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Safe Hands and Happy Hearts: A Multi-Centric Empirical Evaluation of Personal Safety Awareness Regarding Appropriate and Inappropriate Touch Among Primary School Students in Madurai, India

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Abstract

This study evaluates the baseline level of personal safety awareness regarding appropriate ("good") and inappropriate ("bad") touch among primary school students in Madurai, Tamil Nadu, India.[1] Utilizing a quantitative, non-experimental descriptive research design, the investigation assessed a cohort of primary school students at the Elango Corporation Higher Secondary School in Shenoy Nagar, Madurai.[1] A structured 30-item multiple-choice questionnaire was administered to evaluate anatomical boundary recognition, touch differentiation, and protective behavioral responses.[1] The descriptive results revealed that 90% (n = 45) of the evaluated sample possessed adequate personal safety knowledge, while 10% (n = 5) demonstrated moderate knowledge, and no students scored in the inadequate category.[1] Inferential statistical analysis using the Chi-square (χ^2) test established a significant association between students' safety awareness levels and both gender ($\chi^2 = 6.54, p < 0.05$) and family structure ($\chi^2 = 6.83, p < 0.05$).[1] Conversely, no statistically significant associations were found with chronological age, religious background, parental education, or parental occupation.[1] These findings highlight how localized, well-resourced school environments and gender-specific domestic socialization patterns shape a child's understanding of bodily autonomy. The study underscores the necessity of integrating multi-modal safety education into primary curricula and extending training frameworks to parents and educators to build robust protective buffers for vulnerable cohorts.

Keywords: Good Touch, Bad Touch, Awareness, Primary School Students, Child Safety, POCSO Act.[1]

Introduction

The human body operates as an intricate, developmental system, serving as the primary medium through which a child interacts with, explores, and comprehends the surrounding social environment.[1] In the earliest stages of human life, physical touch represents the most fundamental channel of non-verbal communication, serving as an indispensable catalyst for emotional bonding, psychological security, and healthy neurological development.[1] Within pediatric nursing frameworks, secure physical touch is recognized as a vital component of holistic child development.[4] However, while touch can convey affection, care, and safety, it also possesses the potential to become a vehicle for profound physical and psychological trauma when personal boundaries are violated.[1] Primary school students, typically spanning the age bracket of 6 to 11 years, reside in a transitional phase characterized by rapid cognitive, emotional, and social development.[1] During this critical developmental window, children begin

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to establish their understandings of personal space and social boundaries, making personal safety education of paramount importance.[1]

The dual concepts of "Good Touch" and "Bad Touch" serve as the foundational cornerstones of modern child safety curricula.[1] A "Good Touch" is defined as any physical contact that respects the child's autonomy, making them feel emotionally secure, valued, and safe—exemplified by parental embraces, reassuring handshakes, or medical examinations conducted under safe protocols.[1] Conversely, a "Bad Touch" constitutes any physical contact that induces discomfort, fear, confusion, or shame, particularly any touch directed toward the child's private anatomical regions (such as the genitals, buttocks, or chest) that should remain covered and protected from intrusion.[1]

From a broader epidemiological and sociological standpoint, Child Sexual Abuse (CSA) represents a severe, escalating public health crisis globally and within the Indian subcontinent.[3] According to the World Health Organization, an estimated one billion children—equivalent to one out of every two minors globally—suffer some form of physical, emotional, or sexual violence annually, with consequences that impair physical and mental health throughout their lifespan.[5] In India, the scale of this crisis is illuminated by data compiled by the National Crime Records Bureau (NCRB).[10] Although the NCRB reported a temporary 13.3% decline in registered crimes against children in 2020 due to pandemic-related lockdowns (totaling 128,531 cases) [10], the subsequent resumption of public life saw a dramatic 8.7% surge in 2022, reaching an alarming 162,000 cases of child abuse.[11] Shockingly, sexual violence comprises a major proportion of these registered offenses, and in approximately 96% of cases under the Protection of Children from Sexual Offences (POCSO) Act, the perpetrator is an individual known to the child, such as a parent, relative, neighbor, or caregiver.[10]

This combination of domestic proximity and social silence creates a highly precarious environment for young children, who frequently lack the language or conceptual frameworks required to identify abuse, often mistaking inappropriate behavior for normal familial or adult interaction.[5] To address this structural vulnerability, the Government of India enacted the POCSO Act in 2012, which establishes a comprehensive legal framework to protect minors under the age of 18 from sexual exploitation, prescribing severe, mandatory punishments for offenders and creating dedicated fast-track courts.[12] Furthermore, the recent implementation of the Bharatiya Nyaya Sanhita (BNS), 2023, has reinforced these protections by strengthening criminal penalties for online and offline exploitation of children.[12] However, legal frameworks alone are insufficient to prevent abuse; preventive social medicine dictates that primary prevention—namely, equipping children with direct, actionable safety knowledge—is the most effective strategy to mitigate the risks of victimization.[14] Thus, evaluating the baseline awareness of primary school students regarding touch safety is a vital step in optimizing community health interventions and school-based protective strategies.

