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# Effectiveness of Sociodrama on Knowledge Regarding Good Touch and Bad Touch Among School Age Children in Selected Schools at Sultanpur, Uttar Pradesh

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**Abstract**

**Background of the Study:** Child sexual abuse is a serious child-protection and public-health concern. Limited knowledge about personal safety and safe and unsafe touch may increase children's vulnerability. Interactive educational approaches such as sociodrama can provide opportunities for children to observe, discuss, practice, and respond to safety situations. The present study assessed the effectiveness of sociodrama on knowledge regarding good touch and bad touch among school age children in selected schools at Sultanpur, Uttar Pradesh.

**Methods:** A quantitative evaluative approach with a quasi-experimental pre-test post-test control-group design was adopted. A total of 120 school children aged 8–12 years were selected by non-probability purposive sampling, with 60 children in the experimental group and 60 in the control group. Crystal Convent Public School constituted the experimental setting and Raj Memorial Academy constituted the control setting. Knowledge was assessed using a self-structured 20-item multiple-choice tool. The experimental group received seven structured sociodrama sessions over approximately two weeks, while the control group received no intervention during the study period. Descriptive statistics, paired t-test, unpaired t-test, and chi-square test were used.

**Results:** In the experimental group, the mean knowledge score increased from 7.86 (SD 3.68) in the pre-test to 17.80 (SD 1.50) in the post-test, with a mean difference of 9.94 and a reported paired t value of 19.377. In the control group, the mean score increased from 7.41 (SD 2.70) to 8.20 (SD 2.62), with a mean

difference of 0.79 and a reported t value of 1.37. The post-test mean was 17.80 in the experimental group and 8.20 in the control group; the reported unpaired t value was 24.633, indicating a statistically significant difference. Significant associations with pre-test knowledge in the experimental group were reported for age, class standard, mother's education, and number of siblings.

**Conclusion:** The findings indicate that structured sociodrama was effective in improving knowledge regarding good touch and bad touch among the participating school children. Sociodrama may be considered as an engaging school-health education strategy for child-safety education.

**Keywords:** School Children, Sociodrama, Good Touch, Bad Touch, Child Safety, Knowledge, Quasi-Experimental Study

## 1. Introduction

Children have the right to safety, protection, dignity, and development. Knowledge of body safety is an important component of child protection because children need to distinguish between comfortable and uncomfortable physical contact, recognize situations that may be unsafe, and know how to seek help from trusted adults.

Good touch and bad touch are commonly used educational concepts to help children understand safe and unsafe physical contact. In the study, good touch was operationally described as physical contact that is appropriate, brief, non-invasive, and contextually acceptable, whereas bad touch referred to contact involving private body areas without consent, prolonged or forceful contact, or contact causing discomfort or shame. Sociodrama was defined as structured participatory role play depicting safe and unsafe situations with verbal responses and guided discussion.

Sociodrama combines role play, dramatization, discussion, and rehearsal of responses. This approach is particularly relevant for sensitive subjects because it permits children to practice safety responses in a structured educational environment. The literature reviewed in the thesis reports positive effects of sociodrama and role play on social awareness, communication, interpersonal skills, and child-safety knowledge.

The present study was undertaken to assess whether a structured sociodrama intervention could improve school children's knowledge regarding good touch and bad touch in selected schools at Sultanpur, Uttar Pradesh.

## 2. Objectives

- To assess the pre-test knowledge level regarding good touch and bad touch among school children in the experimental and control groups.
- To assess the post-test knowledge level regarding good touch and bad touch among school children in the experimental and control groups.
- To compare the post-test knowledge scores regarding good touch and bad touch between the experimental and control groups.
- To determine the association between pre-test knowledge scores and selected demographic variables among school children in the experimental group.

## 3. Hypotheses

At the 0.05 level of significance, the study hypothesized that there would be a significant difference between pre-test and post-test knowledge scores in the experimental group, a significant difference in

post-test knowledge between the experimental and control groups, and significant associations between pre-test knowledge and selected demographic variables in the experimental group. The thesis also included a hypothesis concerning pre-test and post-test change in the control group

## 4. Materials and Methods

### 4.1 Research Approach and Design

A quantitative evaluative research approach was used. A quasi-experimental pre-test post-test control-group design was adopted. The experimental group received the sociodrama intervention and the control group did not receive the intervention during the study period. The design was represented as E O1 X O3 and C O2 – O4, where O1 and O2 represented pre-test knowledge assessments, X represented the sociodrama intervention, and O3 and O4 represented post-test assessments

### 4.2 Setting and Participants

The study was conducted in two selected schools at Sultanpur, Uttar Pradesh. Crystal Convent Public School was selected for the experimental group and Raj Memorial Academy for the control group. The target population comprised children aged 8–12 years studying in school; the accessible population consisted of eligible children available during data collection.

