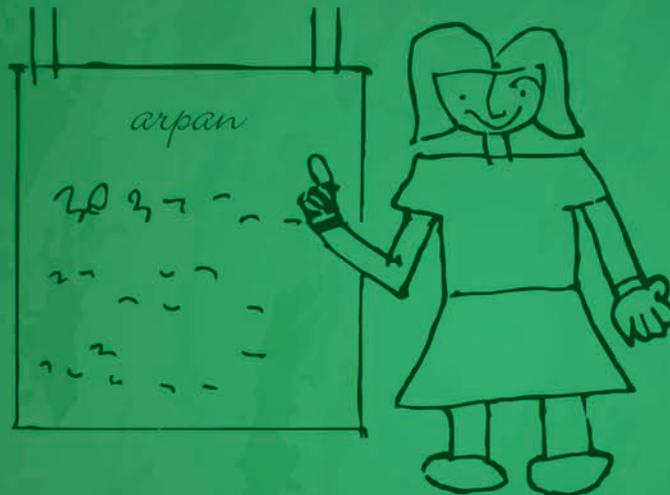


CLASSROOM LESSON BASED PERSONAL SAFETY EDUCATION (PSE) PROGRAMME FOR CHILDREN

Evidence and Implications for Conducting a Step up Program
among Children Receiving a One-Time Intervention



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AUGUST, 2018



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Arpan is a Mumbai based NGO working on the issue of child sexual abuse since 2006 with its mission to empower individuals, families, communities and the society at large with skills to prevent the occurrence of child sexual abuse; and heal the psychological, social, sexual and physical consequences of child sexual abuse in survivors. It is resolute to work for a world that is safe for a child, free from the perils of child sexual abuse.

Developed & Published by Arpan



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Acronyms & Abbreviations

CEO	Chief Executive Officer
CSA	Child Sexual Abuse
FY	Financial Year
IMRB	International Market Research Bureau
MWCD	Ministry of Women and Child Development
NGO	Non-Governmental Organization
PBP	Private Body Part
POCSO	Protection of Children from Sexual Offences Act, 2012
PSE	Personal Safety Education
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Executive Summary

The Personal Safety Education (PSE) Programme is Arpan's key prevention programme that aims to enable and empower children within schools, communities and institutions with age appropriate information and life skills needed to protect themselves from potential incidents of sexual harassment and sexual assault. Over the last decade, Arpan has worked towards empowering almost 90,000 school children to actively participate in ensuring their own safety.

In 2014 an evaluation conducted by an external agency, the International Market Research Bureau (IMRB), had a sample of 770 children (150 children in new schools, 400 with whom one-time intervention was done and 220 in schools which had institutionalized the programme) from grades 1 to 7, across 9 schools. The study found that the recall of the programme's key concepts as well as the ability to seek help in times of need was notably higher among children in schools that had institutionalized the PSE programme. The study further recorded the parents' and teachers' unanimous opinion that a reinforcement of the key lesson points would improve and increase the retention among the children. Based on these observations, a refresher of the key messages as a step up version of the programme was recommended to make the intervention more sustainable.

Following this proposition, the cycle of step up programme was started with the aim to ensure continued safety of the children. The objective was not just aiding their retention of the concepts with a reiteration of the key messages, but also providing them new age-appropriate information. However, with the implementation of the step up programme with grades that had previously undergone a one-time intervention, a need was felt to identify the optimum interval between the two interventions.

Study Objective & Approach

The present study aimed to determine if there is a significant difference in the observed retention of the key concepts and messages of the PSE programme (i.e. the concept of private body parts or PBPs, the personal safety guideline, distinction of safe and unsafe touch, the action points of ensuring safety etc.) among the children, with respect to the post implementation gap (measured in years) following the first implementation of the programme. In addition, the actual proportion of children with complete retention of individual key concepts of the programme was also of interest.

A non-purposive sample of 1037 children, comprising of two different age groups, was surveyed across 34 schools in Mumbai. One group comprised of children who had their first implementation between the grades 1 to 4, and were currently in the 4th or 5th grade (sample group A, N=601); the second sample group comprised of children who had their implementation between 5th to 7th grades, and were currently in the 7th or 8th grade (sample group B, N=436).

A comparative approach in determining this difference was expected to bring out the post implementation gap at which the retention levels continue to be optimum and the gap beyond which it dips beyond the expected levels. The drop in the retention beyond the optimum levels was expected to provide a direction with respect to the interval at which the step up programme needs to be introduced. For comparison, three groups were created within each sample group – one with children who had a post implementation gap of one year, the second with a gap of two years and a third with a gap of three years.

The percentage retention was determined for each child with a single composite indicator, combining indicators of retention for each of the individual key concepts of the PSE programme. The significant difference in retention was measured statistically for the average retention scores obtained in each of the three comparative groups. The overall difference was determined within each sample group. The difference in retention was also analyzed across individual key concepts.

Key Findings

For the sample group with younger children, a statistically significant gradual decline in the average scores was observed with respect to an increasing post implementation gap. The children with a one year post implementation gap had the highest percentage retention (92.28 ± 5.95) as compared to the children with a gap of two years (85.92 ± 11.89); the latter in turn indicated a higher average retention than the children with a gap of three years (82.56 ± 14.91).

On the contrary, in the sample group with older children, it was observed that the statistically significant decline in average scores occur as the post implementation gap increases from one year to two years. Thereafter, with each increasing year in implementation gap, the difference stops being significant. The children with a one year post implementation gap showed significantly higher retention (73.18 ± 9.33) as compared to the children with two year (70.53 ± 9.87) and three year (68.69 ± 8.87) gaps in retention.

Key Recommendations

Based on the retention observed, the study proposes an implementation strategy that is tailored to the actual needs of the target population. Given the observed level of retention for the younger group of children, it recommends a short programme cycle in terms of a small scale implementation of 1 to 2 hours, to reiterate the key messages that need specific emphasis after a post implementation gap of two years and impart additional age appropriate messages. A full-scale implementation, in terms of 4 to 6 hours, is recommended only at a post implementation gap of three years.

The retention levels observed for the older children proved to be inconclusive in indicating the ideal gap at which a refresher intervention is best introduced. Instead, the study highlights the key areas that need further research to understand the factors which determine retention in the children who undergo the first implementation in the age range of 10 to 14 years.

Conclusion

The findings of the present study corroborates the results of the earlier evaluation that recommended conducting the step up programme as a refresher of the PSE intervention. It helps advance the evidence further by identifying the difference that can be expected in the retention of key concepts with increasing length of the post implementation gap, particularly for children who undergo the PSE intervention in 1st to 4th grades.

CHAPTER 1: INTRODUCTION

1.1. Background of CSA

Child Sexual Abuse (CSA) is a form of child maltreatment, defined by the World Health Organization (WHO) as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared. Contrary to common belief, it is a prevalent social problem that affects children of all ages, including children below 5 years of age. Sexual abuse of children are not just by adults; as even children, who by the virtue of their age or stage of development are in a position of responsibility, trust or power over the victim, can be perpetrators of the abuse (WHO, 2006).

A 2013 systematic review and meta-analysis of fifty five recent literature on the issue of CSA from countries across Asia, the Americas, Europe and Africa observed that the pooled prevalence estimate of CSA was two to three times higher among females as compared to males. While these gender specific estimates were largely in corroborations with the observations made by Dr. David Finkelhor in 1994, the authors did not rule out the effect of contextual characteristics that result in under representation of the magnitude of the issue among male children (Barth et al., 2013).

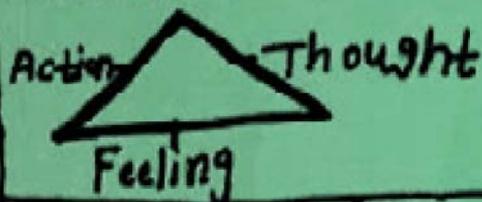
In India, the National Study on Child Abuse (Ministry of Women and Child Development, Government of India, 2007) was a one of its kind research initiative to place all forms of child abuse on the national agenda. A staggering 53% of children were reported to have been victims of one or the other forms of sexual abuse. The age wise distribution of its findings indicate that 39% children who were sexually abused fell in the age group of 5-12 years, 35% in the age group of 15-18 years and about 24% in the age group of 13-14 years, at the time of abuse. In 50% of the cases, the perpetrators happened to be someone known to the child or in a position of trust and responsibility.

Abuse of children is not limited to the development status of the country or the socio-economic or ethnic status of the children themselves (MWCD, 2007; Finkelhor, 1993). As evident from a systematic review of global data from 96 countries on the prevalence of all forms of violence against children, an estimated 1 billion children globally, i.e. over half of all children aged 2–17 years, experience emotional, physical or sexual violence (Hillis et al., 2016).

In light of the unrecognized burden of this issue and the magnitude of its outcomes, the worldwide focus has been directed towards tertiary interventions that allow management of offenders and

Arpan N90

- what is child
- CSA / Types → Statistics
- Grooming
- PoCSO
- Impact



secondary interventions that provide therapeutic support to survivors. With increasing recognition of the benefits associated with early interventions, the concept of primary prevention has also gained a momentum through school based educational programs aimed at potential victims (Collin-Vézina et al., 2013).

1.2. Background of Arpan

Arpan is an award-winning organization working solely on the issue of CSA since 2006. Based out of Mumbai, Arpan has reached out to over 200,000 children, adolescents and adults over the last decade, primarily through its direct services of preventive and therapeutic interventions. Additionally, another 894,000 individuals have been reached indirectly and through training and capacity building of various stakeholders.

The direct services are primarily provided to children and adults through Arpan's flagship programme, the Personal Safety Education (PSE) programme. This is a step in the direction of preventing and reducing the risk of children becoming victims of sexual abuse, as it aims to enable and empower children within schools, communities and institutional settings with age appropriate information and life skills needed to protect themselves from potential incidents of sexual harassment or sexual assault. Further, in order to create a safe environment for these children, the programme also works extensively in creating awareness among the adult stakeholders in the children's lives, like their parents, teachers and other non-teaching staff of the school.

The PSE programme is implemented in schools to empower children in grades 1 to 10 with the knowledge, attitude and skills needed to prevent incidents of CSA, as well as to seek support when such an incident has occurs. In addition to the preventive services, the PSE programme also supports children with post-disclosure counselling services.

In 2014, an external evaluation was undertaken by the International Market Research Bureau (IMRB) with 770 students (150 in new schools, 400 reached by the PSE programme once and 220 in schools which have institutionalized the programme in the curriculum) from grades 1 to 7, across 9 schools. The study indicated that children in the institutionalized schools internalize the concepts of PSE better than their counterparts in the non-PSE schools or schools where PSE was conducted once. For instance, the recall of the programme's key concepts as well as the ability to seek help in times of need was notably higher among the former group of children. Furthermore, through its qualitative component, the study recorded the parents' and teachers' unanimous opinion regarding the need for a reinforcement of the key lesson points to improve and increase the retention of the PSE concepts in these children. The findings together corroborated the identified need that a step

up round of the PSE programme was needed for reiteration of the key concepts after a designated time gap, along with additional age appropriate new information on the topic.

Based on these recommendations, the step up programme of the PSE was initiated in the year 2016, wherein children reached by the PSE programme in the past were further provided with age appropriate information on the topic, along with a reiteration of the key concepts.

1.3 Study Rationale

The success of the prevention strategy lies in a sustained recall of the key messages useful for ensuring personal safety, by the child. The identification of the time gap post which the retention becomes sub-optimum is particularly desirable, as it could help devise the implementation strategies for the step up programme in a way that each child is reached out to with a reinforcement of the key points within an appropriate interval.

The present study aimed to determine if there is a significant difference in the observed retention of the key concepts and messages of the PSE programme (i.e. the concept of private body parts or PBPs, the personal safety guideline, distinction of safe unsafe touch, the action points of ensuring safety etc.) among the children, with respect to the gap (measured in years) since their first implementation.

