

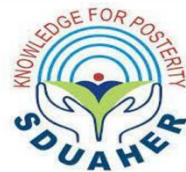
**“EFFECTIVENESS OF SELF LEARNING MODULE ON  
KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH  
AMONG SCHOOL CHILDREN IN GOVERNMENT SCHOOL  
KOLAR.”**

**By**

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Research Project submitted to the  
SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH  
(A Deemed to be University) TAMAKA, KOLAR, KARNATAKA

In Partial fulfilment of the requirements for the degree of  
MASTER OF SCIENCE IN NURSING  
In  
MENTAL HEALTH NURSING SPECIALITY



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2025

## **DECLARATION BY THE CANDIDATE**

I hereby declare that this Research Project entitled “**Effectiveness of Self Learning Module on Knowledge regarding Good Touch and Bad Touch among School Children in Government School Kolar.**” is a Bonafide and genuine research work carried out by me under the guidance of Prof. Jairakini Aruna, Research Guide, Professor and HOD, & Co-guide Mrs. Ramya M, Asst Prof, Department of Psychiatric Nursing, Sri Devaraj Urs College of Nursing, SDUAHER, Tamaka, Kolar.

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*Signature of the candidate*

*Place:*

*(Ms. Harshitha Bai J)*

# ABSTRACT

## BACKGROUND:

Protecting children's safety and dignity is a global imperative within the SDGs and child rights agenda. Although schools are pivotal in shaping behaviours, preventive education on personal safety often receives less priority than academics. Evidence shows that timely, age-appropriate interventions reduce vulnerability to abuse. In India, structured, scalable strategies are scarce; Self-Learning Modules (SLMs) offer a child-centred approach to bridge this gap. This study evaluated the effectiveness of an SLM in improving knowledge of good and bad touch among government school children in Kolar

## AIM

To assess the Effectiveness of SLM on knowledge regarding good touch and bad touch among government school students aged 9–12 years in Kolar.

## METHODOLOGY

A Quantitative approach with pre-experimental one-group pre-test–post-test design was adopted for 60 students aged 9–12 years, selected through convenient sampling technique from Sri Maruthi Higher & Primary School, Mulbagal. Data were collected using a validated Awareness Checklist on Touch, consisting of 30 items with one point awarded for each correct response (maximum score:30). Following the pre-test, the SLM was administered, and post-test knowledge was reassessed after 15 days. Data were analysed using descriptive and inferential statistics.

## RESULTS

Findings revealed a significant improvement in mean knowledge scores from  $20.05 \pm 3.60$  to  $30.0 \pm 0.00$  at  $p < 0.05$ . Prior to intervention, 55% of students demonstrated average and 45% showed good knowledge; post-intervention, 100% achieved good knowledge. Significant associations emerged with age a  $p = 0.02$  and prior exposure to SLM at  $p = 0.02$ .

## CONCLUSION

The study concludes that SLMs are highly effective, low-cost, and scalable tools to strengthen awareness of personal safety among children. Integrating such modules into

school health programs could enhance child protection and reduce abuse vulnerability, offering a model adaptable to diverse global contexts

**Keywords:** Self-Learning Module, Good Touch, Bad Touch, School Children

## LIST OF ABBREVIATIONS

SI. No	Abbreviation
1.	H <sub>01</sub> : Null hypothesis one
2.	H <sub>02</sub> : Null hypothesis two
3.	O1: Pre-test
4.	X: Intervention
5.	O2: Post-test
6.	SLM: Self Learning Module
7.	Govt. : Government
8.	f: Frequency
9.	% : Percentage
10.	SD : Standard Deviation
11.	df : Degree of Freedom
12.	P: Chi-square p value
13.	NS : Not Significant
14.	SS : Statistically significant
15.	SPSS: Statistical package for social science

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# **CHAPTER-1**

## **INTRODUCTION**

Knowledge is power and Unawareness a fool's bliss.

The upcoming generation's future lies with its children. The birth of a child brings about immense delight, happiness and responsibility for the family, society and country all at once. Childhood is a time of affluence and a model for adulthood between birth and adulthood. As a result, it needs proper attention, with the physical, mental and emotional needs which has to be satisfied.<sup>1</sup>

It's importance that we create an opportunity to talk about good and bad touch. In today's world, Child abuse and child molestation are fairly common. We hear accounts of children being abused or inappropriately touched every other day. Cases of young children, both boys and girls being sexually molested by an adult in their immediate vicinity are reported in the media on a daily basis<sup>2</sup>.

The issue is that they have no idea what is going on. Talking about it with parents is still delicate and the same is true at school. However it is still crucial for our young children's development that they understand all this and are able to handle such circumstances whenever they encounter.<sup>2</sup>

A "good touch" is any physical contact that gives a child a sense of security, happiness, and care such as a mother cuddling a child or a grandmother kissing a youngster. A "bad touch" is any physical contact that gives a child scared, anxious or unsafe. For example, if an adult kisses or touches a youngster and the child feels uneasy, they may exhibit something or touch their private areas and are told not tell to anyone. None of the school children score between 15-20, indicating that no one has sufficient understanding of good touch and bad touch. Of the schoolchildren, 18(30%) score between 8 and 14, indicating a moderate level of knowledge.<sup>3</sup>

It makes necessary to educate kids about appropriate and inappropriate touch. Describe the nice touch as a way to express love, caring and assistance that feels good and pleasant such as whenever your grandparents embrace you, when your mother hugs

you, when your father kisses you and says goodnight or your friends holding your hands while playing.<sup>3</sup>

Bad touch are those that makes you to feel uneasy, unpleasant and you immediately want to cease them. Once more, illustrate them with instances. An example of a poor touch would be if you feel wounded, if you don't want to be touched, if someone touches your private parts without cause, or if someone touches you and instructs you not to tell to tell anyone. Additionally, teach your child to say **NO** when someone touches them in a way that bothers them.<sup>3</sup>

Although numerous studies advocate for preventive programs to employ diverse techniques, including parental education and community awareness initiatives, there is less understanding of how these programs function within specific community context.<sup>4</sup>

Consequently, it is imperative to establish a structured pattern to instruct children about child sexual abuse to prevent its occurrence.<sup>5</sup>

## **NEED FOR THE STUDY**

An analysis of the 2022 NCRB data shows that among 28 Indian states, Karnataka has recorded the 8<sup>th</sup> highest number of crimes against children. As many as 3098 incidents of POSCO violations were reported in 2022, of which 2,294 were the incidents of sexual harassment of children, according to the NCRB data.<sup>3</sup>

Given the increase of Child Sexual Abuse cases in society, it is vital to evaluate children's awareness levels. There is currently little research on the subject, particularly when it comes to studies on Indian children's awareness levels.<sup>3</sup>

Understanding the distinction between "good touch" and "bad touch" is essential for every Child's social and psychological growth. Since each child is unique they should have access to all the information they need to protect themselves from sexual abuse.<sup>3</sup> Despite the increasing awareness of the child safety studies indicate that many children still lack knowledge about concept of safe and unsafe touch. This indicates a significant gap in child safety education and underscores the need for targeted interventions.<sup>6</sup>

Schools serve as an ideal environment for teaching children about touch and personal safety, as they offer a platform for widespread dissemination of important information.

Studies show that early intervention programmes in schools significantly reduce the likelihood of child sexual abuse.<sup>7</sup>

Hence the investigator attempts to teach children about appropriate touch and inappropriate touch, so that they can defend themselves in such frightening situation and to voice out against those situations.

### **SUMMARY:**

This chapter dealt with the statement of problem, objectives of the study, operational definitions, hypotheses, assumptions, delimitation, conceptual frame work which provides a frame of reference of study.

# OBJECTIVES



## **CHAPTER -2**

### **OBJECTIVE**

This Chapter covers the problem statement, research objectives, operational definitions and hypothesis which serves as the study's frame of reference.

#### **STATEMENT OF THE PROBLEM**

“EFFECTIVENESS OF SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN IN GOVERNMENT SCHOOL KOLAR.”

#### **OBJECTIVES OF THE STUDY**

1. To assess the level of knowledge regarding good touch and bad touch among school children by using **Awareness Checklist on Touch**.
2. To Evaluate the Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by **comparing the mean pretest and post test scores**.
3. To Determine the **Association** between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

#### **NULL HYPOTHESES:**

1. **H<sub>01</sub>**: There will be no significant difference between mean pre-test and post test scores of knowledge level regarding good touch and bad touch among school children
2. **H<sub>02</sub>**: There will be no significant association between pre test scores of knowledge level regarding good touch and bad touch with selected socio demographic variables.

#### **ASSUMPTIONS:**

1. The students may have some idea about the concepts of good touch and Bad touch.
2. The student's ability may vary to understand the concept of good touch and bad touch based on their age and cognitive development.
3. The Provided Self Learning Module may be effective in improving or reinforcing the children's understanding of good touch and bad touch.

## **OPERATIONAL DEFINITIONS:**

- 1. Effectiveness:** In this study it refers to the measurable improvement in the knowledge of School Children regarding good touch and bad touch, as determined by the difference between pre-test and post test scores using a validated Checklist.
- 2. Self-Learning Module:** A Structured, age-appropriate educational resource designed to provide school children with information about good touch and bad touch. This module is self-guided and delivered in Printed format.
- 3. Knowledge:** In this study it refers to the ability of school children in understanding the differences between acceptable and unacceptable physical contact as measured by using Awareness Checklist on Touch.
- 4. Good Touch:** In this study it refers to Physical contact that is appropriate, acceptable, and non-harmful and is generally intended to express affection, care or warmth.
- 5. Bad Touch:** In this study it refers to Physical contact that is inappropriate, unacceptable and harmful and may cause discomfort or distress.
- 6. School Children:** In this study the term “school Children” refers to individuals who are aged between 9-12 years and studying in the selected Government school.

## **DELIMITATIONS:**

The study is limited to,

- The age group between 9-12 years
- School students studying in govt school.

## **CONCEPTUAL FRAMEWORK**

A theory is a collection of ideas, definitions, connections, and presumptions that offer a comprehensive perspective on a phenomenon. The purpose of the current study is to assess how well a Self -Learning Module helps in enhancing the knowledge of school children aged 9-12 years regarding good touch and bad touch.

Based on the CIPP (Context, Input, Process, Product) evaluation model, the researcher created the theoretical foundation for this investigation. The CIPP approach, which was created by

Daniel L. Stufflebeam in 1960 and updated in 2003, offers a methodical way to assess programs related to education and health by looking at:

- **Context:** Goals and needs
- **Input:** Plans, strategies, and resources
- **Process:** Implementation activities
- **Product:** Outcomes and effectiveness

Thus, the CIPP model was found appropriate to measure the change in knowledge following the intervention.

### **CONTEXT (GOALS)**

The term "context" refers to Context evaluation identifying the needs, problems, and opportunities in a given situation. It answers the question: Why is the study needed?

#### **Context In relation to this study:**

- Child sexual abuse is a significant concern worldwide.
- Children between 9–12 years are vulnerable and often lack adequate awareness to differentiate between good touch and bad touch.
- Schools often do not have structured educational programs on child safety.
- Hence, there is a need to implement a Self-Learning Module (SLM) to improve children's knowledge and empower them to protect themselves.

### **INPUT (PLANS/RESOURCES)**

Inputs are the materials that must be incorporated into the programme in order to satisfy the needs that were identified during the context phase. This stage of the cycle satisfies the needs that were identified during the context phase. This stage of the cycle is known as structuring Input evaluation identifies the resources, strategies, and action plans needed to achieve the goals.

#### **Input in relation to this study:**

- Population: School children aged 9–12 years.
- Setting: Selected government school.
- Interventions: Validated Self-Learning Module on good touch and bad touch and Tool construction on structured Awareness Checklist on Touch.
- Permissions: Approval from authorities, parental consent and child assent.
- Facilitator: Researcher distributing and explaining the SLM if needed.

## **PROCESS (IMPLEMENTATION)**

Process refers to the creation and execution of programs. In the CIPP cycle, this is a phase of implementation. The stage of the process of where the inputs come together cohesively. Additionally, at this stage, the effectiveness of the program's process is assessed for potential improvements"

### **Process in relation to this study**

- Conducting pre-test using Awareness Checklist on Touch.
- Distribution of Self-Learning Module.
- Researcher ensures compliance and clarifies doubts.
- Conducting post-test after 15 days to measure effectiveness.

## **PRODUCT (OUTCOME/RESULTS)**

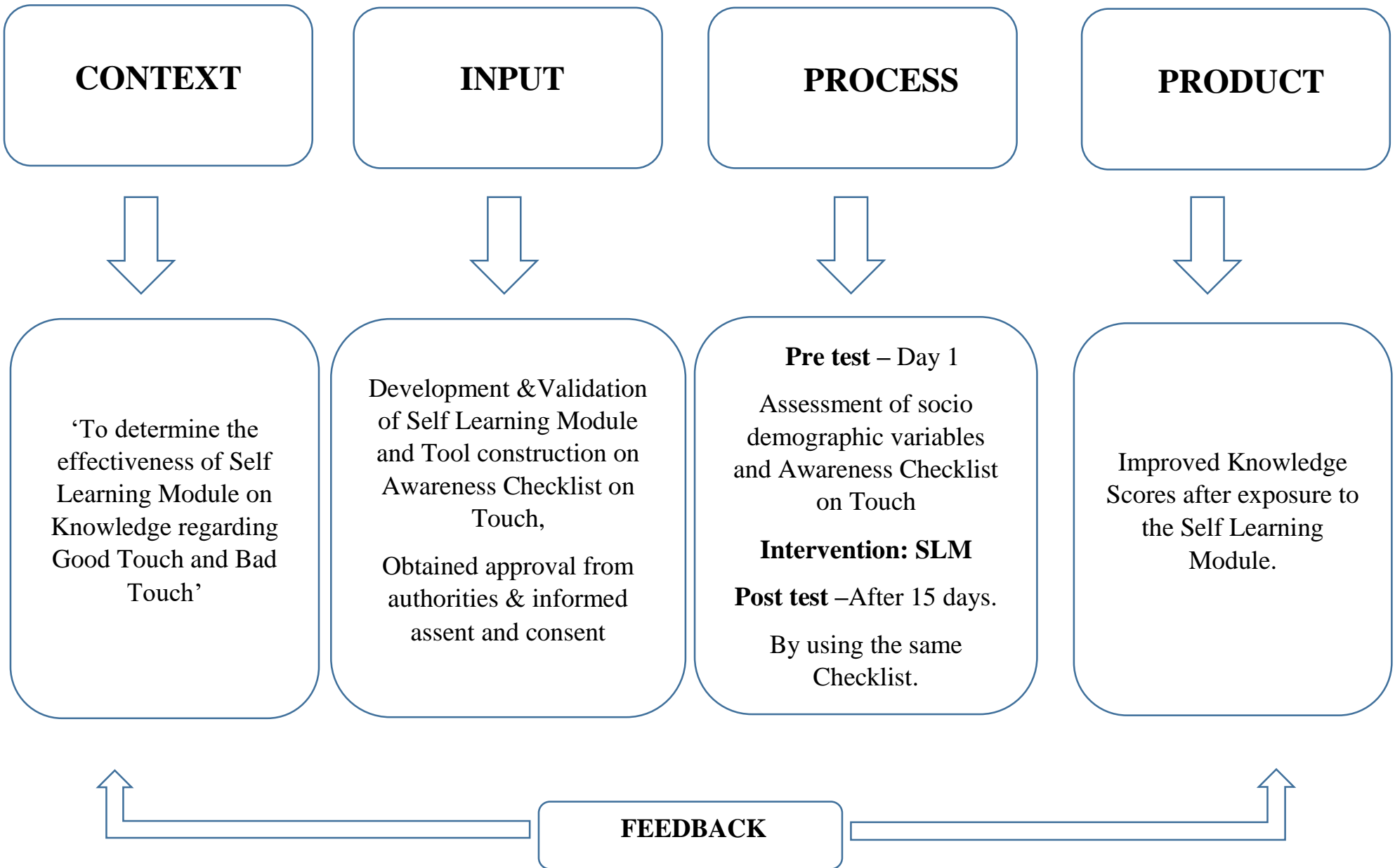
Products are the outputs or results connected to the effectiveness and objectives of a program. This stage of the cycle is the review phase. This evaluation phase focused on determining whether the planned goals have been achieved. Examining the programs sustainability in terms of context, inputs and procedures is the main concern. How effectively the programme needs to undergo any systemic changes.

