



“EFFECTIVENESS OF VIDEO-ASSISTED TEACHING ON AWARENESS OF GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN AGED 6–12 YEARS IN KISHANGANJ, BIHAR”

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ABSTRACT

Introduction: Childhood is a critical period where children are vulnerable and require proper guidance to ensure their safety and well-being. In recent years, increasing cases of child abuse have highlighted the need for awareness regarding good touch and bad touch among school-age children. Educational interventions like video-assisted teaching can play an important role in improving children’s knowledge and helping them protect themselves from abuse.

Aim: To assess the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years) in a selected school of Kishanganj, Bihar.

Objectives: 1) To assess the existing knowledge regarding good touch and bad touch among school-age children (6–12 years). 2) To evaluate the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children. 3) To determine the association between knowledge regarding good touch and bad touch and selected socio-demographic variables among school-age children.

Materials and Methods: The study adopted a quantitative research approach with a one-group pre-test and post-test design to assess the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years). The study was conducted in Saraswati Vidya Mandir School, Kishanganj, Bihar, among 100 children selected using non-probability convenient sampling. Data were collected using a self-structured questionnaire consisting of socio-demographic details and knowledge-based questions. After obtaining consent, a pre-test was conducted, followed by the implementation of

video-assisted teaching, and then a post-test was administered to evaluate the effectiveness of the intervention. The collected data were analyzed using descriptive and inferential statistics.

Results and Findings: The findings of the study revealed that in the pre-test, the majority of school children (59%) had moderately adequate knowledge, 24% had adequate knowledge, and 17% had inadequate knowledge regarding good touch and bad touch. After the implementation of video-assisted teaching, there was a significant improvement, with 92% of children attaining adequate knowledge and none remaining in the inadequate category. The mean post-test knowledge score (26.57) was higher than the pre-test score (18.87), and the calculated paired t value showed a highly statistically significant difference ($p < 0.05$), indicating the effectiveness of the intervention. Additionally, a significant association was found between knowledge levels and class of study, while other demographic variables showed no significant association.

Conclusion: The study concluded that school-age children had moderate to inadequate knowledge regarding good touch and bad touch before the intervention, but video-assisted teaching significantly improved their knowledge levels. The findings demonstrate that video-assisted teaching is an effective educational strategy for increasing awareness and promoting child safety. Therefore, such teaching methods should be encouraged in schools to empower children to recognize and respond to inappropriate touch.

Keywords: Video-assisted teaching, Good touch, Bad touch, School-age children, Knowledge, Child safety, Child abuse prevention

INTRODUCTION

Childhood is a crucial stage of life characterized by rapid physical, emotional, and social development, during which children are highly dependent on adults for care and protection. However, children are also vulnerable to various forms of abuse, including sexual abuse, which can have long-lasting psychological and social consequences. In recent years, increasing reports of child abuse have raised serious concerns about the safety and well-being of children, highlighting the urgent need for early education and awareness.

Touch is a fundamental aspect of human interaction and plays an important role in a child's growth and development. While a "good touch" makes a child feel safe, loved, and comfortable, a "bad touch" can make them feel uncomfortable, frightened, or unsafe. Educating children about the difference between good and bad touch is essential to help them recognize inappropriate behavior and take necessary actions to protect themselves. Such knowledge empowers children to speak up and seek help from trusted individuals.

Despite its importance, the topic of good touch and bad touch is often considered sensitive in society, leading to hesitation among parents and teachers in discussing it openly with children. Lack of awareness and communication can leave children unprepared to identify and respond to unsafe situations.

Therefore, it becomes the responsibility of parents, teachers, and healthcare professionals to provide appropriate education and create a safe environment where children feel comfortable discussing such issues.

