

Assessment of awareness of 'good touch' and 'bad touch' in primary school children of a metropolis in North India

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Sri Lanka Journal of Child Health, 2023; **52**(3): 314-320
DOI: <http://doi.org/10.4038/sljch.v52i3.10574>

Abstract

Introduction: 'Good touch' and 'bad touch' is a sensitive topic whose relevance is very high in the present-day scenario. Children in India are not aware about the topic and thus become more susceptible to child sexual abuse (CSA), a rising evil in society.

Objectives: To assess the awareness of 'good touch' and 'bad touch' amongst school children.

Method: An observational, questionnaire-based cross-sectional study was conducted on 200 children studying in Class III to Class VI in two schools of a metropolis in North India. A structured pre-validated questionnaire was used to assess the awareness and knowledge of study participants on 'good touch' and 'bad touch'. Statistical analysis was done using SPSS version 23.0.

Results: Of the 200 children 61% said that they have some previous knowledge about 'good touch' and 'bad touch', while 39% were totally unaware about it. Excellent scores were obtained by 20% students, good scores by 63% students and average scores by 17% students. There was no significant association of awareness of 'good touch' and 'bad touch' with any of the socio-demographic variables.

Conclusions: Excellent scores were obtained by 20% students, good scores by 63% students and average scores by 17% students regarding awareness of 'good touch' and 'bad touch'.

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(Received on 16 April 2023: Accepted after revision on 19 May 2023)

The authors declare that there are no conflicts of interest

Conducted as an STS project of ICMR, India.

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(Key words: Knowledge, Good touch, Bad touch, School children)

Introduction

'Good touch' is touch that makes a child feels secure, happy and cared for e.g., mother hugging child or grandparent kissing child. 'Bad touch' is touch that makes a child uncomfortable, afraid, nervous or unsafe e.g., if an adult touches child or kisses and he/she feels uncomfortable, shows something or touches the private parts and tells him or her not to tell anyone^{1,2}. Young school children are not familiar with 'good touch' and 'bad touch'. Therefore, children are very easy targets of sexual abuse by their own close family members and relatives. Generally, these children remain silent and do not share such experiences with anyone^{3,4}. A study conducted in 2007 by the Government of India, Ministry of Women and Child Development on 125,000 children in 13 Indian states reported the prevalence of child sexual abuse (CSA) as 53%⁵. The awareness of the difference between 'good touch' and 'bad touch' is crucial for the social and psychological development of all children^{6,7}. Every child is 'special' and has the right to know everything to keep himself/herself safe and away from sexual abuse. Due to rising cases of CSA in society, it is necessary to assess the level of awareness in children. Research on the topic is scanty as of now and studies on awareness level among Indian children are especially limited.

Objectives

To assess the awareness of 'good touch' and 'bad touch' amongst school children.

Method

It was an observational cross-sectional study using a structured and pre-validated questionnaire conducted among children studying in two schools of a metropolis in North India. Study was conducted on 200 children studying in Class III to Class VI in two schools by systematic random sampling. All children included in the study belonged to upper middle class as per modified Kuppuswamy socio-economic scale⁸. Children who had intellectual disability and were not able to answer the questionnaire appropriately were excluded.

Data collection: A structured and pre-validated questionnaire was used to assess the awareness of the study participants on 'good touch' and 'bad touch'. Questionnaire contained 3 sections. Section I comprised questions on socio-demographic profile; section II comprised 12 questions based on knowledge about 'good touch' and 'bad touch' and section III contained 2 open-ended questions. The questionnaire was based on 'Children's Knowledge of Abuse Questionnaires (CKAQ)-Short: Two Brief Ten-Item Measures of Knowledge about Child Sexual Abuse Concepts' and the Children's Knowledge of Abuse Questionnaire-Revised (CKAQRIII) validated by the subject experts and Child Psychologist of the Department of Paediatrics was administered to the children^{9,10}.

Awareness (knowledge) levels were categorized as poor (<3), average (4-6), good (7-9) and excellent (10-12). At the end of 2 months, a reinforcement awareness programme was conducted in the school in which the children were shown educational videos, pamphlets, flash cards, banners and toys, related to CSA.

