



Research Paper

Study to evaluate the effectiveness of health education regarding good touch and bad touch among 6 to 10 year children.

G.R.Ninigail Aphia
A.Nasrin Banu
T. Naseef Kamal
Niranjana.V.S
V.J.Nishanthi Angelin Varsha
Nithesh Kumar Jaluthiriya

GUIDE:

Dr. Malaiammal MD
Assistant Professor
Department of Community Medicine
Thoothukudi medical college

ABSTRACT:

Context: 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 school. **Result:** The study evaluation showed that the health education on good touch and bad touch has an 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.

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I. INTRODUCTION:

The time changed from “reciting poem and fairy tales” to “teaching about good and bad touch”

– Sarika rana

Sex education is important, every child should have sex education incorporated in to their schooling. It’s our fundamental duty as society to educate the next generation about child sexual abuse. Parents are not comfortable talking up these sensitive topics, but the learning has to start at home and it’s all about the Child safety. [1]

Good touch and bad touch is gradually learnt through a child’s day to day activities. we can increase these learnt behaviours by making an effort to teach a child about the difference between good touch and bad touch in early age. [2]

The aim of the video assisted health education about good and bad touch is to teach child about appropriate behaviour, sexual or otherwise. If students of school age can learn about boundaries in terms of hugging and kissing and more intimate behaviour, this will be of great advantage in adulthood when they face an inappropriate behaviour. [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 tell a safe person about 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, or any secret touch, or any touch on their genitals or bottom, unless it's necessary for their health. [4]

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

A 2004 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 2007, The Ministry of Women and Child Development released the results of a nation-wide survey on Child Abuse, in which 12,500 children had participated across 13 States. More than half, 53% 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 victims of sexual abuse [7].

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 [8]. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse [9].

JUSTIFICATION:

The subject of child sexual abuse is still a taboo in India. There is a conspiracy of silence around the subject and a very large percentage of people feel that this is a largely western problem and that child sexual abuse does not happen in India. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all. Parents do not speak to children about sexuality as well as physical and emotional changes that take place during their growing years. As a result of this, all forms of sexual abuse that a child faces do not get reported to anyone. The girl, whose mother has not spoken to her even about a basic issue like menstruation, is unable to tell her mother about the uncle or neighbour who has made sexual advances towards her. This silence encourages the abuser so that he is emboldened to continue the abuse and to press his advantage to subject the child to more severe forms of sexual abuse. Very often children do not even realize that they are being abused.

Objectives

➤ TO DESCRIBE THE EFFECTIVENESS OF HEALTH EDUCATION AMONG 6 to 10 YEARS CHILDREN REGARDING CHILD ABUSE.

OPERATIONAL DEFINITIONS

EFFECTIVENESS:

It refers to the statistically significant difference in the mean pre test and post test knowledge score.

II. METHODOLOGY

Research Design

Quasi experimental study design was adopted for this study to evaluate the knowledge regarding child abuse among 6 to 10 years children in Thoothukudi district. In this study, a pre test was conducted followed by which a health education was given through video. The outcome was assessed by post test.

Target population:

The target population of the study includes 6 to 10 year children.

Accessible population:

The accessible population of the study includes 6 to 10 year children in Thoothukudi district.

Sample Size

The sampling size of this study was 141.

Inclusion criteria:

- ❖ Children aged between 6 to 10 years.
- ❖ Able to read/understand English or Tamil.
- ❖ Willingness to join

Exclusion criteria:

- ❖ Children who have not given assent
- ❖ Children having low IQ.