Educational interventions, such as video-assisted teaching, have emerged as effective methods to enhance learning among children by making complex and sensitive topics easier to understand. Audio-visual tools can improve attention, comprehension, and retention of information, making them particularly useful in teaching concepts like good touch and bad touch. Hence, this study aims to assess the effectiveness of video-assisted teaching in improving knowledge among school-age children in Kishanganj, Bihar

Rationale of the study

Child sexual abuse is a serious and growing public health concern that affects children's physical, emotional, and psychological well-being. Studies and reports indicate that a significant number of children experience some form of abuse, often by individuals known to them, which makes it essential to equip children with knowledge and skills to protect themselves. Lack of awareness about good touch and bad touch increases children's vulnerability, especially in the age group of 6–12 years, where they may not fully understand inappropriate behavior.

In many communities, including regions like Bihar, there is limited awareness among both children and caregivers regarding child protection laws and preventive measures. Social stigma and hesitation in discussing such sensitive topics further contribute to underreporting and lack of education. Therefore, there is a strong need to introduce effective educational strategies that can improve awareness and empower children to recognize and respond to unsafe situations.

Video-assisted teaching is an innovative and engaging method that can simplify complex concepts and enhance learning among children. It provides visual and auditory stimulation, making it easier for children to understand and retain important information. Hence, this study is undertaken to evaluate the effectiveness of video-assisted teaching in improving knowledge regarding good touch and bad touch, with the aim of promoting child safety and preventive education in school settings

Significance and Need for the Study

Child sexual abuse is a widespread and serious issue that affects children globally and in India, with a large number of cases reported every year. Evidence shows that many children, especially in the age group of 5–12 years, are at high risk of abuse, often by known persons. This highlights the urgent need to educate children about personal safety, including the concepts of good touch and bad touch, to help them recognize and prevent abuse.

In India, a significant proportion of children experience some form of sexual abuse, yet awareness remains low due to social stigma, lack of open discussion, and inadequate education on the subject. In states like Bihar, studies have shown that both children and caregivers often have limited knowledge about child

protection laws and safety measures. This lack of awareness increases children's vulnerability and emphasizes the need for structured educational interventions.

Teaching children about good touch and bad touch not only helps in early identification of inappropriate behavior but also empowers them to respond appropriately and seek help. Educational programs can enhance children's confidence, emotional strength, and ability to protect themselves. Schools play a vital role in this process, as they provide an organized setting where such knowledge can be effectively delivered.

Video-assisted teaching is an effective and engaging method that improves understanding, retention, and participation among children. By using audio-visual aids, complex and sensitive topics can be explained in a simple and child-friendly manner. Therefore, this study is significant as it evaluates the effectiveness of video-assisted teaching in improving knowledge regarding good touch and bad touch, ultimately contributing to child safety and well-being.

Statement of the problem

A study to evaluate the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years) in a selected school of Kishanganj, Bihar.

Objectives of the study

- ❖ To assess the knowledge regarding good touch and bad touch among school-age children (6–12 years) in a selected school of Kishanganj, Bihar.
- ❖ To evaluate the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children.
- ❖ To determine the association between knowledge regarding good touch and bad touch and selected socio-demographic variables among school-age children.

OPERATIONAL DEFINITIONS

Assess/Evaluate:

Refers to the process of measuring the knowledge of school-age children regarding good touch and bad touch before and after the intervention.

Effectiveness:

Refers to the significant improvement in the level of knowledge of school-age children regarding good touch and bad touch after the implementation of video-assisted teaching, as measured by a structured questionnaire.

Video-Assisted Teaching:

Refers to a teaching method that uses video-based educational content along with explanation to enhance understanding and awareness among children regarding good touch and bad touch.

Knowledge:

Refers to the level of understanding and awareness of school-age children about good touch and bad touch, including identification, prevention, and response, as assessed by a structured questionnaire.

Good Touch:

Refers to a touch that makes a child feel safe, comfortable, cared for, and happy.

Bad Touch:

Refers to a touch that makes a child feel uncomfortable, afraid, confused, or unsafe, and is considered inappropriate.

School-Age Children:

Refers to children between the ages of 6–12 years studying in the selected school of Kishanganj, Bihar.

Selected School:

Refers to Saraswati Vidya Mandir School, Kishanganj, Bihar, where the study was conducted.