### **Product in relation to this study:**

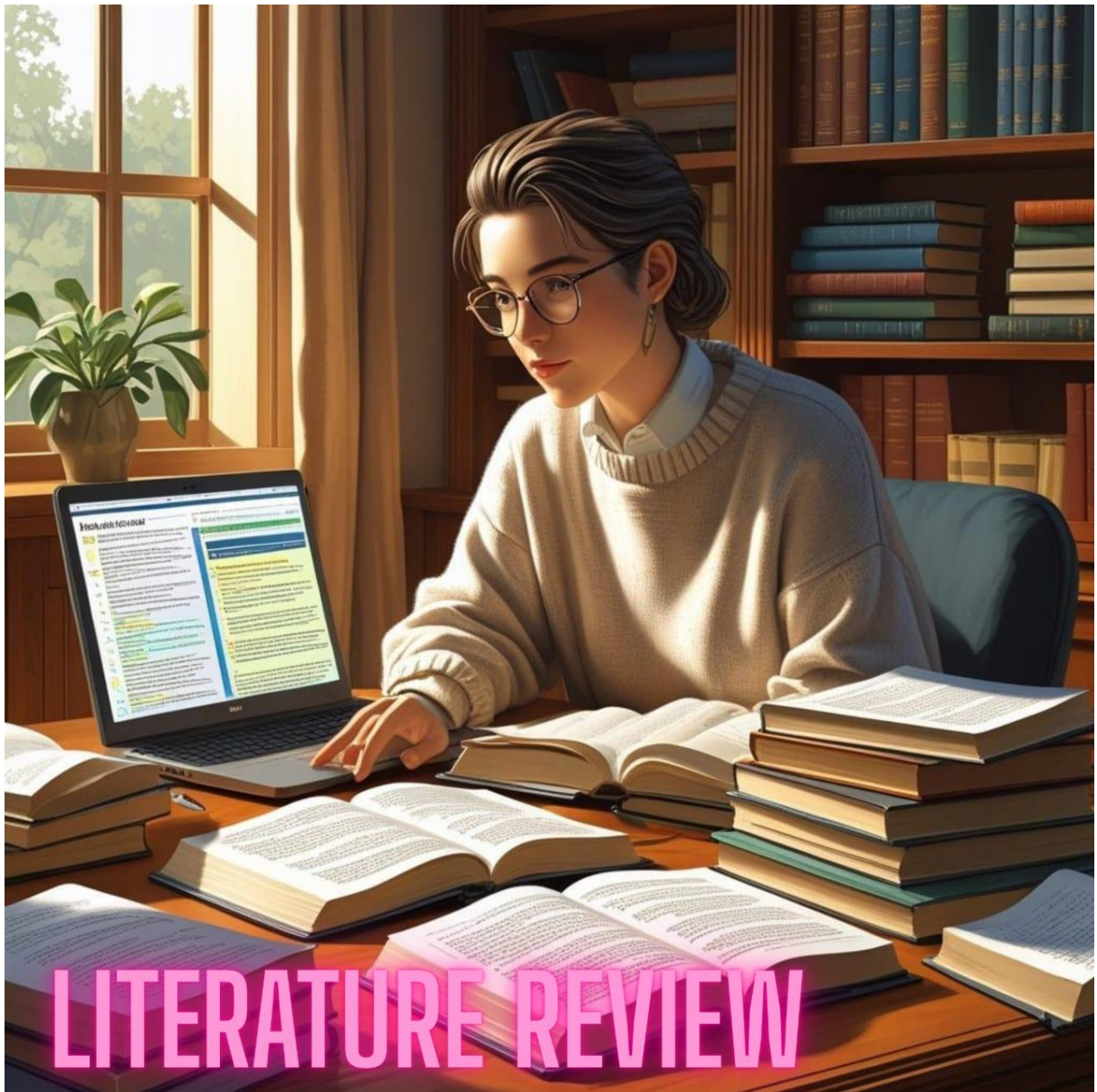
- Increased knowledge scores after exposure to the SLM.
- Improved awareness among school children regarding:
  - Improved ability in Identifying safe vs. unsafe touch
  - Responding to unsafe situations
  - Approaching a trusted adult for help
  - Evidence on the effectiveness of SLM as a child-safety educational tool.

## **SUMMARY**

This chapter covered the problem statement, study objectives, operational definitions, assumptions, hypothesis and delimitations.



**Fig 1:- Conceptual Framework based on Daniel L. Stufflebeam CIPP (2003)**



## CHAPTER- 3

### REVIEW OF LITERATURE

A thorough, methodical, and crucial analysis of academic publications on the subject is provided by a review of the literature. Textbooks, journals, papers, dissertations, and internet sources will all have their literature for this topic assessed.

For the present study the literature was reviewed from

1. Descriptive studies related to Good Touch and Bad Touch.
2. Experimental studies related to Good Touch and Bad Touch.

#### 1. Descriptive studies related to Good Touch and Bad Touch.

A descriptive cross-sectional study was carried out among 200 primary school children enrolled in Classes 3 and 4 in two metropolitan schools of North India to assess awareness regarding good and bad touch. Data were collected using a structured, pre-validated questionnaire, with participants recruited through a non-probability convenience sampling technique. Findings revealed that 61% of children reported some prior awareness, whereas 39% were completely unaware of the concept. Awareness levels varied, with 20% of participants scoring at an excellent level, 63% at a good level, and 17% at an average level. These results underscore existing knowledge gaps and highlight the urgent need for systematic, school-based interventions to strengthen protective skills among children.<sup>2</sup>

A descriptive study was conducted in selected schools of Puducherry to evaluate knowledge regarding good and bad touch among 100 school-going children. Using a non-probability purposive sampling technique, data were obtained through a structured questionnaire. Results indicated that 62% of children demonstrated inadequate knowledge, 30% had moderate knowledge, and only 8% possessed adequate knowledge on the subject. These findings highlight a substantial knowledge deficit and reinforce the need for structured school-based awareness programmes to enhance protective skills among children.<sup>6</sup>

A descriptive study was undertaken in a selected school of Ludhiana, Punjab, to assess knowledge regarding good and bad touch among children aged 9–12 years. Employing a descriptive research design, the investigators systematically examined awareness levels using

a self-structured questionnaire. A total of 100 students were recruited through non-probability convenience sampling. Results revealed that 76% of participants demonstrated excellent knowledge, 23% had good knowledge, and only 1% exhibited fair knowledge. These findings suggest relatively high levels of awareness within this cohort, while reinforcing the importance of sustained and structured school-based programs to consolidate protective skills and promote personal safety among children.<sup>9</sup>

## 2. Experimental studies related to Good Touch and Bad Touch

A pre-experimental study was conducted in selected schools to evaluate the effectiveness of a structured teaching programme on knowledge regarding good and bad touch among school children. A one-group pre-test post-test design was employed, with 30 participants recruited through purposive sampling. The structured teaching programme was administered, and knowledge levels were assessed before and after the intervention. Findings showed that the mean pre-test knowledge score of 8.25 increased to 18.67 in the post-test. The marked improvement confirmed the significant effectiveness of structured educational programmes in enhancing children's awareness and strengthening protective skills.<sup>1</sup>

A pre-experimental one-group pre-test post-test study was undertaken in Visnagar, North Gujarat, India, to evaluate the effectiveness of a video-assisted teaching program on awareness of good touch and bad touch among school children (n=60). The sampling technique, although not explicitly randomized, appeared to be convenience or purposive. The baseline mean knowledge score was 5.60, which markedly increased to 16.03 following the intervention, yielding a mean difference of 10.43. The post-test gain was statistically significant, confirming the intervention's efficacy in enhancing awareness. These findings provide compelling evidence that structured audiovisual educational strategies can substantially improve children's understanding of personal safety.<sup>3</sup>

A pre-experimental one-group pre-test post-test study was conducted among 100 school children in North Gujarat to assess the effectiveness of an educational intervention on awareness regarding healthy habits. Participants were recruited through purposive sampling, and data were collected using structured questionnaires. The mean pre-test knowledge score of 4.80 significantly improved to 12.63 in the post-test, yielding a mean difference of 7.83. These results demonstrated that structured awareness programmes are effective in improving

children's knowledge related to healthy habits and personal well-being.<sup>4</sup>

A quasi-experimental study was undertaken in Turkey to evaluate the impact of preventive psychosocial interventions directed towards mothers and children on children's knowledge regarding protection from sexual abuse. The sample comprised 61 mother-child pairs recruited through purposive sampling, and knowledge levels were measured using structured questionnaires. The intervention involved multiple psychosocial sessions including education, counselling, and skill-building activities. Results revealed that children in the intervention group achieved a significantly higher mean knowledge score ( $18.47 \pm 2.36$ ) compared to the control group ( $11.62 \pm 3.04$ ;  $p < 0.001$ ). The findings underscore that preventive psychosocial interventions effectively enhance children's awareness while empowering mothers to reinforce protective behaviours.<sup>5</sup>

A systematic review was conducted to critically evaluate existing instruments used for measuring child abuse across diverse settings. The review synthesized evidence from 38 validated tools addressing physical, emotional, and sexual abuse, with particular attention to psychometric properties, reliability, and applicability. Findings revealed that although several instruments demonstrated adequate validity and reliability, many lacked comprehensive evaluation of children's knowledge and protective behaviours. The review highlighted the need for standardized and culturally adaptable tools capable of accurately assessing awareness and prevention of child sexual abuse.<sup>7</sup>

A narrative review was conducted to examine strategies for the prevention of child sexual abuse, with particular focus on interventions designed to enhance children's knowledge, awareness, and self-protection skills. The review found that school-based education programmes, especially when integrated with parental involvement and skill-building exercises, significantly improved children's ability to identify unsafe situations and adopt protective behaviours. The findings emphasized the critical importance of early, structured, and developmentally appropriate interventions to reduce the risk of child sexual abuse.



## CHAPTER -5

### METHODOLOGY

The research methodology is always considered to be its blueprint.

The research methodology provides a systematic framework for problem-solving, guiding the process from initial problem identification till the final conclusions.

#### RESEARCH APPROACH

The methodology used for this investigation is Quantitative Research approach. This aids in the explanation of how an independent variable affect a dependent variable.

#### RESEARCH DESIGN

The design of the study adopted in this study was a Pre-Experimental one group pre and post-test design.

Schematic representation of the research design is as follows.

Group	Pre-test	Intervention	Post-test
one group	O1	X	O2
	On 19-8-25	Self Learning Module	On 2-9-25 (i.e after 15 days )

SG – one group/ Single group

O1 – Pre-test assessment of socio-demographic variables and evaluation of knowledge related to the good touch and bad touch using a Structured Knowledge Awareness Checklist on Touch.

X – Administration of a Self-Learning Module.

O2 – post-test1 was conducted on the 15<sup>th</sup> day to assess the effectiveness of the Self Learning Module in related to Knowledge levels regarding good and bad touch.

## **PURPOSE**

Effectiveness of Self Learning Module in delivering knowledge regarding Good Touch and Bad Touch



## **TARGET POPULATION**

The population for the study are Students Studying in Govt School aged between 9-12 years



## **RESEARCH APPROACH & DESIGN**

A Quantitative approach with Pre-experimental one-group pretest-posttest design.



## **DATA COLLECTION TOOL**

Data tool consists of Socio demographic profile and Awareness Checklist on Touch.



## **SETTINGS**

Sri Maruthi Higher & Primary School, Mulbagal



## **SAMPLE AND SAMPLE SIZE**

Study participates were Govt School Students aged between 9-12 years and who fulfilled the inclusion criteria and the Sample size was 60.



## **SAMPLING TECHNIQUE**

Convenient sampling technique.



## **ANALYSIS AND INTERPRETATION**

Frequency and percentage distribution for socio demographic variables.

Paired t test used to analyze the knowledge levels by comparing pre and post test scores.

Chi – square test used to find out the association between Knowledge levels with the selected demographic variables.

## Fig 2: Schematic Representation of Research Design.

### VARIABLES

**Socio demographic variable:** Age, Gender, Type of family, Educational status of parents, Number of siblings, any previous exposure to health education.

### Research variables:

**Dependent Variable:** Knowledge on good touch and bad touch among school children

**Independent Variable:** Self Learning Module.

**Setting:** The study was conducted at Sri Maruthi Higher and Primary School,  
Mulbagal- 563131

**Population:** All Students aged between 9-12 years studying in Government School Kolar

### SAMPLE AND SAMPLE SIZE:

**Sample:** Selected School Children in Sri Maruthi Higher and Primary School.

**Sample size:** 60 Samples

**Description:** According to Cochran's formula for definite population

$$n = \frac{n_0}{1 + (n_0 - 1/N)}$$

Where  $n_0$  = Cochran's Sample size constant i.e 385

$N$  = size of population

$$n = \frac{385}{1 + (385 - 1/70)}$$

$$n = 385/6.48$$

$$n = 59.4 \approx 60$$

For this study 60 samples will be considered.

**Sampling technique:** Convenient Sampling Technique

### SAMPLING CRITERIA:

**Inclusion criteria:** School Students:

1. Aged between 9-12 yrs.
2. Enrolled in formal educational institutions.
3. Whose parents/ Guardians provide written informed consent for participation in the study.

**Exclusion criteria:**

1. Students who are not present during the period of data collection.

**SELECTION AND DEVELOPMENT OF TOOL AND AWARENESS CHECKLIST ON TOUCH**

The following steps were carried out in preparing Awareness Checklist and on implementation of Self Learning Module.

1. Review of research and non- research literature was carried out in the areas related to effectiveness of intervention.

2. Based on the objectives of the study the following tool was developed to collect the data.

The prepared tool along with objectives, blueprint and criteria checklist was submitted to nine experts for establishing the content validity. The tool was modified as per suggestions of the experts.

