

Impact of a Structured Educational Intervention on Knowledge Regarding Good Touch and Bad Touch Among School Children

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ABSTRACT

Background: Children are highly vulnerable and often lack awareness of safe and unsafe touch, making them susceptible to abuse. School-based education plays a vital role in improving their personal safety awareness and preventing abuse through structured learning interventions.

Objectives: To assess the existing knowledge of high school children regarding good touch and bad touch, evaluate the effectiveness of a structured teaching program, and determine the association between selected socio-demographic variables and pre-test knowledge scores.

Methodology: A quasi-experimental one-group pre-test post-test design was adopted. A sample of 70 high school students was selected using simple random sampling from a selected school in Belagavi district. Data were collected using a structured knowledge questionnaire before and after the intervention. Data were analyzed using descriptive statistics, Chi-square test, Fisher's exact test, and Wilcoxon signed-rank test.

Results: Most participants were females (72.9%), aged 15 years (87.1%), from rural areas (84.3%), and had a family monthly income of ₹10,001–₹20,000 (50%). The mean pre-test knowledge score was 15.83 ± 1.13 , indicating moderate knowledge, which improved to 23.71 ± 0.46 in the post-test. The difference was statistically significant ($Z = -7.32$, $p < 0.05$). Post-intervention, all students demonstrated good knowledge. Socio-demographic variables showed no significant association with pre-test knowledge except father's education and occupation.

Conclusion: The structured teaching program was effective in significantly improving knowledge regarding good touch and bad touch among high school children. Integrating such educational interventions into school health programs can enhance child safety awareness and help prevent abuse.

Keywords: Good touch; Bad touch; Structured teaching program; High school children; Child safety education; Knowledge assessment

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INTRODUCTION

Childhood is a crucial stage of human development where children learn physical, emotional, and social behaviors and depend on adults for protection and guidance. However, increasing exposure to unsafe environments makes children vulnerable to abuse, especially when they lack awareness regarding personal safety. Child protection education is therefore essential to ensure safety and well-being from an early age.¹

Touch is one of the earliest forms of communication and plays a significant role in emotional bonding and development. However, it is important for children to understand the difference between safe and unsafe touch. Good touch refers to caring, safe, and appropriate physical contact that provides comfort and security, whereas bad touch refers to any unwanted, uncomfortable, or unsafe physical contact, particularly involving private body parts. Lack of awareness about this distinction increases

the risk of abuse and exploitation.²

Child abuse is a major global public health concern with serious physical, psychological, and social consequences. It may lead to long-term emotional trauma, depression, anxiety, post-traumatic stress disorder, behavioral problems, and poor social functioning. Many cases remain unreported due to fear, stigma, and lack of awareness among children and families.³

Media reports and global studies highlight the increasing incidence of child abuse, emphasizing the urgent need for preventive education. Schools play a vital role in imparting life skills and safety education to children. Structured teaching programs are effective in improving knowledge, awareness, and self-protection skills among school children.⁴

Educating children about good and bad touch empowers them to recognize unsafe situations and seek help from trusted adults. Early intervention through structured school-based programs is essential for promoting child safety, awareness, and healthy development.⁵

MATERIALS AND METHODS

This study adopted a quantitative evaluative research approach using a one-group pre-test post-test quasi-experimental design. The study was conducted among high school children in a selected school of Belagavi district. The sample size comprised 70 students selected through simple random sampling. The study population included school-going adolescents who met the inclusion criteria. The independent variable was a structured teaching program on good touch and bad touch, while the dependent variable was the level of knowledge regarding safe and unsafe touch among high school children. Socio-demographic variables included age, gender, religion, family income, place of residence, parental education, occupation, and family type. Data were collected using a structured questionnaire consisting of two sections. Section A included socio-demographic variables, and Section B consisted of 24 multiple-choice questions assessing knowledge regarding good

and bad touch. The tool was developed based on literature review and validated by eight experts from the Department of Community Health Nursing. Reliability testing was performed to ensure consistency of the instrument. The study included students aged 14–16 years who were willing to participate and able to understand the questionnaire, while those outside the age group, ill during the study period, or previously exposed to similar interventions were excluded.