A comparative approach in determining the difference in retention was expected to bring out the time gap at which the retention levels continue to be optimum and the gap beyond which it dips beyond the expected levels. The drop in the retention beyond the optimum levels was expected to provide a direction with respect to the time interval at which the step up programme needs to be introduced. For within group comparisons, three sub-groups were created within each of the two sample groups; one sub-group consisted of children with an implementation gap of one year, the second with a gap of two years and the third with a gap of three years.

1.4 Aim & Objectives

The overall aim of the study was to ascertain if there is a statistically significant difference in the average retention of the key concepts among the children, depending on the gap since their single implementation.

Based on this, the specific objectives for the study were:

- To analyze statistically, the difference between the observed retention with respect to the post implementation gap

- To estimate the proportion of children with complete retention of the key concepts with respect to the post implementation gap

1.5 Operational Definitions

Terminological references made through the rest of the report are operationally defined below.

- Comparative Groups** – Indicates the study groups within each sample group. The comparative group for the child was determined by the post implementation gap (in years) since their first (and only) intervention, and was fixed prior to sampling. The difference in the observed mean / median retention score is measured statistically between these groups. In this study, the three comparative groups are as per post implementation gaps of three years, two years and one year.
- Complete Retention** – The recall of a concept is measured with multiple items on the questionnaire tool. The score obtained on each of the indicators measuring the construct is combined to give a composite indicator of retention. A child is said to have complete retention of a concept, if he/she responds correctly to all items measuring the retention of that concept.
- Key PSE Action Points** – The primary guidelines taught to children to empower them in ensuring their own safety in the face of a potential unsafe situation and/or following an unsafe experience. These include – saying an assertive ‘No’ to the act/advances or inappropriate behavior of the abuser, attempting to get away from the situation and informing a trusted or helping adult.
- Key PSE Lesson Points / Messages** – The key concepts of the PSE programme delivered to the children via the classroom implementations. These include the concept of private body part (PBP), the personal safety guidelines, the distinction of safe and unsafe touch/situation and the understanding that a child is never at fault for the abuse experienced (Not My Fault).
- Minimum Desired Knowledge** – Indicated as the bare minimum recall expected from a child who has undergone PSE. For young children, it is the concept of PBPs and the personal safety guideline 1. For older children, it’s the same, but also includes the concept of safe and unsafe touches.
- No Retention** – Indicates suboptimum retention of a concept. The term includes children who have no recall, as well as partial recall of any PSE concept.

- g. **Retention** – The outcome of the study is the observed recall of the key PSE concepts (messages and action points). It is measured in scores. The overall retention (inclusive of all concepts) obtained by a child, is expressed as a percentage of the scores attained.
- h. **Retention Score** – The concept based weighted scores given to a child's complete recall of the concept.
- i. **Sample Groups** – The two broad samples categories in the study i.e. Sample group A and Sample group B. The categorization is done pre-sampling, on the basis of the grade in which the children had their one-time PSE implementation in the past.
- j. **Sample Group A** – The children who had their one-time implementation between 1st and 4th grades. The target population for this group was children in grade 4 and 5 at the time of the survey.
- k. **Sample Group B** – The children who had their one-time implementation between 5th and 7th grades. The target population for this group was children in grades 7 and 8 at the time of the survey.

CHAPTER 2: RESEARCH METHODOLOGY

The following chapter elaborates on the design and the quantitative research methods, employed to achieve the aims and objectives outlined in section 1.4.

2.1 Study Setting

Arpan's primary engagement is with children across schools of Mumbai. These include private, trust aided and municipality run schools. Thus, the target population for the programme is a heterogeneous mixture of children from all socio economic strata, community and ethnic groups.

The present study was carried out across schools of Mumbai, where the PSE programme had been implemented in the past. Given the aim, the population of interest was the children who have had a single intervention of PSE in the past.

2.2 Study Design & Approach

A cross-sectional design with a quantitative approach was adopted to capture the level of retention of the key concepts. Since the proposed objectives require a quantification of retention and the subsequent measure of its variation with respect to the post implementation gap, the suitability of this method is justified.

2.3 Sample Selection

Based on the evaluation by IMRB, a priori estimate of 20% spontaneous retention was used for the calculation of the sample size (Annexure 2). Oversampling was done to achieve the minimum sample requirement, taking into account a non-response rate of 30%. The calculated sample size was 976; however the figure was rounded off to 1000 for sampling convenience. The actual sample surveyed was in excess of the sample requirement, as a considerable number of interviews had to be excluded since the child failed to recall Arpan or the PSE programme even with the use of a visual memory aid. The final sample achieved for the study was 1037.

2.3.1 Sampling

For the selection of the study sample, a multistage cluster sampling was adopted. The primary sampling units were the schools where the PSE programme had been implemented previously in the grades that fit the inclusion criteria. Given logistical constraints, the selection of the schools from the sampling frame was largely through convenience sampling. A total of 34 schools with grades that fit the criteria was selected. Within each selected school, the divisions were the secondary sampling units and these were selected by simple random sampling.

The sample allocation to each of the sample groups was done by replicating the ratio of the beneficiaries belonging to the two target groups in the programme’s outreach from the preceding three years, i.e. between April 2014 and March 2017. Accordingly, the minimum required sample was calculated to be 582 children from 4th and 5th grades in Sample Group A and 418 children from 7th and 8th grades in Sample Group B. A tabulation indicating the sub sample size in each comparative group within a particular sample group is provided in chapter 3 and 4 of this report.

The respondents were selected as per the pre-calculated sample size for each school by systematic sampling, using the classroom roster of roll numbers as the sampling frame. In schools that had only one division and low class strength, all of the children were included to meet the sample requirement. Schematic flows depicting the sampling design, the allocation of sub samples per school and the composition of the final sample is attached as Annexures 1, 2 and 3, respectively.

Within each of the sample groups (A and B), the children were categorized by the three comparative groups i.e. based on the year of their one-time past implementation. The gender ratio was maintained at 53:47 (male: female) to ensure sample representativeness.

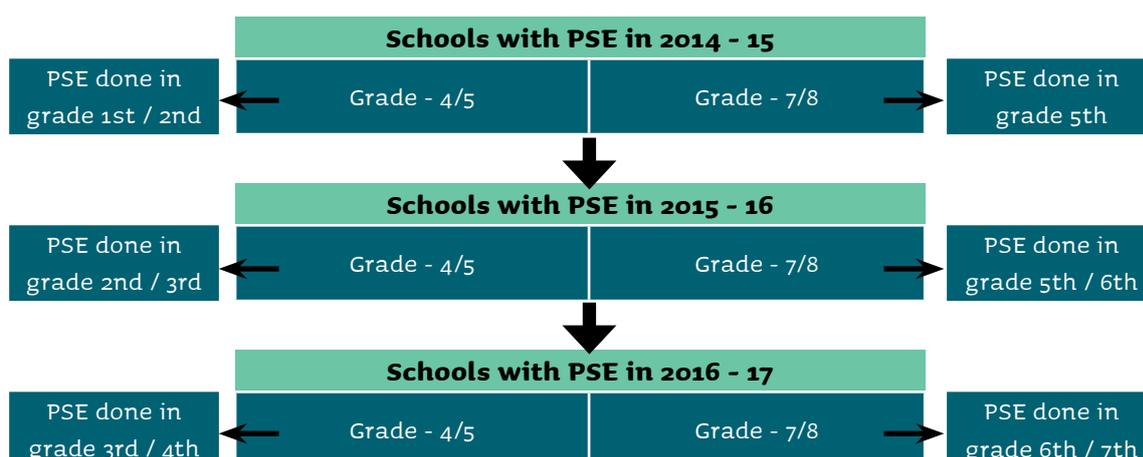
2.3.2 Sampling Frame

The frame for the selection of children consisted of a list of students from the selected school’s 4th and 5th grade and/or 7th and 8th grades. Figure 1.1 below is a schematic representation of the sampling frame.

The 34 schools used for the sampling comprised of:

- Three schools where the first PSE intervention was implemented 1 year ago i.e. in the FY 2016 – 17 for the grades 3 & 4 and 4 schools where the first implementation was carried out for the grades 6 and 7
- Eight schools where the first PSE intervention was implemented 2 years ago i.e. in FY 2015 – 16 for the grades 2nd & 3rd and 6 schools for the grades 5 and 6
- Seven schools where the first PSE intervention was implemented 3 years ago i.e. in FY 2014 – 15 for the grades 1 and 2 and 6 schools for grade 5

Figure 1.1. Schematic representation of the sampling frame



2.3.3 Inclusion Criteria

For Schools

The selected schools were those in which the PSE implementation had occurred previously, particularly for the children in 4th and 5th or 7th and 8th grades at the time of survey.

For Grades

The selected grades were those with a single PSE implementation in the past and representative of the comparative categories, i.e. the children in 4th or 5th grades had their one-time past implementation between 1st to 4th grades and the children in 7th or 8th grades had their past implementation between 5th to 7th grades. Each grade therefore represented a post implementation gap of 1, 2 or 3 years depending on the financial year in which they had the first implementation.

For Children

The final children in the sample were those who had been part of a single PSE implementation in the past and also indicated recognition of Arpan and/or recalled attending the PSE programme. Preference was towards interviewing children who had clear recollection of having attended all days of the PSE implementation (4 or 6 days); however without any formal record to cross check this, it was largely based on the child's own statement.

2.3.4 Exclusion Criteria

Children who had taken admission in the current academic year or any other academic year post the year in which the PSE implementation had been conducted with that batch, were not included in the sampling frame.

2.4 Data Collection

Data collection was carried out over a period of two months, between February and March 2018.

2.4.1 Methodology

The survey was facilitated by an interviewer via face-to-face interviews. Each interview lasted between 20 -25 minutes per child, wherein the questions were posed by the facilitator followed by the options with which a response could be given. Responses to open-ended questions were made note of. Visual cues and aids such as the PBP chart, emoji flash cards and Arpan's PSE posters were used. Short stories to create a context for the questions were narrated by the facilitators in an engaging manner to keep the child involved and attentive through the session.

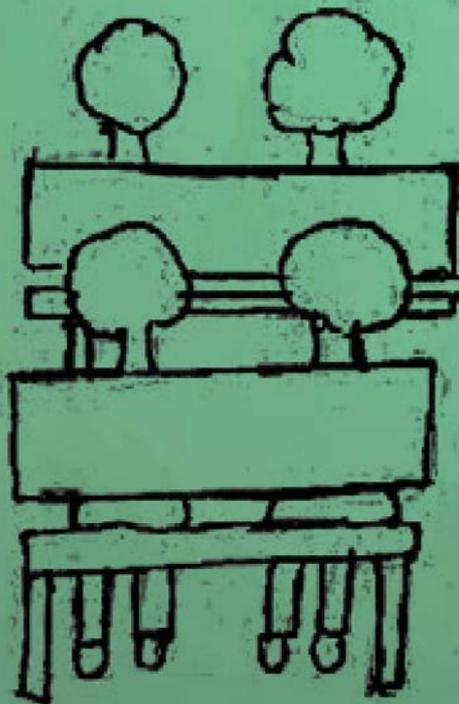
2.4.2 Tool

Two sets of semi-structured questionnaire primarily consisting of close-ended questions were developed. The tool was specific to each sample group to ensure the content was kept relevant to the

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information received during the implementation. Annexures 4 and 5 provide both sets of the tool for reference. Though the key concepts were kept constant for both sets, the questions and the stories used in the tool were adapted to make the content more age appropriate.

2.5 Outcome Measures

2.5.1 Concept Weightages

For the maximum attainable score, specific weightage was assigned to each key concept based on relative importance of the concept. With respect to this weightage, the proportion contributed by each concept to the overall score was determined. The maximum attainable score for each sample group was determined to be 15. A tabular representation of the relative weightages assigned to each PSE concept is attached as Annexure 6.

2.5.2 Concept Scoring

The construct of a concept is measured by a single or by multiple items in the tool; each of which is scored proportionately. The overall score assigned to a concept reflects the weightage assigned to the concept, in terms of its relative importance in the lesson content.

Complete retention of a concept is indicated when the child is able to recall and score on each individual item of a particular concept.

2.5.3 a. Overall Concept Retention

The primary outcome of interest for this study was the retention and spontaneous recall of the programme's key concepts and messages. Scores on multiple items measuring a single construct, i.e. a single key concept, was combined to obtain the final score. The overall retention was computed as the percentage score.

