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Effectiveness of Health Awareness Program on Knowledge Regarding Safe and Unsafe Touch Among Primary Section Students in Sanatan Dharm Intercollege Bannu, Dehradun, Uttarakhand.

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Abstract

In today's world, parents need to talk to their children about what is good and bad also they should talk about sexual development and sexual identity at a very young age. Children are very curious about their body parts for which parents should give them a proper guidance and teach them that no one has permission to touch their private body parts. Safe touch and Unsafe touch are two important concepts that everyone should be aware of. Safe touch is any kind of physical contact that makes someone feel safe and comfortable. This can include hugs, high-fives, and pats on the back. On the other hand, Unsafe touch is any kind of physical contact that makes someone feel uncomfortable or scared. This can include hitting, pushing, or grabbing someone without their permission. The purpose of this paper was to determine level of knowledge regarding safe and unsafe touch in primary section students from a systematic review of the literature.

Objective: To Assess the pre and post-test level of knowledge regarding safe and unsafe touch among primary section students Dehradun, Uttarakhand. To Evaluate the effectiveness of the awareness program among primary section students, Dehradun, Uttarakhand. To find out the association between pretest level of knowledge regarding safe and unsafe touch among primary section students with their selected demographic variables.

Method: A quantitative approach with a one group pre-test post-test design was used for the study. 100 participants who fulfilled the inclusion criteria were selected by non-probability purposive sampling technique at Sanatan Dharm Intercollege Bannu, Dehradun, Uttarakhand. The data was collected by socio-demographic data and self-structured knowledge questionnaire on Safe and Unsafe touch. The obtained data was analyzed in terms of objectives using various tools, chi-square test and Karl Pearson's correlation method.

Results: Out of 100 primary section students, the level of knowledge in pre-test is poor in 3%, average in 41% children, good in 50% and excellent in 6% meanwhile in post-test 12% had good, 88% had excellent knowledge. Karl Pearson's coefficient was used to determine the reliability of the study which

was r=0.93, which indicate perfect positive relationship. Specific demographic variables were associated with higher score regarding safe and unsafe touch, including age of students under 9-11 years, more male population, second order of birth, nuclear type of family, children in 5th standard, participants belong to Hindu religion, mothers' qualification as secondary education, father qualification as primary education and equal previous knowledge. **Conclusion:** The result of the study showed that there is a significant difference between pretest and post-test level of knowledge regarding safe and unsafe touch. A socio-demographic variable showed significant association with pre-test and post-test level of knowledge. The result in our study supports previous studies indicated that there will be a significant difference between level of knowledge before and after giving health awareness program regarding safe and unsafe touch in primary section students of Sanatan Dharm Intercollege Bannu, Dehradun, Uttarakhand.

Keywords: Safe touch, unsafe touch, health awareness program, primary section students.

1. INTRODUCTION

According to **UNICEF** "Children are our future, and we help develop something good and bright in them."

In today's world, parents need to talk to their children about what is good and bad also they should talk about sexual development and sexual identity at a very young age. Children are very curious about their body parts for which parents should give them a proper guidance and teach them that no one has permission to touch their private body parts. If parents keep a channel of communication with their children, they will report all day-to-day incidences immediately and it will help to prevent child abuse.

Touch is the action of putting your hand or fingers onto somebody or something. Safe touch and Unsafe touch are two important concepts that everyone should be aware of. Safe touch is any kind of physical contact that makes someone feel safe and comfortable. This can include hugs, high-fives, and pats on the back. On the other hand, Unsafe touch is any kind of physical contact that makes someone feel uncomfortable or scared. This can include hitting, pushing, or grabbing someone without their permission. Parents feel shy when they take up these sensitive topics with their own children. The reported child abuse incidences are increasing day by day. According to a study conducted by the **National commission for protection of Child Rights (NCPCR 2023)**, nearly 55% of children in India experience some kind of abuse.

Globally, it is estimated that up to 1 billion children aged 2-17 years, have experienced physical, sexual or emotional violence or neglect in the past year. One in 5 women and one in 13 men reported having been sexually abused as a child aged 0-17 years. 120 million girls and young women under 20 years of age have suffered some form of forced sexual contact. **(WHO 2022)**

Childhood is the most important stage in the development cycle. It is a broad term usually applied to the phase of human development between infancy and adulthood. Childhood is the time during which human being develops their physical bodies and their mental abilities. If development goes wrong or growth does not occur within a critical time period the damage is often difficult to repair or can be irreversible.

