



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

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Abstract

Background: Globally, one-third of all victims of CSA are children. In India this abuse starts at the age of 5 years and it gains momentum 10 years onward. 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 children differently than urban children 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: Area of residence does have an affects on a child's knowledge on GTBT, the NIP was indeed successful in achieving its objectives for both rural and urban children equally, SCKAQ also is successful in capturing and quantizing the knowledge of children on GTBT.

Conclusion: Through tools the researcher has used, the researcher can increase a child's knowledge on GTBT.

Keywords: Chile Sexual Abuse; Children; Nursing Intervention Package; Standardised Children Knowledge Abuse Questionnaire

Abbreviations

NIP: Nursing Intervention Package; GTBT: Good Touch and Bad Touch; CSA: Child Sexual Abuse; SCKAQ: Standardized Children Knowledge Abuse Questionnaire.

Introduction

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

children differently than urban children within the confines of this research setting. The said NIP has been self-developed by the researcher and envisions to bring about change in a child's knowledge towards Good Touch and Bad Touch (GTBT) thereby equipping him / her with a defence towards Child Sexual Abuse (CSA). The psychological construct "Knowledge" is captured through a Standardized Children Knowledge Abuse Questionnaire (SCKAQ), 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 a child. Thus, the researcher has investigated whether such affects also affect a child's knowledge about 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 children in such a way as previous research has shown that globally, one-third of all victims of CSA are children [1]. In India this abuse started at the age of 5 years and it gained momentum 10 years onward [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]. The

impact of the problem alters the normal functioning of a child. It disrupts the "Higher Mental Functioning" of the child. In long term the child become "Mentally disturbed Person" [5]. 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 GTBT, thereby preventing children from being the victims of CSA [6].

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

Comparative Demographics frequencies within rural and urban children (Sample size = 120; rural = 59, urban = 61)				
Demographic Category	Demographic Class	Rural	Urban	Row Total
Gender	Male	11	11	22
	Female	48	50	98
Father's Education	No Formal Education	45	7	52
	Formal Education	4	32	36
Mother's Education	No Formal Education	50	23	73
	Formal Education	12	25	37
Father's Employment	Employed	24	35	59
	Self Employed	35	26	61
Mother's Employment	Home Maker	55	26	81
	Paid Earner	9	15	24
Family Type	Nuclear	17	23	40
	Joint	42	38	80
Monthly family income	Less Than ₹15,000	55	17	72
	Greater Than ₹15,000	4	44	48

Table 1: Comparative demographics frequencies within rural and urban children.

Hypothesis

H01: There does not exist a statistically significant difference between the mean of knowledge scores before implementation of NIP and the mean of knowledge scores after implementation of NIP among Rural children.

H02: There does not exist a statistically significant difference between the mean of repeated measures of knowledge scores after implementation of NIP among Rural children.

H03: There does not exist a statistically significant difference between the mean of knowledge scores before implementation of NIP and the mean of knowledge scores after implementation of NIP among Urban children.

H04: There does not exist a statistically significant difference between the mean of repeated measures of knowledge scores after implementation of NIP among Urban children.

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 knowledge level of GTBT among children.

Materials and Methods

In the present study the psychological construct “knowledge” refers to the level of understanding about GTBT among children and is measured by a SCKAQ. The NIP includes a power point presentation on GTBT, demonstration on GTBT and involving children in re-demonstration on GTBT. 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 children within the age group of 8-12 years old were available. Selected urban children 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 children 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 children were recruited based on a multi stage cluster sampling technique. In order to have control over the confounding variables and to have a homogeneity in recruited children an eligibility criterion was formulated

along with an inclusion / exclusion criteria.

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. After this in-order to establish the content validity of the intervention an expert panel of nine members was prepared. 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 45 minutes for children. Firstly there was a detailed teaching and learning session on GTBT about personal rights, ‘my body belongs to me’, GTBT discrimination, breaking promise, body safety rules, say “No”, and bad secrets. Secondly a video on creating awareness on GTBT, Thirdly demonstration and re-demonstration on GTBT.

The SCKAQ talks about different kinds of touch GTBT & about Private Parts. Every statement was read louder and it was marked as True or False, Putting the right mark in the statement and match the following. Questionnaire took approximately 10 – 15 minutes administration. The reliability of the tool was established through test retest method and split half method. Internal consistency of the tool was $r=0.90$ by split half method and the stability of the tool was $r=0.76$ by test-re test method. 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 children, pilot study was conducted among 15 children, 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 exists a statistically significant relationship between a child’s pre-test knowledge of GTBT and their area of residence in selected geography of Dehradun.

