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Effect of Video Assisted Learning on Knowledge regarding Good Touch and Bad Touch among Girls in Selected Schools of Sivasagar District, Assam

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ABSTRACT

Background: Child sexual abuse is a major public health problem affecting the physical, psychological, and social well-being of children. Knowledge regarding good touch and bad touch plays an important role in protecting children from inappropriate behavior and abuse. Video assisted learning has emerged as an effective educational strategy for improving knowledge among school children.

Objectives: To assess the level of knowledge regarding good touch and bad touch among girls, to assess the effectiveness of video assisted learning, and to determine the association between pre-test knowledge and selected socio-demographic variables.

Methods: A quantitative research approach with a pre-experimental one-group pre-test post-test design was adopted. The study was conducted among 60 girls studying in selected schools of Sivasagar district, Assam. Multistage proportionate random sampling technique was used for selecting the participants. Data were collected using a structured self-administered questionnaire consisting of 18 items. The intervention included a video assisted learning programme. Descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, paired t-test, and chi-square test were used for data analysis.

Results: In the pre-test, 81.7% of girls had moderately adequate knowledge and 18.3% had inadequate knowledge. In the post-test, 88.3% had adequate knowledge and 11.7% had moderately adequate knowledge. The mean post-test score (15.61±1.595) was higher than the mean pre-test score (10.51±2.029). The calculated paired t-value was 14.21 at df=59, which was statistically significant at $p<0.05$. Significant associations were found between pre-test knowledge and place of residence, father's education, and mother's education.

Conclusion: The findings revealed that video assisted learning was effective in improving the knowledge regarding good touch and bad touch among girls. The study supports the use of audiovisual teaching methods for enhancing child safety education.

Keywords: Video Assisted Learning, Good Touch, Bad Touch, Knowledge, School Girls, Child Safety.

INTRODUCTION

Touch is the first sensory experience of a child and plays an important role in physical, emotional, and psychological development. It serves as a means of expressing love, affection, care, and security. However, children need to understand the difference between appropriate and inappropriate touch to protect themselves from abuse and exploitation [1].

Good touch refers to physical contact that makes a child feel safe and comfortable, whereas bad touch causes discomfort, fear, or confusion. Lack of awareness regarding inappropriate touch increases children's vulnerability to abuse. Therefore, educating children regarding good touch and bad touch is an essential component of child safety education [1,8].

Child sexual abuse is a major public health problem worldwide. The World Health Organization defines child maltreatment as all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that may harm a child's health, development, dignity, or survival [3]. A meta-analysis by Pereda et al. reported that 19.7% of females and 7.9% of males experience sexual abuse before the age of 18 years [4].

In India, child sexual abuse remains a significant concern. The Ministry of Women and Child Development reported that 42% of girls and 20% of boys experience one or more forms of sexual abuse during childhood [2]. According to the National Crime Records Bureau, crimes against children continue to increase across the country [5,6]. Assam has also reported a considerable number of child abuse cases under the Protection of Children from Sexual Offences Act [7].

Children often fail to recognize inappropriate touch because of lack of awareness, fear, embarrassment, and inability to report such incidents. Therefore, educational interventions play an important role in improving children's knowledge regarding body safety and protective behaviors [8].

Video-assisted learning is an effective teaching strategy that combines visual and auditory stimuli, thereby improving understanding, retention, and learning among children. Previous studies have reported significant improvement in knowledge regarding good touch and bad touch following video-assisted teaching programmes [9,10,11].

Although several studies have been conducted in different parts of India, limited evidence is available regarding the effectiveness of video-assisted learning among school girls in Sivasagar district, Assam. Hence, the present study was undertaken to assess the effect of video-assisted learning on knowledge regarding good touch and bad touch among girls in selected schools of Sivasagar district, Assam.

OBJECTIVES

1. To assess the level of knowledge regarding good touch and bad touch among girls in selected schools of Sivasagar district, Assam.
2. To assess the effect of video-assisted learning regarding good touch and bad touch among girls in selected schools of Sivasagar district, Assam.
3. To determine the association between pre-test knowledge regarding good touch and bad touch among girls with their selected socio-demographic variables.

HYPOTHESES

H_1: There is a significant difference between the mean pre-test and post-test knowledge scores regarding good touch and bad touch among girls.

H_2: There is a significant association between pre-test knowledge regarding good touch and bad touch

among girls and their selected socio-demographic variables.

MATERIALS AND METHODS

Research Approach: A quantitative research approach was adopted to assess the effect of video-assisted learning on knowledge regarding good touch and bad touch among girls.

Research Design: A pre-experimental one-group pre-test post-test design was adopted for the present study.

Study Setting: The study was conducted in two selected schools of Sivasagar district, Assam, namely 1 No. Phuleswari LP School and Sankardev Shishu Vidya Niketan.