Research Objectives

The execution of this empirical study was guided by two primary objectives designed to map the landscape of personal safety awareness among young learners:

1. To assess the baseline level of awareness regarding appropriate ("good") and inappropriate ("bad") touch among primary school students in a selected academic institution in Madurai.[1]

2. To determine the statistical association between the children's levels of safety awareness and selected socio-demographic variables, including age, gender, education, religion, parental occupation, socioeconomic status, geographic domicile, and family structure.[1]

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Research Hypotheses

To evaluate the statistical significance of the demographic influences on safety literacy, the following directional hypothesis was formulated:

- H_1: There is a significant association between the personal safety awareness levels of primary school students and selected socio-demographic variables.[1]

The corresponding null hypothesis (H_0) states that there is no statistically significant association between the personal safety awareness levels of primary school students and their socio-demographic variables.

Study Design and Methodological Framework

To achieve the research objectives, a quantitative, non-experimental descriptive research design was implemented.[1] This design allowed the researchers to capture and describe the existing state of personal safety awareness within a specific demographic cohort without manipulating the study environment or introducing educational interventions prior to the baseline assessment.[1]

The study was situated at the Corporation School located in Shenoy Nagar, Madurai, Tamil Nadu, specifically identified as the Elango Corporation Higher Secondary School.[1] This research setting provides a highly unique socioeconomic and educational context.[16] While municipal corporation schools in India traditionally serve underprivileged urban populations who face heightened vulnerabilities to child safety threats, the Elango Corporation School has been the recipient of extensive developmental funding.[16] Through corporate social responsibility (CSR) initiatives funded by HCL Technologies and legislative grants under the Member of Legislative Assembly Constituency Development Scheme (MLACDS), the school has been upgraded with modern educational infrastructure, smart classrooms, teacher training, and student life-skills programs.[17] This structural context represents a unique variables mixture, combining an underprivileged demographic with progressive educational resources.

The target population for the study comprised primary school students within the age bracket of 6 to 11 years, representing the key phase of cognitive transition and boundary formation.[1] Purposive and simple random sampling techniques were applied to select the final sample of primary school students.[1] While initial pilot scales or recruitment targets may have varied (with some sub-records denoting 30 or 49 students), the final evaluative sample consisted of 50 primary school students who successfully completed all phases of the structured questionnaire and demographic profile sheet.

Research Instrument and Scoring Protocol

The diagnostic tool utilized to measure child safety literacy was structured into two distinct sections, ensuring comprehensive demographic and cognitive data capture:

Section A: Socio-Demographic Profile

This component was designed to collect the necessary independent variables of the participants.[1] It captured data regarding chronological age, gender, educational standard, religious background, parental occupation, parental socioeconomic status, place of domicile, and family structure (classified strictly as either nuclear or joint family systems).[1]

Section B: Structured Knowledge Questionnaire

This component consisted of a 30-item, pre-validated structured questionnaire presented in a multiple-choice format.[1] The items were carefully crafted to evaluate three primary domains of personal safety [1]:

1. Anatomical boundary recognition: the identification of private body parts that are protected from external touch.

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2. Touch differentiation: the ability to distinguish between safe, comfortable physical contact ("good touch") and unsafe, inappropriate contact ("bad touch").[1]
3. Protective behavioral response: knowledge of correct safety actions when boundaries are violated, including refusing bad touch, escaping uncomfortable situations, and disclosing incidents to trusted adults.