3. By using test -retest technique **consistency of the tool was 0.94**. Thus, tool was found to consistent.

**DATA COLLECTION TOOL:**

The tool consists of two sections:-

**TOOL 1:** Socio demographic Variables.

Which includes Age, Gender, Type of family, Educational status of parents, Number of siblings, any previous exposure to health education.

**TOOL 2:** This section will be comprised of 30 questions based on knowledge about “good touch” and “bad touch” by using Awareness Checklist on Touch.

**METHODS OF DATA COLLECTION:**

The data was collected from **19/7/25 - 2/8/25**

**Data will be collected in the following steps****Step 1**

The permission was obtained from Central Ethics Committee of SDUAHER, Tamaka, kolar, and Concerned Authorities of the Selected Educational Institution.

**Step 2**

1. The study subjects were selected by using Convenient Sampling Technique who fulfils the

inclusion criterion.

2. Prior to the data collection the investigator got familiarized with the study Subjects and explained the purpose of study to them.
3. Participants were assured of voluntary participation, confidentiality, and the right to withdraw at any time.
4. Written informed Assent and Informed Consent was obtained from the study subjects and from their Parents/Guardian

### **Step 3**

1. Approximately 30-45min time will be spent to collect the data from the selected study participants by using **Awareness Checklist on Touch**.
2. The pretest was conducted on 19/7/25 through interview method on one to one basis using the Awareness checklist on touch, each lasting about 30 minutes per participant.
3. For the participants who completed the pre-test, they were divided into 2 groups each consisting of 30 members and they were gathered in the classroom.
4. Followed by pre-test, Self Learning Module regarding good touch and bad touch was given to all the students.
5. Post test was conducted by using the same pretest tool in interview format after 15 days of intervention on 2/8/25 for both groups.

### **PLAN FOR DATA ANALYSIS**

The collected data was coded and imported into Microsoft Excel, then analysed using IBM Statistical Software with descriptive and inferential statistics

1. Frequency and percentage distribution for socio demographic variables
2. Paired't' test will be used to find out knowledge levels among Higher Secondary School Students by comparing pre and post test scores.
3. Chi- square test will be used to find out the association between level of knowledge On good touch and bad touch with selected socio demographic variables.

## **Summary**

An overview of the full process of approaching a research problem in a methodical and scientific way is provided by research methodology. The research approach, research design, sample and sampling procedure, research environment, tool reliability, content validity, data collection method, and data analysis plan were all covered in this chapter. The development of the analysis and interpretation chapter that follows greatly depends on this chapter.



# DATA ANALYSIS

## CHAPTER -5

### DATA ANALYSIS AND INTERPRETATION

Data was analyzed using descriptive and inferential statistics based on study objectives.

#### STATEMENT OF THE PROBLEM.

“Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch among School Children in Government School Kolar.”

#### OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding good touch and bad touch among school children by using **Awareness Checklist** on Touch.
2. To Evaluate the Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by **comparing the mean pretest and post test scores**.
3. To Determine the **Association** between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

#### NULL HYPOTHESES:

1. **H<sub>01</sub>**: There will be no significant difference between mean pre-test and post test scores of knowledge level regarding good touch and bad touch among school children
2. **H<sub>02</sub>**: There will be no significant association between pre test scores of knowledge level regarding good touch and bad touch with selected socio demographic variables.

#### PRESENTATION OF DATA

The findings were presented under following headings.

**SECTION I:** Frequency and percentage distribution of **Socio-demographic variables** of selected Sample.

**SECTION II:** Assessing the Level of knowledge regarding good touch and bad touch by using the **Awareness Checklist on Touch**.

**SECTION III:** Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by **comparing the mean pretest and post test scores**

**SECTION IV:** **Association** between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

**SECTION I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SELECTED SAMPLE.**

**TABLE 1:** Frequency and percentage distribution of Socio demographic Variables of School Students.

N=60

Sl.No	Variables	Frequency ( f )	Percentage (%)
01	<b>AGE (In years)</b>		
	09 yrs	10	16.7
	10 yrs	08	13.3
	11 yrs	09	15
	12 yrs	33	55
02	<b>GENDER</b>		
	Male	27	45
	Female	33	55
03	<b>TYPE OF FAMILY</b>		
	Nuclear family	34	56.7
	Joint family	26	43.3
04	<b>FATHER'S EDUCATIONAL STATUS</b>		
	No Formal Education	12	20
	<12 <sup>th</sup> pass	46	76.6
	UG	01	1.7
	PG	01	1.7
05	<b>FATHER'S OCCUPATION STATUS</b>		
	Skilled	09	15

	Unskilled	51	85
	Professional	00	00
	other	00	00
06	<b>MOTHER'S EDUCATIONAL STATUS</b>		
	No Formal Education	23	38.3
	<12 <sup>th</sup> pass	37	61.7
	UG	00	00
	PG	00	00
07	<b>MOTHER'S OCCUPATION STATUS</b>		
	Skilled	09	15
	Unskilled	50	83.3
	Professional	01	1.7
	Others	00	00
08	<b>NUMBER OF SIBLINGS</b>		
	0	02	3.3
	01	14	23.3
	02	15	25
	03	22	36.7
	04	07	11.7
09	<b>PREVIOUS EXPOSURE ON SELF LEARNING MODULE ON GOOD TOUCH &amp; BAD TOUCH</b>		
	No	44	73.3
	Yes	16	26.7

**“Data presented in the Table -1 shows the following”**

**Age:** The majority (55%) of the participants comprising of 33 members were 12 yrs old, 10 members (16.7%) belonged to the 9 years and 9 members (15%) were of 11 years old , while the remaining 8 members(13.3%) belonged to 10 years

**Gender:** The study showed that 55% of the participants (33 members) were female, while 45% (27 members) were male.

**Type of Family:** More than half (56.7%) of the participants comprising of 3 members belonged to nuclear families, while (43.3%) comprising of 27 members belonged to joint families.

**Father’s Educational Status:** The majority (76.7%) of the participants consisting of 46 members were <12<sup>th</sup> pass, (20%) i.e. 12 members had received no formal education, while 1 member (1.7%) had completed UG and 1 member (1.7%) had completed PG .

**Father’s Occupation:** The majority 51 (85%) of the participants were unskilled and 9 (15%) of the participants were skilled workers.

**Mother’s Educational Status:** The majority (61.7%) of the participants consisting of 37 members were <12<sup>th</sup> pass, while the remaining (38.3%) i.e. 23 members had received no formal education.

**Mother’s Occupation:** The majority (83.3%) of the participants 50 members were unskilled and 9 members (15%) of them were skilled workers, while 1 member (1.7%) was a professional worker.

**Number of Siblings:** The majority of participants (36.7%) 22 members had three siblings. While 15members (25%) had two siblings, and 14 members (23.3%) had one siblings, and 7 members (11.7%) had four siblings. The least proportion 2 of them (3.3%) had no siblings.

**Previous exposure on SLM on good touch and bad touch:** A larger proportion 73.3% reported no prior exposure. Only 26.7% had previous exposure.

## **SECTION II: ASSESSING THE LEVEL OF KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY USING THE AWARENESS CHECKLIST ON TOUCH.**

**Table -2:** Frequency and Percentage Distribution of pre test and post test scores of knowledge level regarding good touch and bad touch.

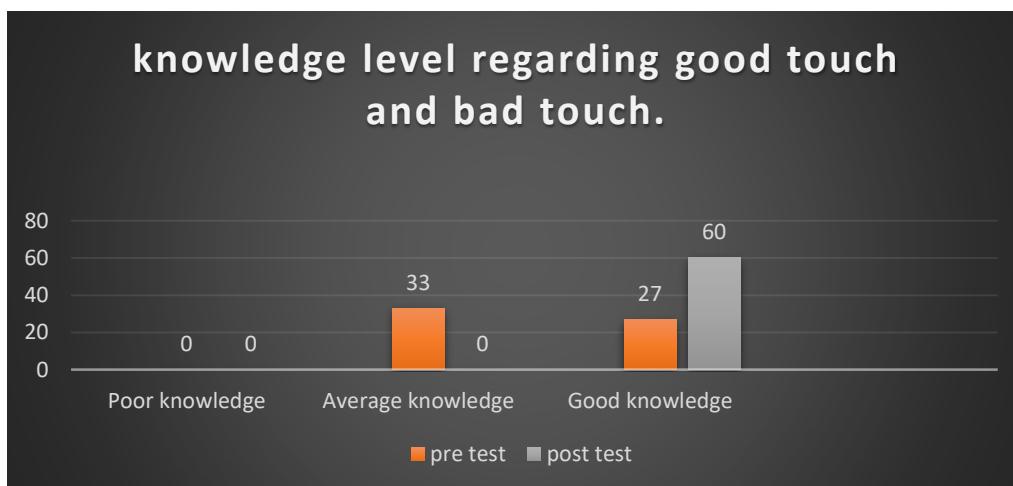
KNOWLEDGE	RANGE	Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
Poor Knowledge	0-10	00	00	00	00
Average Knowledge	11-20	33	55	00	00
Good Knowledge	21-30	27	45	60	100

**Table-2:** The table presents the frequency and percentage distribution of knowledge levels of sample regarding good touch and bad touch before and after the intervention. In the **Pre-test**, none of the participants reported Poor Knowledge, and 45% (n=27) were classified as Average Knowledge, and a substantial 55% (n=33) were experiencing Good Knowledge. Whereas in **Post-test**, improvements were evident: where all 100% (n=60) achieved good Knowledge. Overall, the intervention shifted most of the participants (33%) of having good knowledge regarding Good and Bad touch.

### **SECTION III: EFFECTIVENESS OF SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY COMPARING THE MEAN PRETEST AND POST TEST SCORES**

**Table 3-** Comparison of the pre test and post test mean scores of knowledge level regarding good touch and bad touch.

Group	Mean value	SD	t-value	df	P-value
PRE TEST	20.050	3.60	21.406	59	0.000
POST TEST	30.000	0.00			



**Table 3 & Figure 3:** Frequency and Percentage Distribution of pre test and post test scores of knowledge level regarding good touch and bad touch.

This illustrates a significant difference in the knowledge scores between the pre-test and post-test after administering the intervention. Specifically, the pre-test mean score was 20.05 with a standard deviation of 3.60, whereas the post-test mean score increased to 30.00 with a standard deviation of 0.00. The test results showed a statistically significant difference with a t-value of 21.406, degrees of freedom of 59, and a p-value of 0.000. Since the obtained p-value is less than 0.05, the null hypothesis is rejected. Hence, it can be concluded that the intervention was effective in significantly improving the knowledge scores of the study participants.

#### **SECTION IV: ASSOCIATION BETWEEN KNOWLEDGE LEVEL REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES.**

**Table 4:** Association between the between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables

Sl.no	'Variables'	'Below Median $\leq 20$ '	'Above Median $> 20$ '	'Chi square'	'Df'	'P value (0.05)'	'Inference'
1	Age						

	9-10	06	12	4.87	01	.02	SS at
	11-12	27	15				p < 0.05
<b>2</b>	<b>Gender</b>						
	Male	14	13	0.196	01	.657	NS at
	Female	19	14				p < 0.05
<b>3.</b>	<b>Type of Family</b>						
	Nuclear Family	16	18	1.992	01	.157	NS at
	Joint Family	17	9				p < 0.05
<b>4.</b>	<b>Father's Educational status</b>						
	No Formal Education	08	06	0.033	01	.853	NS at
	<12 <sup>th</sup> pass	25	21				p < 0.05
<b>5.</b>	<b>Father's Occupation Status</b>						
	Skilled	07	07	0.18	01	.66	NS at
	Unskilled	26	20				p < 0.05
<b>6.</b>	<b>Mother's Educational status</b>						
	No Formal Education	09	14	3.795	01	.051	NS at
	<12 <sup>th</sup> pass	24	13				p < 0.05
<b>7.</b>	<b>Mother's Occupation Status</b>						

	Skilled	07	08	0.81	01	.36	NS at p < 0.05
	Unskilled	27	18				
<b>8.</b>	<b>Number of siblings</b>						
	01	09	10	0.71	02	.70	NS at p < 0.05
	02	08	09				
	03	14	10				
<b>9.</b>	<b>Previous exposure to self-learning module on good touch and bad touch</b>						
	No	27	17	4.97	01	.02	SS at p < 0.05
	yes	6	10				

NS=NON SIGNIFICANT      SS=STASTICALLY SIGNIFICANT      \*= FISHERS EXACT 'P' VALUE

**Table 4:** The results revealed that there is no statistically significant association at the p value of 0.05 for Knowledge Levels with selected Socio Demographic Variables. Hence the null hypotheses is accepted for those variables, except for age (p = 0.02) and previous exposure to SLM (p = 0.02) were significantly associated with knowledge level regarding touch.



## CHAPTER -6

### DISCUSSION

This chapter presents the study's primary conclusions and discusses their relation to analogous research conducted by other scholars.

#### OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding good touch and bad touch among school children by using **Awareness Checklist** on Touch.
2. To Evaluate the Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by **comparing the mean pretest and post test scores**.
3. To Determine the **Association** between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

#### MAJOR FINDINGS OF THE STUDY:

##### SECTION I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SELECTED SAMPLE.

**Age:** The majority (55%) of the participants comprising of 33 members were 12 yrs old, 10 members (16.7%) belonged to the 9 years and 9 members (15%) were of 11 years old , while the remaining 8 members(13.3%) belonged to 10 years.

**Gender:** The study showed that 55% of the participants (33 members) were female, while 45% (27 members) were male.

**Type of Family:** More than half (56.7%) of the participants comprising of 34 members belonged to nuclear families, while (43.3%) comprising of 27 members belonged to joint families.

**Father's Educational Status:** The majority (76.7%) of the participants consisting of 46 members were <12<sup>th</sup> pass, (20%) i.e. 12 members had received no formal education, while 1 member (1.7%) had completed UG and 1 member (1.7%) had completed PG .

**Father's Occupation:** The majority 51 (85%) of the participants were unskilled and 9 members (15%) of them were skilled workers.

**Mother's Educational Status:** The majority (61.7%) of the participants consisting of 37 members were <12<sup>th</sup> pass, while the remaining (38.3%) i.e. 23 members had received no formal education.

**Mother's Occupation:** The majority (83.3%) of the participants 50 members were unskilled and 9 members (15%) of them were skilled workers, while 1 member (1.7%) was a professional worker.

**Number of Siblings:** The majority of participants (36.7%) 22 members had three siblings. While 15 members (25%) had two siblings, and 14 members (23.3%) had one siblings, and 7 members (11.7%) had four siblings. The least proportion 2 of them (3.3%) had no siblings

**Previous exposure on SLM on good touch and bad touch:** A larger proportion 73.3% reported no prior exposure. Only 26.7% had previous exposure.