RESEARCH HYPOTHESIS

RH1: There will be a significant improvement in the level of knowledge regarding good touch and bad touch among school-age children (6–12 years) after video-assisted teaching compared to before the intervention.

RH2: There will be a statistically significant association between the level of knowledge regarding good touch and bad touch among school-age children and selected socio-demographic variables.

ASSUMPTIONS

- ❖ School-age children may have inadequate knowledge regarding good touch and bad touch.
- ❖ School-age children may have been exposed to or experienced situations related to bad touch but may not be able to identify or report them properly

DELIMITATIONS

- ❖ The study is limited to school-age children (6–12 years) in a selected school of Kishanganj, Bihar.
- ❖ The study is confined to a sample size of 100 children.

- ❖ The study focuses only on assessing knowledge regarding good touch and bad touch.
- ❖ The duration of the study is limited to the period of data collection and intervention.

CONCEPTUAL FRAMEWORK

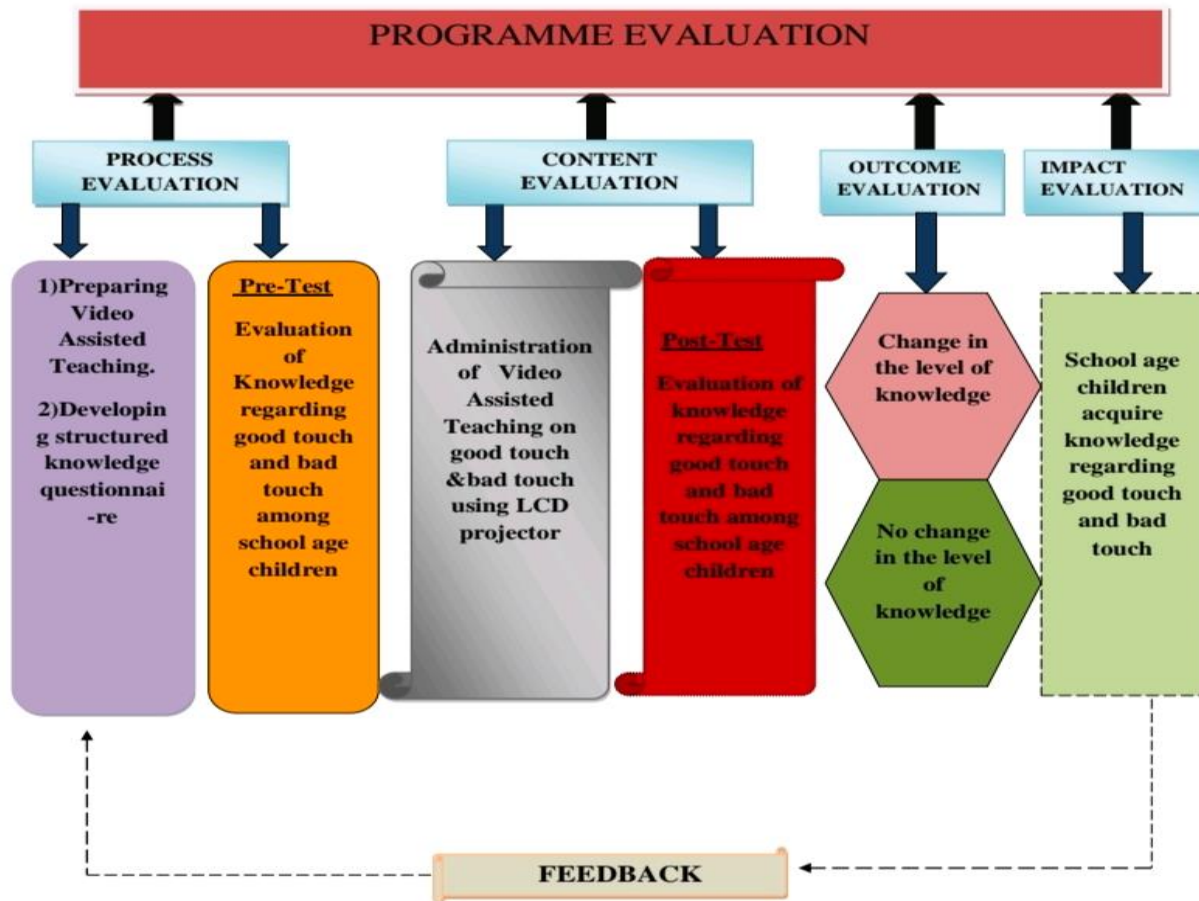


Figure: Schematic Presentation of Conceptual Framework

RESEARCH METHODOLOGY

Research Design

The study employed a quantitative research approach using a one-group pre-test and post-test design to evaluate the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years). In this design, the level of knowledge of the participants was assessed before the intervention through a pre-test, followed by the implementation of video-assisted teaching, and then reassessed using a post-test. This design helped in determining the changes in knowledge levels and measuring the effectiveness of the teaching intervention among the selected group of children.

Research Approach

The study adopted a quantitative research approach to assess and evaluate the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years). This approach was appropriate as it involved the collection and analysis of numerical data using structured tools, allowing for objective measurement of knowledge levels before and after the intervention and facilitating statistical analysis of the results.

Variables of the Study

The variables in this study are categorized as follows:

Independent Variable:

Video-assisted teaching on good touch and bad touch.

Dependent Variable:

Knowledge regarding good touch and bad touch among school-age children (6–12 years).

Attribute (Demographic) Variables:

Age, class of study, gender, education of father, education of mother, occupation of father, occupation of mother, type of family, number of siblings, monthly income, and previous knowledge regarding good touch and bad touch

Setting of the Study

The study was conducted at Saraswati Vidya Mandir School, located in Kishanganj District, Bihar. The setting was selected based on its accessibility, feasibility for conducting the research, and availability of the required sample of school-age children (6–12 years).

Population

The population of the study comprised school-age children between 6–12 years studying at Saraswati Vidya Mandir School in Kishanganj District, Bihar.