The key concepts and action points taken into account for this were:

- Private Body Parts (PBPs)
- Personal Safety Rule/Guideline 1
- Identifying 'safe' and 'unsafe' touch and/or situation
- Personal Safety Rule/Guideline 2 (Action Points – Say an assertive 'No' / Get away)
- Personal Safety Rule/Guideline 3 (Tell a Trusted Adult)
- Concept of 'Not My Fault'

$$\text{Percentage Score of Retention} = \frac{\text{Recall score obtained by the child}}{\text{Total score}} \times 100$$

2.5.3 b. Individual Concept Retention

Under the second objective, the outcome of interest is the ‘proportion’ of children in each comparative group, indicating a complete retention of a concept.

The proportion of children indicating ‘no retention’ here include children who scored nil on the concept as well as children who scored partially on the concept (i.e. responded correctly to some of the items measuring the concept). This is because the items measuring a concept are the minimum key lesson points that a child needs to recall, in order to indicate adequate retention of the concept. Thus, in partial as well as no recall, there is suboptimal retention of a concept in the child.

2.5.4 Minimum Desired Knowledge

A single composite indicator to measure the retention and recall of the primary concepts of the PSE was created. A complete recall of these concepts was considered as essential for the continued safety of the child. These were:

1. Actual knowledge of the PBP, taking into account the score on the following items:
 - Knowledge as to which parts of the body are regarded as ‘Private’
 - Ability to indicate the PBPs in the chart (same gender as the child’s own); this is a minimum of 1 or a maximum of 4 (i.e. based on the number of PBP taught to the child in the PSE for each gender)
 - Being able to name (while indicating) at least 1 PBP of a girl from the respective chart
 - Being able to name (while indicating) at least 1 PBP of a boy from the respective chart
2. The retention of Personal Safety Rule 1, taking into account the score on the conceptual understanding and recall of the two individual safety messages within it :
 - It is never all right for someone to touch, look at or talk about the PBPs, except to keep them clean and healthy
 - It is never all right for someone to ask anyone to touch, look at or talk about their PBP
3. Concept of Safe and Unsafe – i.e. the understanding of the distinction between a safe/unsafe touch, taking into account the score on the following items:
 - The ability to distinguish between a safe and an unsafe touch/behavior/situation
 - The ability to articulate and associate feelings and emotions in distinguishing between safe and unsafe touch/behavior/situation.

The indicator computed for the minimum desired knowledge is a combination of all three above concepts for Sample Group B. In contrast, for Sample Group A, the indicator comprised of only the concept of PBP and Personal Safety Rule 1.

2.5.5 Data Analysis

The difference in the overall retention across the comparative groups with respect to the implementation gap was analyzed for statistical significance using an appropriate parametric/non-parametric test. Differences were also analyzed for concept-wise retention. The internal consistency of the items measuring the retention of a concept was checked using Cronbach's alpha i.e. how reliable are the items as a group in measuring the concept of interest.

2.6 Ethical Considerations

Given the nature of the topic and the vulnerable population that make up the programme's beneficiaries, ethical standards were rigorously applied and the study was carried out with utmost sensitivity. Necessary permissions were obtained from the school authorities prior to the commencement of the study. Measures were taken to create a safety net for the participants, wherein one in-house counsellor was present on field as part of the research team to ensure prompt support in the event of a disclosure or inadvertent trigger. Children disclosing incidents of abuse or inappropriate behavior were given appropriate closure and referred to the internal psychotherapeutic unit at Arpan for further psychotherapeutic support.

A verbal informed assent was obtained from each child prior to the interview. This is because, a 'consent' can be considered only when it is obtained from an adult. Written informed consents were instead sought from the school authorities prior to the data collection process.

Participation was kept voluntary; this meant a child was allowed to withdraw his/her participation at any given point of the interview, and at their own discretion without needing to provide an explanation for the same. Anonymity of the participant and confidentiality of their data was maintained at all points of the research process.

STAY
AWAY



LEAVE
ME...

CHAPTER 3: RECALL & RETENTION IN SAMPLE GROUP A

The total number of children surveyed to achieve the desired sample size was 735. Approximately 134 children had to be excluded from the final sample due to non-recall of Arpan or the PSE programme. These were children who most likely had attended the sessions, however did not indicate any recall even when presented with visual memory aids. Of these 134 children, 75 had a post implementation gap of three years, 50 had a gap of two years and the rest 9 had a gap of one year.

The actual number of children in the final sample was 601, which was fairly in excess of the targeted sample size. All estimates of retention are based on the data of these 601 children. The composition of the sample group is given below in table 3.1.

Out of this 601, the comparative group with a one year post implementation gap comprised of 128 children, the second comparative group consisted of 271 children with a gap of two years post implementation and 202 children in the third comparative group, with a post implementation gap of three years.

Table 3.1. Summary of achieved sub-samples in the comparative groups of sample group A

Group	Post Implementation Gap			Total sample 'n'
Comparative Group 1	1 Year	Sampled	137	128
		No Recall	9	
Comparative Group 2	2 Years	Sampled	321	271
		No Recall	50	
Comparative Group 3	3 Years	Sampled	277	202
		No Recall	75	
Total				601

3.1. Overall Retention

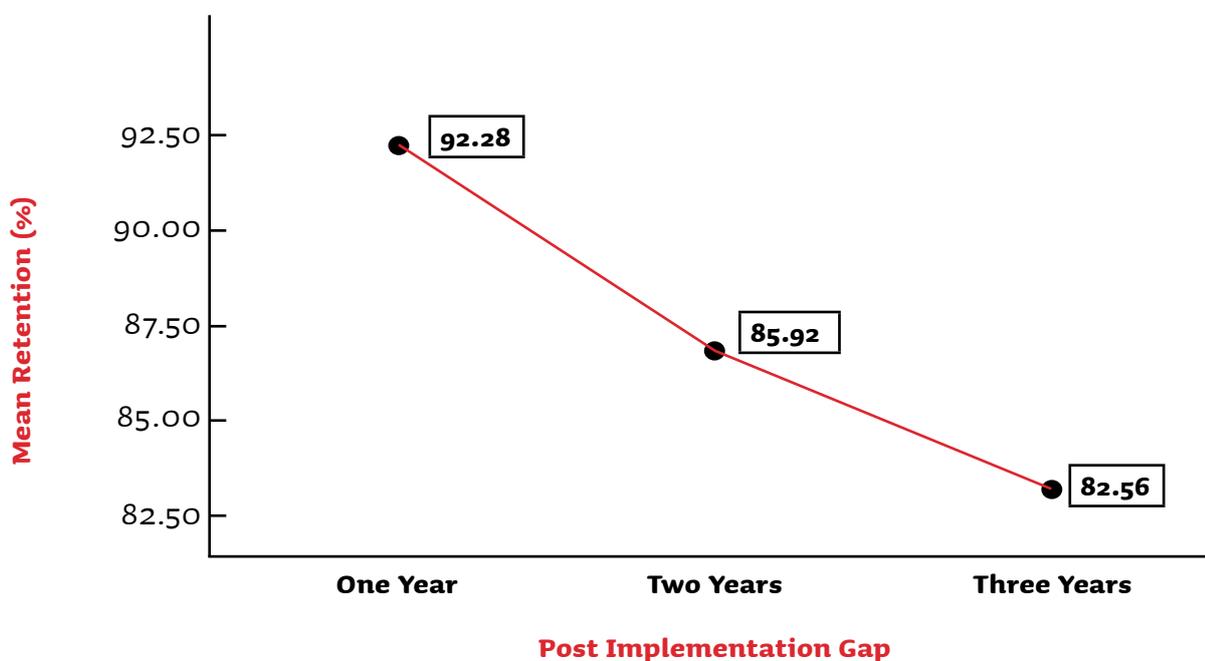
The retention levels observed for the comparative groups ranged from 92.27% in the group with a post implementation gap of one year to 82.55% in the group with a post implementation gap of three years.

The Analysis of variance (ANOVA) test was carried out to determine the significance in the difference between the average scores of the three comparative groups. The results strongly indicated a statistical significance in the difference between the mean retentions of the groups (Figure 3.1).

The implication for this is that with increasing years in gap post implementation, there tends to be a gradual decline in the retention of the key PSE concepts among the children. This is indicated

by a high retention observed in the children with a one year implementation gap (92.28 ± 5.95) as compared to the children with a gap of two years (85.92 ± 11.89); the latter in turn had a higher retention than the children with a gap of three years post implementation (82.56 ± 14.91).

Figure 3.1. Difference in retention between the comparative groups in Sample Group A, by the post implementation gap (in %)



3.2. Concept Retention

The PSE lessons are designed in a manner that integrates 10 basic concepts of the programme – the body parts, body access, touch, safety rules, feelings, support system, addressing guilt, secrets, assertiveness and self-esteem, into lessons conducted over 6 sessions for children between 1st and 4th grades. Of these 10 concepts however, there are some messages and guidelines which are considered as non-negotiable concepts i.e. these need to reach every child unequivocally at the end of the implementation and in a manner that helps the child retain and recall it with ease even later. Accordingly, the second objective of the study was to observe the proportion of children who indicate complete retention of these non-negotiable concepts – namely, the concept of PBP, personal safety rules, understanding safe and unsafe touch/situation, the action points and the affirmation that the child is never at fault, based on the post implementation gap.

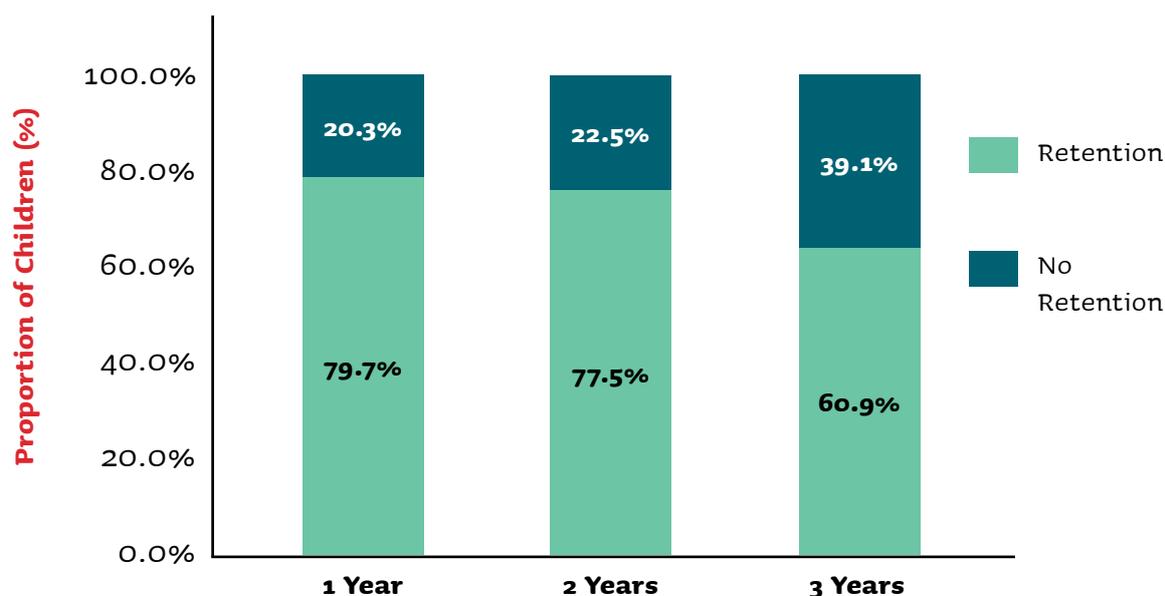
3.2.1 Private Body Parts

The focus of this concept is to enable a child to build the confidence, comfort and knowledge needed to discuss or speak about discomforts related to their private body parts. By extension, scientific terminologies are also taught to a child to help them overcome the shame or embarrassment associated with openly talking about the genital organs. Complete retention of this concept

therefore is measured as the knowledge of PBPs, and the ability to indicate as well as name at least one PBP for each gender.