## **SECTION II: ASSESSING THE LEVEL OF KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY USING THE AWARENESS CHECKLIST ON TOUCH**

In the present study it discusses about the frequency and percentage distribution of knowledge levels of sample regarding good touch and bad touch before and after the intervention. In the **Pre-test**, none of the participants reported Poor Knowledge, and 45% (n = 27) were classified as Average Knowledge, and a substantial 55% (n = 33) were experiencing Good Knowledge. Whereas in **Post-test**, improvements were evident: where all 100% (n = 60) achieved good Knowledge. Overall, the intervention shifted most of the participants (33%) of having good

knowledge regarding Good and Bad touch. A Similarly study conducted in Bhubaneswar, Odisha, assessed the effectiveness of a Video-Assisted Teaching Module (VATM) on good touch and bad touch among 60 primary school children using a quasi-experimental one-group pre-test and post-test design. Findings revealed that in the pre-test, the majority 37 (61.7%) of children had inadequate knowledge, 11 (18.3%) had moderate knowledge, and only 12 (20%) demonstrated adequate knowledge. After the intervention, a significant improvement was noted—49 (81.7%) had adequate knowledge, 10 (16.7%) had moderate knowledge, and only 1 (1%) remained with inadequate knowledge. This supports the view that child-centered educational interventions such as video-assisted modules are highly effective in enhancing children's awareness and understanding of good touch and bad touch, thereby contributing to the prevention of child sexual abuse.<sup>10</sup>

### **SECTION III: EFFECTIVENESS OF SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY COMPARING THE MEAN PRETEST AND POST TEST SCORES**

The present study revealed a significant difference in the knowledge scores between the pre-test and post-test after administering the intervention. Specifically, the pre-test mean score was 20.05 with a standard deviation of 3.60, whereas the post-test mean score decreased to 30.00 with a standard deviation of 0.00. The test results showed a statistically significant difference with a t-value of 21.406, degrees of freedom of 59, and a p-value of 0.000. Since the obtained p-value is less than 0.05, the null hypothesis is rejected. Hence, it can be concluded that the intervention was effective in significantly improving the knowledge scores of the study participants. In a Similarly study conducted in Bhubaneswar, Odisha, assessed the effectiveness of a Video-Assisted Teaching Module (VATM) on good touch and bad touch Findings revealed that The mean pre-test score was 7.58 (SD = 3.175), whereas the mean post-test score increased to 13.87 (SD = 2.487), showing a mean difference of 6.283. The paired 't' test value of 12.615 was found statistically significant, confirming the effectiveness of the module in improving knowledge. These findings are consistent with the present study, where the structured teaching intervention also led to a remarkable improvement in the post-test knowledge scores of children.<sup>10</sup>

#### **SECTION IV: ASSOCIATION BETWEEN KNOWLEDGE LEVEL REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES.**

The results revealed that there is no statistically significant association at the p value of 0.05 for Knowledge Levels with selected Socio Demographic Variables. Hence the null hypotheses is accepted for those variables, except for age ( $p = 0.02$ ) and previous exposure to SLM ( $p = 0.02$ ) were significantly associated with knowledge level regarding touch.

#### **SUMMARY**

This chapter mainly explains about the study's objective, hypothesis and major findings of the study i.e the impact of Self Learning Module on Knowledge regarding good touch and bad touch before and after intervention.



# Conclusion

## CHAPTER 7

### CONCLUSION

This chapter addresses the significance of research study together its findings, limitations, recommendations, and Significance for nursing research, practice, and education.

This study aims to assess effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch

**The following conclusions were drawn from the study's findings:**

#### **SECTION I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SELECTED SAMPLE.**

**Age:** The majority (55%) of the participants comprising of 33 members were 12 yrs old, 10 members (16.7%) belonged to the 9 years and 9 members (15%) were of 11 years old , while the remaining 8 members(13.3%) belonged to 10 years.

**Gender:** The study showed that 55% of the participants (33 members) were female, while 45% (27 members) were male.

**Type of Family:** More than half (56.7%) of the participants comprising of 34 members belonged to nuclear families, while (43.3%) comprising of 27 members belonged to joint families.

**Father's Educational Status:** The majority (76.7%) of the participants consisting of 46 members were <12<sup>th</sup> pass, (20%) i.e. 12 members had received no formal education, while 1 member (1.7%) had completed UG and 1 member (1.7%) had completed PG .

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**Previous exposure on SLM on good touch and bad touch:** A larger proportion 73.3% reported no prior exposure. Only 26.7% had previous exposure.

## **SECTION II: ASSESSING THE LEVEL OF KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY USING THE AWARENESS CHECKLIST ON TOUCH.**

The study found that the knowledge levels of sample regarding good touch and bad touch before and after the intervention. In the **Pre-test**, none of the participants reported Poor Knowledge, and 45% (n = 27) were classified as Average Knowledge, and a substantial 55% (n = 33) were experiencing Good Knowledge. Whereas in **Post-test**, improvements were evident: where all 100% (n = 60) achieved good Knowledge. Overall, the intervention shifted most of the participants (33%) of having good knowledge regarding Good and Bad touch.

## **SECTION III: EFFECTIVENESS OF SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY COMPARING THE MEAN PRETEST AND POST TEST SCORES.**

The study revealed a significant difference in the knowledge scores between the pre-test and post-test after administering the intervention. Specifically, the pre-test mean score was 20.05 with a standard deviation of 3.60, whereas the post-test mean score decreased to 30.00 with a standard deviation of 0.00. The test results showed a statistically significant difference with a t-value of 21.406, degrees of freedom of 59, and a p-value of 0.000. Since the obtained p-value is less than 0.05, the null hypothesis is rejected. Hence, it can be concluded that the intervention was effective in significantly improving the knowledge scores of the study participants.

## **SECTION IV: ASSOCIATION BETWEEN KNOWLEDGE LEVEL REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES.**

The results revealed that there is no statistically significant association at the p value of 0.05 for Knowledge Levels with selected Socio Demographic Variables. Hence the null hypotheses is accepted for those variables, except for age (p = 0.02) and previous exposure to SLM (p = 0.02) were significantly associated with knowledge level regarding touch.

## **IMPLICATIONS OF THE STUDY**

This study was conducted to assess Effectiveness Self Learning Module on Knowledge regarding Good Touch and Bad Touch among School Children in Government School Kolar. The study findings have the implications on nursing practice, nursing education, nursing research and nursing administration.

Findings of the study will be helping for

### **NURSING PRACTICE**

1. Nurses working in community and school health settings can actively take part in educating children about good touch and bad touch, thereby helping to prevent child sexual abuse.
2. Through regular school health visits, they can integrate Self Learning Module as part of their routine health education activities.
3. This positions nurses not only as caregivers but also as advocates for child safety.

### **NURSING EDUCATION**

1. The findings emphasize the need to train student nurses in using innovative audiovisual aids and self-learning modules for delivering sensitive health education
2. The importance of inclusion of Child Safety Education into the nursing curriculum to prepare future nurses to tackle these essential issues.

### **NURSING ADMINISTRATION**

1. The study highlights the role of nurse administrators in planning, implementing, and supporting school-based awareness programs in collaboration with child protection agencies.

### **NURSING RESERCH**

1. This study provides a foundation for further exploration into the effectiveness of different methods of teaching children about personal safety.
2. Future research can examine long-term knowledge retention, behavioral outcomes, and the comparative effectiveness of diverse educational strategies.

### **DE-LIMITATIONS**

1. Sample Size is limited to 60 attributable to time limitations.
2. The study is restricted to selected school in Mulbagal.

3. Challenges in Generalizability due to limited participant number.

## **RECOMMENDATIONS**

Based on the outcomes of the study recommendations offered are.

1. This study's design could be advanced to a true experimental model, affording more meticulous control over variables.
2. It is advisable to replicate the study with larger participant cohorts and within diverse contexts, aiming to corroborate the findings and enhance their applicability across different populations.
3. To involve innovative audiovisual aids and self learning module for teaching sensitive topics to children.

### **Summary:**

This chapter has brought out the veracious implications of the study and provided recommendations of this kind of studies to yield more reliable results.

# Summary



## CHAPTER-8

### SUMMARY

Child sexual abuse is a growing concern worldwide, and lack of awareness among children often increases their vulnerability. Teaching children to differentiate between good touch and bad touch is an effective preventive strategy to safeguard them from exploitation. School-based educational interventions are found to be highly beneficial in improving children's awareness and self-protection skills. Self-learning modules, being structured and child-friendly, provide an interactive platform that enhances understanding and retention of knowledge.

The present study was conducted to assess the effectiveness of a self-learning module on good touch and bad touch among government school students (9–12 years) in Kolar district. The findings highlight that the intervention significantly improved the knowledge level of the participants, indicating that SLMs can be effectively incorporated in school health education programs to empower children and promote their safety and well-being.

### OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding good touch and bad touch among school children by using **Awareness Checklist** on Touch.
2. To Evaluate the Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by **comparing the mean pretest and post test scores**.
3. To Determine the **Association** between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

### NULL HYPOTHESES:

1. **H<sub>01</sub>**: There will be no significant difference between mean pre-test and post test scores of knowledge level regarding good touch and bad touch among school children
2. **H<sub>02</sub>**: There will be no significant association between pre test scores of knowledge level regarding good touch and bad touch with selected socio demographic variables.

### ASSUMPTIONS:

1. The students may have some idea about the concepts of good touch and Bad touch.
2. The student's ability may vary to understand the concept of good touch and bad touch based on their age and cognitive development.
3. The Provided Self Learning Module may be effective in improving or reinforcing the children's understanding of good touch and bad touch.

The present study is aimed at assessing the effectiveness of self learning module in improving knowledge levels regarding good touch and bad touch among selected school children, By using the developed Awareness Checklist on touch which was found suitable CIPP MODEL was preferred for this study which includes context, input, process and product. Which is suitable for the present study. pre-experimental one-group pretest-posttest research designed was used to assess effectiveness of Self Learning Module in improving knowledge levels regarding good touch and bad touch among selected school children who were selected by Non probability Convenient sampling technique.

Review of literature and discussion with experts helped the researcher to select the appropriate tools for the data collection and framing the Methodology for the study.

#### **SECTION I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SELECTED SAMPLE.**

**Age:** The majority (55%) of the participants comprising of 33 members were 12 yrs old, 10 members (16.7%) belonged to the 9 years and 9 members (15%) were of 11 years old , while the remaining 8 members(13.3%) belonged to 10 years.

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**Previous exposure on SLM on good touch and bad touch:** A larger proportion 73.3% reported no prior exposure. Only 26.7% had previous exposure.

## **SECTION II: ASSESSING THE LEVEL OF KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY USING THE AWARENESS CHECKLIST ON TOUCH**

In the present study it discusses about the frequency and percentage distribution of knowledge levels of sample regarding good touch and bad touch before and after the intervention. In the **Pre-test**, none of the participants reported Poor Knowledge, and 45% (n=27) were classified as Average Knowledge, and a substantial 55% (n=33) were experiencing Good Knowledge. Whereas in **Post-test**, improvements were evident: where

all 100% (n = 60) achieved good Knowledge. Overall, the intervention shifted most of the participants (33%) of having good knowledge regarding Good and Bad touch

### **SECTION III: EFFECTIVENESS OF SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH BY COMPARING THE MEAN PRETEST AND POST TEST SCORES**

The present study revealed a significant difference in the knowledge scores between the pre-test and post-test after administering the intervention. Specifically, the pre-test mean score was 20.05 with a standard deviation of 3.60, whereas the post-test mean score decreased to 30.00 with a standard deviation of 0.00. The test results showed a statistically significant difference with a t-value of 21.406, degrees of freedom of 59, and a p-value of 0.000. Since the obtained p-value is less than 0.05, the null hypothesis is rejected. Hence, it can be concluded that the intervention was effective in significantly improving the knowledge scores of the study participants.

### **SECTION IV: ASSOCIATION BETWEEN KNOWLEDGE LEVEL REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES.**

The results revealed that there is no statistically significant association at the p value of 0.05 for Knowledge Levels with selected Socio Demographic Variables. Hence the null hypotheses is accepted for those variables, except for age (p = 0.02) and previous exposure to SLM (p = 0.02) were significantly associated with knowledge level regarding touch.

### **SUMMARY:**

On the whole, carrying out the present study was an enriching experience for the investigator to build self confidence in taking up further research studies. The study has given an insight regarding the importance of assessing the effectiveness of self learning module in improving knowledge levels regarding good touch and bad touch among school children.

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\_\_\_\_\_  
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\_\_\_\_\_  
Author's first name

\_\_\_\_\_  
Title of book

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Place of publication

\_\_\_\_\_  
Publisher

\_\_\_\_\_  
Copyright year



## CHAPTER-9

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## ANNEXURE-I

### CENTRAL ETHICS COMMITTEE CERTIFICATE



**Sri Devaraj Urs Academy of Higher Education & Research**

POST BOX NO.62, TAMAKA, KOLAR-563 101, KARNATAKA, INDIA

**Research and Development Cell**

Ph:08152-210604, 210605, 243003, 243009, ext. 480. E-mail: [dir\\_research@sduaher.ac.in](mailto:dir_research@sduaher.ac.in)

Central Ethics Committee Re- registered under CDSCO -Registration No. ECR/425/Inst/KA/2013/RR-20 dated 28.4.2020

#### Members

1. Prof. Dr. S.R Prasad  
Former Professor and  
Head, Dept. of Microbiology  
SDUMC
2. Dr. Bhuvana K  
Professor  
Dept. of Pharmacology,  
SDUMC
3. Dr. Karthik. S  
Assistant Professor  
Dept. of Paediatrics  
SDUMC
4. Dr. G. Vijayalakshmi  
Principal, College of  
Nursing, SDUCON
5. Mr. Vasudev Moorthy  
Advocate  
Shreyas, Kote Mane, Tekal  
Road, P.C. Extension Kolar
6. Swami  
Dattapadanandaji  
Chinmayananda Mission  
Institution, Kolar
7. Mrs. Veena S,  
Karanjikatte, Kolar
8. Dr. Azeem Mohiyuddin  
S.M  
Professor and HoD,  
Dept. of Otolaryngology,  
SDUMC
9. Dr. Ashok Kumar. B.S  
Principal,  
College of Pharmacy
10. Dr. Prabhavathi K  
Professor & HoD,  
Dept. of Biochemistry,  
SDUMC
11. Dr. Sarulatha. H  
Professor, Collage of  
Physiotherapy
12. Dr. Madhavi Reddy M  
Professor, Department of  
Clinical Nutrition and  
Dietetics, FAH & BS
13. Dr. Venkateswarlu  
Raavi  
Assistant Professor,  
Dept. of Cell Biology &  
Molecular Genetics  
FAH & BS
14. Ms. Apoorva H.M  
Assistant Professor  
Department of Speech  
Pathology & Audiology  
FAH & BS
15. Dr. Kalyani R  
Director  
Research and Development  
Cell, SDUAHER &  
Professor  
Dept. of Pathology  
SDUMC

#### CENTRAL ETHICS COMMITTEE

To:  
**Ms. Harshitha Bai. J**  
I Year MSc Nursing  
Dept. of Psychiatric Nursing  
SDUCON.

Date: 04-03-2025

Sir/Madam,

Ref: SDUAHER/KLR/R&D/CEC/ SDUCON/ S/ PG/ 07 /2024-25

Sub: Effectiveness of Self learning Module on Knowledge regarding good touch and bad touch among school children in Government School, Kolar.