Sample and Sampling Technique

The sample of the study consisted of 100 school-age children (6–12 years) selected from Saraswati Vidya Mandir School, Kishanganj, Bihar. A non-probability convenient sampling technique was used to select the participants who met the inclusion criteria and were available during the data collection period.

Criteria for Selection of Subjects

Inclusion Criteria

- ❖ School-age children between 6–12 years.
- ❖ Children who were willing to participate in the study.
- ❖ Children whose parents/guardians provided consent for participation

Exclusion Criteria

- ❖ School-age children who were not present at the time of data collection.
- ❖ Children who were outside the age group of 6–12 years.

Data Collection Instruments

The data for the study were collected using a self-structured tool developed by the researchers based on review of literature and expert guidance. The instrument consisted of two sections. Section A included a socio-demographic data sheet with variables such as age, gender, class, parental education, occupation, family type, number of siblings, income, and previous knowledge. Section B consisted of a structured knowledge questionnaire containing multiple-choice questions related to good touch and bad touch, including its identification, consequences, and prevention. Each correct answer was awarded one mark, while incorrect answers received zero marks. The tool was validated by experts to ensure its reliability and appropriateness for the study.

Validity of the Tool

The validity of the data collection tool was established through content validity. The tool was reviewed by 9 nursing experts from Mata Gujri College of Nursing to ensure its accuracy, relevance, and appropriateness. Based on their suggestions, necessary modifications were made, including addition, deletion, and refinement of some questions. After incorporating these changes, the final tool was validated and used for data collection in the study.

Reliability of the Tool

The reliability of the tool refers to its consistency and stability in measuring the knowledge of school-age children regarding good touch and bad touch. Although the study primarily emphasized content validity, the structured questionnaire was carefully developed, standardized, and reviewed by experts to ensure clarity and consistency in responses. The uniform administration of the tool during both pre-test and post-test further helped in maintaining the reliability of the data collected.

Pilot Study

A pilot study was conducted prior to the main study to assess the feasibility, clarity, and practicability of the research design and data collection tool. The pilot study was carried out on a small group of school-age children (6–12 years) similar to those in the main study, but they were not included in the final sample. The results of the pilot study helped in identifying any difficulties in understanding the questionnaire and implementing the video-assisted teaching, and necessary modifications were made before conducting the main study.