Around 79.7% children with an implementation gap of one year had complete retention of the concept, as compared to 77.5% and 60.9% children with a gap of two years and three year, respectively (Figure 3.2).

Figure 3.2. Proportion of children with complete retention of the concepts of ‘PBP’, by the gap years (N = 601)



Statistically, the average scores on this concept have a significant difference between the comparative groups ($p < 0.05$). The average scores of children with a one year gap post implementation is the highest, among children of all three comparative categories. Between an implementation gap of two and three years, the children with the former gap post implementation indicate a significantly higher retention of the concept.

3.2.2 Safe and Unsafe

The focus of this concept is on helping the child understand the nature of a touch and/or a situation and in developing their ability to distinguish them as safe or unsafe, primarily based on the feelings the touch or situation elicits in them. For this, the vocabulary for feelings and emotions are also taught to the child.

The concept of feeling ‘Safe’ is explained as a touch, behavior or situation that invokes positive emotions in the child; while feeling ‘Unsafe’ is explained as an internal alarm bell for being cautious, indicated by the negative feelings associated with it.

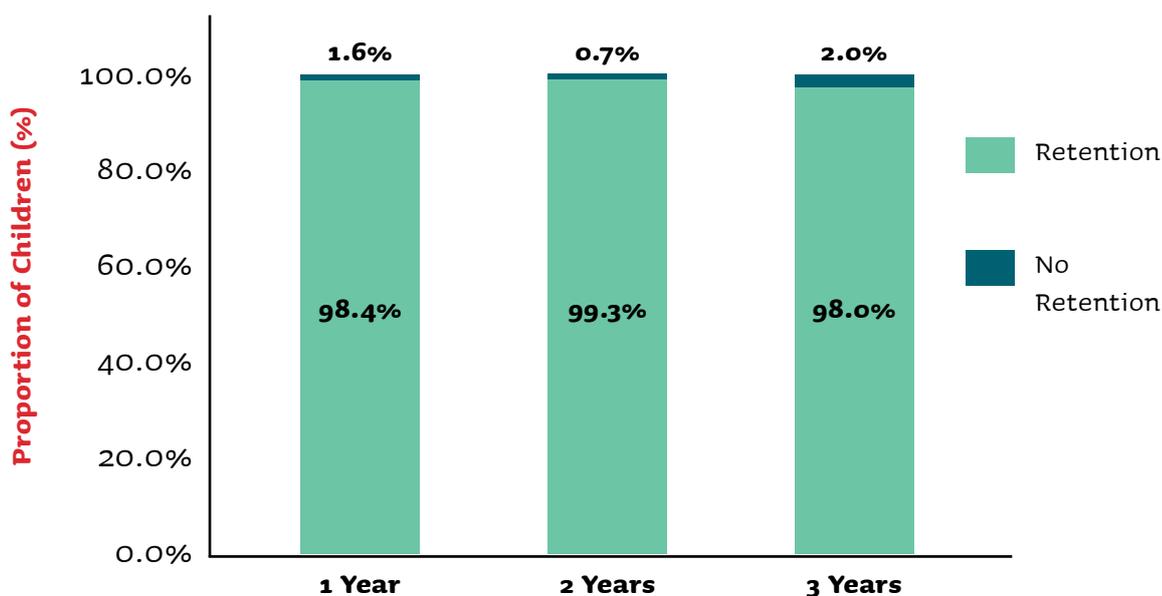
The child’s complete understanding and retention of this concept therefore, particularly their ability to distinguish between ‘safe’ and ‘unsafe’, is measured using multiple items on the questionnaire.

Further, emoji cards with visual representation of negative and positive emotions were used to measure the child's ability to link the concept of safe and unsafe with the right vocabulary for feelings.

Majority of the children indicated a complete retention of the concept across all three comparative groups. Around 98.4% children with a one year implementation gap retained the concept completely. This proportion reduces marginally to 98.0% children when the post implementation gap increases to three years. Comparative group 2 indicated a slightly higher proportion of children (99.3%) with complete retention of the concept than either groups (Figure 3.3).

Statistically, the mean difference in the retention scores observed for this concept across the three comparative groups had no significance ($p > 0.05$), indicating that differences if any are likely to be due to chance factors.

Figure 3.3. Proportion of children with complete retention of the concept of 'Safe - Unsafe', by the gap years (N = 601)



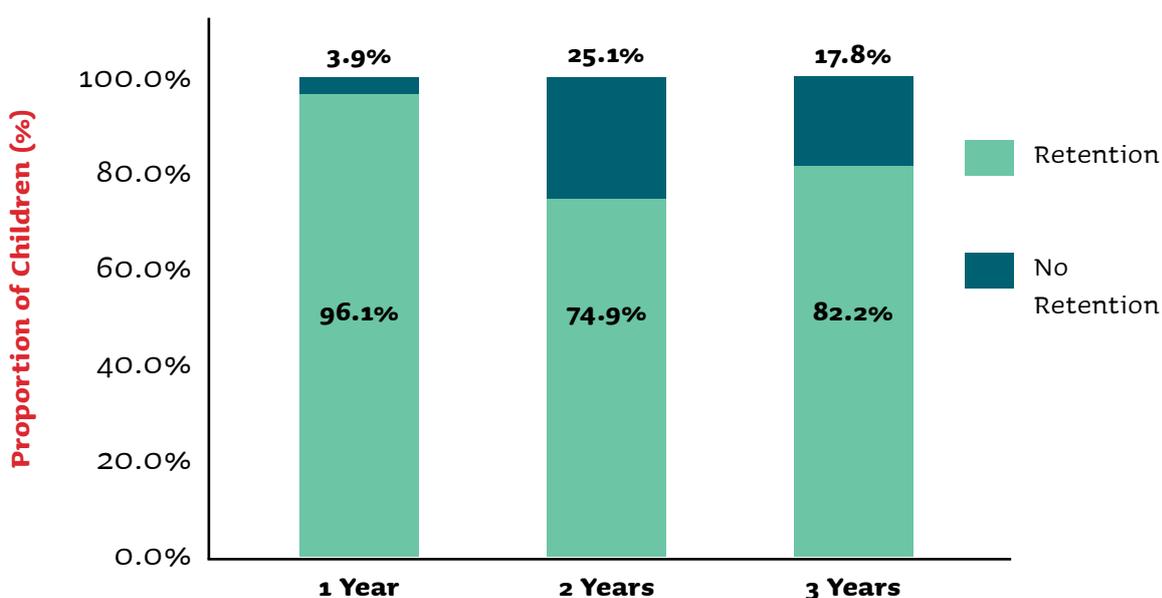
3.2.3 Personal Safety Rule 1

The objective of this particular concept is to primarily help the child identify actions involving the PBP that is unwanted, uncomfortable and makes them feel unsafe; while also helping them identify the boundaries that distinguish an unsafe touch from a touch that might be necessary; for e.g. when it's for medical examinations and/or by their caretaker to help them maintain hygiene.

The first part of this particular safety message deals with putting down some easy to memorize, clear and simplified guidelines for the children about keeping their PBP from intentional violation by another. In the second part of the message, boundaries are described regarding display and exhibitionism of PBP by another individual, which can help a child become aware about instances when another individual's behavior towards them is inappropriate.

In terms of complete retention of the personal safety guideline, a two item indicator measured the child’s recall of the safety guidelines and the exceptions when it’s alright for an individual to touch, look at or talk about someone else’s PBP i.e. when the intention is to help them keep it clean and healthy. Approximately 96.1% of the children with a one year post implementation gap indicated a complete retention of this concept (Figure 3.4). Contrary to expectation, the proportion of children with complete retention of the concept was higher in comparative group 3 (82.2%), as compared to comparative group 2 (74.9%).

Figure 3.4. Proportion of children with complete retention of the concept of ‘Personal Safety Rule 1’, by the gap years (N = 601)



Statistically, difference between the scores obtained by children with a post implementation gap of one year and the children of other two comparative categories is significant. The difference in scores of children with a two year and a three year post implementation gap indicated no significance, implying the negligibility of any observed difference in scores between these two groups.

3.2.4 Personal Safety Rule 2

Building on the personal safety rule 1, the rule 2 gives guidelines to the child on appropriate retaliation in the event their ‘safety rule 1’ is violated. The focus of this concept is to help the child look beyond the social conditioning and retaliate assertively when violated by an individual in position of power by the virtue of their age or position.

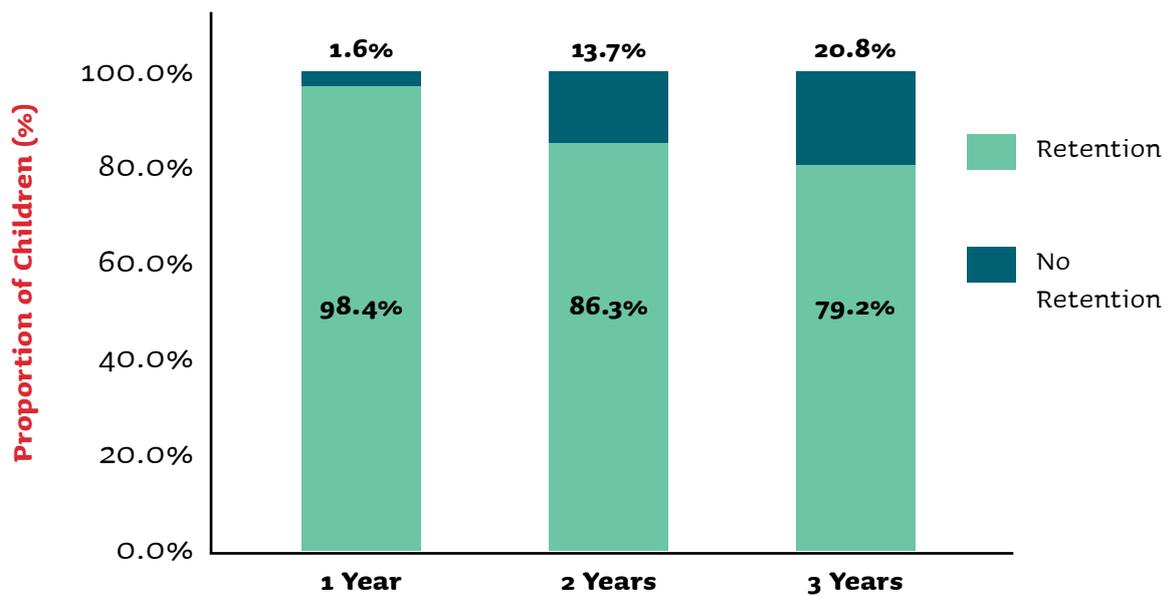
The key action points taught to the child under this concept is to say ‘No’ assertively to an individual violating their ‘safety rule 1’ and trying their best to ‘get away’ from the unsafe situation. Therefore, to indicate complete retention, a child had to be able to recall both these action points. The retention of each action point was measured individually using single indicators.



3.2.4 a. Say 'No' Assertively

In measuring the recall of this action point, the expected gradual decline in retention with an increasing implementation gap was observed, with 98.4% children in comparative group 1, i.e. with a one year gap, indicating complete retention (Figure 3.5). The proportion declined to 86.3% children with a gap of two years and further to 79.2% children with a gap of three years.