Ethical issues: Approval for the study was obtained from the Institutional Ethics Committee, Base Hospital & Army College of Medical Sciences, Delhi Cantt, India (No. IEC-01/2022/38) on 29 Aug

2022. Written informed consent was obtained from the parents of the children included in the study.

Statistical analysis: Data collected were entered in Microsoft Excel version 2017 and was analysed using Statistical Package for the Social Sciences version 26.0. For the quantitative variables, mean \pm SD or median were used for data presentation. For categorical variables, frequencies and their percentages were used. For representation of data graphically, pie charts and bar diagrams have been used. Student 't' test for quantitative variables and 'Chi square test' for categorical variables have been used. p-value <0.05 was considered statistically significant. Participants' answers to open-ended questions were also analysed.

Results

The study was conducted on 200 school children studying from Class III to Class VI. The mean age group of study population was 10.30 ± 0.8131 years. All children belonged to upper middle class according to modified Kuppuswamy socioeconomic scale and except for one child, all were urban residents. There were no reports of marital disharmony in the family. The socio-demographic details of the study population are shown in Table 1.

Table 1: Demographic variables of the study population (n=200)

Variable	Frequency (%)
Gender	Male
	119 (59.5)
Female	81 (40.5)
Class	III
	08 (04.0)
	IV
	13 (06.5)
V	91 (45.5)
	VI
	88 (44.0)
Age	8 to 9
	07 (03.5)
	9 to 10
	24 (12.0)
10 to 11	72 (36.0)
	11 to 12
	97 (48.5)
Religion	Hindu
	188 (94.0)
	Muslim
	10 (05.0)
	Christian
Sikh	01 (0.01)
	Others
	01 (0.01)
Number of siblings	0
	20 (10.0)
	1
	119 (59.6)
2	54 (27.0)
	>2
	07 (03.5)
Type of family	Nuclear
	143 (72.0)
	Joint
Extended	56 (28.0)
	01 (0.01)
Father's education	$\leq 10^{\text{th}}$ Class
	0 (0)
	Intermediate
	05 (03.0)
	12 th Pass
Graduate	110 (55.0)
	Postgraduate/Professional
	70 (35.0)
Mother's education	15 (08.0)
	$\leq 10^{\text{th}}$ Class
	02 (01.0)
	Intermediate
12 th Pass	15 (08.0)
	Graduate
	115 (58.0)
Postgraduate/Professional	58 (29.0)
	10 (05.0)

Out of the 200 children, 61% said that they have some previous knowledge about good touch and bad touch, while 39% were totally unaware about it (Figure 1).

Table 2 shows the percentage of students who answered each of the 12 questions of the knowledge questionnaire correctly.

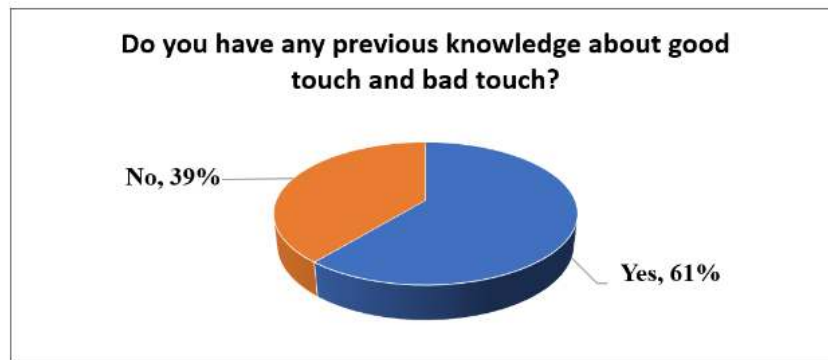


Figure 1: Previous knowledge about ‘good touch’ and ‘bad touch’

Table 2: Knowledge regarding ‘good touch’ and ‘bad touch’ of study population

Serial No.	Awareness question	Children who answered correctly n (%)
1	You always have to keep secrets.	143 (71.5)
2	Sometimes it’s OK to say “no “to a grown-up.	116 (58.0)
3	Even hugs and kisses can turn into not OK touches if they go on too long.	149 (74.5)
4	If a grown-up tells you to do something you always have to do it.	94 (47.0)
5	Even someone you like could touch you in a way that feels bad.	115 (57.5)
6	You have to let grown-ups touch you whether you like it or not.	141 (70.5)
7	If someone touches you in a way that does not feel good. You should keep on telling until someone believes you.	173 (86.5)
8	Someone you know, even relative, might want to touch your private parts in a way that feels confusing.	116 (58.0)
9	If someone touches you in a way you don’t like, it’s your own fault.	185 (92.5)
10	If someone touches you in a way you don’t like, you should just keep quiet about it.	182 (91.0)
11	Some touches start out feeling good then turn confusing.	177 (88.5)
12	Sometimes someone in your family might want to touch you in a way you don’t like.	56 (28.0)

Participants’ answers to open-ended questions were also analysed.