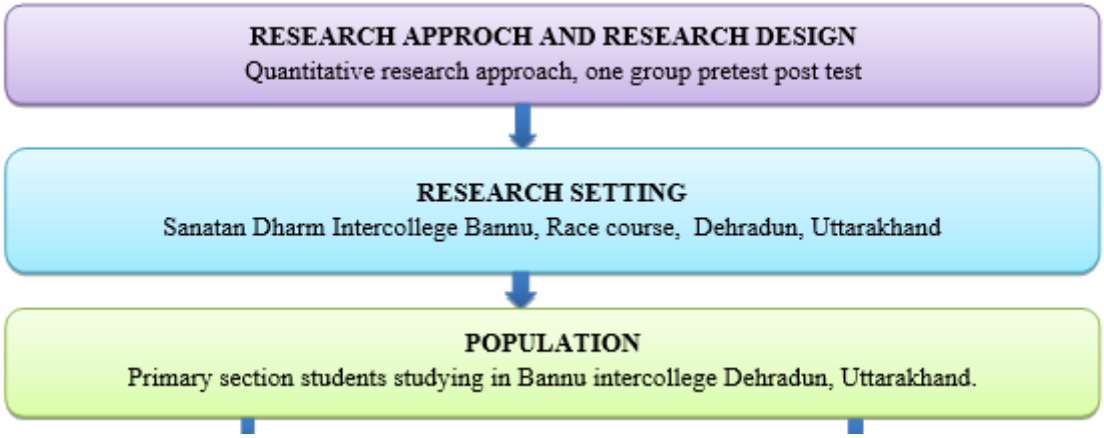
Children who are educated about these concepts are more likely to be able to recognise, resist and disclose abuse to a trusted adult if. This can, "in turn," help to stop the abuse and get the child the support and services they need.

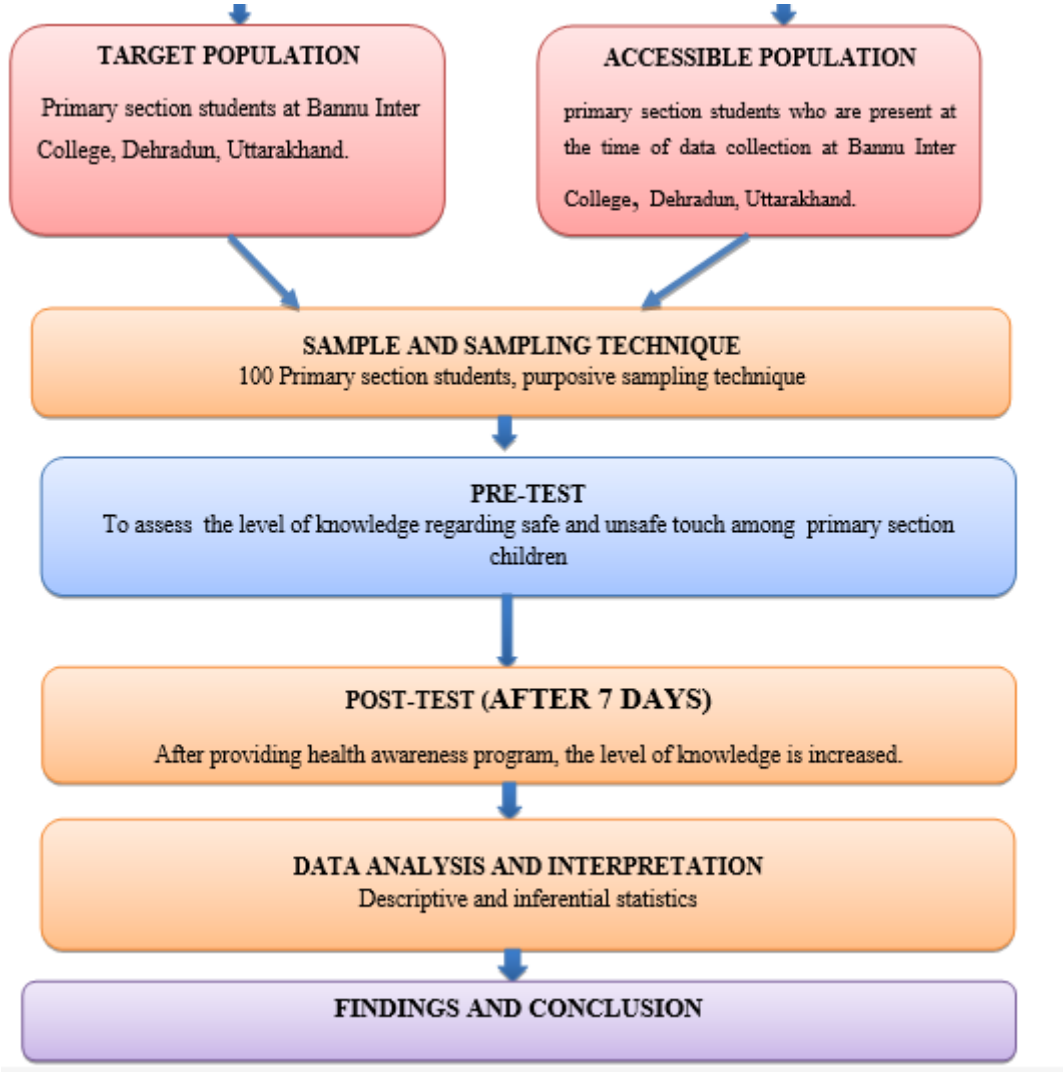
Sudhakar et al. (2023) conducted a cross-sectional study by using convenient sampling technique among 76 school students (6 - 12 years) to assess the knowledge level of good touch and bad touch in the selected school of Varanasi, India. The selected students were (1-6) standard studying in Jag Narayan Singh Intermediate College, Varanasi. Result showed that 52.6% of the samples had inadequate knowledge and 47.4% had moderate knowledge. So, at the end the research concluded that knowledge rate is good. **Keshni (2020)** conducted a descriptive study to assess the knowledge regarding good touch and bad touch among children (9-12 years) on 100 students. Sample was collected by using Purposive sampling technique from S.K.S.S International Senior Secondary Public School Sarabha, Ludhiana, Punjab. Data was collected by using self-structured questionnaire to assess the knowledge regarding good and bad touch. The results revealed that 76% of students had excellent knowledge and 26% were having good knowledge and 1% were having fair knowledge regarding good touch and bad touch.