Figure 3.5. Proportion of children with complete retention of the concept of 'Say No', by the gap years (N = 601)

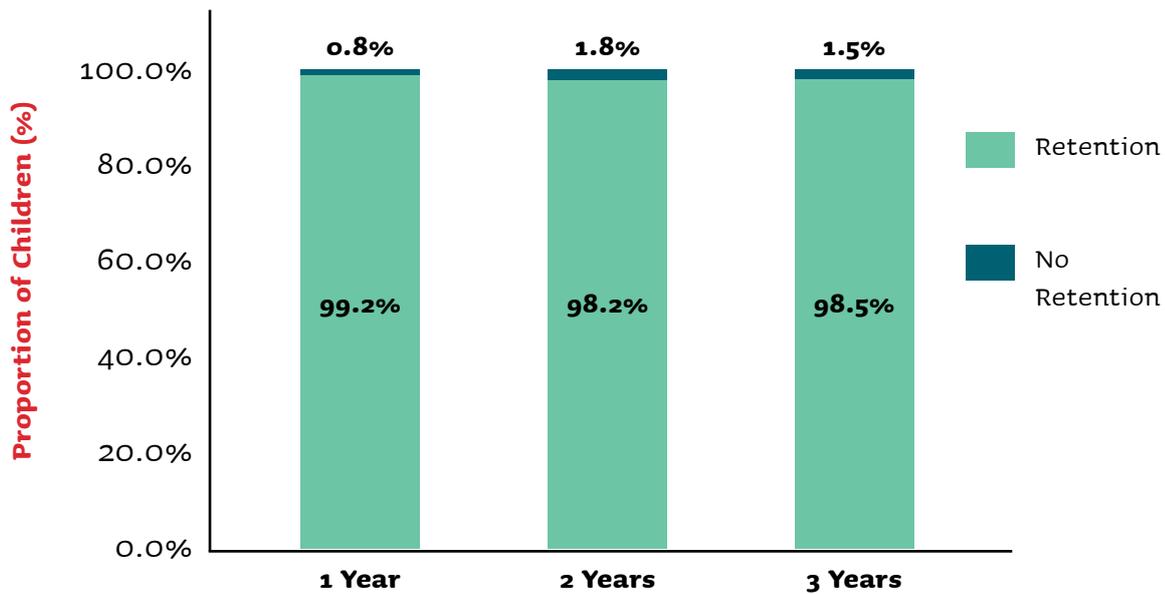


Statistically, the difference in the mean scores was significant only between the children with one year and a two year gap post implementation; significantly higher scores on this concept was obtained by the children with the least gap post implementation.

3.2.4 b. Get Away

Contrary to the action point of saying ‘No’ assertively; the concept of ‘Get Away’ showed only marginal difference in retention with no typical decline across the implementation gap (Figure 3.6). Complete retention was observed in 99.2% of the children with a one year gap post implementation. Similar retentions were also observed in more than 98% of the children with a two year and a three year gap post implementation.

Figure 3.6. Proportion of children with complete retention of the concept of ‘Get Away’, by the gap years (N = 601)



Based on post implementation gap, the difference in the mean scores obtained for this concept had no statistical difference between any pair of the three comparative groups.

3.2.5 Personal Safety Rule 3

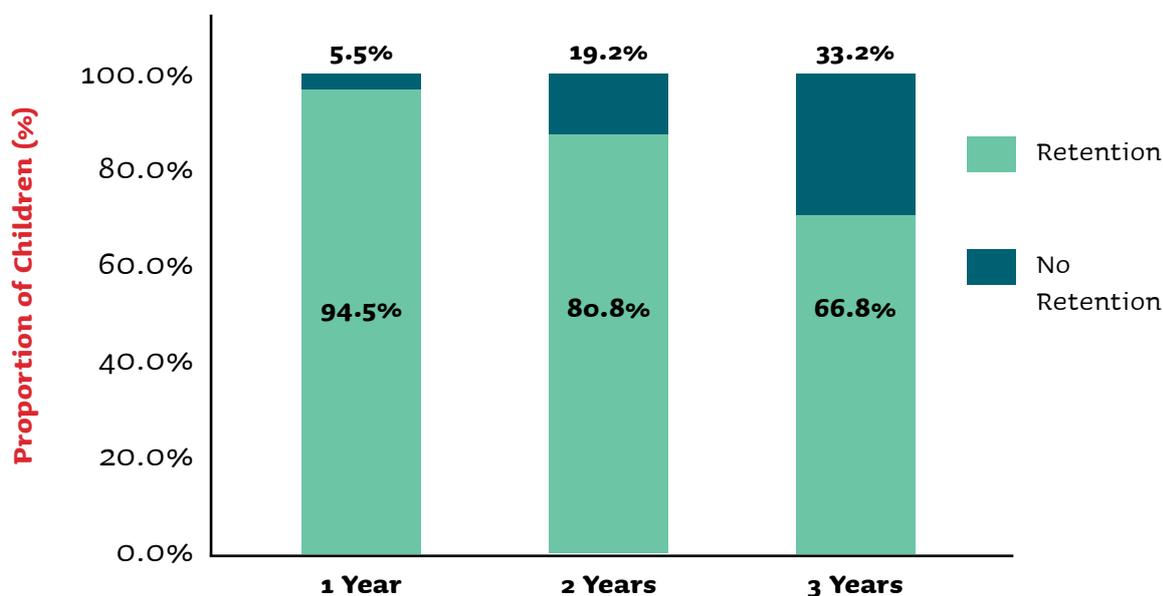
The concept centers on impressing upon the child the need of seeking help from the right individuals and of building a support system in their life in times of crisis. The focus of the concept is to help the child understand the importance of speaking about unsafe experiences with an elder in a position of trust and to identify an adult in their own lives who fit this criteria.

The key message taught under this concept is to disclose about an unpleasant experience, such as a violation of their Personal Safety Rule 1, to an adult in their life who they trust. Children are further taught about unsafe secrets, and the kind of secrets that can be detrimental if not shared.

Complete retention of this concept therefore is measured as the child’s ability to identify an incident that needs disclosure to an adult. The child is also tested with respect to the criteria that determines if an individual can be a ‘trusted adult’ for them.

A gradual decline was observed in the retention of this concept with increasing implementation gap (Figure 3.7). In comparative group 1, 94.5% of the children retained the concept entirely. This proportion declined to 80.8% by the two year post implementation gap and further to 66.8% in children with a three year post implementation gap.

Figure 3.7. Proportion of children with complete retention of the concept of ‘Personal Safety Rule 3’, by the gap years (N = 601)



Statistically, the difference in the average scores obtained by the children was significant with respect to the post implementation gap ($p < 0.05$). The retention was the highest among children with an implementation gap of one year. Furthermore, the retention score was significantly higher in children with a gap of two years compared to the children with a gap of three years.

3.2.6 Not My Fault

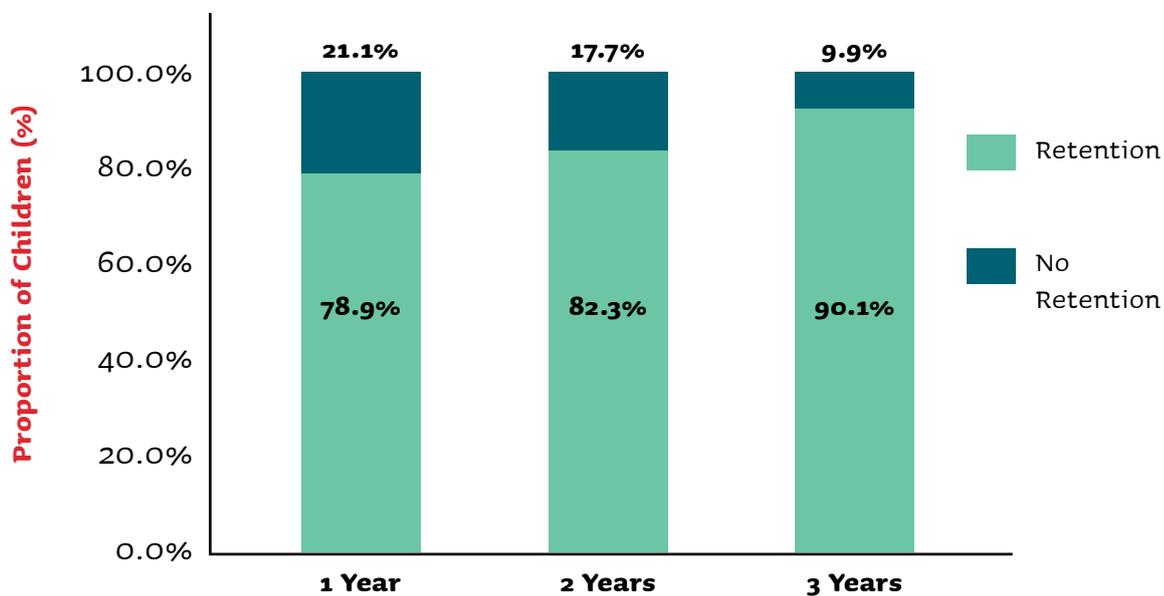
In a child with experience of sexual abuse, the guilt is often very high. This is particularly compounded if the onus of the abuse is put on the child by the abuser as well as other individuals in their life to whom they had disclosed. Inability to disclose again might be a cause of guilt in the child. The focus under this concept therefore is on the affirmation that no matter the circumstances, the abuse is never the child’s fault.

The retention of this concept is measured as the child’s understanding of this concept, indicated by their response when presented with a hypothetical situational story where a child’s Personal Safety Rule 1 is violated intentionally by another.

The retention observed for this particular concept showed an atypical pattern, where complete retention was observed among 90.1% of the children with an implementation gap of three years. Between the children with a one year and a two year gap in implementation, complete retention of

the concept was observed in 82.3% children in comparative group 2 and 78.9% children in comparative group 1.

Figure 3.8. Proportion of children with complete retention of the concept of ‘Not My Fault’, by the gap years (N = 601)



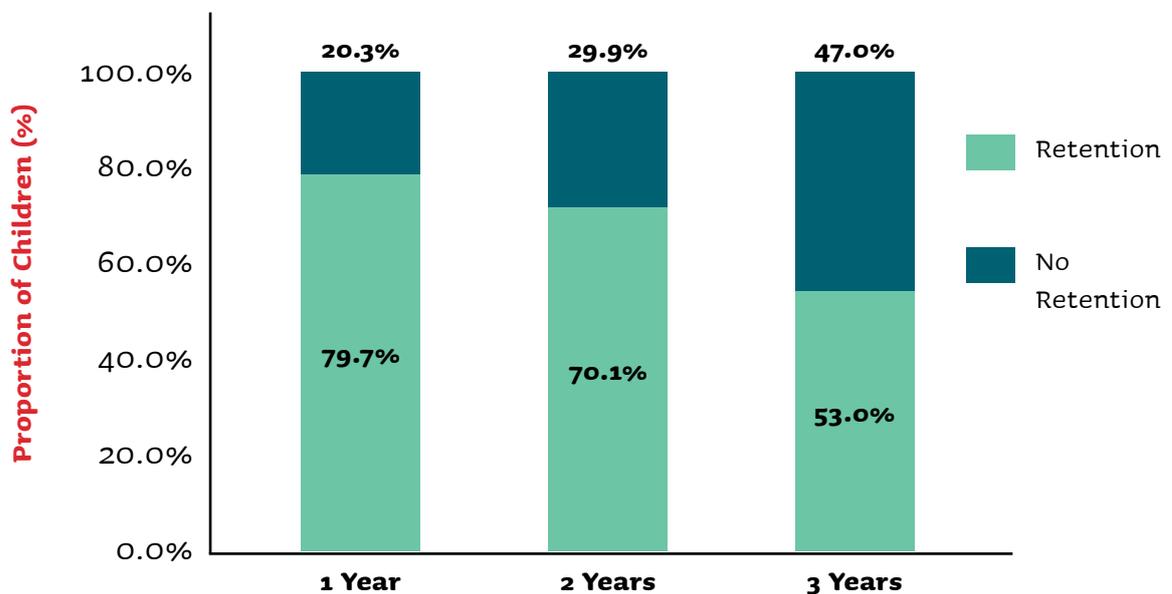
Thus, with increasing post implementation gap, more number of children indicated complete retention of this concept. However, statistically, the actual difference in the retention score between the groups was insignificant. But in the absence of other supporting factors from the current study, the underlying influences of the observed retention pattern are inconclusive.