Comparative Pre-Test knowledge scores of both rural and urban children				
Observed Values		Pre-Test Score Classes		Row Total
		0 - 10	Nov-20	
Area of Residence	Rural	45	14	59
	Urban	30	31	61
Column Total		75	45	120
Chi-squared	p-value	Significance Level	Power	Sample Size

9.39	0.002	0.05	0.85	120
Comparative Post-Test knowledge scores of both rural and urban children				
Observed Values		Post-Test Score Classes		Row Total
		0 - 10	Nov-20	
Area of Residence	Rural	2	57	59
	Urban	1	60	61
Column Total		3	117	120

Table 2: Comparative pre-test and post-test knowledge scores of both rural and urban children.

Paired t Test was used to evaluate hypothesis 1, the critical value of the test was equal to 2.00 which was less than the test statistic of 11.68. This analysis revealed that there exists a statistically significant difference between the mean of knowledge scores before implementation of NIP and the mean of knowledge scores after implementation of NIP among Rural children.

Going further, repeated measures ANOVA was used to evaluate hypothesis 2, the test statistic was equal to 0.3 which was less than the critical value of 3.16. This analysis revealed that there does not exist a statistically significant difference between the mean of repeated measures of knowledge scores after implementation of NIP among Rural children.

Similarly, paired t test was used to evaluate hypothesis 3, the critical value was equal to 2.00 which was less than the test statistic of 10.79. This analysis revealed that there exists a statistically significant difference between the mean of knowledge scores before implementation of NIP and the mean of knowledge scores after implementation of NIP among Urban children.

Going further, repeated measures ANOVA was used to evaluate hypothesis 4, the test statistic was equal to 0.13 which was less than the critical value of 3.15. This statistical analysis revealed that there does not exist a statistically significant difference between the mean of repeated measures of knowledge scores after implementation of NIP among Urban children.

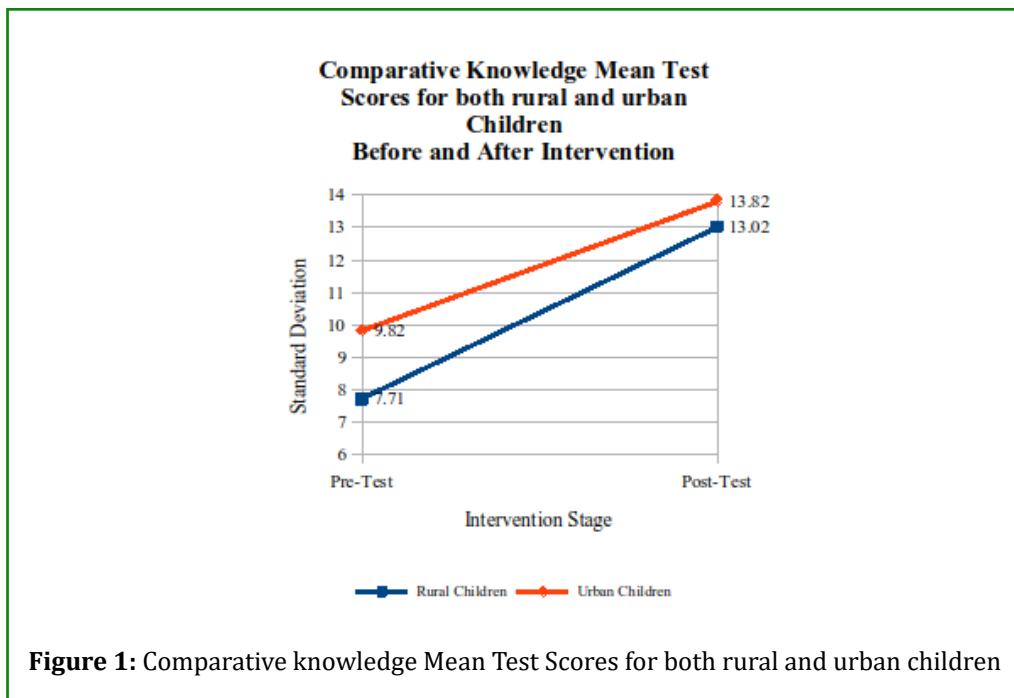
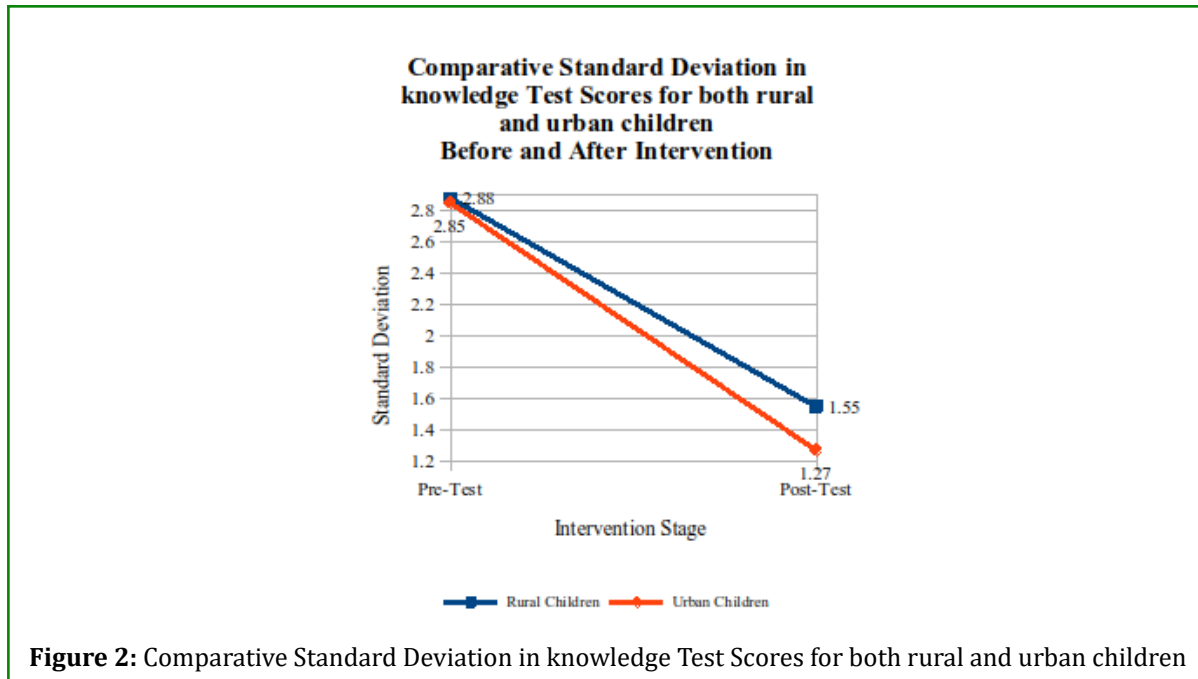