2. Materials and Methods

The research design acquired for this study is pre-experimental research design in which study subjects are selected through purposive sampling technique. In this study samples were 100 primary section students selected on the basis on inclusion and exclusion criteria from Sanatan Dharam Intercollege Bannu, Dehradun. Safe touch is any kind of physical contact that makes someone feel safe and comfortable. This can include hugs, high-fives, and pats on the back. On the other hand, Unsafe touch is any kind of physical contact that makes someone feel uncomfortable or scared. This can include hitting, pushing, or grabbing someone without their permission. Pre test is taken by using two tools such as socio-demographic and self-structured knowledge questionnaire to test the level of knowledge of primary section students. After pre test intervention is being provided to the participants in the form of health awareness programs. These programs aim to raise awareness, provoke action and promote understanding on various subjects like social justice, health and safety, environment conservation, and many more. Knowledge is being given in the form of health awareness program which refers to role play with charts and flashcards to raise the awareness regarding safe and unsafe touch among primary section students. The time period for this study is 1 week in the month of September.

Fig. No. Schematic representation of research methodology





3. Instrument/ Tool

It consists of two sections:

Section I: Socio-Demographic profile which consists of nine items. Tool for socio demographic profile was developed on the basis of socio economic variables which include Age, gender, religion, standard, Order of birth, Type of family, education qualification of mother, education qualification of father, previous knowledge.

Section II: Self structured knowledge questionnaire which consists of eighteen items.

In order to measure the content validity of the tool, the tool was given 6 experts, expert was practicing in obstetrical and gynaecology, child health nursing, community health nursing, mental health nursing experts. The pilot study was conducted on 10 samples at Gandhi Intercollege, Dehradun from 1/09/2024 to 6/09/2024.

4. Statistical Analysis

Data analysis was based on the objectives and used descriptive and inferential statistics to analyse the data.

Descriptive Statistics

- Frequency and percentage distribution were used to analyse the demographic variables and obstetrics

variables.

- Mean and standard deviation were used to evaluate the effect of health awareness program.

Inferential Statistics

- Paired 't' test was used to evaluate the effectiveness of health awareness program regarding safe and unsafe touch among primary section students.
- Chi square was used to find out the association between selected demographic variables and pretest level of knowledge among primary section students.

5. Ethical Consideration

- Written permission was taken from principal of state college of nursing, 107, Chander Nagar, Dehradun.
- Written permission was taken from ethical committee, state college of nursing, 107, Chander Nagar, Dehradun.
- Written permission was taken from the Principle of Gandhi Intercollege, Dehradun for pilot study.
- Written permission was taken from the Principle of Sanatan Dharm Intercollege Bannu, Dehradun for main study.
- Informed written consent was taken from the students.

