



# A Study to Compare the Difference in Effect of a Nursing Intervention Package on the Attitude Regarding Good Touch and Bad Touch between Urban Adolescents and Rural Adolescents Studying in Selected Schools of Dehradun, Uttarakhand

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## Abstract

**Background:** Globally, two-third of all victims of CSA are adolescents. In India this abuse peaks at 12 to 15 years of age and then starts to decline. Urban students have more awareness on GTBT than the rural students. The effects of CSA can be long-lasting and affect the victim's mental health.

**Objectives:** This investigation is primarily targeted towards finding whether a nursing intervention package (NIP) affects rural adolescents differently than urban adolescents within the confines of this research setting.

**Materials and Methods:** In this study a quantitative evaluative research approach was used and quasi experimental time series research design was used in which an intervention was introduced only once after the pre-test of data collection.

**Results:** The area of residence does not affect an adolescent's attitude towards GTBT, the NIP was indeed successful in achieving its objectives for both rural and urban adolescent's equally, and ARS also is successful in capturing and quantizing the attitude of adolescents for GTBT.

**Conclusion:** Through tools the researcher has used, the researcher can increase an adolescent's attitude towards significance of GTBT.

**Keywords:** Chile Sexual Abuse; Adolescents; Nursing Intervention Package; Attitude Rating Scale

## Abbreviations

NIP: Nursing Intervention Package; GTBT: Good Touch and Bad Touch; CSA: Child Sexual Abuse; ARS: Attitude Rating Scale.

## Introduction

This investigation is primarily targeted towards finding whether a nursing intervention package (NIP) affects rural

adolescents differently than urban adolescents within the confines of this research setting. The said NIP has been self-developed by the researcher and envisions to bring about change in an adolescent's attitude towards Good Touch and Bad Touch (GTBT) thereby equipping him / her with a defence towards Child Sexual Abuse (CSA). The psychological construct "Attitude" is captured through an Attitude Rating Scale (ARS) which is also self-developed by the researcher, it envisions to quantify the above mentioned psychological construct into a numerical score.

Living conditions, society and cultural differences do exist in India and vary from region to region, these differences often mark rural and urban boundaries so researcher has a belief that these differences would also affect an adolescent. Thus, the researcher has investigated whether such affects also affect an adolescent's attitude towards GTBT and whether NIP can be successfully implemented within such cohort having a different background vis-a-vis rural versus urban. It is important to include and investigate adolescents in such a way as previous research has shown that globally, two-third of all victims of CSA are adolescents [1]. In India this abuse peaks at 12 to 15 years of age and then starts to decline [2]. Urban students have more awareness on GTBT than the rural students [3]. The effects of CSA can be long-lasting and affect the victim's mental health. Victims are more prone to experience the following mental health challenges, such as they are about 4 times more likely to develop symptoms of drug abuse, about 4 times more likely to experience PTSD as adults, about 3 times more likely to experience a major depressive episode as adults [4].

Furthermore, CSA is becoming a viral issue in today's world. It's our responsibility as parents, teachers & health care providers (Psychiatric Nurse) to create awareness on Good Touch & Bad Touch, thereby preventing adolescents from being the victims of CSA.

Therefore, in-order to do this primarily the researcher had following research question before the start of this study, is the attitude towards significance of GTBT among rural adolescents and urban adolescents in schools of Dehradun comparable? Therefore, the researcher started of by establishing the following research objectives; Firstly, to assess the pre-test level of attitude on GTBT; Secondly, to implement and evaluate the effectiveness of NIP on GTBT; Lastly, to assess the post-test level of attitude on GTBT among rural adolescents and urban adolescents in selected schools of Dehradun. A research sample consisting of adolescents was taken to investigate the research problem, the same is shown in Table 1 below.

Comparative Demographics frequencies within rural and urban adolescents (Sample size = 97; rural = 50, urban = 47)				
Demographic Category	Demographic Class	Rural	Urban	Row Total
Gender	Male	23	12	35
	Female	27	35	62
Father's Education	No Formal Education	46	15	61
	Formal Education	4	32	36
Mother's Education	No Formal Education	38	22	60
	Formal Education	12	25	37
Father's Employment	Employed	1	33	34
	Self Employed	49	14	63
Mother's Employment	Home Maker	41	32	73
	Paid Earner	9	15	24
Family Type	Nuclear	11	10	21
	Joint	39	37	76
Monthly family income	Less Than ₹15,000	48	0	48
	Greater Than ₹15,000	2	47	49