3.3 Minimum Desired Knowledge

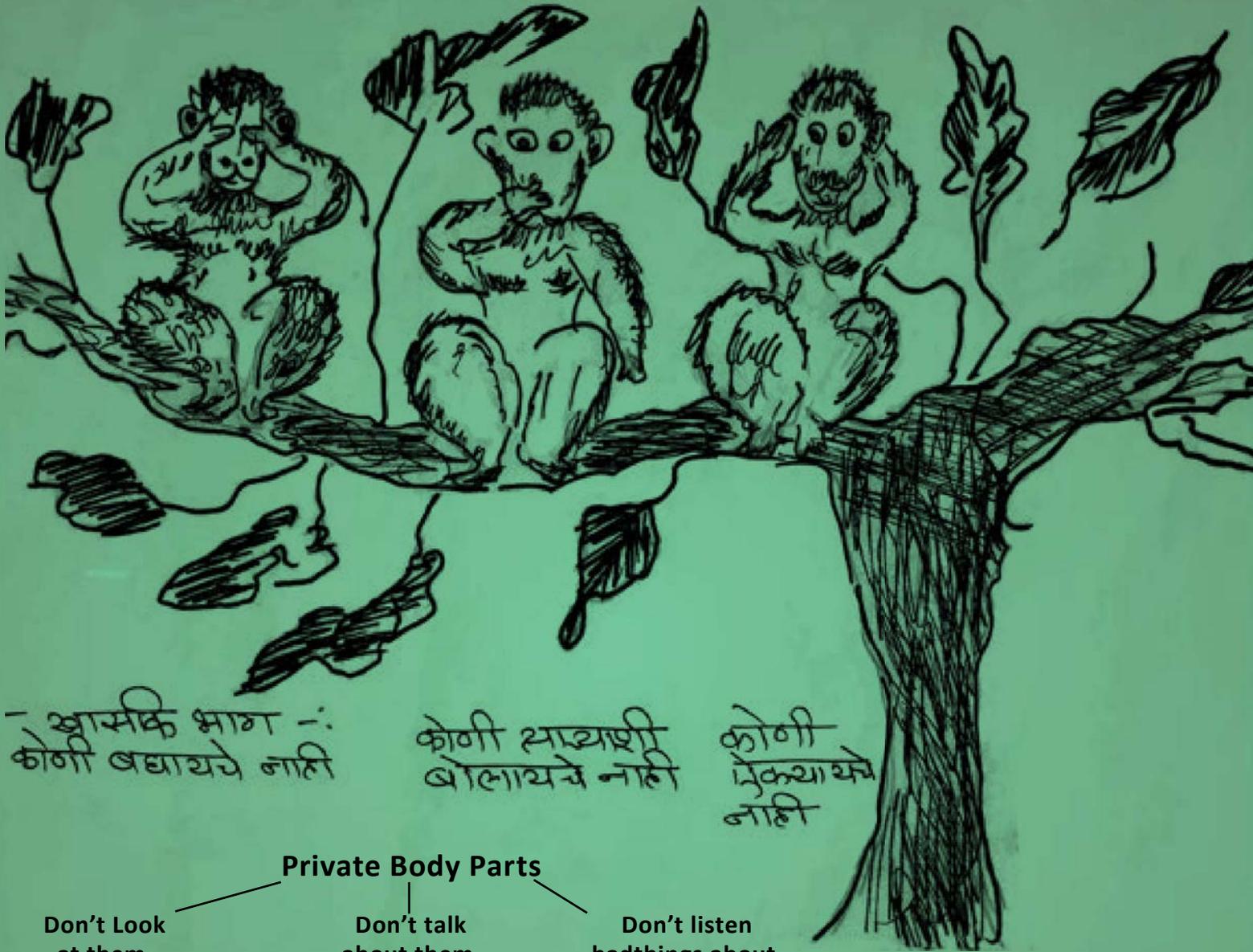
To consider the retention as adequate in a child who has undergone the PSE programme between their 1st to 4th grades, a complete recall of the concept of PBPs and the Personal Safety Rule 1 is considered to be a minimum requirement. The indicator therefore combines information from individual items measuring these concepts (**Section 2.5.3.**)

In our results, the expected gradual decline in the proportion of children showing complete retention of these desired concepts as the gap post implementation increases, was distinctly visible. It ranges from 79.7% children with a post implementation gap of one year to 70.1% children with a gap of two years and 53.0% children with a gap of three years post implementation (Figure 3.9).

Figure 3.9. Proportion of children indicating complete retention of the two desired concepts, by the gap years (N = 601)



In terms of statistical significance, the average score obtained for the two concepts combined was significantly higher among the children with an implementation gap of one year, i.e. in comparison to the children with an implementation gap of two years or three years ($p < 0.05$). The difference in score is however insignificant between the children with an implementation gap of two years and those with a gap of three years. This implies that the substantial reduction in recall of these concepts occur between the first and second year post implementation.



CHAPTER 4: RECALL & RETENTION IN SAMPLE GROUP B

The final sample size of children with a past implementation between 5th and 7th grades was 436; of this, the comparative group with a one-year post implementation gap comprised of 204 children; the second comparative group, with a post implementation gap of two years, comprised of 131 children; and the third comparative group with a post implementation gap of three years, comprised of 101 children. All estimates of retention are based on the data of the 436 children.

The actual surveyed sample consisted of 468 children who fit the desired inclusion criteria. However, 32 children had to be excluded from the final sample due to non-recall of Arpan or the PSE programme, even when presented with visual memory aids. Out of these 32, 17 children had a post implementation gap of three years, 10 had a gap of two years and the remaining 5 had a gap of one year. The composition of the sample group is given below in table 4.1.

Contrary to Sample Group 'A', the total number of children needing exclusion due to non-recall despite fitting the inclusion criteria was markedly less in this sample group. This is somewhat expected given that the children of Sample Group (B) had their implementation between 5th and 7th grades, i.e. relatively older in age compared to the children of Sample Group A, some of whom had had the implementation as early as the 1st grade.

Table 4.1. Summary of achieved sub-samples in the comparative groups of sample group B

Group	Post Implementation Gap			Total sample 'n'
Comparative Group 1	1 Year	Sampled	209	204
		No Recall	5	
Comparative Group 2	2 Years	Sampled	141	131
		No Recall	10	
Comparative Group 3	3 Years	Sampled	118	101
		No Recall	17	
Total				436

4.1 Overall Retention

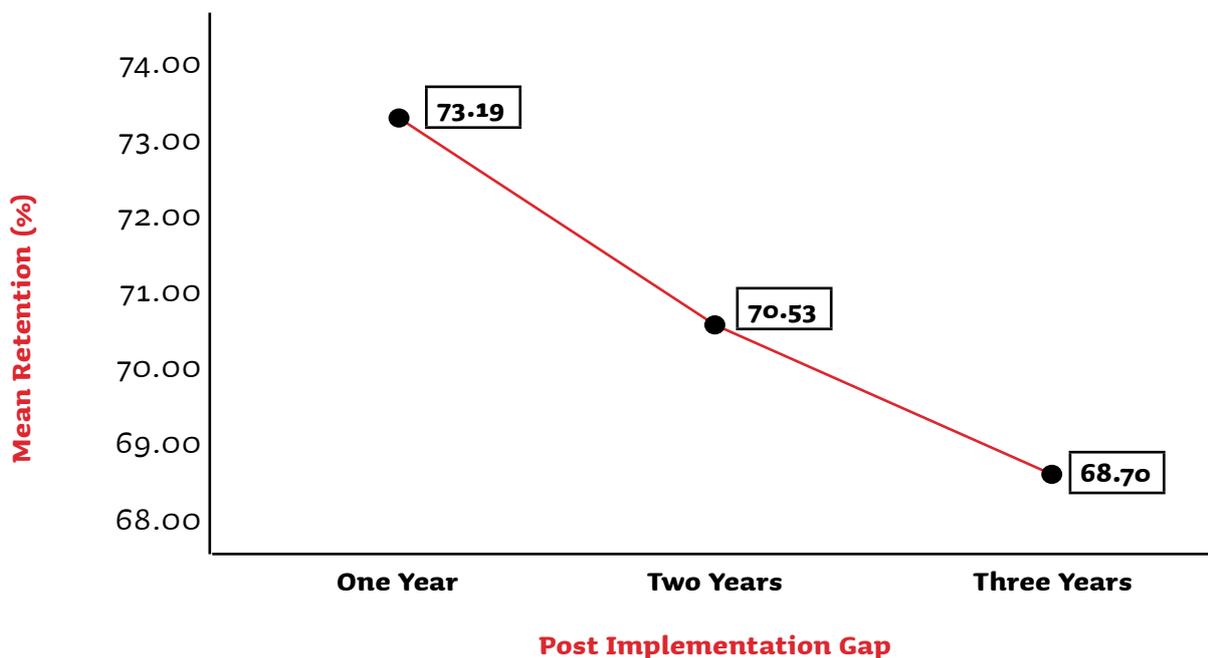
The retention levels observed for the comparative groups range from 73.19% in the group with a post implementation gap of one year to 68.70% in the group with a post implementation gap of three years. The average score in comparative group 2 was 70.53%.

The underlying hypothesis was that the children with the least post implementation gap (i.e. 1 year) would indicate a significantly higher retention in terms of the mean score obtained by them in

comparison to the other two groups. Similarly, between a post implementation gap of 2 and 3 years, the former would indicate a relatively higher retention.

A statistically significant difference was observed only between the retention scores of children belonging to comparative group 1 and group 2 (Figure 4.1.). While the average retention scores of children with a two year post implementation gap was slightly higher compared to those of children with a three year gap, the difference was not significant statistically. This implies that the significant decline in retention ($p < 0.05$) occurs when the post implementation gap is between one to two years, thereafter, the incremental difference with each added year becomes negligible.

Figure 4.1. Difference in retention between the comparative groups in Sample Group B, by the post implementation gap (in %)



4.2 Concept Retention

The core content of the PSE lessons focus on delivering some standard key concepts and messages to children of all age groups, which would empower and enable them to actively participate in ensuring their own safety. However, to increase the relevance of the same information, the core content is adapted to make it more age appropriate and suitable for the target population. This means that the content designed for the older children builds upon the same basic principles as the content delivered to the younger children, for e.g. the PBPs, body access, touch, safety rules, feelings, support system, addressing guilt, secrets, assertiveness and self-esteem, and integrates them into four lessons conducted over 4 hours. It differs only in the additional information that it consists, in terms of the rights, UNCRC articles and helping others who have faced a violation of their own safety guidelines.

The study therefore focused on assessing the retention of the same non-negotiable concepts and

messages across the two sample groups (A & B) with respect to the comparative groups. The age appropriateness of the context created for the questions has however been altered to make it more relevant for the target sample group. The questionnaires used for the two sample groups are attached as annexures 4 & 5.

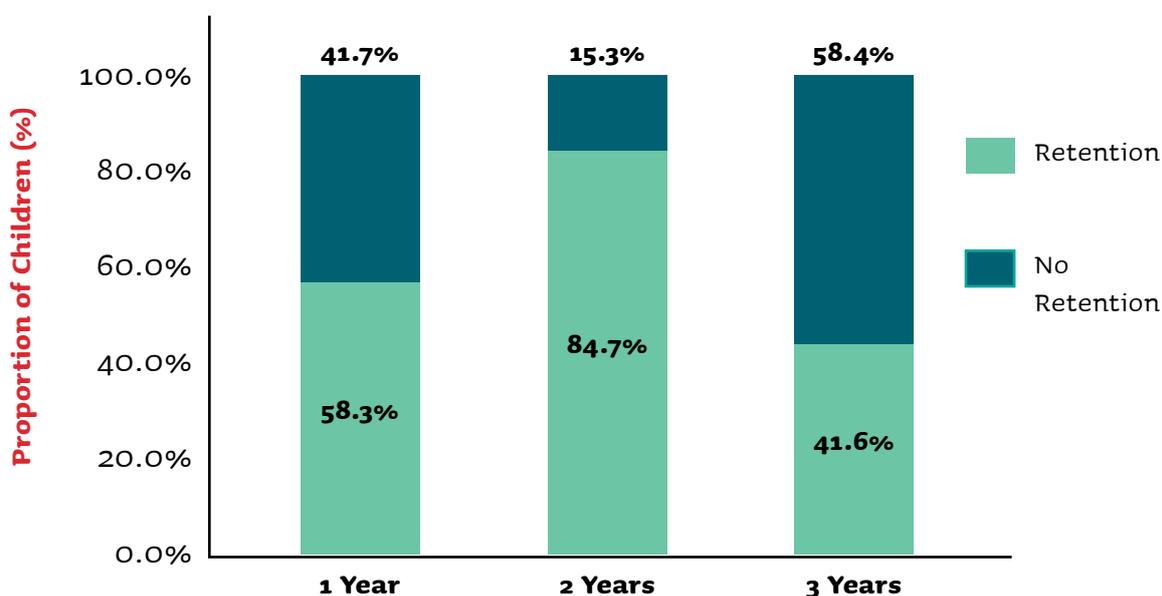
The underlying assumptions was that the proportion of children indicating a complete retention would be more when the post implementation gap is less.