Figure 1: Comparative knowledge Mean Test Scores for both rural and urban children



Both the figures 1 & 2 above compare how the mean knowledge scores and the standard deviation within knowledge scores vary before and after the implementation of NIP.

Discussion

From Table 2 it is evident that area of residence does have an effect on a child's knowledge on GTBT and for good reasons, for example the psychological divide between rural and urban areas that is presumed to exist does 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 has not yet reached to children of these ages as far as rural children are concerned, rural children are shielded from mainstream media's openness towards reporting incidents of child abuse and society in urban India has grown to acknowledge CSA and trains its children to have a healthy knowledge on GTBT as opposed to our rural society. However, there might also be one more reason and a big one at that that knowledge on GTBT is still being formed and solidified within these early years of childhood.

The entire four hypotheses 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 children 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, Figures 1 & 2 show us that as far as comparison

between rural and urban children is concerned we can take that a rural child's score will be lower than that of an urban child's on knowledge on GTBT but these scores are not that far apart, in fact they are on a convergent trajectory also the said NIP can make positive changes and these changes can be different from before and this may contribute to researcher's understanding that knowledge on GTBT is still being formed and solidified before adolescence which can be changed, be the child be from a rural area or an urban area.

Implication

Since the pre-test difference (27.37%) and post-test difference (6.15%) between the two groups of children has decreased while the NIP has achieved a successful statistically significant difference between pre-test and post-test mean scores amongst the two groups of children (40.73% for urban and 68.87% for rural) and also the change in standard deviation amongst the two groups of children is seen to decrease (124.41% for urban and 85.81% for rural) the key implication is that that the rural children have benefited more from the NIP than their urban counterparts.

One major reason for the above could be that there is proportionately higher number of urban parents (both mothers and fathers) who have received some sort of formal education that those who have not.

Recommendation

From the implication sub-section in the discussion section above, it is evident that additional efforts should be taken to

increase the knowledge of rural children on GTBT, especially for those students whose parents have a history of having received no formal education. As it is evident that such children have gaps in their home environment towards their learnings on GTBT which in-turn needs to be filled through classroom teaching on the said subject of this research.

As a corollary the SCKAQ also is successful in capturing and quantizing the knowledge of children on GTBT.

Conclusion

The researcher thus concludes from her research that through tools and intervention she has used, she can increase a child's knowledge on GTBT; more efforts need to be made towards educating rural children on GTBT, especially those whose parents have not received a formal form of education.

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