The Central Ethics Committee of Sri Devaraj Urs Academy of Higher Education and Research, Kolar has examined the PG dissertation synopsis and the detailed work plan on 10<sup>th</sup> February 2025.

The Central Ethics Committee has unanimously approved the PG dissertation synopsis and granted permission to investigators to carry out the research work. The project has to be conducted as per ICMR guidelines on biomedical research and Health research (2017) in human beings and adhere to the principles of Good Clinical Practice updated guidelines.

The final report of the research project (PG) to be submitted to Scientific Review Committee, SDUCON.

The Co- Investigators for the project are Prof. Jairakini Aruna and Mrs. Ramya. M.

  
Dr. Kalyani. R  
Member Secretary  
Prof. Dr. Kalyani. R.  
Member Secretary  
Central Ethics Committee  
Research and Development Cell  
SDUAHER

  
Dr. S.R. Prasad  
Chairman  
Prof. Dr. S. R. Prasad  
Chairman  
Central Ethics Committee  
Research and Development Cell  
SDUAHER

NOTE: Please quote CEC reference number for all future communication



### ANNEXURE-III

#### LETTER REQUESTING OPINION AND SUGGESTIONS OF SUBJECT EXPERTS FOR TOOL AND CONTENT VALIDATION.

**From,**

Ms. Harshitha Bai J

1<sup>st</sup> year MSc (N)

Sri Devraj Urs College of Nursing

Tamaka, Kolar

[Harshithabai.j.11@gmail.com](mailto:Harshithabai.j.11@gmail.com)

**To,**

-----

**Forwarded Through,**

Principal

Sri Devraj Urs College of Nursing, Tamaka, Kolar

**Respected Sir/ Madam**

**Subject:** Request for Expert Opinion and Validation of Research Tool and Content.

I am writing to seek your esteemed expertise in validating the research tool and content developed for my study. Titled “**Effectiveness of Self-Learning Module on Knowledge Regarding Good Touch and Bad Touch Among School Children in Government School, Kolar,**” I have developed a Checklist consisting of 30 questions and a self-learning module to assess and improve Children’s understanding of this important topic.

**Objectives of the Study:**

1. To Assess the level of knowledge regarding good touch and bad touch among school children by using Awareness Checklist on Touch.
2. To Evaluate the Effectiveness of Self Learning Module on Knowledge regarding good touch and bad touch by comparing the mean pre-test and post-test scores.
3. To Determine the Association between knowledge level regarding good touch and bad touch among School children with selected socio demographic variables.

I kindly request you to review the enclosed structured questionnaire and self-learning module and provide your valuable opinions and suggestions.

I have attached the validation format along with the tool for your reference.

I sincerely appreciate your time and expertise in supporting my research and look forward to your valuable feedback.

Thank you.

Warm regards,

Ms. Harshitha Bai J

1<sup>st</sup> year MSc (N)

SDUCON, Tamaka, Kolar.

Place: Kolar

Date:

**ANNEXURE-IV**  
**LIST OF EXPERTS**

01. Dr G Balamurugan PhD  
Assistant Professor of Nursing,  
National Apex Coordinating Centre for Tele MANAS,

02. Mr Mahesh Gadag  
Principal  
Sana Institute of Health Sciences,

03. Mr. Shreeshail Shankarshetti  
Principal  
RIMS government college of nursing Raichur

04. Dr. Mohan Reddy  
HOD & Consultant of Psychiatric Dept  
SDUAHER

05. Dr. Purushotham  
Consultant of child & adolescent psychiatry  
SDUAHER

07. Dr. Sahana  
Asst prof of Psychiatric Medicine  
SDUAHER

08. Mr. Jagadish  
Counselor  
SDUAHER

09. Mr. Hemaraju  
Principal  
Ambika College of Nursing

## ANNEXURE-V

### CRITERIA CHECKLIST FOR THE EVALUATION OF THE TOOL

Respected Sir/ Madam,

Kindly go through the tool and give your response in the columns given in the criteria table against each category whether it is not relevant, relevant to some extent, or relevant. Please give your valuable suggestions in the remarks.

#### SECTION I: SOCIO DEMOGRAPHIC DATA

Item No.	Not relevant	Relevant to some extent	Relevant	Suggestions and remarks
1				
2				
3				
4				
5				
6				
7				

**SECTION II: AWARENESS CHECKLIST ON GOOD TOUCH AND BAD TOUCH**

Item no	Not relevant	Relevant to some extent	Relevant	Suggestions and remarks
1				
2				
3				
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**CRITERIA CHECKLIST FOR LESSON PLAN ON SELF LEARNING MODULE ON KNOWLEDGE REGARDING GOOD TOUCH AND BAD TOUCH AMONG SCHOOL CHILDREN IN KOLAR.”**

Respected Sir/Madam,

I request you to evaluate the lesson plan and give your valuable opinion and suggestions. There are three columns in the evaluation criteria check list. Please tick (√) mark in the appropriate column and give your remarks in the column.

Interpretation of column

Column 1: Completely meets the criteria

Column 2: Partially meets the criteria

Column 3: Does not meet the criteria

Sl No	EVALUATION CRITERIA	1	2	3	REMARKS
01.	Lesson plan  1. Content organization  2. Language is simple and easy to understand  3. Clarity of the items used  4. Any other suggestions				

Your valuable opinion and kind cooperation will be highly appreciated.

Thanking you in anticipation of your kind opinion

Date:

Place:

Signature of the evaluator  
(Name and Designation)

## ANNEXURE-VI

### CONTENT VALIDITY CERTIFICATE

This is to certify that the tool and lesson plan developed by Ms. Harshitha Bai J, I-year M.Sc. Nursing student (Mental Health Nursing) of Sri Devaraj Urs College of Nursing-Kolar 573103 is validated by the undersigned and can proceed to conduct the mini study for dissertation entitled: **“Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch Among School Children in Government School Kolar.”**

Place:

Signature of the validator

Date:

(Designation and address)

## ANNEXURE-VII

### PARTICIPANT INFORMATION SHEET & ADOLESCENT ASSENT FORM

**Title:** “Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch among School Children in Government School Kolar.”

**Study Investigator:** Ms. Harshitha Bai J

#### **Why am I here?**

This is research study aims to assess and deliver knowledge regarding good touch and bad touch and also helps you to protect from any such exploitation whenever encountered.

#### **Why are they doing this study?**

After your sign in the informed consent, the investigator shall ask questions on the basic details such as age, gender, type of family, educational status, socio economic status and key variables will be assessed. Pretest will be conducted by using structured questionnaire and followed by itself learning module on knowledge regarding good touch and bad touch will be delivered, on 7<sup>th</sup> day posttest will be conducted by using structured questionnaire.

#### **What will happen to me?**

No, the study will not harm you because it just evaluates the effectiveness of Self Learning Module on knowledge regarding good and bad touch.

#### **How long will I be in the study**

You will be in the study for 7 days.

#### **Will the study help me?**

YES, it will help you to distinguish between good touch and bad touch

#### **Will the study hurt?**

There are no risks or inconveniences in participating in this study.

This study was explained to your head of your institution and they said that you could be in it. You can talk this over with them before you decide.

#### **Research Related Injuries**

NO, there are no injuries by this study.

#### **What about confidentiality?**

The data collected will be coded using unique code numbers which will be known only to the investigating team. Only this code will be indicated in all assessment sheets. Your name will not be disclosed outside or appear on any reports or publications resulting from the study. The data generated

from this research will be anonymous, with no indication of the identity of the individuals involved. The results of the Intervention carried out, however, will be revealed and explained to you.

**What if I have any questions?**

For questions about the study please call

Ms. Harshitha Bai J

1<sup>st</sup> year M.sc ( N)

Sri Devaraj Urs College of Nursing

Tamaka Kolar

Email ID: [harshithabai.j.11@gmail.com](mailto:harshithabai.j.11@gmail.com)

Phone No: 94448070667

**Do I have to be in the study?**

You don't have to be in this study if you don't want to or you can stop being in the study at any time. Please discuss your decision with your head of the institution and teachers. No one will be angry if you decide to stop being in the study.

**AGREEMENT TO BE IN THE STUDY**

Your signature below means that you have read the above information about the study and have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later and withdraw if you want to. By signing this assent form you are not giving up any of your legal rights. You will be given a copy of this form.

Signature of Participant (9-12years)

Printed name of Participant (9-12years)

Date:-

Printed Name of Witness

Signature of Person who explained this form

Printed Name of Person who explained form: \_\_\_\_\_

Date :-

## ANNEXURE-VIII

### PARTICIPANT INFORMATION SHEET & ADOLESCENT ASSENT FORM

#### ತರುಣಾವಸ್ಥೆ ಒಪ್ಪಿಗೆ ಪತ್ರ

**ಶೀರ್ಷಿಕೆ:** "ಸರ್ಕಾರಿ ಶಾಲೆಯ ಮಕ್ಕಳಲ್ಲಿ ಒಳ್ಳೆಯ ಸ್ವರ್ಣ ಮತ್ತು ಕೆಟ್ಟ ಸ್ವರ್ಣಕುರಿತು ತಿಳುವಳಿಕೆ ಹೆಚ್ಚಿಸಲು ಸ್ವಯಂ ಅಧ್ಯಯನ ಮಾಡ್ಯೂಲ್‌ನ ಪರಿಣಾಮಕಾರಿತ್ವ."

**ಶೋಧನಾ ನಿರ್ವಾಹಕಿ:** ಕುಮಾರಿ ಹರ್ಷಿತಾ ಬಾಯಿ ಜೆ

**ನಾನು ಇಲ್ಲಿ ಏಕೆ ಇದ್ದೇನೆ?**

ಈ ಸಂಶೋಧನೆ ಒಳ್ಳೆಯ ಸ್ವರ್ಣ ಮತ್ತು ಕೆಟ್ಟ ಸ್ವರ್ಣಬಗ್ಗೆ ಜ್ಞಾನ ನೀಡಲು ಮತ್ತು ಯಾರಾದರೂ ತಪ್ಪು ಮಾಡುತ್ತಿದ್ದರೆ ಅದರಿಂದ ನಿಮ್ಮನ್ನು ರಕ್ಷಿಸಿಕೊಳ್ಳಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

**ಅವರು ಏಕೆ ಈ ಅಧ್ಯಯನ ಮಾಡುತ್ತಿದ್ದಾರೆ?**

ನೀವು ಒಪ್ಪಿಗೆ ಕೊಟ್ಟ ನಂತರ, ನಿಮ್ಮ ವಯಸ್ಸು, ಲಿಂಗ, ಕುಟುಂಬದ ಪ್ರಕಾರ, ವಿದ್ಯಾಭ್ಯಾಸ, ಆರ್ಥಿಕ ಸ್ಥಿತಿ ಹೀಗೆ ಕೆಲವು ಮಾಹಿತಿಯನ್ನು ಕೇಳಲಾಗುತ್ತದೆ. ಮೊದಲು ನಿಮಗೆ ಪ್ರಶ್ನಾವಿಳಿಸಿಕೊಡಲಾಗುತ್ತದೆ. ನಂತರ ಸ್ವಯಂ ಅಧ್ಯಯನ ಮಾಡ್ಯೂಲ್ ಮೂಲಕ ಒಳ್ಳೆಯ ಸ್ವರ್ಣ ಮತ್ತು ಕೆಟ್ಟ ಸ್ವರ್ಣಕುರಿತು ಕಲಿಸಲಾಗುತ್ತದೆ. 7ನೇ ದಿನ ಮತ್ತೊಮ್ಮೆ ಪ್ರಶ್ನಾವಿಳಿಸಿಕೊಡಲಾಗುತ್ತದೆ.

**ನನಗೆ ಏನಾಗುತ್ತದೆ?**

ಈ ಅಧ್ಯಯನದಿಂದ ನಿಮಗೆ ಯಾವುದೇ ಹಾನಿ ಆಗುವುದಿಲ್ಲ. ಇದು ಕೇವಲ ಒಳ್ಳೆಯ ಸ್ವರ್ಣ ಮತ್ತು ಕೆಟ್ಟ ಸ್ವರ್ಣಕುರಿತು ನಿಮ್ಮ ತಿಳುವಳಿಕೆಯನ್ನು ಪರಿಚ್ಛಿಸುವುದಷ್ಟೇ.

**ಅಧ್ಯಯನ ಎಷ್ಟು ದಿನ ನಡೆಯುತ್ತದೆ?**

ಇದು 7 ದಿನಗಳು ನಡೆಯುತ್ತದೆ.

**ಅಧ್ಯಯನ ನನಗೆ ಸಹಾಯವಾಗುತ್ತದೆಯೇ?**

ಹೌದು. ಇದು ನಿಮಗೆ ಒಳ್ಳೆಯ ಸ್ವರ್ಣ ಮತ್ತು ಕೆಟ್ಟ ಸ್ವರ್ಣ ಗುರುತಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

**ಅಧ್ಯಯನದಿಂದ ನನಗೆ ನೋವಾಗುತ್ತದೆಯಾ?**

ಇಲ್ಲ. ಇದರಿಂದ ಯಾವುದೇ ಅಪಾಯ ಅಥವಾ ತೊಂದರೆ ಇಲ್ಲ.

**ಇದನ್ನು ನಿಮ್ಮ ಶಾಲೆಯ ಮುಖ್ಯ ಶಿಕ್ಷಕರಿಗೆ ವಿವರಿಸಲಾಗಿದೆ. ಅವರು ನಿಮ್ಮ ಭಾಗವಹಿಸುವಿಕೆಗೆ ಒಪ್ಪಿದ್ದಾರೆ. ನೀವು ಬಯಸಿದರೆ ಅವರ ಜೊತೆ ಮಾತನಾಡಿ ನಂತರ ತೀರ್ಮಾನಿಸಬಹುದು.**

**ಸಂಶೋಧನೆಗೆ ಸಂಬಂಧಿಸಿದ ಗಾಯಗಳು**

ಇಲ್ಲ. ಇದರಿಂದ ಯಾವುದೇ ಗಾಯಗಳು ಉಂಟಾಗುವುದಿಲ್ಲ.

**ಮಾಹಿತಿಯ ಗೌಪ್ಯತೆ**

ನಿಮ್ಮ ಮಾಹಿತಿಯನ್ನು ಕೋಡ್ ನಂಬರಿನಿಂದ ಮಾತ್ರ ದಾಖಲಿಸಲಾಗುತ್ತದೆ. ನಿಮ್ಮ ಹೆಸರು ಯಾವುದೇ ವರದಿಗಳಲ್ಲಿ ಅಥವಾ ಪ್ರಕಟಣೆಗಳಲ್ಲಿ ಬಳಸಲಾಗುವುದಿಲ್ಲ. ನಿಮ್ಮ ವಿವರಗಳನ್ನು ಯಾರಿಗೂ ಹೇಳುವುದಿಲ್ಲ.