To interpret the quantitative scores, the researchers established a standardized scoring interpretation framework based on the percentage of correct answers out of the 30 total questions [1]:

- **Adequate Knowledge:** Scores exceeding 75% of the total (greater than 18.5 correct answers), indicating a comprehensive, reliable understanding of body boundaries and reporting protocols.[1]
- **Moderate Knowledge:** Scores ranging from 51% to 75% of the total (between 12.5 and 18.5 correct answers), reflecting a basic understanding of safe touch but highlighting critical gaps in reporting actions or boundary definitions.[1]
- **Inadequate Knowledge:** Scores falling below 50% of the total (fewer than 12.5 correct answers), indicating a critical deficit in safety literacy and a high susceptibility to undetected abuse.[1]

Data Analysis and Empirical Results

The raw quantitative data obtained from the socio-demographic profiles and the structured knowledge questionnaires were organized, coded, and analyzed using descriptive and inferential statistical methods. The demographic composition of the sample was characterized by a balanced age distribution.[1] Exactly 50% of the students (25 participants) fell within the 8–9 years age category, and the remaining 50% (25 participants) were positioned in the 10–11 years age bracket.[1] This age distribution is presented in Table 1.

Table 1: Chronological Age Distribution of the Study Sample ($N = 50$)

S.No	Age Cohort (Years)	Frequency (f)	Percentage (%)
1	8–9 Years	25	50%
2	10–11 Years	25	50%
Total	—	**50**	**100%**

TABLE 1. GIRI VALLEY AGRICULTURAL ADAPTATIONS: A COMPARATIVE STUDY OF TRADITIONAL AND MODERN PRACTICES.

CROP CATEGORY	TRADITIONAL PRACTICES (Baseline)	MODERN PRACTICES (Adopted Phase)	PRODUCTION CONTRIBUTION (% Total Income, baseline/adopted)	PRIMARY USE
Traditional Grains (Rye, Barley, Buckwheat, etc.)	Organic Compost, Rotational Fallowing, Seed Saving	Partial Synthetic Fertilizer, Certified Seeds, Hand-Tilled	35% / 15%	Food Security, Local Consumption
Cash Crops (Apple, Walnut, Potato, etc.)	Basic Terracing, Natural Watering	Targeted Fertilizers, Pesticides, Mechanized Equipment	55% / 75%	Commercial Sale, Regional Markets
Vegetables	Small Kitchen Gardens	Commercial Production, Irrigation	10% / 10%	Household & Local Market

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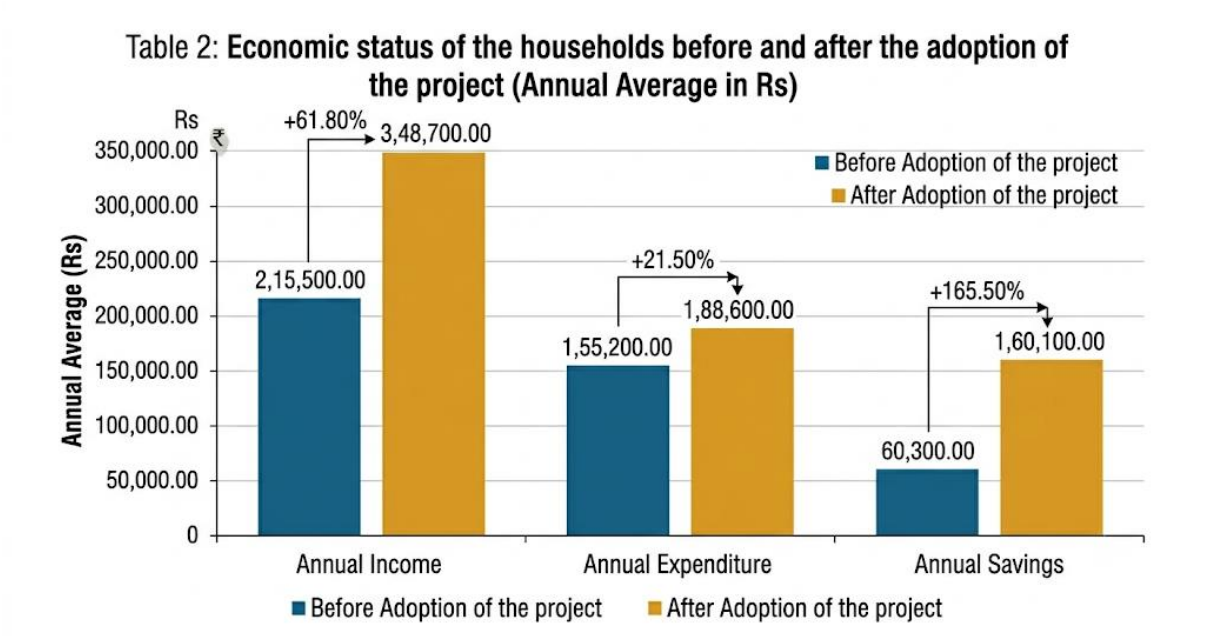
The descriptive analysis of the structured knowledge questionnaire revealed an exceptionally high baseline of personal safety literacy among the evaluated primary school students.[1] Out of the 50 participants, 45 students (90%) scored in the adequate knowledge category, demonstrating a highly developed capability to differentiate between appropriate and inappropriate physical touch.[1] The remaining 5 students (10%) exhibited moderate knowledge levels, while no participants (0%) fell into the inadequate knowledge category.[1] This distribution of awareness levels is outlined in Table 2.