Study tool : Video clip on good touch and bad touch. Video source – Youtube

Scoring procedure

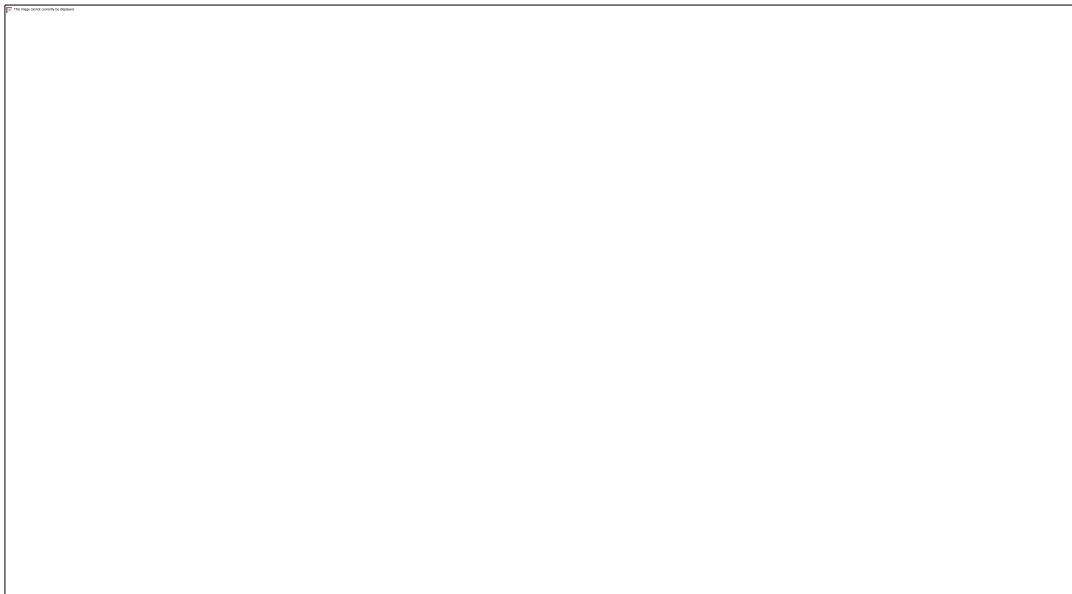
SCORE	PERCENTAGE	LEVEL OF KNOWLEDGE
Below 6	below 40%	inadequate
6-12	40-80%	Moderately adequate

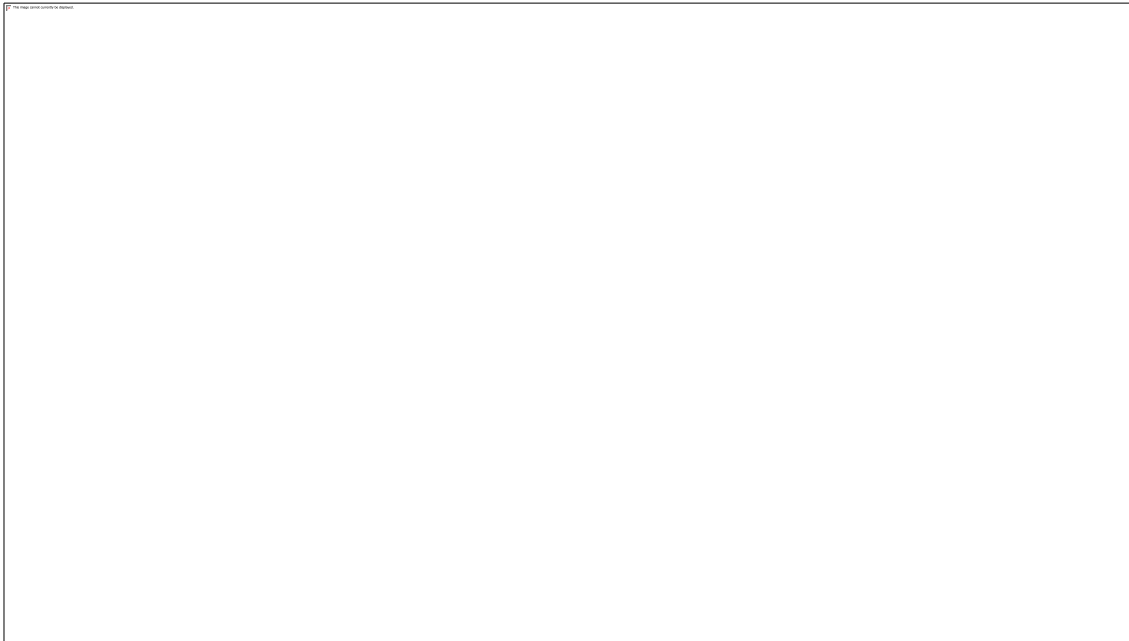
Above 12	Above 80%	adequate
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III. RESULTS:
PARTICIPANTS FROM EACH STANDARD