Data Collection Procedure

Data collection was carried out after obtaining formal permission from the school authorities and informed consent from the parents/guardians of the children. The study was conducted in two phases: pre-test and post-test. On the first day, the purpose of the study was explained to the participants, and a pre-test was administered using the structured questionnaire to assess their existing knowledge regarding good touch and bad touch. The children were given adequate time to complete the questionnaire, and the responses were collected on the same day.

On the second day, video-assisted teaching on good touch and bad touch was provided to the children using audio-visual aids, followed by a brief explanation and discussion. After the intervention, a post-test was conducted using the same questionnaire to evaluate the effectiveness of the teaching program. The collected data were then organized for analysis using appropriate statistical methods

Plan for Data Analysis

The collected data were organized, tabulated, and analyzed using both descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to describe the socio-demographic variables and to assess the level of knowledge regarding good touch and bad touch among school-age children.

Inferential statistics were applied to determine the effectiveness of the intervention and the association between variables. The paired t-test was used to compare pre-test and post-test knowledge scores to evaluate the effectiveness of video-assisted teaching. The chi-square test was used to find the association between knowledge levels and selected socio-demographic variables. The level of significance was set at $p < 0.05$.

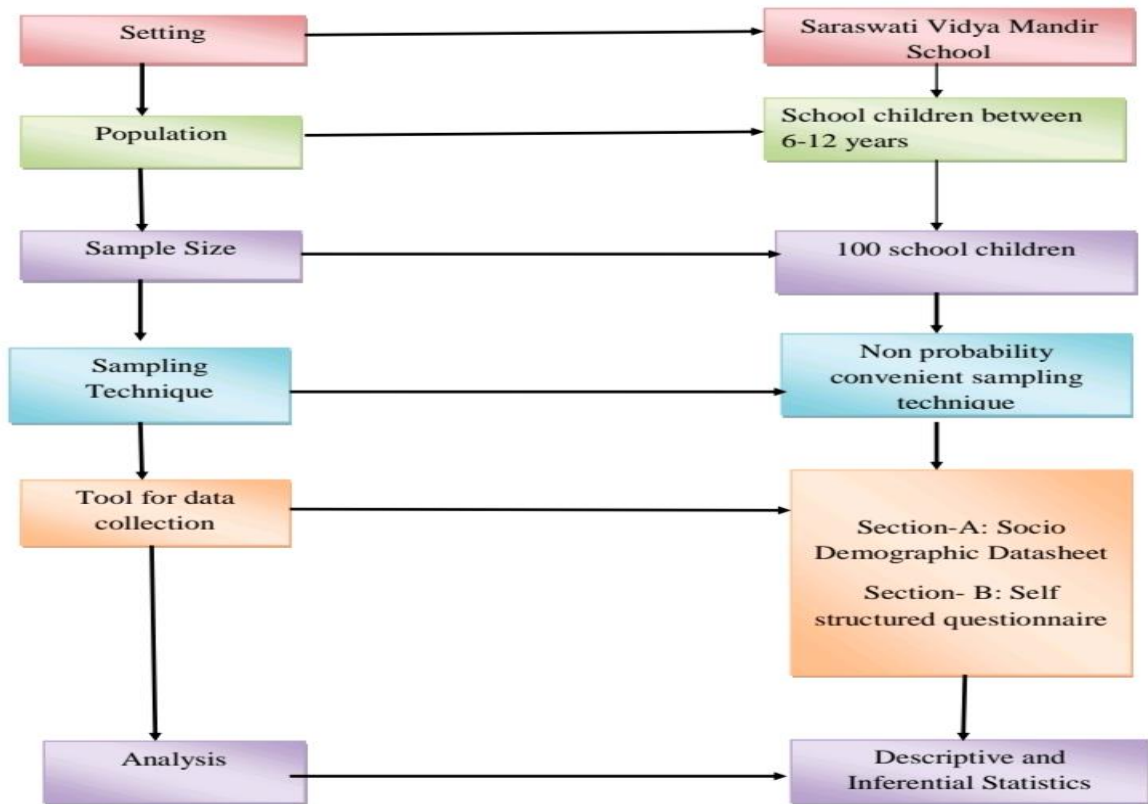


FIGURE 2: SCEMATIC PRESENTATION OF RESEARCH

DATA ANALYSIS AND INTERPRETATION

Section A: Frequency & Percentage distribution of school children according to socio-demographic variables