**ನನಗೆ ಪ್ರಶ್ನೆಗಳಿದ್ದರೆ?**

ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳಿಗಾಗಿ ಸಂಪರ್ಕಿಸಿ:

ಶ್ರೀಮತಿ ಹರ್ಷಿತಾ ಬೈ. ಜೆ

1ನೇ ವರ್ಷದ ಎಂ.ಎಸ್‌ಸಿ (ನರ್ಸಿಂಗ್)

ಶ್ರೀ ದೇವರಾಜ್ ಉರ್ಸ್ ನರ್ಸಿಂಗ್ ಕಾಲೇಜು, ತಮಕ, ಕೋಲಾರ

✉ harshithabai.j.11@gmail.com

☎ phone: 94448070667

**ನಾನು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಇರಬೇಕೇ?**

ಇಲ್ಲ. ನೀವು ಬಯಸದಿದ್ದರೆ ಅಧ್ಯಯನದಲ್ಲಿ ಇರಬೇಕಾಗಿಲ್ಲ. ನೀವು ಯಾವಾಗ ಬೇಕಾದರೂ ನಿಲ್ಲಿಸಬಹುದು.

ಯಾರೂ ನಿಮ್ಮ ಮೇಲೆ ಕೋಪಗೊಳ್ಳುವುದಿಲ್ಲ.

**ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವ ಒಪ್ಪಿಗೆ**

ಈ ಕೆಳಗಿನ ಸಹಿ ಮಾಡುವುದು ಅರ್ಥ:

- ನಾನು ಮೇಲಿನ ಮಾಹಿತಿಯನ್ನು ಓದಿದ್ದೇನೆ.
- ನನಗೆ ಅರ್ಥವಾಗದಿದ್ದರೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುವ ಅವಕಾಶ ದೊರಕಿತು.
- ನಾನು ಬಯಸಿದರೆ ಮಧ್ಯದಲ್ಲೇ ಅಧ್ಯಯನವನ್ನು ನಿಲ್ಲಿಸಬಹುದು ಎಂದು ನನಗೆ ತಿಳಿಸಲಾಗಿದೆ.
- ಸಹಿ ಮಾಡುವುದರಿಂದ ನಾನು ಯಾವುದೇ ಹಕ್ಕುಗಳನ್ನು ಕಳೆದುಕೊಳ್ಳುವುದಿಲ್ಲ.
- ಈ ಪತ್ರದ ಪ್ರತಿಯನ್ನು ನನಗೆ ನೀಡಲಾಗುತ್ತದೆ.

ಭಾಗವಹಿಸುವ ವಿದ್ಯಾರ್ಥಿಯ ಸಹಿ (9-12 ವರ್ಷ): \_\_\_\_\_

ದಿನಾಂಕ: \_\_\_\_\_

ವಿದ್ಯಾರ್ಥಿಯ ಹೆಸರು (ಮುದ್ರಿತ): \_\_\_\_\_

ಸಾಕ್ಷಿಯ ಸಹಿ (ಅಗತ್ಯವಿದ್ದರೆ): \_\_\_\_\_

ದಿನಾಂಕ: \_\_\_\_\_

ಸಾಕ್ಷಿಯ ಹೆಸರು (ಮುದ್ರಿತ): \_\_\_\_\_

ಈ ಪತ್ರವನ್ನು ವಿವರಿಸಿದವರ ಸಹಿ: \_\_\_\_\_

ದಿನಾಂಕ: \_\_\_\_\_

ವಿವರಿಸಿದವರ ಹೆಸರು (ಮುದ್ರಿತ): \_\_\_\_\_

## ANNEXURE-IX

### CERTIFICATE FROM STATISTICIAN

#### SAMPLE SIZE ESTIMATION

##### STATEMENT OF THE PROBLEM

“Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch Among School Children in Government School Kolar.”

**Research approach:** Quantitative research approach

**Research Design:** Pre Experimental a Pre-Experimental one group pre and post-test design.

**Sampling Technique:** Convenient Sampling Technique

**Sample Size:** 60 Samples

**Description:** According to Cochran's formula for definite population

$$n = n_0 / 1 + (n_0 - 1 / N)$$

Where  $n_0$  = Cochran's Sample size constant i.e 385


$N$  = size of population

$$n = 385 / 1 + (385 - 1 / 70)$$

$$n = 385 / 6.48$$

$$n = 59.4 \approx 60$$

Therefore for the present study 60 samples are been considered.

  
Signature of Statistician

S. RAVISHANKAR  
Lect./Assit. Professor,  
Dept. of Community Medicine,  
Sri Devaraj Urs Medical College,  
Tumakuru, Kolar-563101

## CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis to Ms. Harshitha Bai J, 1<sup>st</sup> year MSc Nursing student, for her research study entitled at Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Date:

Place: Tamaka, Kolar



Signature of Statistician

**S. RAVISHANKAR**  
Lect./Assit. Professor,  
Dept. of Community Medicine,  
Sri Devaraj Urs Medical College,  
Tamaka, Kolar-563101

**ANNEXURE-X**

**CERTIFICATE OF ENGLISH EDITING TO WHOME SO EVER IT MAY  
CONCERN**

**CERTIFICATE OF ENGLISH EDITING TO WHOME SO EVER IT MAY  
CONCERN**

This is to certify that, Ms Harshitha Bai J, 1<sup>st</sup> year M.Sc. Nursing, SDUHER, Tamaka, Kolar has done a research study entitled —“Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch Among School Children in Government School Kolar.”

The study was edited for English Language appropriateness by,

Date:

Place:

Signature  
ಮುಖ್ಯಪಾಠ್ಯಾಧ್ಯಾಯರು  
ಶ್ರೀ ಮಾರುತಿ ಪ್ರೌಢ ಶಾಲೆ  
ಆಗ್ರಹಾರ, ಮುಳಬಾಗಿಲು-567131

## ANNEXURE-XI

### Kannada Editing Certificate

#### CERTIFICATE OF ENGLISH EDITING TO WHOME SO EVER IT MAY CONCERN

This is to certify that, Ms Harshitha Bai J,1<sup>st</sup> year M.Sc. Nursing, SDUHER, Tamaka, Kolar has done a research study entitled —“Effectiveness of Self Learning Module on Knowledge Regarding Good Touch and Bad Touch Among School Children in Government School Kolar.”

The study was edited for English Language appropriateness by,

Date:

Place:

Signature  
ಮುಖ್ಯೋಪಾಧ್ಯಾಯರು  
ಶ್ರೀ ಮಾರುತಿ ಪ್ರೌಢ ಶಾಲೆ  
ಆಗ್ರಹಾರ, ಪುಳಿಬಾಗಿಲು-567131

## ANNEXURE-XII

### STRUCTURED TOOL

#### General Instructions:

Please read each question carefully.

Choose the answer that best describes your experience.

Your answers will be kept confidential

#### SECTION A:-SOCIODEMOGRAPHIC PROFILE

##### 1. Age in years

1. 9-10
2. 10-11
3. 11-12

##### 2. Gender

1. Male
2. Female

##### 4. Type of family

1. Nuclear family
2. Joint family
3. Single parent

##### 5. Father's Educational status

1. No Formal Education
2. <12<sup>th</sup> pass
3. UG
4. PG

##### 6. Mother's Educational Status

1. No Formal Education
2. <12<sup>th</sup> pass
3. UG
4. PG

##### 7. Number of siblings

1. 0
2. 1
3. 2
4. >2

## 8. Previous exposure to Self Learning Module on Good Touch and Bad Touch

1. No
2. Yes (If yes, Specify \_\_\_\_\_)

### SECTION B:-AWARENESS CHECKLIST ON GOOD TOUCH AND BAD TOUCH

#### INSTRUCTIONS:

1. Each question should be read out and students should respond with Yes or No.
2. Tick the answer that feels more relevant.
3. Each correct answer scores 1 point.

Sl. No.	Question	Response	
		Yes	No
1	Do you know what a good touch is?		
2	Do you know what a bad touch is?		
3	Does a hug from your parents make you feel safe and loved?		
4	Can a pat on the back from your teacher be a good touch?		
5	Do you understand what private body parts mean?		
6	Is it okay if a stranger touches your private body parts?		
7	Do you understand what private body parts mean?		
8	Can a doctor touch private parts if a parent is present and it is for medical reasons?		
9	Should anyone ask you to keep a touch a secret?		
10	Is it okay to say "NO" if someone touches you in a way that feels wrong?		
11	Is it safe to play with your friends in a public place under supervision?		
12	Is it unsafe if someone gives you gifts to touch you inappropriately?		
13	Should you feel worried if an older person asks you to keep a touch a secret?		
14	Can a bad touch happen in a place where you feel safe, like your home or school?		
15	Is it unsafe if someone touches you and you feel scared or uncomfortable?		
16	Can you say "NO" loudly when someone touches you inappropriately?		
17	Should you run away if someone tries to touch you badly?		
18	Is it important to tell a trusted adult if someone touches you in a wrong way?		
19	If one adult doesn't help you, should you keep telling another until someone listens?		
20	Can you protect yourself by recognizing bad touch early?		
21	Can parents be trusted adults?		

22	Can teachers be trusted adults?		
23	Do trusted adults help keep children safe and secure?		
24	Should you tell a police officer if you feel unsafe?		
25	Is it wrong to stay silent when someone hurts you?		
26	Do you know about the POCSO Act?		
27	Do you know that the law punishes those who hurt children?		
28	Can you call 1098 if you are in trouble?		
29	Do you have the right to say "NO" to unsafe touches?		
30	Do children have the right to feel safe and protected?		

**Total Possible Points:**

Since there are 30 questions, the maximum possible score is **30 points**.

RANGE	SCORE(%)	INTERPRETATION
0-10	<33%	Poor knowledge
11-20	36-66%	Average Knowledge
21-30	70-100%	Good knowledge

**Steps for Interpretation**

1. Sum up the scores for all 30 items.
2. Compare the total score with the ranges above.
3. Use the interpretation to assess the respondent's level of knowledge regarding good touch and bad touch and identify potential intervention needs.
4. This scoring and interpretation will help analyze the level of knowledge regarding good touch and bad touch among the selected school children.

## ANNEXURE-XIII

### ರಚಿತ ಸಾಧನ (Structured Tool)

#### ಸಾಮಾನ್ಯ ಸೂಚನೆಗಳು:

- ದಯವಿಟ್ಟು ಪ್ರತಿಯೊಂದು ಪ್ರಶ್ನೆಯನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಓದಿ.
- ನಿಮ್ಮ ಅನುಭವವನ್ನು ಅತ್ಯಂತ ಸೂಕ್ತವಾಗಿ ವಿವರಿಸುವ ಉತ್ತರವನ್ನು ಆಯ್ಕೆಮಾಡಿ.
- ನಿಮ್ಮ ಉತ್ತರಗಳನ್ನು ಗೌಪ್ಯವಾಗಿ ಇರಿಸಲಾಗುವುದು.

#### ವಿಭಾಗ A: ಸಾಮಾಜಿಕ-ಜನಸಾಂಖ್ಯಿಕ ವಿವರಗಳು

1. ವಯಸ್ಸು (ವರ್ಷಗಳಲ್ಲಿ) \_\_\_\_\_
2. ಲಿಂಗ
  - a) ಗಂಡು
  - b) ಹೆಣ್ಣು
  - c) ಇತರೆ
3. ಕುಟುಂಬದ ಪ್ರಕಾರ
  - a) ಏಕ ಕುಟುಂಬ
  - b) ಸಂಯುಕ್ತ ಕುಟುಂಬ
4. ತಂದೆಯ ವಿದ್ಯಾರ್ಹತೆ
  - a) ಯಾವುದೇ ಅಧಿಕೃತ ಶಿಕ್ಷಣ ಇಲ್ಲ
  - b) 12ನೇ ತರಗತಿಗೂ ಕಡಿಮೆ ಪಾಸು
  - c) ಪದವಿ
  - d) ಸ್ನಾತಕೋತ್ತರ
5. ತಂದೆಯ ಉದ್ಯೋಗದ ಸ್ಥಿತಿ
  - a) ನಿಪುಣ
  - b) ಅನಿಪುಣ
  - c) ವೃತ್ತಿಪರ
  - d) ಇತರೆ
6. ತಾಯಿಯ ವಿದ್ಯಾರ್ಹತೆ
  - a) ಯಾವುದೇ ಅಧಿಕೃತ ಶಿಕ್ಷಣ ಇಲ್ಲ
  - b) 12ನೇ ತರಗತಿಗೂ ಕಡಿಮೆ ಪಾಸು
  - c) ಪದವಿ
  - d) ಸ್ನಾತಕೋತ್ತರ
7. ತಾಯಿಯ ಉದ್ಯೋಗದ ಸ್ಥಿತಿ
  - a) ನಿಪುಣ
  - b) ಅನಿಪುಣ
  - c) ವೃತ್ತಿಪರ

- d) ಇತರೆ
8. ಸಹೋದರ-ಸಹೋದರಿಯರ ಸಂಖ್ಯೆ \_\_\_\_\_
9. "ಗುಡ್ ಟಚ್ ಮತ್ತು ಬ್ಯಾಡ್ ಟಚ್" ಕುರಿತು ಸ್ವಯಂ-ಅಧ್ಯಯನ ಮಾಡ್ಯೂಲ್ ಅನ್ನು ಹಿಂದಿನಿಂದ ತಿಳಿದುಕೊಂಡಿರುವಿರಾ?
- a) ಇಲ್ಲ
- b) ಹೌದು (ಹೌದು ಅಂದರೆ, ವಿವರಿಸಿ \_\_\_\_\_)

ವಿಭಾಗ B:ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶಕುರಿತು ಅರಿವು ಪರಿಶೀಲನಾ ಪಟ್ಟಿಯನ್ನು