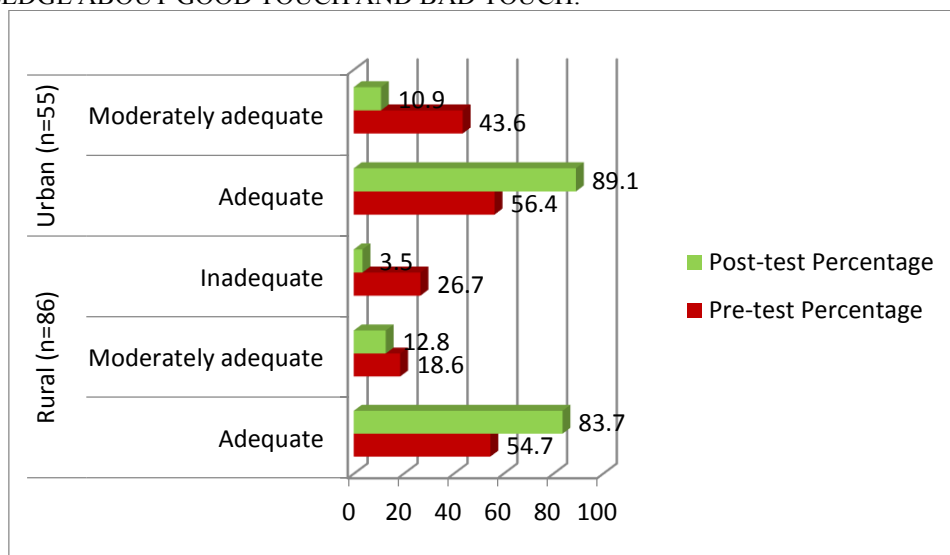


AGE





KNOWLEDGE ABOUT GOOD TOUCH AND BAD TOUCH:



Knowledge of good touch and bad touch:

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

Knowledge based on residence:

Residence	Knowledge	Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
	Adequate	47	54.7	72	83.7

Rural (n=86)	Moderately adequate	16	18.6	11	12.8
	Inadequate	23	26.7	3	3.5
Urban (n=55)	Adequate	31	56.4	49	89.1
	Moderately adequate	24	43.6	6	10.9

IV. DISCUSSION:

The present 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 overall pretest knowledge among rural people is adequate (54.7%), moderately adequate (18.6%), inadequate (26.7%). The overall post test knowledge among rural people is adequate (83.7%), moderately adequate (12.8%), inadequate (3.5%). The overall pretest knowledge among urban people is adequate (56.4%), moderately adequate (43.6%). The overall post test is adequate (89.1%), moderately adequate (10.9%). The factors that is associated with lack of knowledge are rural area, young children, female gender. Children in rural area has drastic improvement in post test after giving health education.

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.

An interventional study conducted in maharashtra at nutan primary school, on day 1 the pre test was done. The health education was given in the form of roleplay. On each consecutive day, visit was done to the samples and peer group interaction was done on daily basis. On day 7 the final analysis is made. The result shows that there is significant relationship between performance of pre test and post test outcome.

A similar study was conducted in Dharmapuri among adolescent girls in selected schools to evaluate the effectiveness of health education regarding sexual abuse, of which in pretest inadequate (58%), moderately adequate (42%) had knowledge. In post test, 98% of them had adequate knowledge.

V. CONCLUSION:

From this study we can conclude that there is significant increase in knowledge about good touch and bad touch among 6 to 10yrs children after giving them health education. Hence there is a need to strengthen the education system regarding the awareness of good touch and bad touch to decrease the prevalence of sexual abuse.

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