TABLE 1: Frequency & Percentage distribution of school children according to socio-demographic variables.

N=1

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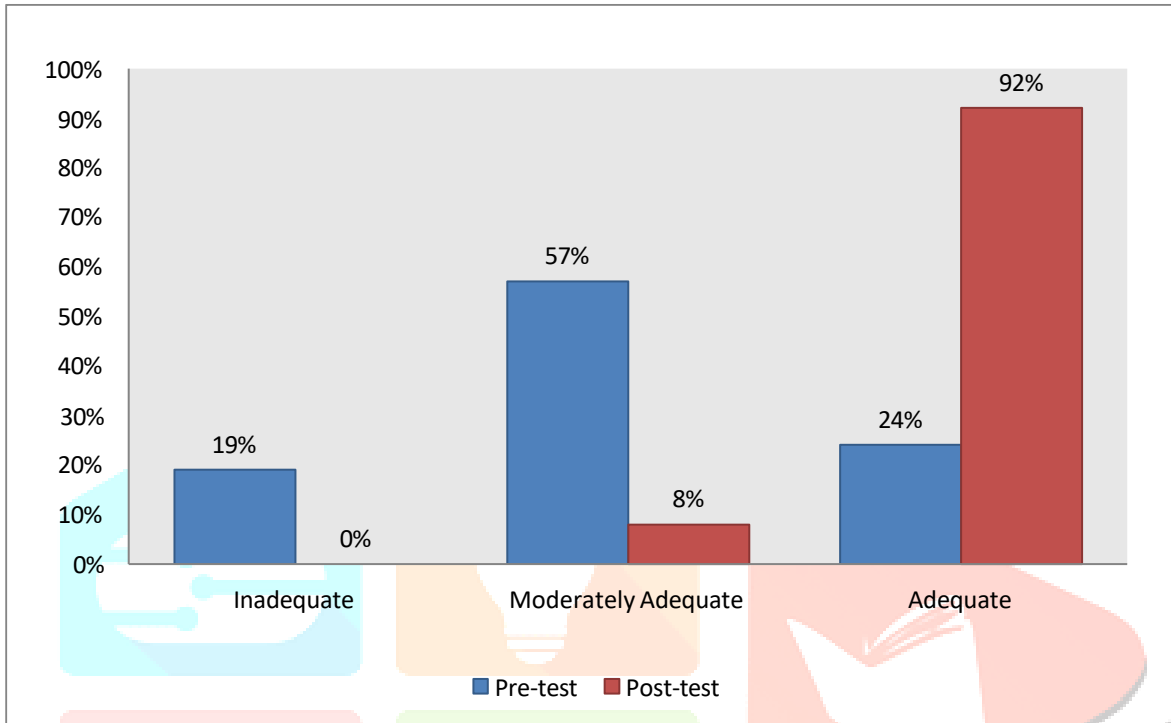
Sr. No.	Socio-demographic variables	Frequency(f)	Percentage (%)
1	Age(years)		
	Less than 7	0	0%
	7 to 9	27	27%
	10 to 12	73	73%
2	Class of Study		
	Class 2	0	0%

	Class 3	0	0%
	Class 4	42	42%
	Class 5	58	58%
3	Gender		
	Male	63	63%
	Female	37	37%
4.	Education Of Father		
	Illiterate	7	7%
	Primary Education	8	8%
	Upper Primary Education	18	18%
	Secondary Education	11	11%
	Higher Secondary Education	13	13%
	Graduate or above	43	43%
5.	Education of Mother		
	Illiterate	10	10%

