z	P value
Class 8: Pretest Knowledge - Posttest Knowledge	.563	.088	4.243	.000*
Class 9: Pretest Knowledge - Posttest Knowledge	.321	.088	3.000	.003*
Class 10: Pretest Knowledge - Posttest Knowledge	.563	.088	4.243	.000*

\*P-value < 0.05 significant

At baseline, knowledge regarding the POCSO Act was inadequate among the majority of participants. Only 11 students (12.0%) demonstrated adequate knowledge, while 81 students (88.0%) had inadequate awareness. The overall mean pre-intervention knowledge score was  $7.15 \pm 2.62$ . Class-wise analysis showed that adequate knowledge during the pretest phase was lowest among class VIII students (6.3%), followed by class IX (10.7%) and class X (12.0%).

#### Effect of Educational Intervention

Following the educational intervention, a marked improvement in knowledge levels was observed across all classes. The proportion of students with adequate knowledge increased significantly to 60.9% (n = 56). The overall mean post-intervention knowledge score increased to  $10.79 \pm 2.41$ , and the difference between pre- and post-test mean scores was statistically significant (p < 0.001). Class-wise comparison revealed significant improvement in all grades:

- Class VIII: The mean score increased from  $5.81 \pm 2.36$  to  $10.56 \pm 2.65$ .
- Class IX: The mean score increased from  $7.64 \pm 2.35$  to  $10.11 \pm 2.08$ .
- Class X: Mean score increased from  $8.06 \pm 2.61$  to  $11.63 \pm 2.25$ .

The improvement in adequate knowledge was statistically significant across all classes ( $p < 0.05$ ). No statistically significant association was found between post-intervention knowledge levels and sociodemographic variables such as gender, parental education, type of family, or place of residence ( $p > 0.05$ ).

## DISCUSSION

The present study assessed the effectiveness of an educational intervention in improving awareness of the POCSO Act among high school students. The findings indicate a substantial baseline gap in legal awareness, with fewer than one-fifth of participants demonstrating adequate knowledge prior to the intervention.

The low baseline knowledge observed in the present study is similar to findings by Garapati et al. among adolescent girls in urban slums of Kakinada, where awareness regarding child sexual abuse and related legal aspects was inadequate.<sup>[8]</sup>

In the present study, baseline awareness regarding the POCSO Act was low, which is comparable to findings from the Kottayam district study among senior secondary students that reported limited legal awareness despite general knowledge of child abuse. Following educational intervention, a significant improvement in knowledge levels was observed across all classes. Similar to the Kottayam study,<sup>[5]</sup> the findings highlight gaps in understanding procedural and legal aspects of the Act. These results emphasize the importance of structured, school-based legal awareness programs to strengthen child protection and reporting mechanisms.

Following the educational intervention, a significant improvement in knowledge scores and awareness levels was observed. The proportion of students with adequate knowledge increased nearly fivefold, highlighting the effectiveness of structured, school-based legal awareness programs. Improvement was consistent across all grades, indicating that the intervention was effective irrespective of academic level.

The absence of a significant association between sociodemographic factors and post-intervention knowledge suggests that educational interventions can effectively bridge awareness gaps across diverse backgrounds. This finding supports the universal applicability of school-based awareness programs.

The results reinforce the importance of integrating child protection education into existing school health and adolescent education initiatives. Empowering adolescents with knowledge of legal safeguards, reporting mechanisms, and personal safety can play a

critical role in early identification and prevention of child sexual abuse.

## CONCLUSION

Educational intervention significantly improved knowledge regarding the POCSO Act among high school students, which was statistically significant ( $p < 0.001$ ) in our study. Study revealed that none of the sociodemographic variables showed a significant association with the level of POCSO knowledge. This highlights that school-based awareness programs are effective and essential in empowering children to recognize, prevent, and report sexual offenses. Regular POCSO awareness sessions should be incorporated into the school curriculum. Teachers should be trained to deliver age-appropriate child protection education. Information on child helplines and reporting mechanisms should be prominently displayed in schools. Similar educational interventions should be done at district and state levels as a preventive strategy.

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