Population and Sample: The target population consisted of girls studying in IV and V standards. The sample comprised 60 girls selected for the study.

Sampling Technique: Multistage proportionate random sampling technique was used to select the study participants according to the principles described by Cochran [15].

Description of Tool: The tool consisted of two sections: **Section A** included socio-demographic variables. **Section B** consisted of 18 structured knowledge questions regarding good touch and bad touch. The questionnaire covered five domains: touch, know your body, warning signs, safety circle, and preventive measures.

Validity and Reliability: The content validity was established by seven experts. The reliability coefficient obtained by the split-half method was 0.947.

Data Collection Procedure: After obtaining administrative permission, a pre-test was conducted, followed by administration of the video-assisted learning programme. The post-test was conducted after the intervention.

Statistical Analysis: The data were analyzed using descriptive and inferential statistics and level of significance was considered at $p<0.05$, according to standard nursing research principles [14].

RESULTS

Socio-demographic Characteristics of the Participants

The socio-demographic characteristics of the participants are presented in Table 1. Among the 60 participants, majority 25 (41.7%) belonged to the age group of 10 years, followed by 23 (38.3%) girls aged 9 years. Majority of fathers 30 (50%) and mothers 35 (58.3%) belonged to the age group of 31–40 years. All participants belonged to Hindu religion. Majority of the girls 38 (63.3%) belonged to nuclear families and resided in rural areas. Half of the participants 30 (50%) had one sibling. Majority of fathers 21 (35%) had completed higher secondary education, whereas majority of mothers 22 (36.7%) had completed middle school education. Most fathers 27 (45%) were engaged in business, whereas majority of mothers 56 (93.4%) were homemakers.

Table 1: Socio-demographic Characteristics of the Participants (n=60)

Variables	Frequency (f)	Percentage (%)
Age of girls (years)		
9 years	23	38.3
10 years	25	41.7
11 years	12	20.0
Age of father (years)		

31–40	30	50.0
41–50	24	40.0
≥51	6	10.0
Age of mother (years)		
≤30	15	25.0
31–40	35	58.3
41–50	10	16.7
Type of family		
Nuclear	38	63.3
Joint	21	35.0
Extended	1	1.7
Place of residence		
Urban	22	36.7
Rural	38	63.3
Number of siblings		
None	25	41.7
One sibling	30	50.0
Two siblings	5	8.3
Father's education		
No formal education	2	3.3
Primary school	7	11.7
Middle school	16	26.7
High school	3	5.0
Higher secondary	21	35.0
Graduate and above	11	18.3
Mother's education		
No formal education	2	3.3
Primary school	4	6.7
Middle school	22	36.7
High school	6	10.0
Higher secondary	15	25.0
Graduate and above	11	18.3
Father's occupation		
Government service	15	25.0
Private service	10	16.7
Business	27	45.0
Self-employed	2	3.3
Daily wage worker	6	10.0
Mother's occupation		
Homemaker	56	93.4
Government service	2	3.3
Private service	2	3.3

Monthly family income (Rs.)		
≤10,000	20	33.3
10,001–30,000	25	41.7
30,001–50,000	8	13.3
>50,000	7	11.7
Educational status of child		
IV standard	31	51.7
V standard	29	48.3

Pre-test and Post-test Knowledge Regarding Good Touch and Bad Touch

The distribution of pre-test and post-test knowledge levels regarding good touch and bad touch among girls is presented in Table 2. During the pre-test, majority of the participants 49 (81.7%) had moderately adequate knowledge, while 11 (18.3%) had inadequate knowledge and none had adequate knowledge. Following the video-assisted learning programme, majority 53 (88.3%) attained adequate knowledge, while only 7 (11.7%) had moderately adequate knowledge.

Table 2: Distribution of Pre-test and Post-test Knowledge Regarding Good Touch and Bad Touch Among Girls (n=60)

Level of Knowledge	Score	Pre-test f (%)	Post-test f (%)
Inadequate knowledge	0–8	11 (18.3)	0 (0.0)
Moderately adequate knowledge	9–13	49 (81.7)	7 (11.7)
Adequate knowledge	14–18	0 (0.0)	53 (88.3)

Effect of Video-assisted Learning on Knowledge Regarding Good Touch and Bad Touch

The effectiveness of the video-assisted learning programme was assessed by comparing the pre-test and post-test knowledge scores. The mean pre-test score was 10.51±2.029, whereas the mean post-test score increased to 15.61±1.595. The mean difference was found to be 5.10. The paired t-test revealed a statistically significant difference between pre-test and post-test scores (t=14.21, df=59, p=0.001), indicating that the intervention was effective.