**Table 1:** Comparative Demographics frequencies within rural and urban adolescents.

### Hypothesis

- **HO<sub>1</sub>:** There does not exist a statistically significant difference between the mean of attitude scores before implementation of NIP and the mean of attitude scores after implementation of NIP among Rural adolescents.
- **HO<sub>2</sub>:** There does not exist a statistically significant difference between the mean of repeated measures of attitude scores after implementation of NIP among Rural adolescents.
- **HO<sub>3</sub>:** There does not exist a statistically significant difference between the mean of attitude scores before implementation of NIP and the mean of attitude scores after implementation of NIP among Urban adolescents.
- **HO<sub>4</sub>:** There does not exist a statistically significant difference between the mean of repeated measures of attitude scores after implementation of NIP among Urban adolescents.

## Conceptual Framework

Conceptual framework used in the study was based upon the evaluation model by Daniel Stuffle Beam (1960). This model requires the evaluation of context, input, process & product in identifying and judging a programme value. In this study this model is used to evaluate attitude level of GTBT among adolescents.

## Materials and Methods

In the present study the psychological construct "attitude" refers to the level of perception towards the significance of GTBT among adolescents and it is measured by a self-developed ARS. NIP includes a power point presentation on GTBT with the inclusions of psychiatric implications of CSA in later stages of minor's life. GTBT refers to the touch, its types, perpetrators, private body parts, differentiating touch, consequences of bad touch and the ways of prevention.

The selected Government Schools were those where adolescents within the age group of 13-17 years old were available. Selected urban adolescents were mostly from schools in Doiwala urban area which is a town administered by a Nagar Panchayat within the Dehradun sub-district. Whereas, selected rural adolescents were largely from schools in Jolly Grant rural area which is a village administered by a Gram Panchayat within Rishikesh sub-district. Both these sub-districts are part of Dehradun district of Uttarakhand state were selected randomly through lottery method.

In this study a quantitative evaluative research approach was used and quasi experimental time series research design was used in which an intervention was introduced only once after the pre-test of data collection. A pre-test was conducted before administering the NIP then first post-test was conducted after 7 days, a second post-test followed after 20 days and finally a third post-test followed after 40 days. The prospective adolescents were recruited based on a multi

stage cluster sampling technique. In order to have control over the confounding variables and to have homogeneity in recruited adolescents an eligibility criterion was formulated along with an inclusion/exclusion criterion.

The first draft of the NIP was prepared based on literature review. A criteria check-list for the validation rating of the intervention was then developed. Finally appropriate audio-visual aids were prepared. The intervention was delivered to the subjects by the researcher using a one-to-one, face-to-face contact session. The duration of the intervention was 30 minutes there was a lecture cum discussion on significance of GTBT followed by psychiatric implications, long term effects and prevention of CSA.

A self developed ARS on GTBT which gave various situations of GTBT and asked the students to mark their rating according to the situations. Questionnaire took approximately 10-15 minutes administration. Reliability of this tool was established by internal consistency ( $r = 0.89$ ) by split half method and the stability of the tool was done by test-retest method ( $r=0.78$ ). To secure credibility, research tools were submitted to validators who were from psychiatry and mental health department and were chosen according to their proficiency, experience and interest in the problem. Pre-testing was conducted among 5 adolescents, pilot study was conducted among 10 adolescents, and data from both of the above was not included for the main study.

## Results

As discussed in the previous section, pre-test attitude scores were evaluated which formed the baseline scores for research subjects. As is evident from Table 2 below, there does not exist a statistically significant relationship between an adolescent's pre-test attitude of GTBT and their area of residence in selected geography of Dehradun.