The data collection procedure involved obtaining ethical clearance and permission from the school authorities. Written informed consent was obtained from participants after explaining the purpose and procedure of the study. A pre-test was conducted using the structured questionnaire, followed by implementation of the structured teaching program. After the intervention, a post-test was administered using the same tool to assess effectiveness. The collected data were coded, tabulated, and analyzed using descriptive statistics and inferential tests such as the Wilcoxon signed-rank test, Chi-square test, and Fisher's exact test.

RESULTS AND DISCUSSION

Section 1: Socio-demographic characteristics of students

The majority of the 70 students were 15 years old (87.1%), while 12.9% were 14 years old. Females constituted 72.9% and males 27.1%. Most students belonged to Hindu religion (84.3%), followed by Muslims (15.7%). Regarding family income, 50% of families earned ₹10,001–20,000 per month, 44.3% earned less than ₹10,000, and 5.7% earned above ₹20,000. Most students (84.3%) were from rural areas, while 15.7% were from urban areas.

In terms of parental education, 54.3% of fathers and 38.6% of mothers had completed secondary education, while a small proportion had higher education. Most families were nuclear (71.4%). Fathers were mainly self-employed (37.1%) or working in the private sector (31.4%), while most mothers were homemakers (62.9%).

Figure1: Distribution of students by socio demographic characteristics

		n	%
Age	14	9	12.9
	15	61	87.1
Gender	Male	19	27.1
	Female	51	72.9
Religion	Hindu	59	84.3
	Muslim	11	15.7
	Christian	0	0.0
	Other	0	0.0
Monthly income of the family	<10000	31	44.3
	10001-20000	35	50.0

	>20000	4	5.7
Area of residence	Rural	59	84.3
	Urban	11	15.7
Educational status of the father	No formal education	6	8.6
	Primary	13	18.6
	High School	38	54.3
	Graduate & above	13	18.6
Educational status of mother	No formal education	11	15.7
	Primary	28	40.0
	High school	27	38.6
	Graduate & above	4	5.7
Type of family	Joint family	20	28.6
	Nuclear family	50	71.4
Occupation status of mother	House wife	44	62.9
	Government sector	2	2.9
	Private sector	13	18.6
	Business/self employed	11	15.7
Occupational status of father	Government sector	7	10.0
	Private sector	22	31.4
	Self-employed/ Business	26	37.1
	Not working	0	0.0
	farming	15	21.4

Section 2: Knowledge levels on Good Touch and Bad Touch

The pre-test results showed that 54.3% of students had moderate knowledge, 40.0% had inadequate knowledge, and only 5.7% had good knowledge. After the structured teaching program, all students (100%) achieved good knowledge levels, indicating a substantial improvement in awareness regarding good and bad touch.

The mean pre-test knowledge score was 15.83 ± 1.13 , which increased significantly to 23.71 ± 0.46 in the post-test. The difference was statistically significant ($Z = -7.32$, $p < 0.05$),

demonstrating the effectiveness of the structured teaching program.

Section 3: Effectiveness of the teaching intervention

The structured teaching program was highly effective in improving students' knowledge regarding good and bad touch. The shift from predominantly moderate and inadequate knowledge in the pre-test to universally good knowledge in the post-test highlights the impact of structured educational intervention in enhancing awareness and understanding among school children.

Figure 3: Pre- and Post-Intervention Knowledge Levels on Good Touch and Bad Touch Among High School Students in a Selected School of Belagavi

		n	%
Pre test	Poor	28	40.0
	Average	38	54.3
	Good	4	5.7
Post test	Poor	0	0.0
	Average	0	0.0
	Good	70	100.0

Section 4: Relationship between socio demographic variables and pre-test knowledge

The study found no significant association between pre-test knowledge and most socio-demographic variables such as age, gender, religion, income, residence, mother's education, family type, and mother's occupation.

However, a significant association was observed between pre-test knowledge and father's education ($\chi^2 = 12.172$, $p = 0.030$) and father's occupation ($\chi^2 = 11.239$, $p = 0.043$). Students whose fathers had higher education or were employed in government/private sectors demonstrated better baseline knowledge compared to others. This suggests that paternal educational background may influence children's awareness regarding personal safety topics.

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