4.2.1 Private Body Parts

The complete retention of this concept is indicated by a knowledge of the PBPs, and the ability to indicate and name at least one PBP for each gender (using a body outline chart).

The retention observed for the concept is atypical as the highest proportion of children (84.7%) with complete retention of the concept, were those who had a post implementation gap of two years. The proportion of children with complete retention of the concept was 58.3% children with a one year gap and 41.6% children with three year gaps in implementation (Figure 4.2).

Figure 4.2. Proportion of children indicating complete retention of the concept of ‘PBP’; by the gap years (N = 436)



In terms of statistical significance, the average score obtained for the concept, was significantly higher among the children with an implementation gap of one year, as compared to the children with an implementation gap of two years as well as three years ($p < 0.05$). The difference in the average score is however insignificant between the children with an implementation gap of two years and those with a gap of three years.

The results imply that despite the average scores on the concept being significantly higher among

the children of comparative group 1 (i.e. one year gap post implementation), the proportion of children who had complete retention was small.

4.2.2 Safe and Unsafe

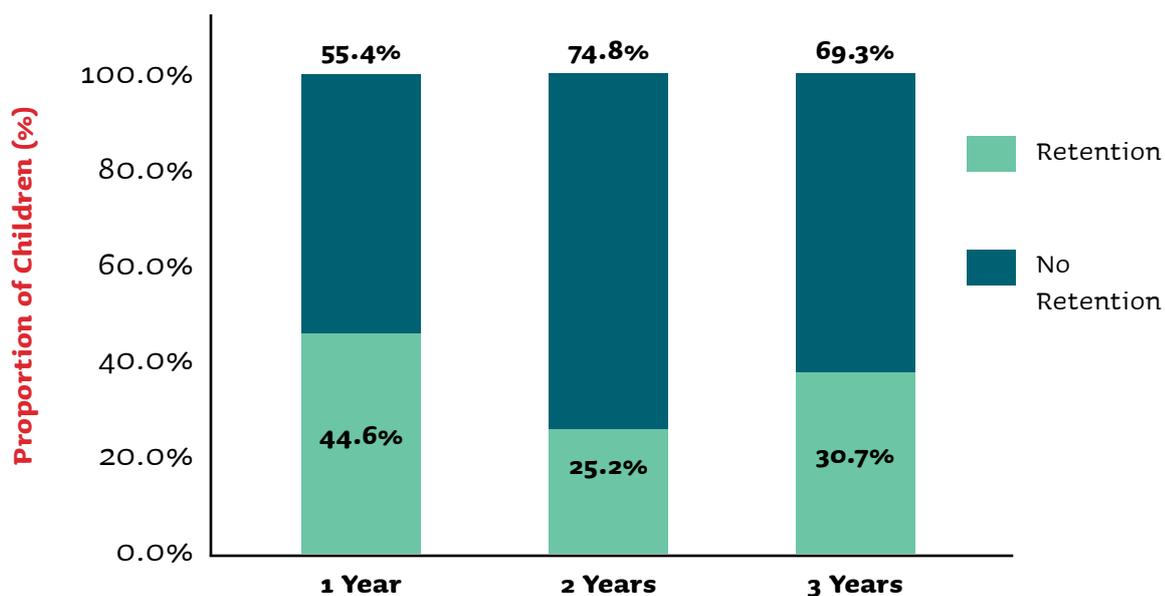
The indicator for complete retention of this concept combines two items, each measuring the knowledge and ability to distinguish between safe and unsafe touch.

Complete retention of the concept is indicated if the child is able to identify an unsafe touch by a family member and a safe touch by a medical professional; based on the situational examples. Given the older age group of the children, an explanation backing their response was taken into account when scoring.

Majority of the children across all the three comparative groups lacked complete retention of the concept. Between the two items, the nature of the touch by a family member was identified correctly by most children in all three comparative groups. On the contrary, majority of them failed to decide if the touch by a medical professional (for the purpose of medical examination) is to be categorized as safe. Very commonly, the explanations received with the responses indicated a belief that when a medical professional is of the opposite gender, then the touch would be unsafe for the patient.

Around 44.6% children with a one year gap post implementation showed complete retention of the concept. In comparative group 2, complete retention was observed in 25.2% of the children; in comparison, it was observed in 30.7% of the children with a post implementation gap of three years (Figure 4.3).

Figure 4.3. Proportion of children indicating complete retention of the concept of ‘Safe and Unsafe’, by the gap years (N = 436)



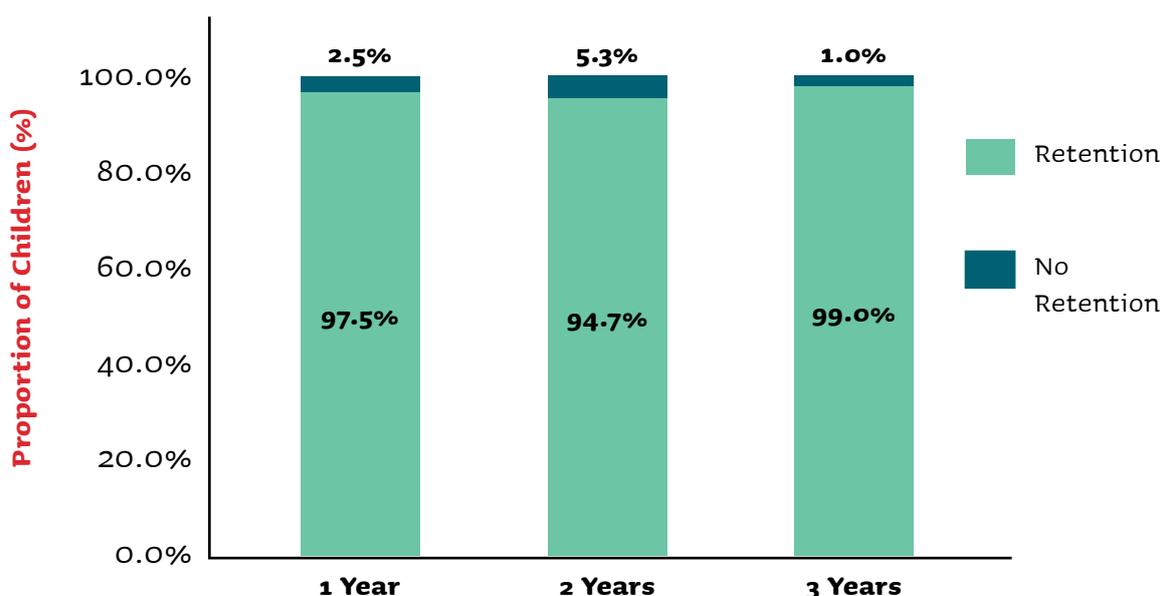
The average score obtained by the children on this concept was higher among the children with a one year gap post implementation compared to children with a gap of two years or three years, and this difference was statistically significant ($p < 0.05$). The difference in scores between the children of comparative groups 2 and 3 however was statistically insignificant.

4.2.3 Personal Safety Guideline 1

Complete retention was indicated by the child's recall of the key message of PSE, which helps a child identify boundaries and determine if a touch or act involving the PBPs has been a violation of their or someone else's safety guideline.

In all three comparative groups, majority of the children indicated a complete retention of this key concept. Atypically, 99.0% children with a three year gap retained the message well compared to 97.5% children with a one year gap post implementation. In comparative group two, 94.7% of the children retained the concept completely (Figure 4.4).

Figure 4.4. Proportion of children with complete retention of the concept of 'Personal Safety Guideline 1', by the gap years (N = 436)



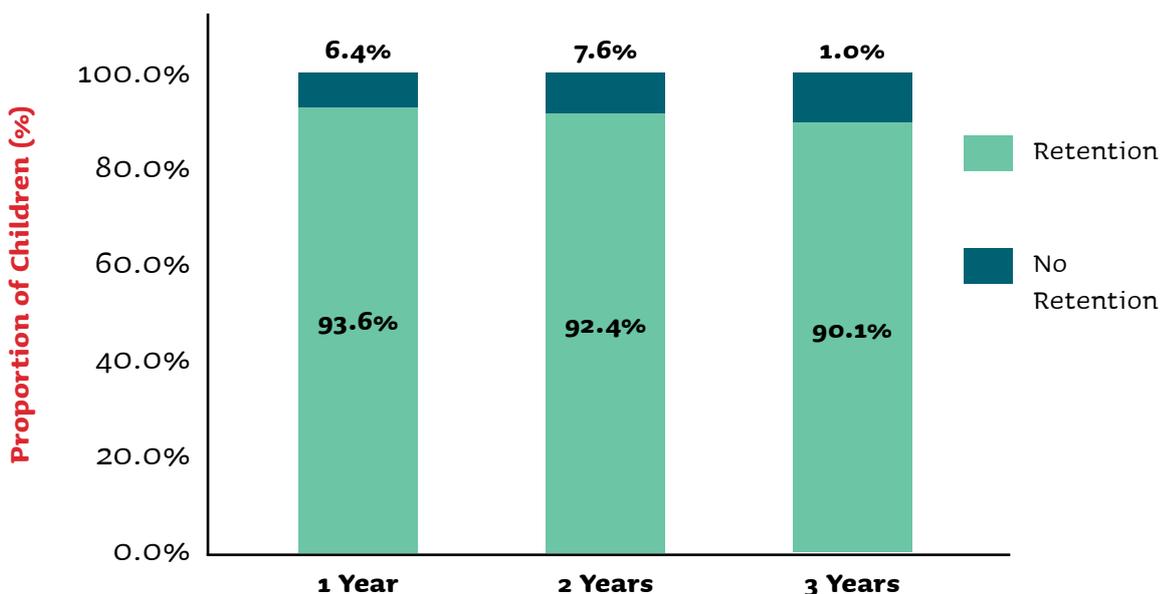
The results imply a prevalent understanding of the concept – that speaking about, looking at or touching of the PBPs constitute a violation of one's personal boundaries and are wrong. And this understanding is evident in majority of the children, even at three years post implementation. Statistically too, the average scores obtained on the concept show no significant difference between the comparative groups.

4.2.4 Personal Safety Guideline 2

The indicator measuring the complete retention of this concept comprises of items measuring the retention of multiple guidelines given to a child on ensuring their own safety in an unsafe situation, particularly when their Personal Safety Guideline 1 has been violated. These include the action points of ‘saying no assertively’ to someone attempting to violate their boundaries with respect to PBPs and attempting to ‘get away’ from the unsafe situation. It also includes the importance of using assertiveness instead of aggressiveness in confrontations with the perpetrator.

Complete retention was observed in 93.6% children with a one year gap post implementation, in 92.4% children with a gap of two years and in 90.1% children with a gap of three years (Figure 4.5), implying an adequate recall of the guideline among majority of the children, even three years post implementation.