The inclusion criteria were students studying in classes 3 to 7, present during data collection, having parental consent, willing to participate, and able to read and write Hindi or English. Students with cognitive impairment and those absent during the intervention were excluded

### 4.3 Sample and Sampling

The final sample consisted of 120 school children, comprising 60 in the experimental group and 60 in the control group. Non-probability purposive sampling was used. The thesis reports a sample-size calculation based on a 5% significance level, 80% power, an assumed standard deviation of 4, and an expected mean difference of 2; the calculated value was 62.72, while the final sample was 60 per group.

### 4.4 Study Variables

The independent variable was the sociodrama intervention on good touch and bad touch. The dependent variable was knowledge regarding good touch and bad touch. Extraneous variables included age, gender, religion, family type, class, number of siblings, parental education and occupation, and previous exposure to good touch or bad touch sessions.

### 4.5 Data Collection Tool

The instrument comprised a socio-demographic proforma and a self-structured 20-item knowledge tool described as a Visual Analogue Scale. The knowledge items covered good touch, bad touch, body-safety rules, and appropriate responses to unsafe situations. Each item had four alternatives, with one mark for a correct answer and zero for an incorrect answer; the maximum possible score was 20. Knowledge was categorized as poor (0–9), moderate (10–14), and good (15–20).

### 4.6 Validity and Reliability

The tool was submitted to experts for content validation. Three Paediatric nursing educators reviewed the items for relevance, clarity, appropriateness, and content coverage, and modifications were made according to their suggestions. Reliability was assessed by the test-retest method using Karl-Pearson correlation, with a one-week interval; the reported reliability coefficient was $r = 0.79$

### 4.7 Intervention

The 60 experimental-group participants were divided into two subgroups of 30 to facilitate participation. Seven structured sociodrama sessions were conducted between 24 January and 6 February 2026. The

sessions addressed introduction to safe and unsafe touch; identifying good and bad touch; non-verbal responses such as stepping back and pushing away; verbal responses such as saying 'NO' and 'STOP' loudly; moving to a safe place and seeking help from adults; use of secret codes and emergency numbers; and recap and confidence building.

### 4.8 Data Collection Procedure

A pre-test was administered to both groups on 24 January 2026. The experimental group subsequently received the structured sociodrama sessions, while the control group received no intervention during the study period. A post-test was administered on 7 February 2026 using the same knowledge tool. Permission was obtained from the respective school authorities, and the thesis reports that institutional ethical permission was obtained before data collection.

### 4.9 Ethical Considerations

Prior permission was obtained from the Institutional Ethical Review Committee of Sultanpur Institute of Nursing and Paramedical Sciences. Permission was also obtained from the participating schools. Parental consent and children's willingness to participate were included among the sample-selection criteria.

### 4.10 Data Analysis

Data were organized in a master sheet. Frequency and percentage were used for demographic variables. Paired t-test was used to compare pre-test and post-test knowledge within groups, unpaired t-test was used to compare post-test knowledge between groups, and chi-square test was used to examine associations between pre-test knowledge and selected demographic variables. A significance level of 0.05 was used

## 5. Results

A total of 120 school children participated, with 60 in each group. In the experimental group, the largest age category was 10–11 years (22, 36.7%), while in the control group 10–11 years and 11–12 years each comprised 19 (31.7%). Girls constituted 53 (88.3%) of the experimental group and 50 (83.3%) of the control group.

At baseline, 45 children (75.0%) in the experimental group had poor knowledge, 12 (20.0%) had moderate knowledge, and 3 (5.0%) had good knowledge. In the control group, 46 (76.7%) had poor knowledge and 14 (23.3%) had moderate knowledge, with no child in the good-knowledge category

**Table 1: Pre-test and post-test knowledge scores in the experimental and control groups**

| Group | Test | Mean | SD | Mean Difference |
|---|---|---|---|---|
| Experimental | Pre-test | 7.86 | 3.68 | 9.94 |
| Experimental | Post-test | 17.80 | 1.50 | — |
| Control | Pre-test | 7.41 | 2.70 | 0.79 |
| Control | Post-test | 8.20 | 2.62 | — |

The experimental group showed a substantial increase in mean knowledge score from 7.86 to 17.80. The reported paired t value was 19.377, indicating a statistically significant pre-test to post-test improvement. In the control group, the mean increased only from 7.41 to 8.20, with a reported t value of 1.37, which was not statistically significant.