Table 3: Effect of Video-assisted Learning on Knowledge Regarding Good Touch and Bad Touch Among Girls (n=60)

Comparison of Knowledge Scores	Mean	SD	Mean Difference	t-value	df	p-value
Pre-test	10.51	2.029	5.10	14.21	59	0.001*
Post-test	15.61	1.595				

*p<0.05 level of significance

Association Between Pre-test Knowledge and Selected Socio-demographic Variables

The association between pre-test knowledge scores and selected socio-demographic variables was analyzed using chi-square and Fisher's exact tests. Significant associations were observed between pre-test knowledge scores and place of residence (χ^2=7.338, p=0.012), father's education (χ^2=11.64, p=0.018), and mother's education (χ^2=11.84, p=0.016). No significant association was found with other socio-demographic variables.

Table 4: Association Between Pre-test Knowledge and Selected Socio-demographic Variables (n=60)

Variables	χ^2 value	df	p-value
Place of residence	7.338	1	0.012*
Father's education	11.64	5	0.018*
Mother's education	11.84	5	0.016*

*p<0.05 level of significance

DISCUSSION

The present study was conducted to assess the effect of video-assisted learning on knowledge regarding good touch and bad touch among girls in selected schools of Sivasagar district, Assam. The findings demonstrated that the intervention significantly improved the knowledge of the participants.

The majority of the participants were 10 years old, belonged to nuclear families, and resided in rural areas. Similar demographic findings were reported by Patidar and Vaishnav (2019) [12] and Tamanna et al. (2023) [8]. However, Varghese et al. (2024) [16] reported a predominantly urban population, which differs from the present study.

The pre-test findings revealed that most participants had moderately adequate knowledge, while none of them demonstrated adequate knowledge regarding good touch and bad touch. Similar findings were reported by Tamanna et al. (2023) [8], Patidar and Vaishnav (2019) [12], and Kaur et al. (2018) [13], who also observed inadequate or average baseline knowledge among school children.

Following the video-assisted learning programme, the majority of participants attained adequate knowledge. Similar improvements were reported by Tamanna et al. (2023) [8], Patidar and Vaishnav (2019) [12], and Varghese et al. (2024) [16], indicating the effectiveness of educational interventions in improving children's knowledge regarding good touch and bad touch.

The present study demonstrated a significant increase in knowledge scores after the intervention. The mean post-test score was considerably higher than the mean pre-test score, and the paired t-test showed a statistically significant difference (p=0.001). Similar findings have been reported by Kadam and Kaur (2023) [9], Khan et al. (2021) [10], Kaur et al. (2018) [13], and Patidar and Vaishnav (2019) [12], all of whom observed significant improvement in knowledge following educational interventions.

The present study also identified significant associations between pre-test knowledge and selected socio-demographic variables such as place of residence, father's education, and mother's education. Similar findings were reported by Tejashwari and Shruthi (2020) [11] and Varghese et al. (2024) [16]. However, Khan et al. (2021) [10] and Kaur et al. (2018) [13] did not report significant associations with parental education.

The findings of the present study indicate that video-assisted learning is an effective educational strategy for improving children's knowledge regarding good touch and bad touch and may be incorporated into school health education programmes to promote child safety awareness.

CONCLUSION

The present study concluded that video-assisted learning was effective in improving the knowledge regarding good touch and bad touch among girls in selected schools of Sivasagar district, Assam. The post-test knowledge scores were significantly higher than the pre-test scores, indicating the effectiveness of the intervention.

The study also demonstrated that selected socio-demographic variables such as place of residence, father's education, and mother's education were significantly associated with pre-test knowledge scores. The findings emphasize the importance of educational interventions for promoting child safety awareness among school children.

Video-assisted learning can be considered an effective teaching strategy for improving children's understanding regarding good touch and bad touch. The incorporation of audiovisual teaching methods in school health education programmes can help children recognize inappropriate touch, promote protective behaviors, and encourage timely reporting of unsafe situations.

LIMITATIONS

- The study was limited to 60 girls studying in IV and V standards in selected schools of Sivasagar district; therefore, the findings cannot be generalized to larger populations.
- The study employed a structured self-administered questionnaire, which limited the exploration of knowledge in greater depth.
- The study utilized a one-group pre-test post-test design without a control group.

RECOMMENDATIONS

- Similar studies may be conducted with larger sample sizes to improve the generalizability of the findings.
- Comparative studies may be conducted among boys and girls regarding knowledge of good touch and bad touch.
- Studies may be conducted among rural and urban populations.
- Future studies may assess attitude and practice domains in addition to knowledge.
- Similar studies may be conducted using concepts such as safe touch, unsafe touch, and virtual touch.

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ETHICAL APPROVAL

Ethical approval for the study was obtained from the Institutional Ethics Committee, Regional College of Nursing, Guwahati (Ref. No. RNC/271/2011/Pt-11/149). Administrative permission was obtained from the concerned authorities prior to data collection. Informed consent was obtained from the parents or guardians of the participants before their inclusion in the study.

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