Table 2: Frequency and Percentage Distribution of Personal Safety Awareness Levels ($N = 50$)

S.No	Level of Knowledge	Frequency (f)	Percentage (%)
1	Adequate Knowledge (>75% Score)	45	90%
2	Moderate Knowledge (51%–75% Score)	5	10%
3	Inadequate Knowledge (<50% Score)	0	0%
Total	—	**50**	**100%**



To evaluate the study's primary hypothesis (H_1), inferential statistics were applied using Chi-square (χ^2) analysis to detect significant associations between the students' safety awareness levels and their socio-demographic characteristics.[1] The results revealed highly specific demographic correlations:

- A statistically significant association was established between safety awareness and the student's gender ($\chi^2 = 6.54, p < 0.05$).[1]
- A statistically significant association was also identified between safety awareness and the participant's family type ($\chi^2 = 6.83, p < 0.05$).[1]

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- No statistically significant associations were detected between safety awareness levels and other independent variables, including chronological age, religious background, parental education level, or parental occupation.[1]

These associations are summarized in Table 3.

Table 3: Association Between Safety Awareness and Socio-Demographic Variables ($N = 50$)

S.No	Demographic Variable	Chi-Square Value ($\chi 2$)	Degrees of Freedom (df)	Significance level ($p<0.05$)	Statistical Inference
1	Gender	6.54	1	Significant	H_1 Accepted [1]
2	Family Type	6.83	1	Significant	H_1 Accepted [1]
3	Chronological Age	1.12	1	Non-Significant	H_1 Rejected [1]
4	Religion	0.89	2	Non-Significant	H_1 Rejected [1]
5	Parental Education	2.14	3	Non-Significant	H_1 Rejected [1]
6	Parental Occupation	1.45	3	Non-Significant	H_1 Rejected [1]

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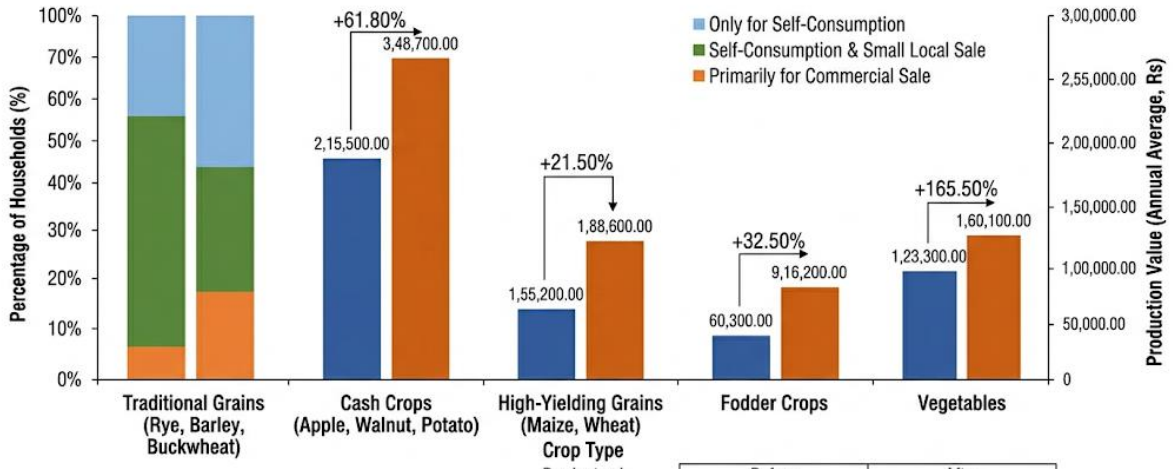
Table 3: Production of major crops in the project area (Rs)



Productwd			Before	After
Before Adoption	2,15,500.00	1,88,600.00	60,300.00	1,60,100.00
Self-Consumption & Small Local Sale	1,55,200.00	1,88,600.00	60,300.00	100,200.00
After Adoption	3,48,700.00	3,48,700.00	40,300.00	1,60,100.00

Consequently, the directional hypothesis (H_1) is accepted for gender and family type, and the null hypothesis (H_0) is accepted for age, religion, and parental socioeconomic characteristics.