Verbatim answers to examples of ‘good touch’ were:

‘A sweet peck on the cheek by my father/elder brother is good touch’

‘When I am sad, a hug by my either parent or elder brother or sister is reassuring’

Verbatim answers to examples of ‘bad touch’ were:

‘I felt uncomfortable when even my father/uncle/elder brother touched my buttocks.’

‘Being hit violently is also not bad touch’

The awareness level of the sample population was categorized into average (4-6), good (7-9), and excellent (10-12) based on the correct scores obtained. Excellent scores were obtained by only by 20% students, good scores by 63% students and average scores by 17% students (Figure 2).

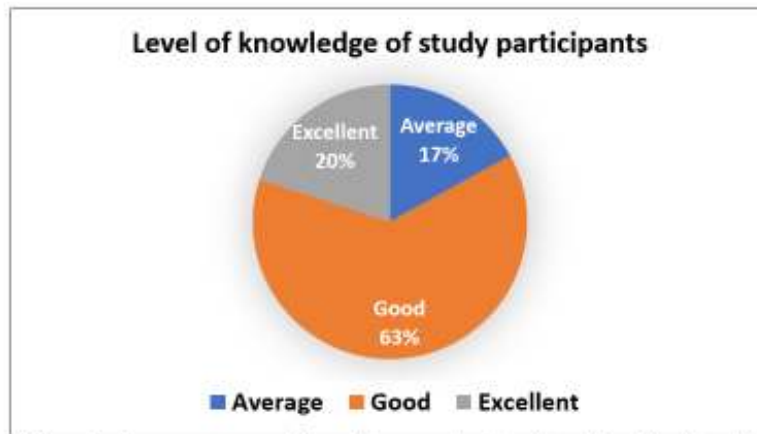


Figure 2: Assessment scores of knowledge regarding 'good touch' and 'bad touch'

Table 3: Association of average level of knowledge with various demographic variables

Variable	Category	Awareness Score (Number)			χ^2	p-value
		Average (4-6)	Good (7-9)	Excellent (10-12)		
Gender	Male	20	74	25	0.19	0.91
	Female	14	52	15		
Class	III	01	74	02	3.86	0.69
	IV	04	52	01		
	V	15	05	16		
	VI	14	08	21		
Age	8-9	01	04	02	3.53	0.74
	9-10	07	13	04		
	10-11	11	48	13		
	11-12	15	61	21		
Residence	Urban	33	126	40	4.91	0.086
	Rural	01	0	0		
Religion	Christian	01	0	0	8.18	0.22
	Hindu	31	117	40		
	Muslim	02	08	0		
	Sikh	0	01	0		
	Others	0	0	0		
Number of siblings	0	02	13	15	6.66	0.35
	1	18	74	27		
	2	11	36	07		
	>2	03	03	01		
Type of family	Nuclear	22	87	34	9.26	0.06
	Joint	11	39	06		
	Extended	01	0	0		
Father's education	≤10 th Class	0	0	0	5.19	0.52
	Intermediate	02	03	0		
	12 th Pass	19	71	20		
	Graduate	09	44	17		
	Postgraduate/Professional	04	08	03		
Mother's education	≤10 th Class	0	02	0	7.94	0.44
	Intermediate	05	08	02		
	12 th Pass	21	73	21		
	Graduate	08	35	15		
	Postgraduate/Professional	0	08	02		
Kuppuswamy's socio-economic class	Upper	0	0	0	NA	NA
	Upper middle	34	126	40		
	Lower middle	0	0	0		
	Upper lower	0	0	0		
	Lower	0	0	0		

Discussion

This cross-sectional study was among 200 children studying in two schools in a metropolis in North India, in the age group of 8-12 years. Children studying in class III to class VI have been included in this study. The study has evaluated the awareness of 'good touch' and 'bad touch' among children with the help of a structured questionnaire. All children included in the study belonged to the upper middle class as per modified Kuppuswamy socio-economic scale.