6. Results

TABLE 6.1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRIMARY SECTION STUDENTS ACCORDING TO THEIR SOCIO-DEMOGRAPHIC VARIABLE (N=100)

S.No	DEMOGRAPHIC VARIABLES	FREQUENCY(f)	PERCENTAGE(%)
1.	**AGE IN YEARS**		
	6-8	17	17
	9-11	54	54
	11 above	29	29
2.	**GENDER**		
	MALE	59	59
	FEMALE	41	41
3.	**STANDARD**		
	1	12	12
	2	24	24
	3	12	12
	4	20	20
	5	32	32
4.	**RELIGION**		
	HINDU	81	81
	MUSLIM	19	19
5.	**ORDER OF BIRTH**		
	FIRST	26	26
	SECOND	44	44

	THIRD AND ABOVE	30	30
6.	**TYPE OF FAMILY**		
	NUCLEAR	55	55
	JOINT	33	33
	EXTENDED	12	12
7.	**QUALIFICATION OF MOTHER**		
	NO FORMAL	11	11
	EDUCATION	23	23
	PRIMARY	26	26
	SECONDARY	12	12
	GRADUATION& ABOVE		
8.	**QUALIFICATION OF FATHER**	26	26
	NON-FORMAL	45	45
	EDUCATION	17	17
	PRIMARY	12	12
	SECONDARY		
	GRADUATION & ABOVE		
9.	**PREVIOUS KNOWLEDGE**	50	50
	YES	50	50
	NO		

Table 6.1: The data presented in table1 revealed out that, with regards of the age majority is comes under 9-11 year of age which is about 54% and 17% and 29% comes under 6-8 year and 11 above respectively. Out of 100 sample, 41 were female and 59 were males. About 12, 24, 12, 20 and 32 were studying in 1, 2, 3, 4 and 5 standards respectively. In regards of the religion 81 were Hindu and 19 were Muslims. In order of birth, 26, 44 and 30 were 1, 2, 3 and above order respectively. Out of 100 sample 55 lives in nuclear family, 33 lives in joint family and 12 lives in extended family. About qualification of mother 11, 23, 26 and 12 were having no formal education, primary, secondary and graduation respectively. Qualification of father 26, 45, 17 and 12 were having no formal education, primary, secondary and graduation respectively. There is about 50-50% in having previous knowledge