ಕ್ರಮ ಸಂಖ್ಯೆ	ಪ್ರಶ್ನೆ	ಹೌದು	ಇಲ್ಲ
1	ನಿಮಗೆ ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಎಂಬುದರ ಬಗ್ಗೆ ಗೊತ್ತಿದೆಯಾ?		
2	ನಿಮಗೆ ಕೆಟ್ಟ ಸ್ಪರ್ಶ ಎಂಬುದರ ಬಗ್ಗೆ ಗೊತ್ತಿದೆಯಾ?		
3	ತಂದೆ-ತಾಯಿಯ ಮಡಿಲು, ಅಪ್ಪಿಗೆ ನಿಮಗೆ ಭದ್ರತೆ ಮತ್ತು ಪ್ರೀತಿ ನೀಡುತ್ತದೆಯೆ?		
4	ಶಿಕ್ಷಕರು ಬೆನ್ನಿಗೆ ತಟ್ಟುವುದು ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಆಗಿರಬಹುದೆ?		
5	ರಸ್ತೆಯನ್ನು ದಾಟುವಾಗ ಸ್ನೇಹಿತನ ಕೈ ಹಿಡಿಯುವುದು ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಆಗಿರಬಹುದೆ?		
6	ಖಾಸಗಿ ಅಂಗಾಂಗಗಳು ಎಂದರೇನು ಎಂದು ನಿಮಗೆ ತಿಳಿದಿದೆಯೆ?		
7	ಖಾಸಗಿ ಅಂಗಾಂಗಗಳನ್ನು ಒಳ ಉಡುಪಿನಿಂದ ಮುಚ್ಚಬೇಕು ಎಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಾ?		
8	ಅಪರಿಚಿತರು ನಿಮ್ಮ ಖಾಸಗಿ ಅಂಗಾಂಗಗಳನ್ನು ಮುಟ್ಟುವುದು ಸರಿಯೇ?		
9	ಪೋಷಕರು ಹಾಜರಿರುವಾಗ ಮತ್ತು ವೈದ್ಯಕೀಯ ಕಾರಣಕ್ಕಾಗಿ ವೈದ್ಯರು ಖಾಸಗಿ ಅಂಗಾಂಗಗಳನ್ನು ಮುಟ್ಟಬಹುದೆ?		
10	ಪೋಷಕರು ನಂಬಿಕೆಯ ವ್ಯಕ್ತಿಗಳಾಗಿರಬಹುದೆ?		
11	ಶಿಕ್ಷಕರು ನಂಬಿಕೆಯ ವ್ಯಕ್ತಿಗಳಾಗಿರಬಹುದೆ?		
12	ಯಾರಾದರೂ ನಿಮ್ಮನ್ನು ಮುಟ್ಟಿ "ಯಾರಿಗೂ ಹೇಳಬೇಡ" ಎಂದರೆ, ನೀವು ಪೋಷಕರ ಅಥವಾ ಶಿಕ್ಷಕರಂತಹ ನಂಬಿಕೆಯ ವ್ಯಕ್ತಿಗೆ ಹೇಳಬೇಕೆ?		
13	ಮೇಲ್ವಿಚಾರಣೆಯಡಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಸ್ನೇಹಿತರೊಂದಿಗೆ ಆಟ ಆಡುವುದು ಸುರಕ್ಷಿತವೇ?		
14	ಯಾರಾದರೂ ನಿಮ್ಮನ್ನು ಮುಟ್ಟಿದಾಗ ನಿಮಗೆ ಭಯ ಅಥವಾ ಅಸೌಕರ್ಯ ಉಂಟಾದರೆ ಅದು ಅಸುರಕ್ಷಿತವೇ?		
15	ಯಾರಾದರೂ ನಿಮಗೆ ತಪ್ಪಾಗಿ ಮುಟ್ಟಲು ಉಡುಗೊರೆ ಕೊಟ್ಟರೆ ಅದು ಅಸುರಕ್ಷಿತವೇ?		
16	ಹಿರಿಯರು ಟಚ್ ಬಗ್ಗೆ ರಹಸ್ಯವಾಗಿರಿಸಲು ಹೇಳಿದರೆ ನೀವು ಚಿಂತಿಸಬೇಕೆ?		
17	ಮನೆಯಲ್ಲಿ ಅಥವಾ ಶಾಲೆಯಲ್ಲಿ, ಅಂದರೆ ಭದ್ರ ಸ್ಥಳದಲ್ಲೂ ಕೆಟ್ಟ ಸ್ಪರ್ಶಸಂಭವಿಸಬಹುದೆ?		

18	ಯಾರಾದರೂ ನಿಮಗೆ ತಪ್ಪಾಗಿ ಮುಟ್ಟಲು ಪ್ರಯತ್ನಿಸಿದರೆ ನೀವು ಅಲ್ಲಿಂದ ಓಡಿಹೋಗಬೇಕೆ?		
19	ಯಾರಾದರೂ ತಪ್ಪಾಗಿ ಮುಟ್ಟಿದರೆ ಅದನ್ನು ನಂಬಿಕೆಯ ವ್ಯಕ್ತಿಗೆ ಹೇಳುವುದು ಮುಖ್ಯವೇ?		
20	ಒಬ್ಬ ವಯಸ್ಕ ಸಹಾಯ ಮಾಡದಿದ್ದರೆ, ಯಾರಾದರೂ ಕೇಳುವವರೆಗೂ ಇನ್ನೊಬ್ಬರಿಗೆ ಹೇಳುತ್ತಿರಬೇಕೆ?		
21	ಕೆಟ್ಟ ಸ್ಪರ್ಶವನ್ನು ಬೇಗ ಗುರುತಿಸುವುದರಿಂದ ನಿಮ್ಮನ್ನು ರಕ್ಷಿಸಿಕೊಳ್ಳಬಹುದೆ?		
22	ನಂಬಿಕೆಯ ವಯಸ್ಕರು ಮಕ್ಕಳನ್ನು ಸುರಕ್ಷಿತವಾಗಿ ಮತ್ತು ಭದ್ರವಾಗಿ ಇಡುತ್ತಾರೆಯೆ?		
23	ಯಾರಾದರೂ ನಿಮ್ಮನ್ನು ಹಾನಿಗೊಳಿಸಿದಾಗ ಮೌನವಾಗಿರುವುದು ತಪ್ಪೇ?		
24	ನಿಮಗೆ ಅಸುರಕ್ಷಿತವೆಂದು ಅನಿಸಿದರೆ ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗೆ ಹೇಳಬೇಕೆ?		
25	ನಿಮಗೆ POCSSO ಕಾಯ್ದೆಯ ಬಗ್ಗೆ ಗೊತ್ತಿದೆಯೆ?		
26	ಮಕ್ಕಳಿಗೆ ಹಾನಿ ಮಾಡುವವರನ್ನು ಕಾನೂನು ಶಿಕ್ಷಿಸುತ್ತದೆ ಎಂಬುದು ನಿಮಗೆ ಗೊತ್ತಿದೆಯೆ?		
27	ಅಸುರಕ್ಷಿತ ಟಚ್‌ಗಳಿಗೆ "ಇಲ್ಲ" ಎನ್ನುವ ಹಕ್ಕು ನಿಮಗಿದೆಯೆ?		
28	ಯಾರಾದರೂ ತಪ್ಪಾಗಿ ಮುಟ್ಟಿದರೆ ಜೋರಾಗಿ "ಇಲ್ಲ" ಎಂದು ಹೇಳಬಹುದೆ?		
29	ತೊಂದರೆಯಲ್ಲಿ ಇದ್ದರೆ 1098'ಗೆ ಕರೆ ಮಾಡಬಹುದೆ?		
30	ಮಕ್ಕಳಿಗೆ ಸುರಕ್ಷಿತವಾಗಿ ಮತ್ತು ಭದ್ರವಾಗಿ ಬದುಕುವ ಹಕ್ಕು ಇದೆಯೆ?		

### ಒಟ್ಟು ಸಾಧ್ಯ ಅಂಕಗಳು:

ಈ ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಒಟ್ಟು 30 ಪ್ರಶ್ನೆಗಳಿರುವುದರಿಂದ ಗರಿಷ್ಠ ಸಾಧ್ಯ ಅಂಕಗಳು 30 ಅಂಕಗಳು ಆಗಿರುತ್ತವೆ.

RANGE	SCORE(%)	INTERPRETATION
0-10	<33%	ಕಡಿಮೆ ಜ್ಞಾನ
11-20	36-66%	ಸರಾಸರಿ ಜ್ಞಾನ
21-30	70-100%	ಉತ್ತಮ ಜ್ಞಾನ

### ವ್ಯಾಖ್ಯಾನದ ಹಂತಗಳು:

1. ಎಲ್ಲಾ 30 ಅಂಶಗಳ ಅಂಕಗಳನ್ನು ಸೇರಿಸಿ.
2. ಒಟ್ಟು ಅಂಕಗಳನ್ನು ಮೇಲಿನ ಶ್ರೇಣಿಗಳೊಂದಿಗೆ ಹೋಲಿಸಿ.
3. ಈ ವ್ಯಾಖ್ಯಾನವನ್ನು ಬಳಸಿಕೊಂಡು, ಉತ್ತರದಾರರ ಗುಡ್ ಟಚ್ ಮತ್ತು ಬ್ಯಾಡ್ ಟಚ್ ಕುರಿತು ಜ್ಞಾನ ಮಟ್ಟವನ್ನು ಅಂದಾಜಿಸಿ ಹಾಗೂ ಅಗತ್ಯವಾದ ಹಸ್ತಕ್ಷೇಪವನ್ನು ಗುರುತಿಸಿ.

4. ಈ ಅಂಕಗಳು ಮತ್ತು ವ್ಯಾಖ್ಯಾನದ ವಿಧಾನವು ಆಯ್ಕೆಗೊಂಡ ಶಾಲಾ ಮಕ್ಕಳಲ್ಲಿ ಗುಡ್ ಟಚ್ ಮತ್ತು ಬ್ಯಾಡ್ ಟಚ್ ಕುರಿತು ಜ್ಞಾನಮಟ್ಟವನ್ನು ವಿಶ್ಲೇಷಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

## ANNEXURE-XIV

### Lesson Plan on Good Touch and Bad Touch.

Topic: Good Touch and Bad Touch

Group: 9-12 years old Govt School Students

Place: Government School, Kolar.

Duration: 60min [20min for pretest + 40 min for content]

Method of Teaching: Lecture cum Discussion

Teaching Aid: Power Point Presentation

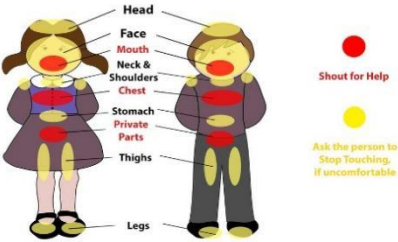
#### GENERAL OBJECTIVES:


At the end of the session the students will be able to gain adequate knowledge regarding the types of Touch and differentiate between them.


#### SPECIFIC OBJECTIVES:

1. Introduces the topic
2. Defines Types of Touch with example.
3. Recognizes safe and unsafe situations.
4. Responses to unsafe touch
5. Recognizing Trusted Adults.
6. Identifies Trusted Adults.
7. Defines POSCO ACT

Sl. No	Time	Specific Objective	Content	Teaching Activity	Student Activity	A.V Aids	Evaluation
1	5 min	Introduces the topic	<p><b>Introduction to topic</b></p> <p>How do we naturally connect with others.</p> <p>Few students respond :- By greeting , smiling, touch sometime.</p>	Asks a few questions to arouse curiosity	Responding to teacher's greetings and questions	None	Initial engagement and attentiveness

			<p>We all experience touch every day—whether it's a handshake. In this lesson, we'll look at the importance of respecting boundaries and being mindful of how touch affects others.</p> <p>Every child has the right to feel safe and protected. However, children may sometimes experience situations where they feel uncomfortable, confused, or scared due to someone's touch. This module aims to help students understand the difference between good and bad touch, how to respond to unsafe situations, and whom to seek help from.</p>				
2	10 min	Defines Types of Touch with example.	<p><b>The Concept of Good and Bad Touch</b></p> <p>What is a Good Touch? A good touch makes a person feel comfortable, safe, and loved. Examples include:</p> <ul style="list-style-type: none"> <li>✓ A hug from parents or guardians.</li> <li>✓ A pat on the back from teachers for encouragement.</li> <li>✓ Holding hands with a friend for support.</li> </ul> <p style="text-align: center;"><b>Good Touch and Bad Touch</b></p>  <p>What is a Bad Touch? A bad touch makes a person feel uncomfortable, scared, or confused. Examples include:</p> <ul style="list-style-type: none"> <li>✓ Touching private body parts without permission.</li> <li>✓ Unwanted hugs or kisses from strangers.</li> </ul>	Explains using diagrammatic pictures.	Listens and observes	PPT	Can they differentiate a good touch?

			<ul style="list-style-type: none"> <li>✓ Someone forcing a child to keep a touch a secret.</li> <li>✓ Private Body Parts Concept (Use of Diagram)</li> </ul> <p>No one should touch these parts unless for medical or hygiene purposes by a trusted adult.</p>				
3	10 min	Recognize safe and unsafe situations	<p><b>3. Recognizing Safe and Unsafe Situations</b></p> <p>Safe Situations:</p> <ul style="list-style-type: none"> <li>✓ Being hugged by parents when feeling sad.</li> <li>✓ A doctor examining a child in the presence of a parent.</li> <li>✓ Playing with friends in a public, supervised place.</li> </ul> <p>Unsafe Situations:</p> <ul style="list-style-type: none"> <li>✓ An adult or older child asking a student to keep a touch a secret.</li> <li>✓ Someone making a child feel guilty or scared about reporting a touch.</li> <li>✓ A person trying to lure a child with gifts or sweets to gain physical access.</li> </ul>	Storytelling; show Do's and Don'ts	Ask questions and share feelings (if comfortable)	PPT	Able to identify bad touch?
4	10 min	Responds to unsafe touch Recognizing Trusted Adults.	<p><b>4. Saying No and Seeking Help</b></p> <p>Steps to Take When Feeling Unsafe</p> <ol style="list-style-type: none"> <li>1. Say "No" Firmly – Use a strong, clear voice.</li> <li>2. Get Away from the Situation – Move to a safe place.</li> <li>3. Tell a Trusted Adult – Report to a parent, teacher, or guardian.</li> <li>4. Keep Telling Until Help is Received – If one person does not listen, tell another adult.</li> </ol> <p>3 Safety Rules: Say No, Run Away, Tell a Trusted Adult</p>  <p><b>Who Are Trusted Adults?</b></p>	Demonstrates role-play on how to say 'No' and whom to approach	Practice safety rules and identify trusted adults	PPT	Do they remember the rules?

			<ul style="list-style-type: none"> <li>✓ Parents</li> <li>✓ Teachers</li> <li>✓ School Counselors</li> <li>✓ Relatives(Grandparents, Uncles, Aunts)</li> <li>✓ Police Officers</li> </ul> <p>Why It's Important to Speak Up?</p> <ul style="list-style-type: none"> <li>✓ Trusted adults can help stop the unsafe situation.</li> <li>✓ Speaking up prevents further harm to oneself and others.</li> </ul> <p>It helps ensure the child's safety and emotional well-being</p>				
5	5 min	Reinforces learning	<p><b>Summary and Key Takeaways</b></p> <ol style="list-style-type: none"> <li>i. Good touch makes you feel safe; bad touch makes you uncomfortable.</li> <li>ii. Trust your feelings—if something feels wrong, say NO and leave.</li> <li>iii. Tell a trusted adult immediately if you experience an unsafe situation.</li> <li>iv. Laws like POCSO Act protect children's rights in India.</li> <li>v. The Child Toll-free helpline (1098) is always available for help.</li> </ol> 	Quick recap through Q&A	Respond to questions	None	Participation in recap activity

Assignment: Draw a picture showing someone using the 3 safety rules (Say No, Run, Tell).