	Primary Education	9	9%
	Upper Primary Education	9	9%
	Secondary Education	22	22%
	Higher Secondary Education	16	16%
	Graduate or above	34	34%
6.	Type of Family		
	Nuclear	64	64%
	Joint	36	36%
7.	Total number of Siblings		
	0	5	5%
	1	31	31%
	2	41	41%
	More than 2	23	23%
8.	Occupation of Father		
	Government Services	30	30%
	Private Services	19	19%
	Self Employed	51	51%
	Unemployed	0	0%
9.	Occupation of Mother		
	Government Services	7	7%
	Private Services	9	9%
	Self Employed	11	11%
	Unemployed	73	73%
10.	Monthly Income		
	Less than 10,000	11	11%
	10,001- 30,000	44	44%
	30,001 – 50,000	33	33%
	More than 50,000	12	12%
11.	Do you have previous knowledge regarding good touch and bad touch?		
	Yes	30	30%
	No	70	70%

Section B Frequency & Percentage distribution of pre-test and post-test level of knowledge regarding good touch and bad touch among children.

Fig. No: 3 Frequency & Percentage distribution of pre-test and post-test level of knowledge regarding good touch and bad touch among children.



Section C Comparison of knowledge between pre-test & post-test by Paired ‘t’ test

N=100

Sl. No.	Level of Knowledge	Mean	S. D	‘t’ value	P value
1.	Pre-test	18.87	6.327	12.1825	<.00001 S*
2.	Post-test	26.57	2.026		
S*= highly statistically significant at the level of p<0.00001					

Section D: Association between pre-test knowledge score among children with selected demographical variables.

TABLE 4: Association between pre-test knowledge score among school children with selected demographical variables. N=100

Sl. No.	Socio- demographic Variables	Level of Knowledge			X ²	df	P value
		Inadequate	Moderate	Adequate			
1.	Age(years)						
	7 to 9	5	15	7	0.181	2	0.91 (NS)
	10 to 12	12	44	17			
2.	Class of Study						
	Class 4	15	22	5	19.870	2	0.0000 4 (S*)
	Class 5	2	37	19			
3.	Gender						
	Male	14	33	16	4.134	2	0.126 (NS)
	Female	3	26	8			
4.	Education Of Father						
	Illiterate	2	3	2	12.631	10	0.245 (NS)
	Primary Education	4	4	0			
	Upper Primary Education	3	10	5			
	Secondary Education	0	8	3			
	Higher Secondary Education	1	7	5			
	Graduate or above	7	27	9			
5.	Education of Mother						
	Illiterate	3	6	1	14.989	10	0.132 (NS)
	Primary Education	3	5	1			
	Upper Primary Education	1	8	0			
	Secondary Education	5	12	5			
	Higher Secondary Education	1	7	8			
	Graduate or Above	4	21	9			
6.	Type of Family						
	Nuclear	12	38	14	0.658	2	0.719 (NS)
	Joint	5	21	10			
7.	Total number of Siblings						
	0	1	2	1	6.049	6	0.417 (NS)
	1	3	20	8			
	2	10	20	12			

	More than 2	3	17	3			
8.	Occupation of Father						
	Government Services	4	17	9	4.782	4	0.310 (NS)
	Private Services	4	14	1			
	Self Employed	9	28	14			
	Unemployed	0	0	0			
9.	Occupation of Mother						
	Government Services	1	6	0	5.207	6	0.517 (NS)
	Private Services	1	6	2			
	Self Employed	3	4	4			
	Unemployed	12	43	18			
10.	Monthly Income						
	Less than 10,000	4	6	1	11.859	6	0.065 (NS)
	10,001- 30,000	5	32	7			
	30,001 – 50,000	7	14	12			
	More than 50,000	1	7	4			
11.	Do you have previous knowledge regarding good touch and bad touch?						
	Yes	8	14	8	3.587	2	0.166 (NS)
	No	9	45	16			

*Significant P value (class of study) = 0.00004

DISCUSSION

The present study was conducted to assess the effectiveness of video-assisted teaching on knowledge regarding good touch and bad touch among school-age children (6–12 years) in a selected school of Kishanganj, Bihar. The findings revealed that before the intervention, the majority of children had moderately adequate knowledge, while a notable proportion had inadequate knowledge. This indicates that children lacked sufficient awareness regarding personal safety and the concept of good touch and bad touch, which makes them vulnerable to abuse.