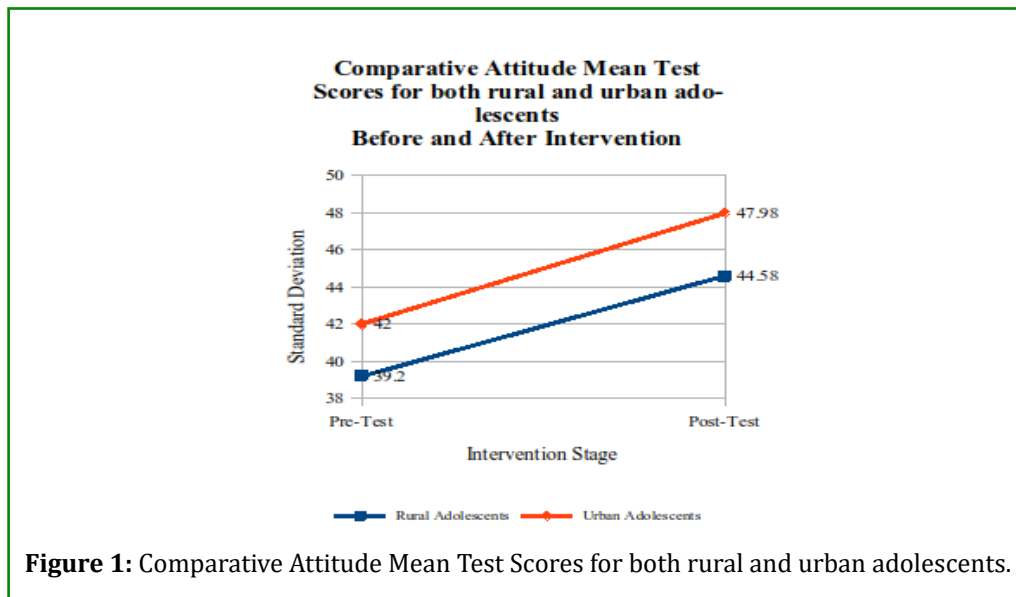
Comparative Pre-Test Attitude scores of both rural and urban adolescents				
Observed Values 0 - 42		Pre-Test Score Classes		Row Total
		43 - 72		
Area of Residence	Rural	32	18	50
	Urban	24	23	47
Column Total		56	41	97
Chi-squared	p-value	Significance Level	Power	Sample Size
1.66	0.2	0.05	0.25	97

Comparative Post-Test Attitude scores of both rural and urban adolescents				
Observed Values 0 – 42		Post-Test Score Classes		Row Total
		43 – 72		
Area of Residence	Rural	10	40	50
	Urban	4	43	47
Column Total		14	83	97

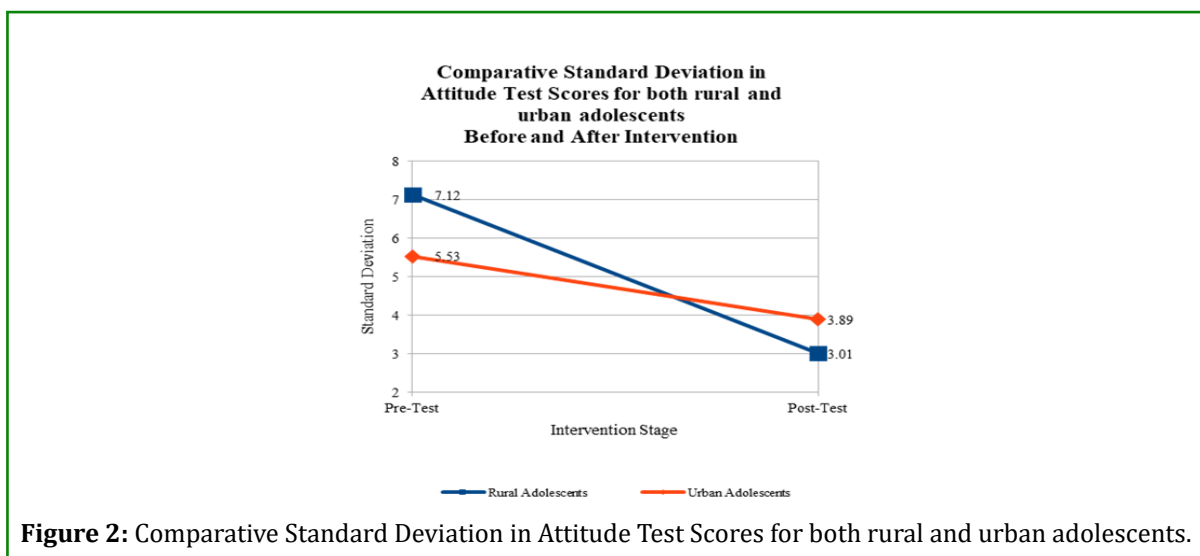
**Table 2:** Comparative Pre-Test and Post-Test Attitude scores of both rural and urban adolescents.

Paired t Test was used to evaluate hypothesis 1, the critical value of the test was equal to 2.01 which was less than the test statistic of 13.57. This analysis revealed that there exists a statistically significant difference between the mean of attitude scores before implementation of NIP and the mean of attitude scores after implementation of NIP among Rural adolescents. Going further, repeated measures ANOVA was

used to evaluate hypothesis 2, the test statistic was equal to 0.03 which was less than the critical value of 3.19. This analysis revealed that there does not exist a statistically significant difference between the mean of repeated measures of attitude scores after implementation of NIP among Rural adolescents.