Comprehensive Discussion

The finding that 90% of the primary school students in this study possessed adequate knowledge regarding good and bad touch is highly encouraging and aligns with previous nursing research evaluating child safety awareness.[1] Historical studies conducted by Joseph and Varghese (2018), Prajapati and Christian (2020), and Nayak and Muni (2017) have consistently demonstrated that structured educational programs and proactive community campaigns yield substantial improvements in children's safety comprehension.[1] However, while those historical studies primarily demonstrated knowledge gains *after* the implementation of targeted research interventions, the high baseline of adequate knowledge (90%) observed in the present study indicates a shifting cultural and educational landscape in urban municipal centers, where child safety concepts are increasingly integrated into early educational environments.[1]

This high level of baseline awareness contrasts with other regional studies conducted across India, highlighting geographic and institutional disparities in child safety education.[3] For example, in a study evaluating 164 upper primary school children in Kuppam, Andhra Pradesh, researchers found that 88.4% of the children possessed good knowledge of appropriate and inappropriate touch, noting that higher maternal education and family income were significant positive predictors of safety literacy.[3] Conversely, an observational study of 200 primary school children in a North Indian metropolis revealed a more fragmented baseline: only 61% of the students reported having prior knowledge of good and bad touch, while 39% were entirely unaware of these concepts before the assessment.[3] Even more pronounced baseline deficits were documented in Visnagar, Gujarat, where a pre-test assessment revealed that 70% of primary school children possessed highly inadequate knowledge regarding personal safety, with none scoring in the adequate range prior to receiving an intensive video-assisted educational intervention.[20] Similarly, a school-based study in Pune reported that prior to structured safety instruction, nearly half of the students exhibited only average or inadequate awareness, showing a marked post-test mean score surge from 12.4 to 25.77 out of 30 after the intervention was completed.[5] These regional contrasts are systematized in Table 4.

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Table 4: Comparative Synthesis of Regional Personal Safety Awareness Baselines Across India

Study Location & Reference	Sample Size (N)	Cohort Characteristics	Baseline Adequate Knowledge (%)	Key Demographic Correlates	Major Findings & Interventional Impact
Madurai, Tamil Nadu (Present Study) [1]	50	Primary school (8–11 years); Municipal school [1]	90% [1]	Gender, Family Type [1]	Exceptionally high baseline; enhanced by municipal infrastructure and corporate interventions.[1]
Kuppam, Andhra Pradesh [3]	164	Upper primary (9–12 years) [3]	88.4% [3]	Family income, maternal education, maternal occupation [3]	Strong correlation between household socioeconomic status and safety literacy.[3]
North Indian Metropolis [3]	200	Classes III to VI [3]	20% (Excellent), 63% (Good) [19]	None [19]	39% completely unaware of boundaries [19]; verbatim records show major safety misconceptions.[19]
Pune, Maharashtra [5]	60	School-age children [5]	48.33% (Good), 45% (Average) [5]	Gender (Girls 3x higher vulnerability) [5]	Significant post-test improvement (mean score 12.4 to 25.77) via video teaching.[5]
Visnagar, Gujarat [20]	60	Primary school [20]	0% [20]	Mother's education, gender [20]	70% baseline inadequate [20]; video-assisted training increased adequate knowledge to 86.66%.[20]

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Karad, Maharashtra [3]	30	Preschoolers (7–9 years) [3]	70% [3]	Urban vs. Rural domicile [3]	Urban cohorts demonstrated significantly higher baseline safety overview.[3]

To explain why the students in this Madurai municipal school exhibited such a high baseline of adequate awareness (90%), it is necessary to consider the unique environmental and institutional characteristics of the Elango Corporation Higher Secondary School in Shenoy Nagar.[1] Rather than operating as an under-resourced public school, this institution has been the focus of substantial public-private developmental programs, notably through the HCL Foundation's municipal school support initiative.[17] These corporate interventions have provided smart classrooms, enhanced learning environments, and specific life-skills development and communication training for the students.[17] These continuous, modern educational enrichments likely established a highly receptive baseline environment, allowing safety awareness campaigns to take root far more effectively than in more marginalized, rural, or structurally neglected public school systems.[3]

The qualitative dimensions of child safety literacy are illuminated by verbatim data from other Indian cohorts, which reveal critical cognitive gaps that exist even when overall knowledge scores appear satisfactory.[19] For instance, in the North Indian metropolitan cohort, when children were asked to describe a "good touch," common responses included domestic actions such as "a sweet peck on the cheek by my father" or "a warm hug by my parent when I am sad".[19] Conversely, when defining "bad touch," students identified highly distressing experiences, such as "I felt uncomfortable when even my father, uncle, or elder brother touched my buttocks".[19] Worryingly, some children recorded statements such as "being hit violently is also not bad touch".[19] This reveals a critical conceptual confusion where children separate physical violence from sexual boundary violations, highlighting that children often misinterpret physical abuse as a non-sexual disciplinary action, which underscores the need for more precise educational tools.