After the implementation of video-assisted teaching, there was a significant improvement in the knowledge levels of the children. The majority of participants achieved adequate knowledge in the post-test, and no child remained in the inadequate category. The increase in mean post-test scores compared to pre-test scores, along with a statistically significant t value, clearly demonstrates the effectiveness of the

video-assisted teaching intervention. These findings are consistent with other similar studies, which also reported improved knowledge following educational interventions.

The study also examined the association between knowledge and selected socio-demographic variables. It was found that class of study had a statistically significant association with knowledge levels, indicating that as children progress academically, their understanding improves. However, other variables such as age, gender, parental education, and income did not show a significant association, suggesting that educational intervention plays a more crucial role than background characteristics.

Overall, the findings emphasize the importance of structured educational programs in enhancing children's awareness about good touch and bad touch. Video-assisted teaching proved to be an effective and engaging method for improving knowledge and can be recommended for wider implementation in schools to promote child safety and prevention of abuse.

CONCLUSION

The study concludes that school-age children initially had moderate to inadequate knowledge regarding good touch and bad touch, which indicates a lack of awareness about personal safety. After the implementation of video-assisted teaching, there was a significant improvement in their knowledge levels, with the majority of children achieving adequate knowledge.

The statistical analysis further confirmed that the intervention was highly effective, as evidenced by the significant difference between pre-test and post-test scores. Additionally, only class of study showed a significant association with knowledge levels, while other demographic variables had no significant impact.

Therefore, video-assisted teaching is an effective method for enhancing awareness among children and should be incorporated into school health education programs to promote child safety and prevent abuse.

LIMITATIONS

- ❖ The study was limited to only one selected school in Kishanganj, Bihar.
- ❖ The sample size was small (100 children), which limits generalization of findings.
- ❖ The study focused only on knowledge assessment and not on behavioral changes.
- ❖ Children who had experienced bad touch were not specifically assessed.
- ❖ The duration of the study was short and limited to immediate post-test evaluation

RECOMMENDATIONS

- ❖ Similar studies can be conducted with a larger sample size for better generalization.
- ❖ Comparative studies can be carried out using different teaching methods.
- ❖ The study can be replicated in different settings and among different age groups.

- ❖ Long-term follow-up studies can be conducted to assess retention of knowledge.
- ❖ Awareness programs can be extended to parents and teachers along with children.

NURSING IMPLICATIONS:

Nursing Practice:

- ❖ Nurses can identify children at risk of abuse and take preventive measures.
- ❖ Nurses can assess and improve children's knowledge regarding good touch and bad touch.
- ❖ Nurses can create awareness among children, parents, and teachers.
- ❖ Nurses can help in creating a safe environment for children.

Nursing Education:

- ❖ Nurses should be trained with updated knowledge to educate children effectively.
- ❖ Nurses can act as educators and advocates for child safety.

Nursing Administration:

- ❖ Nurse administrators should encourage awareness programs in schools.
- ❖ Collaboration with teachers and other health professionals should be promoted to prevent child abuse.

Nursing Research:

- ❖ Further research should be conducted and findings should be disseminated for better utilization.
- ❖ More studies can be done to improve teaching strategies for child safety education.

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Conflict of Interest Statement:

The researchers declare that there is no conflict of interest regarding the publication of this study.

Ethical Statement:

Ethical approval for the study was obtained from the concerned authorities before data collection. Formal permission was taken from the school administration, and informed consent was obtained from the parents/guardians of the participants. Assent was also taken from the children. Confidentiality and anonymity of the participants were strictly maintained throughout the study, and participation was purely voluntary.

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