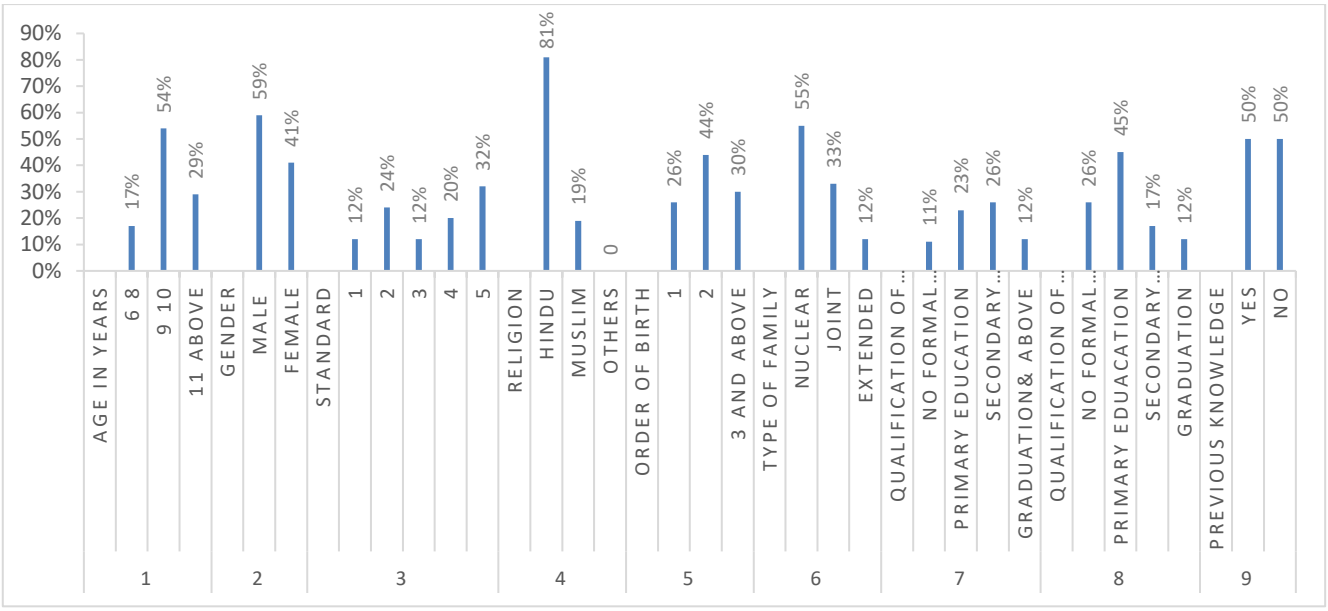


Figure 6.1: Bar graph showing percentage and frequency distribution of primary section students according to their socio-demographic variables.

Table 6.2: FINDINGS RELATED TO EFFECTIVENESS OF HEALTH AWARENESS PROGRAM REGARDING SAFE AND UNSAFE TOUCH AMONG PRIMARY SECTION STUDENTS BY PAIRED 't' TEST. N=100

Score	Mean	SD	Mean difference	't' value	'p' value
Pre test	10.90	2.30	5.09	18.0393	0.0001*** (S)
Post test	15.99	1.41			

*Significant at p<0.001 level

Table 6.2: Illustrate that the global score t value which is calculated is 18.0393 and the tabulated value is 1.984 which indicate that t calculated is more than t tabulated.

Table 6.3: FINDINGS RELATED TO LEVEL OF KNOWLEDGE OF PRIMARY SECTION STUDENTS (N=100)

Level of knowledge	Score	Pre test		Post test	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor	<7	3	3	0	0
Average	7-10	41	41	0	0
Good	11-14	50	50	12	12
Excellent	15-18	6	6	88	88

Table 6.3 Illustrates that the level of knowledge in pre-test is poor in 3%, average in 41% children, good in 50% and excellent in 6% meanwhile in post-test 12% had good, 88% had excellent knowledge.

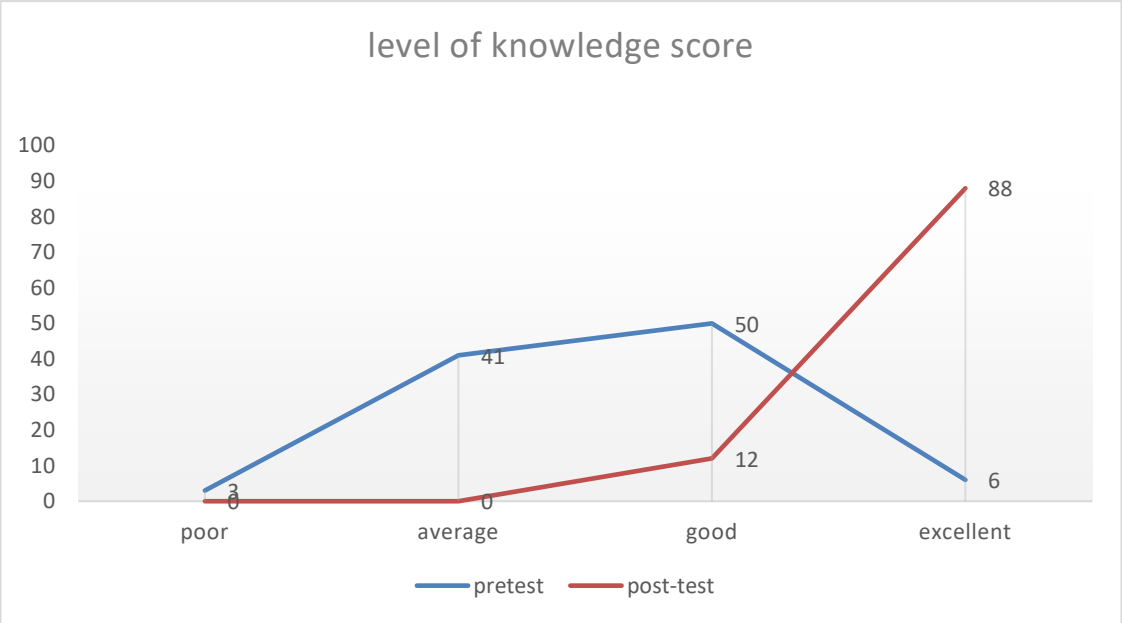


Figure 6.3- Finding related to level of knowledge in pre-test and post-test.