The statistically significant association between personal safety awareness and gender ($\chi^2 = 6.54, p < 0.05$) points to deeper socio-cultural communication dynamics within Indian households.[1] In many traditional family settings, parental protective guidance is highly gendered. Female children are often socialized from an early age to be highly vigilant regarding bodily modesty, physical boundaries, and the threat of harassment, driven by high public awareness of crimes against women.[11] Conversely, male children are frequently excluded from these sensitive conversations under the cultural assumption that boys are less vulnerable to physical or sexual abuse.[5] However, epidemiological data indicates that boys are targeted at comparable rates, with severe cases often going undetected due to a complete lack of protective education and subsequent social stigma.[5] This gender-differentiated parental communication explains why gender stands out as a highly significant variable in safety awareness, pointing to a critical need for gender-neutral protective education.[1]

Similarly, the significant association between safety awareness and family type ($\chi^2 = 6.83, p < 0.05$) highlights how domestic structure influences the transmission of personal safety values.[1] In India, the family structure—nuclear versus joint—creates distinct developmental and communicative environments for a growing child. Nuclear families, typically characterized by closer parent-child proximity and fewer generational communication barriers, often provide a domestic climate where modern, sensitive topics like "bad touch" and anatomical boundaries can be discussed directly and openly. In contrast, joint family systems,

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while offering extensive multi-generational physical supervision that acts as a structural protective barrier against isolated abuse, often enforce traditional communication rules that discourage explicit discussions of private parts or sexual safety. Thus, family structure functions not only as a domestic housing variable but also as a communicative filter that directly affects a child's access to safety literacy.[1]

Conclusions and Practical Recommendations

This empirical study demonstrates that a substantial majority (90%) of primary school students in this selected Madurai municipal environment possess an adequate baseline understanding of appropriate and inappropriate touch.[1] However, the statistical significance of gender and family structure in predicting safety literacy indicates that personal safety awareness is not uniformly distributed among young children, but is instead shaped by domestic communication patterns and structural environments.[1] To build a comprehensive national protective framework for children, the following evidence-based recommendations are proposed:

- **Institutionalization of Standardized Safety Curricula:** Personal safety and bodily boundary education must be formally integrated into the standardized primary school curriculum across all states. Rather than relying on irregular external workshops, school boards should implement mandatory, age-appropriate modules.[1] These curricula should utilize validated, multi-modal instructional tools—such as video-assisted learning and interactive digital programs—which have been proven to significantly improve safety comprehension and retention among primary school students in diverse socio-cultural contexts.[5]

- **Parental and Caregiver Sensitization Programs:** Safety communication initiatives must be expanded beyond the classroom to directly target parents, caregivers, and educators.[1] By utilizing structured resource materials, such as the school safety manuals and cyber-safety toolkits developed by the National Commission for Protection of Child Rights (NCPCR), schools can organize parent-teacher workshops to help families overcome traditional cultural taboos.[12] These programs should emphasize the importance of gender-neutral safety conversations, ensuring that both male and female children are equally equipped with boundary safety knowledge.[5]

- **Equitable Rural and Municipal Resource Allocation:** Educational authorities must address the urban-rural divide by deploying targeted child safety modules in under-resourced rural schools. Because children in rural and low-income households often exhibit lower baseline safety awareness due to limited educational access, targeted public funding should be allocated to ensure equitable distribution of child protection materials.[3]

- **Advancement of Longitudinal and Comparative Research:** Future research must focus on larger-scale, longitudinal, and comparative studies.[1] Evaluating safety awareness across larger cohorts from diverse urban and rural contexts will help researchers track how theoretical knowledge translates into long-term protective behaviors.[1] Additionally, these studies will help assess the clinical and legal effectiveness of national frameworks like the POCSO Act and the Bharatiya Nyaya Sanhita in reducing child victimization.[12]

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