**Table 2: Comparison of post-test knowledge scores between groups**

| Group | Post-test Mean | SD | Mean Difference | Unpaired t |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Experimental | 17.80 | 1.50 | 9.60 | 24.633 |
| Control | 8.20 | 2.62 | 9.60 | 24.633 |

The post-test mean knowledge score in the experimental group was 17.80 compared with 8.20 in the control group, giving a mean difference of 9.60. The reported unpaired t value was 24.633, which was statistically significant at the 0.05 level.

**Table 3: Significant associations between pre-test knowledge and selected demographic variables in the experimental group**

| Demographic Variable | Chi-square | df | Result |
|---|---|---|---|
| Age | 18.30 | 6 | Significant |
| Class standard | 17.89 | 6 | Significant |
| Mother's education | 22.52 | 8 | Significant |
| Number of siblings | 15.15 | 6 | Significant |

Significant associations were observed for age, class standard, mother's education, and number of siblings. Gender, religion, father's education, parental occupation, type of family, previous information, and special-needs variables were non-significant.

## 6. Discussion

The present study demonstrated a marked improvement in knowledge following the sociodrama intervention. The mean knowledge score in the experimental group increased by 9.94 points, from 7.86 before the intervention to 17.80 after the intervention. In contrast, the control group showed only a 0.79-point increase. The between-group comparison also demonstrated a large difference in post-test knowledge, supporting the effectiveness of the intervention in this study.

The categorical findings provide an additional practical interpretation. Before the intervention, three-quarters of the experimental group had poor knowledge. Following sociodrama, it is observed that 56 children had good knowledge and 4 had average knowledge, with none in the poor category. In the control group, the post-test distribution remained concentrated in poor and average categories, with no child attaining good knowledge

The intervention was designed around concrete protective behaviors rather than abstract information alone. Children were exposed to situations involving safe and unsafe touch and were encouraged to rehearse responses such as moving away, saying 'NO' and 'STOP', going to a safe place, seeking help from adults, and remembering emergency strategies. This participatory structure may have made the content easier to understand and practice.

The significant associations between baseline knowledge and age, class standard, mother's education, and number of siblings suggest that children's prior knowledge was not uniform. These findings may be useful when designing and targeting school-based safety education. However, because the study used purposive sampling and was conducted in selected schools, these associations should be interpreted as findings within the study sample rather than as population-level causal relationships.

## 7. Implications for Nursing and School Health

The findings have implications for school health nursing, nursing education, and nursing administration. Nurses can contribute to child-safety education by providing age-appropriate information, identifying children who may need additional support, collaborating with teachers and parents, and reinforcing help-seeking behaviors.

For nursing practice, sociodrama may be incorporated into structured school-health sessions because it can be delivered in small groups and adapted to age and local context. For nursing education, students can be trained in participatory methods for communicating sensitive child-health messages. For nursing administration, regular school-based child-safety programs and interdisciplinary collaboration may be considered.

## 8. Limitations

- The sample size was limited to 120 students, which restricts generalizability.
- The study was conducted in selected schools of Sultanpur, limiting external validity.
- Non-probability purposive sampling may have introduced sampling bias.
- The knowledge assessment used a self-structured tool, despite efforts to establish validity and reliability.
- The intervention and follow-up period were short, preventing assessment of long-term knowledge retention.
- Environmental and personal factors influencing children's learning were not fully controlled.

## 9. Conclusion

Within the limitations of this quasi-experimental study, structured sociodrama was associated with a substantial improvement in knowledge regarding good touch and bad touch among school children. The experimental group demonstrated a large increase in mean knowledge score and a significantly higher post-test score than the control group. The findings support the use of interactive, participatory educational approaches as a potential component of school-based child-safety education.

## 10. Recommendations

- Replicate the study with a larger sample to improve generalizability.
- Conduct comparative studies in rural and urban school settings.
- Use probability sampling where feasible to reduce selection bias.
- Compare sociodrama with other teaching approaches such as video-assisted teaching, role play, or demonstration.
- Conduct longitudinal follow-up to assess retention of knowledge.
- Include parents and teachers in future child-safety education studies.
- Assess behavioral and self-protective outcomes in addition to knowledge.
- Develop and validate standardized tools for assessing knowledge of good touch and bad touch.

## 11. Acknowledgement

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