**Figure 1:** Comparative Attitude Mean Test Scores for both rural and urban adolescents.



**Figure 2:** Comparative Standard Deviation in Attitude Test Scores for both rural and urban adolescents.

Similarly, paired t test was used to evaluate hypothesis 3, the critical value was equal to 2.01 which was less than the test statistic of 11.54. This analysis revealed that there exists a statistically significant difference between the mean of attitude scores before implementation of NIP and the mean of attitude scores after implementation of NIP among Urban adolescents. Going further, repeated measures ANOVA was used to evaluate hypothesis 4, the test statistic was equal to 0.11 which was less than the critical value of 3.2. This statistical analysis revealed that there does not exist a statistically significant difference between the mean of repeated measures of attitude scores after implementation of NIP among Urban adolescents Figures 1 & 2.

Both the Figures 1,2 above compare how the mean attitude scores and the standard deviation within attitude scores vary before and after the implementation of NIP.

## Discussion

From table 2 it is evident that area of residence does not affect an adolescent's attitude towards GTBT and for good reasons, for example the psychological divide between rural and urban areas that is presumed to exist might not exist as far as the definition of this study goes or this might be due to other factors like proliferation of free digital content and media, mainstream media's openness towards reporting incidents of child abuse and society in general be it rural or urban has grown to acknowledge CSA and trains its children to have a healthy attitude towards GTBT. However, there might also be one more reason and a big one at that attitudes toward GTBT are formed and solidified before the adolescence years.

All the four hypothesis when seen together along with their statistical tests, we can infer that the NIP was indeed successful in achieving its objectives for both rural and urban adolescents equally. Which in-turn means that we can compare future results and researches with respect to this research's research subjects and discount whether they belong to rural or urban areas.

Furthermore, figure 1 & 2 show us that as far as comparison between rural and urban adolescent's is concerned we can take that rural adolescent's score will be lower than urban adolescent's on attitudes towards GTBT but these scores are not that far apart also the said NIP can make positive changes but these changes are not going to be vastly different from before and this may contribute to researcher's understanding that attitudes toward GTBT are formed and solidified before adolescence which cannot be changed that easily, be the adolescent be from a rural area or an urban area.

## Implication

Since the pre-test difference (7.14%) and post-test difference (7.63%) between the two groups of adolescents is near to being same while the NIP has achieved a successful statistically significant difference between pre-test and post-test mean scores amongst the two groups of adolescents (14.24% for urban and 13.75% for rural) and also the difference in standard deviation amongst the two groups of adolescents is seen to be similar (28.75% for pre-test and 29.24% for post-test) the key implication is that for the ARS suggesting that there are certain questions within the ARS which are inferred differently by the rural group than by the urban group.

One major reason for the above could be that there is proportionately higher number of females in the urban group while the rural group is balanced among males and females and there are higher number of questions within the ARS that are biased towards the female gender.

## Recommendation

From the implication sub-section in the discussion section above, it is evident that in-order to develop a robust ARS it should be constructed to account the following:

- There should be balanced number of questions that specifically targeted towards the female gender and the male gender
- The number of such questions should be adequate and flexible (by deploying duplicate forms of the same questions) such that they can be removed accordingly to adjust unbalances in gender demographics

As a corollary the ARS also is successful in capturing and quantizing the attitude of adolescents for GTBT.

## Conclusion

The researcher thus concludes from her research that through tools she has used, she can increase an adolescent's attitude towards significance of GTBT; more improvements can be made in the Nursing Intervention Package and the way it can be delivered to adolescents. An improvement that results in higher increment in attitude. The ARS can be further developed to tackle different application situations in the field.

## References

1. Yu B, Chen J, Jin Y, Zhang W, Feng Y, et al. (2017) The Knowledge and Skills Related to Sexual Abuse Prevention among Chinese Children with Hearing Loss in Beijing. *Disabil Health J* 10(2): 344-349.

2. Ministry of Health & Family Welfare (2017) Government of India's National Health Policy-2017.
3. Marutha VM, Renuga DT (2021) A Study on Awareness on Good Touch & Bad Touch among Secondary School Students Studying in Madurai District.
4. Abujamand Y, Lillypet S (2017) Effectiveness of Structured Teaching Programme on Knowledge Regarding Good Touch & Bad Touch (GTBT). *Christian Nurse International* 9(4): 18-24.