The main objective of the study was to assess the awareness of 'good touch' and 'bad touch' among children with respect to various socio-demographic variables. The study included urban residents belonging to upper middle-class society. In the sample population, 61% children had previous knowledge of 'good touch' and 'bad touch' while 39% were unaware. Earlier, a study was done in Aligarh in rural areas in 2018 where previous knowledge was already low (40%)¹¹. This study, which included 119 male and 81 female children, found that 15 out of 100 girls had experienced 'bad touch'. In a study by Abujamand Y, *et al*¹², equal numbers of male and female children participated. In the Mehsana district study¹³, only 150 girls were included. Excluding boys from the knowledge questionnaire further enhances the taboo around this sensitive topic. When a co-ed class is told that a topic will be taught only to the girls in that class, the boys stay unaware, ignorant, and often amused by the whole scene. This, in turn, leads to a huge gap in the prevention programme, as well as the research study on the same.

In our study, 71.5% of the children belonged to a nuclear family and the mean age was 10.30 ± 0.8131 years. This was in contrast to the Mehsana district study¹³ where the sample population belonged to a joint family in 55.3% and most children were 12 years of age. Again, previous knowledge amongst the children was only 50.6%⁹. In a similar study carried out in Chennai, the sample size was only 10 and the population consisted of 13- to 19-year-old children. Even in this age group, 50% showed inadequate knowledge of 'good touch' and 'bad touch'¹.

A study conducted in a school in Ludhiana among 100 children of 9-12 years of age found that 76% had excellent knowledge, 23% had good, and 1% had fair knowledge regarding 'good touch' and 'bad touch'¹⁴. In contrast, in our study, 63% scored 'good', only 20% scored 'excellent' while 17% children had average knowledge on the topic. In the study by Abujamand Y, *et al*¹², 80% children had

good knowledge and 20% of the children had average knowledge after undergoing structured training in 'good touch' and 'bad touch'.

A few researchers have opined that the terms 'safe and unsafe touch' should be used in place of 'good and bad touch'. 'Good' and 'Bad' are moralistic words, and the innocent minds of children might interpret a bad touch as themselves being 'bad'¹⁵. This can be detrimental for the child's mental health and how they perceive themselves when they grow into adults. Alternatively, in our study, it was observed that 92.5% children thought that it is not their fault if they have become subject to a bad touch. Moreover, 86.5% of the sample population believed that if someone touches them in a way that does not feel good, they should keep on telling until someone believes them. However, only 28% children felt that someone in their family might want to touch them in a way they didn't like. This, in turn, emphasizes that our current prevention programmes still focus on 'stranger danger', despite statistics showing otherwise.

In the study by Abujamand Y, *et al*¹², the association between level of knowledge regarding 'good touch' and 'bad touch' and selected socio-demographic variable of the children, it was found that a significant association was found in regard to age. In a similar study conducted in 2021 in Jodhpur, significant association of religion, total number of siblings and marital disharmony with the pre-test score was revealed². This was different from our study where no association could be found with any of the socio-demographic variables. Tutty LM⁹ study found that the grade level (age) of the child is a key variable in both children's knowledge of prevention concepts and their parent's ability to predict their responses. Parents of young children were also likely to seriously overestimate their child's understanding of prevention concepts of CSA.

In the sample population, 55% of the children's fathers and 58% of the mothers had studied up to Class 12 only; 53% of the sample population feel that if a grown up tells them to do something, they always have to do it. This may be traced to the fact that young children, during their upbringing, are repeatedly told to follow their elders and not question them. As a result, 42% children still believe that it is not OK to say "no" to a grownup. However, when asked if they must let grown-ups touch them whether they like it or not, 70.5% children said no. These results indicate a lack of clarity amongst children on the subject of 'touch'. Children are

generally not spoken to about this topic in detail, due to its sensitive nature and lack of initiative taken by parents and teachers. This further leads to doubts and questions in a growing child's mind, especially in the years leading to puberty.

The Jodhpur study showed the effectiveness of video assisted teaching programme amongst school children. Here, there was a spike in mean test score of the sample population after the programme². Such studies highlight the importance of awareness campaigns amongst children. Similar results were seen in the study by Abujamand Y, *et al*¹² emphasizing that children being given structured awareness programme were better aware of 'good touch' and 'bad touch' and thus could protect themselves against such abuse. Parents and teachers need to play a big role in making children understand the concepts of 'good and a bad touch' and help improve the child's response in case of an occurrence of CSA. This training can also go a long way in the prevention of CSA anywhere.

Conclusions

Based on the current study, one may conclude that although a good majority of children understand the rights and wrongs of a touch, they are unable to perceive their family members as potential sources of 'bad touch'. There was no significant association of awareness of 'good touch' and 'bad touch' with any of the socio-demographic variables.

Acknowledgements

We express gratitude to the Principals, parents and teachers of the 2 schools in New Delhi for their tremendous cooperation and support to make this study successful.

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