7. Discussion

Socio- demographic characteristics among primary section students with safe and unsafe touch

In the present study, out of 100 students the highest (54%) participants were of age group 9 to 11 years, (59%) participants were males (32%) were in class 5, (81%) students were Hindu, (44%) were of second order of birth, (55%) students belong to nuclear family, (26%) mother of students had secondary education, (45%) father of students had primary education and (50%) of total students had previous knowledge. The result of the chi square analysis indicates that the demographic variables standard shows statistically significant association with level of knowledge score whereas there was no significant association of other demographic variables.

These findings are supported by the following studies:

Mahalakshmi et al. (2023) study showed that majority of children (41.6%) of children were in the age of 9-10 years. In **Tamanna and Sharma (2023)** (38.3%) were in the age of 12 years. **Jayesh and Vaishnav (2019**) (60.66%) were in the age of 12 years. **Babu et al.** (2023) study showed (77.50%) of participants were belongs to nuclear family. In Rimjhim and Nair (2023) (72%) belongs to nuclear family and in **Jayesh and Vaishnav (2019**) (55.33%) belongs to joint family. **Abujamand and Lilly pet (2017)** study showed 50% of participants were males. **Rimjhim and Nair (2023)** (59.5%) were males. **Talukdar and Pegu (2024)** (52.94%) were females.

The first objective of the study was to assess the pre and post-test level of knowledge regarding safe and unsafe touch among primary section students

In the present study, majority had good knowledge in pretest and excellent in post-test. In pretest 3% had poor knowledge, 41% had average knowledge, 50% had good and 6% had excellent knowledge whereas in post-test 12% had good knowledge and 88% had excellent knowledge.

These findings are supported by the following studies:

In **Priyanka Kadam and Kaur (2023)** post-test 63.33% had good knowledge and 31.66% had average knowledge and 5% poor knowledge. In post-test of **Khan, Remiya and Sharma (2021)** 54.6% had excellent knowledge 42% had good and 3.3% average.

The second objective of the study was to evaluate the effectiveness of the awareness program among students in primary section students

The study finding showed the effectiveness of health awareness program by comparing the pre-test and post-test knowledge scores of the primary section students. There was a difference between the pre-test and post-test mean score. The pretest mean was 10.90 with 2.30 SD and post-test mean was 15.99 with 1.41 SD. The paired test value was 18.03 at 0.0001 significance level. So, the calculated value is greater than the tabulated value with 99 degree of freedom so it shows that there was statistically significant difference between the pre-test and post-test knowledge score. Hence the health awareness [program was effective in increasing the knowledge of primary section students regarding safe and unsafe touch. The result of p value indicates that the health awareness program was effective and increase in knowledge in post-test.

Hence, Hypotheses H_1 is accepted.

It infers that there is a significant difference between the mean pretest and post-test level.

These findings are supported by the following studies:

In **Babu et al. (2023)** The pretest mean was 10.75 with 2.307 SD and post-test mean was 14.53 with 0.640 SD (t value= 9.811; p value=<2.02) . So, the calculated value is greater than the tabulated value with 39 degree of freedom so it shows that there was statistically significant difference between the pre-test and post-test knowledge score. In **Priyanka kadam and Kaur (2023)** The pretest mean was 34.6 with 1.95 SD and post-test mean was 69.9 with 2.19 SD (t value= 31.38 ; p value= 0.0001) So, the calculated value is greater than the tabulated value with 99 degree of freedom so it shows that there was statistically significant difference between the pre-test and post-test knowledge score.

The third objective of the study was to find out the association between pretest level of knowledge regarding safe and unsafe touch among students with their selected demographic variables

The independent ‘t’ was used to find out the association between pretest knowledge score and demographic variables. The result findings exhibited that standard at 0.030 level of significance had statistically significant association with the pre-test knowledge. There was no significant association between the other variables such as age, gender, religion, type of family, order of birth, mother qualification, father qualification and previous knowledge.

These findings are supported by the following studies:

In **Parul Sharma and Rohini Sharma (2018)** The result findings exhibited that religion, total number of siblings and any marital disharmony in family at 0.001, 0.02 and 0.04 respectively as the level of significance shows statistically significant association with the pre-test knowledge. There was no significant association between the other variables such as age, gender, religion, type of family, order of birth, mother qualification, father qualification and previous knowledge.

Hence, H_2 is partially accepted.

It infers that there is an association between the level of knowledge with the standard at primary section students of Sanatan Dharm Intercollege Bannu of Dehradun.

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