References: NCERT Health Textbook, Childline India (1098), POCSO Act materials

1. Gupta N. Good Touch & Bad Touch — “Learn To Your Child” [Internet]. Mountain View (CA): Wrytin; 2019 Apr 6 [cited 2025 Apr 7]. Available

from: <https://wrytin.com/nikitagupta/good-touch-bad-touchlearn-to-your-child-ju50u7mw>

2. Dentist Maa. Good Touch Bad Touch! [Internet]. Pinterest; [date unknown] [cited 2025 Apr 7]. Available from: <https://in.pinterest.com/pin/1093811828241985282/>
3. Red Squirrel. How to Discuss Good Touch and Bad Touch with Your Kid? [Internet]. Hyderabad: Rocksfordz; 2023 May 3 [cited 2025 Apr 7]. Available from: <https://www.rocksfordz.com/how-to-discuss-good-touch-and-bad-touch-with-your-kid/>

ANNEXURE-XV

ಪಾರ ಯೋಜನೆ: ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶ

**ವಿಷಯ:** ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶ

**ಗುಂಪು:** 9-12 ವರ್ಷ ಸರ್ಕಾರಿ ಶಾಲಾ ಮಕ್ಕಳು

**ಸ್ಥಳ:** ಸರ್ಕಾರಿ ಶಾಲೆ, ಕೋಲಾರ

**ಕಾಲಾವಧಿ:** 60 ನಿಮಿಷ (20 ನಿಮಿಷ ಪೂರ್ವಪರಿೀಕ್ಷೆ + 40 ನಿಮಿಷ ಪಾಠ)

**ಬೋಧನಾ ವಿಧಾನ:** ಉಪನ್ಯಾಸ ಮತ್ತು ಚರ್ಚೆ

**ಬೋಧನಾ ಸಹಾಯ:** ಪವರ್ ಪಾಯಿಂಟ್ ಪ್ರೆಸೆಂಟೇಶನ್

**ಸಾಮಾನ್ಯ ಉದ್ದೇಶ:**

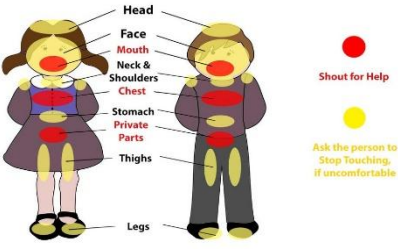
ಮಕ್ಕಳು ಒಳ್ಳೆಯ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶವನ್ನು ತಿಳಿದು, ಸುರಕ್ಷಿತವಾಗಿ ಬದುಕಲು ಕಲಿಯಬೇಕು.


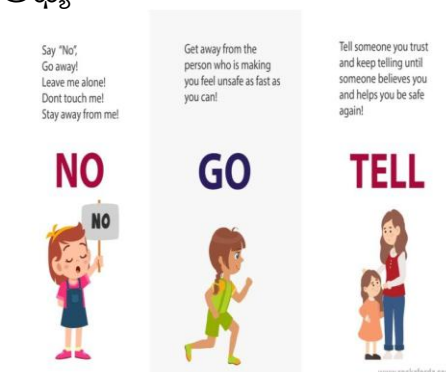
**ವಿಶೇಷ ಉದ್ದೇಶಗಳು:**

1. ವಿಷಯ ಪರಿಚಯಿಸುವುದು
2. ಒಳ್ಳೆಯ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶದ ಅರ್ಥ ಹೇಳುವುದು
3. ಸುರಕ್ಷಿತ ಮತ್ತು ಅಸುರಕ್ಷಿತ ಪರಿಸ್ಥಿತಿಗಳನ್ನು ಗುರುತಿಸುವುದು
4. ಅಸುರಕ್ಷಿತ ಸ್ಪರ್ಶಕ್ಕೆ ಹೇಗೆ ಪ್ರತಿಕ್ರಿಯಿಸಬೇಕು ತಿಳಿಸುವುದು
5. ವಿಶ್ವಾಸಾರ್ಹ ವಯಸ್ಕರನ್ನು ಗುರುತಿಸುವುದು
6. ಪಾಕ್‌ಸೋ ಕಾಯ್ದೆ (POCSO Act) ಪರಿಚಯಿಸುವುದು

ಪಾಠದ ಟೇಬಲ್ ರೂಪ

Sl. No	ಸಮಯ	ಉದ್ದೇಶ	ವಿಷಯ	ಶಿಕ್ಷಕರ ಕ್ರಿಯೆ	ಮಕ್ಕಳ ಕ್ರಿಯೆ	ಸಹಾಯ ಸಾಮಗ್ರಿ	ಮೌಲ್ಯ ಮಾಪನ
1	5 ನಿಮಿಷ	ವಿಷಯ ಪರಿಚಯಿಸುವುದು	- ಪ್ರತಿದಿನ ನಾವು ಸ್ಪರ್ಶ ಅನುಭವಿಸುತ್ತೇವೆ (ಕೈಕುಲುಕು, ಅಪ್ಪುಗೆ, ನಗು). - ಪ್ರತಿಯೊಬ್ಬ ಮಕ್ಕಳಿಗೂ ಸುರಕ್ಷಿತವಾಗಿರಲು ಹಕ್ಕು ಇದೆ.	ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಿ ಕುತೂಹಲ	ಶಿಕ್ಷಕರ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸುವುದು	ಇಲ್ಲ	ಮಕ್ಕಳ ಗಮನ ಮತ್ತು ಪ್ರಾರಂಭ

			<p>- ಕೆಲವೊಮ್ಮೆ ಯಾರಾದರೊಬ್ಬರ ಸ್ಪರ್ಶ ಅಸಹಜ ಅಥವಾ ಭಯ ಉಂಟುಮಾಡಬಹುದು.</p> <p>- ಈ ಪಾಠವು ಒಳ್ಳೆಯ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶದ ವ್ಯತ್ಯಾಸವನ್ನು ತಿಳಿಸುತ್ತದೆ.</p>	ಹುಟ್ಟಿಸುವುದು			ಕ ಪ್ರತಿಕ್ರಿಯೆ
2	10 ನಿಮಿಷ	ಒಳ್ಳೆಯ ಮತ್ತು ಕೆಟ್ಟ ಸ್ಪರ್ಶದ ಅರ್ಥ ತಿಳಿಸುವುದು	<p>✓ <b>ಒಳ್ಳೆಯ ಸ್ಪರ್ಶ:</b> ಸುರಕ್ಷತೆ, ಪ್ರೀತಿ ನೀಡುತ್ತದೆ.</p> <p>ಉದಾ: ಅಪ್ಪಿಗೆ, ಶಿಕ್ಷಕರಿಂದ ಪ್ರಶಂಸೆಯ ತಟ್ಟುವುದು, ಸ್ನೇಹಿತನ ಕೈ ಹಿಡಿದು ನಿಲ್ಲುವುದು.</p> <p style="text-align: center;"><b>Good Touch and Bad Touch</b></p>  <p>✗ <b>ಕೆಟ್ಟ ಸ್ಪರ್ಶ:</b> ಅಸಹಜ, ಭಯ ಹುಟ್ಟಿಸುತ್ತದೆ.</p> <p>ಉದಾ: ಖಾಸಗಿ ಅಂಗಾಂಗ ಮುಟ್ಟುವುದು, ಅಪರಿಚಿತರಿಂದ ಬಲವಂತದ ಮುತ್ತು/ಅಪ್ಪಿಗೆ, "ಗುಟ್ಟು ಇಟ್ಟುಕೋ" ಎಂದರೆ.</p> <p>ಖಾಸಗಿ ಅಂಗಾಂಗಗಳನ್ನು ವೈದ್ಯರು/ಪೋಷಕರು ಮಾತ್ರ ಮುಟ್ಟಬಹುದು.</p>	ಚಿತ್ರ/ಡ್ರಾಂಗ್ರಾಂ ಮೂಲಕ ವಿವರಿಸುವುದು	ಮಕ್ಕಳು ಗಮನದಿಂದ ಕೇಳುವುದು	ಪಿಪಿಟಿ	ಮಕ್ಕಳು ಒಳ್ಳೆಯ-ಕೆಟ್ಟ ಸ್ಪರ್ಶ ಗುರುತಿಸುತ್ತಾರೆಯೇ?
3	10 ನಿಮಿಷ	ಸುರಕ್ಷಿತ ಮತ್ತು ಅಸುರಕ್ಷಿತ ಪರಿಸ್ಥಿತಿಗಳನ್ನು ಗುರುತಿಸುವುದು	<p>✓ <b>ಸುರಕ್ಷಿತ:</b></p> <p>- ಅಮ್ಮ-ಅಪ್ಪ ಅಪ್ಪಿಗೆಯಿಡುವುದು</p> <p>- ಡಾಕ್ಟರ್ ತಾಯಿ/ತಂದೆಯ ಸಮ್ಮುಖದಲ್ಲಿ ಪರಿಶೀಲನೆ</p> <p>- ಸ್ನೇಹಿತರ ಜೊತೆ ಶಾಲೆಯಲ್ಲಿ ಆಟ</p> <p>✗ <b>ಅಸುರಕ್ಷಿತ:</b></p> <p>- "ಗುಟ್ಟಾಗಿ ಇಟ್ಟುಕೋ" ಎಂದರೆ</p> <p>- ಸ್ಪರ್ಶ ಹೇಳಿದಕ್ಕೆ ಭಯ</p>	ಕಥೆ ಹೇಳುವುದು, "ಮಾಡಬೇಕು-ಮಾಡಬಾರದು" ತೋರಿಸುವುದು	ಮಕ್ಕಳಿಗೆ ಅನುಭವ ಹಂಚಿಕೊಳ್ಳಲಾಗುವುದು	ಪಿಪಿಟಿ	ಮಕ್ಕಳು ಕೆಟ್ಟ ಪರಿಸ್ಥಿತಿಯನ್ನು ಗುರುತಿಸುತ್ತಾರೆಯೇ?

			ಹುಟ್ಟಿಸುವುದು - ಉಡುಗೊರೆ/ಸಿಹಿ ಕೊಟ್ಟು ಹತ್ತಿರವಾಗುವುದು				
4	10 ನಿಮಿ ಷ	ಅಸುರಕ್ಷಿ ತ ಸ್ವರ್ಶಕ್ಕೆ ಪ್ರತಿಕ್ರಿಯೆ ಸುವುದು	<b>3 ಸುರಕ್ಷತಾ ನಿಯಮಗಳು:</b> 1. "ಇಲ್ಲ" ಎಂದು ಗಟ್ಟಿಯಾಗಿ ಹೇಳು 2. ಅಲ್ಲಿಂದ ಓಡಿ ಹೋಗು 3. ವಿಶ್ವಾಸಾರ್ಹ ವಯಸ್ಕರಿಗೆ ಹೇಳು  <b>ವಿಶ್ವಾಸಾರ್ಹ ವಯಸ್ಕರು:</b> ಪೋಷಕರು, ಶಿಕ್ಷಕರು, ಅಜ್ಜ-ಅಜ್ಜಿ, ಸಂಬಂಧಿಕರು, ಪೊಲೀಸ್ ಅಂಕಲ್. <b>ಏಕೆ ಹೇಳಬೇಕು?</b> - ಅವರು ಮಕ್ಕಳನ್ನು ರಕ್ಷಿಸುತ್ತಾರೆ.	"ಇಲ್ಲ" ಹೇಳುವ ರೋಲ್- ಪ್ಲೇ ಮಾಡಿಸ ುವುದು	ಮಕ್ಕಳು ಅಭ್ಯಾಸ ಮಾಡು ವುದು, ವಿಶ್ವಾಸ ಾರ್ಹ ವಯಸ್ಕ ರನ್ನು ಗುರುತಿಸ ುವುದು	ಪಿಪಿ ಟಿ	ಮಕ್ಕಳು 3 ನಿಯಮಗ ಳನ್ನು ನೆನಪಿಸಿಕ ೊಳ್ಳುತ್ತ ಾರೆಯೇ?
5	5 ನಿಮಿ ಷ	ಪಾಠದ ಸಾರಾಂಶ	- ಒಳ್ಳೆಯ ಸ್ವರ್ಶ = ಸುರಕ್ಷತೆ, ಪ್ರೀತಿ - ಕೆಟ್ಟ ಸ್ವರ್ಶ = ಅಸಹಜ, ಭಯ - "ಇಲ್ಲ" ಹೇಳಿ, ಓಡಿ ಹೋಗಿ, ಹೇಳಿ - POCSO ಕಾಯ್ದೆ ಮಕ್ಕಳನ್ನು ರಕ್ಷಿಸುತ್ತದೆ - ಮಕ್ಕಳ ಸಹಾಯವಾಣಿ 1098 ಲಭ್ಯ 	ಪುನರಾ ವರ್ತನೆ, ಪ್ರಶ್ನೆ- ಉತ್ತರ	ಮಕ್ಕಳು ಉತ್ತರಿಸ ುವುದು	ಇ ಲ್ಲ	ಮಕ್ಕಳು ಮುಖ್ಯ ಅಂಶಗಳ ನ್ನು ಹೇಳುತ್ತಾ ರೆಯೇ?

ಕಾರ್ಯ:

ಮಕ್ಕಳು "3 ಸುರಕ್ಷತಾ ನಿಯಮಗಳನ್ನು" (ಇಲ್ಲ, ಹೇಳು, ಓಡು, ಹೇಳು) ಚಿತ್ರವಾಗಿ ಬಿಡಿಸಬೇಕು.

**ಮೂಲಗಳು (References):**

- NCERT ಆರೋಗ್ಯ ಪಾಠಪುಸ್ತಕ
- Childline India – 1098
- POCSO ಕಾಯ್ದೆ ಪುಸ್ತಕಗಳು

**ANNEXURE-XVI**

**MASTER DATA SHEET**

**SOCIODEMOGRAPHIC DATA**

<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>S9</b>
9	2	2	2	2	2	2	3	1
9	1	2	2	2	2	2	2	1
9	1	1	2	2	2	2	3	1
9	1	2	2	2	1	2	3	1
9	2	1	2	1	2	1	1	1
9	2	2	2	2	2	4	3	1
9	2	1	2	2	2	2	1	1
9	2	1	2	2	2	2	2	1
9	1	1	2	2	1	2	1	1
11	2	2	2	1	2	2	3	2
10	2	2	2	2	2	2	4	1
11	1	2	4	1	1	2	4	1
10	2	2	2	2	2	2	2	1
12	2	1	1	2	2	2	2	1
10	1	2	2	2	2	2	2	2
12	2	1	1	2	1	2	3	1
11	1	2	2	2	2	2	3	1
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Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30
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**ANNEXURE-XVII**

**RESEARCH PHOTOS**





## ANNEXURE-XVIII

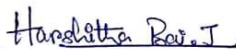
### PLAGIARISM CERTIFICATE




SRI DEVARAJ URS COLLEGE OF NURSING  
Tamaka, Kolar 563103

#### Certificate of Plagiarism Check

<b>Title of the Project</b>	Effectiveness of self-learning module on knowledge regarding good touch and bad touch among school children in government school Kolar
<b>Name of the Student</b>	Harshitha Bai J
<b>Registration Number</b>	24NS2001
<b>Name of the Supervisor / Guide</b>	Jairakini Aruna
<b>Department</b>	Psychiatric Nursing
<b>Acceptable Maximum Limit (%) of Similarity (PG Project)</b>	10%
<b>Similarity</b>	8%
<b>Software used</b>	Turnitin
<b>Paper ID</b>	trn:oid::: 3618:122773566
<b>Submission Date</b>	Nov 25, 2025

  
Signature of Student

  
Signature of Guide/Supervisor

  
HOD Signature

  
Librarian  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103