Figure 4.5. Proportion of children with complete retention of the concept of ‘Personal Safety Guideline 2’, by the gap years (N = 436)



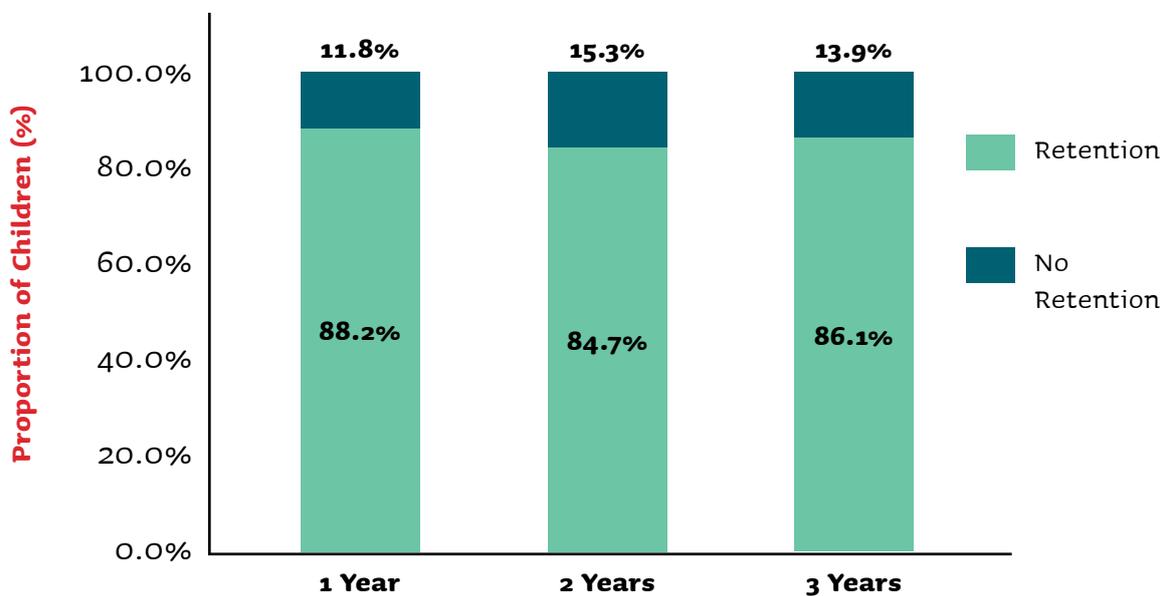
The difference in the mean scores obtained on this concept was statistically significant only between the group of children with an implementation gap of two years and those with a gap of three years.

4.2.5 Personal Safety Guideline 3

Complete retention of this concept was indicated by the child's understanding of the characteristics that determine a trusted adult, and their ability to determine situations that need intervention by a trusted adult to ensure their safety. In addition, the importance of disclosing to a trusted adult regarding violations of their physical boundaries and 'secrets' that are unsafe to withhold, are also measured in the child's retention of this concept.

Complete retention was observed in 88.2% of the children with an implementation gap of one year; in 84.7% children with an implementation gap of two years and in 86.1% children with an implementation gap of three years (Figure 4.6).

Figure 4.6. Proportion of children with complete retention of the concept of 'Personal Safety Guideline 3', by the gap years (N = 436)



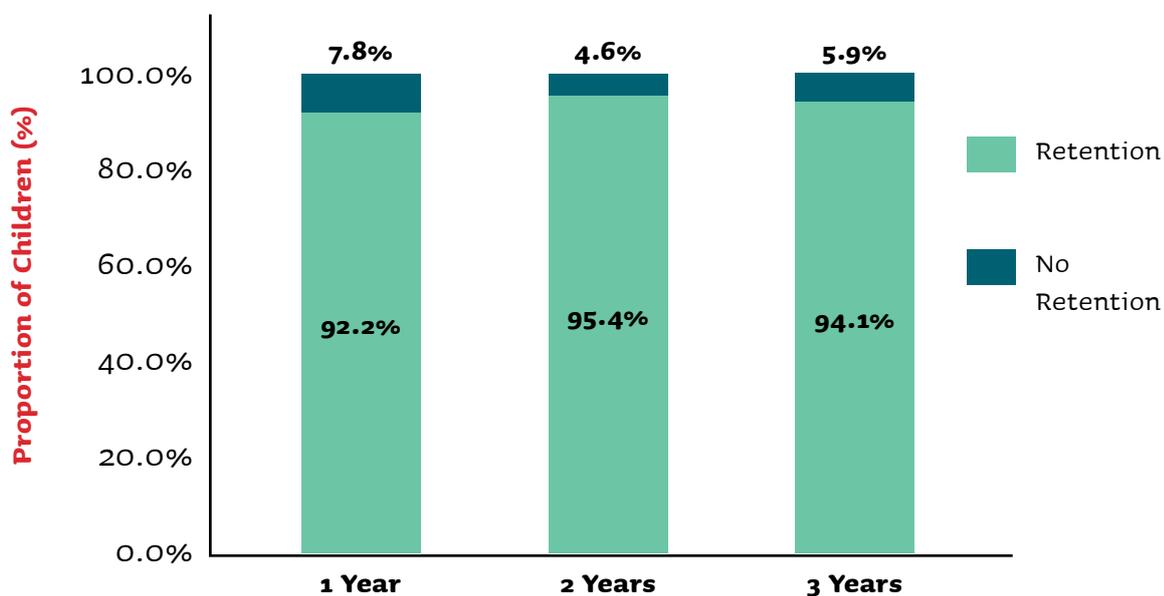
With respect to the post implementation gap, the difference between the average retention scores obtained for this concept was statistically insignificant.

4.2.6 Not My Fault

Complete retention is measured as the child’s ability to indicate ‘no fault’ on part of the child when presented with situations where a child is faced with violation of their physical boundaries and/or are unable to play a role in ensuring their own safety by following the safety guidelines. Scoring was done on their response as well as their explanation for the given response.

The retention of this key message was observed to be high across all three comparative categories. Majority of the children with a complete retention of the concept had an implementation gap of two years (95.4%), followed by 94.1% children with an implementation gap of three years and 92.2% children with an implementation gap of one year (Figure 4.7).

Figure 4.7. Proportion of children with complete retention of the concept of ‘Not My Fault’, by the gap years (N = 436)



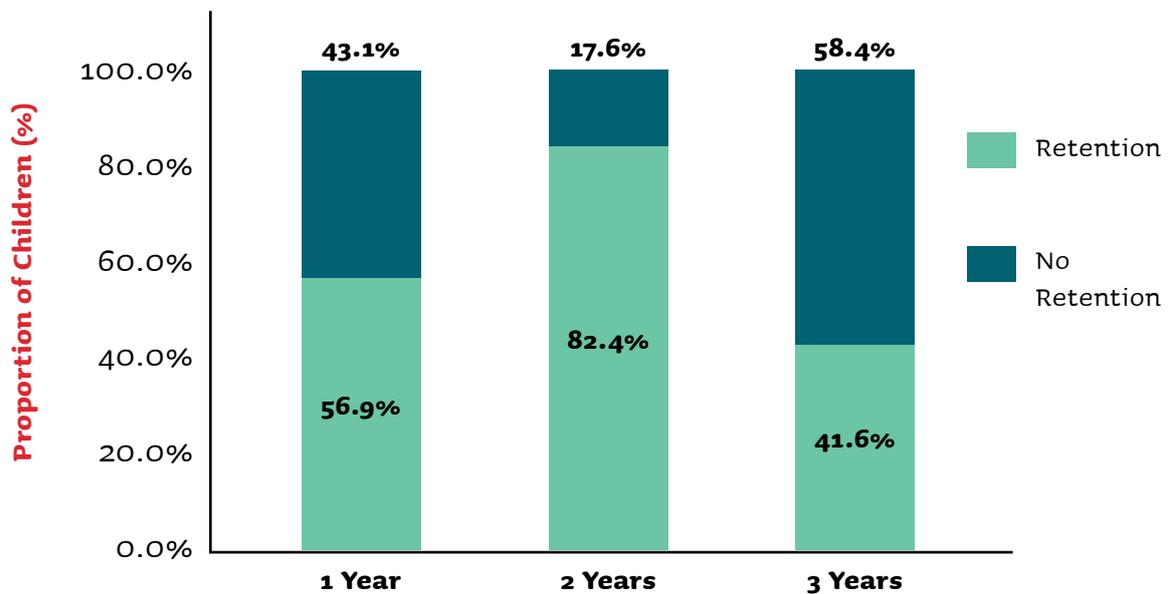
With respect to the average scores obtained on this concept, there was no statistical significance in the difference between the comparative groups.

4.3 Minimum Desired Knowledge

A complete recall of the key concepts of PBP, distinction of safe & unsafe and the message of Personal Safety Guideline 1 is the minimum level of knowledge expected in a child who has undergone the PSE programme between their 5th and 7th grade.

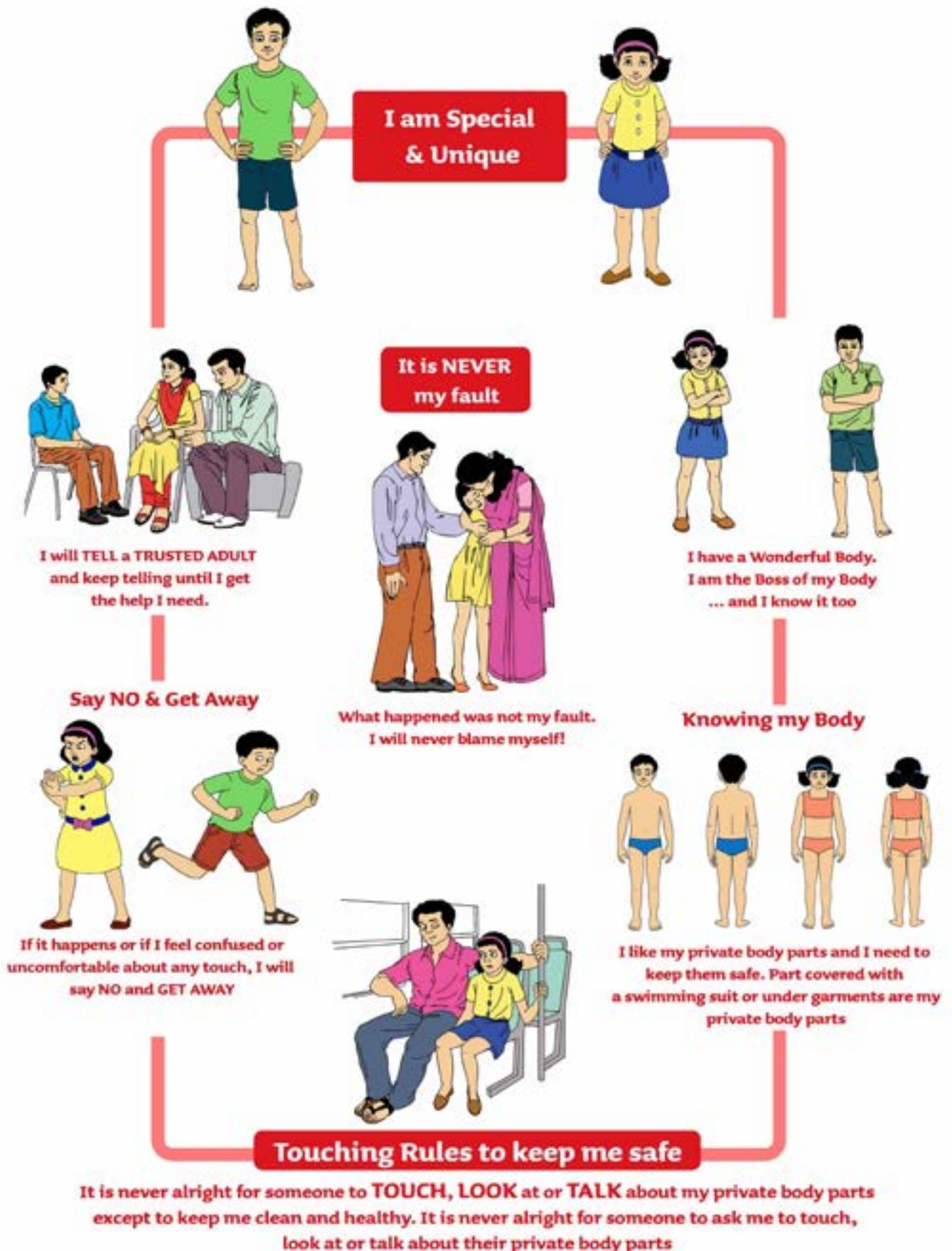
In our results, there was no gradual decline in the proportion of children showing complete retention of the desired concepts as the gap in implementation increased. Around 56.9% children with an implementation gap of one year had complete retention of the desired concepts. In comparison, 82.4% children with a gap of two years indicated complete retention of these concepts. Again for a three year gap in implementation, this proportion was only 41.6% (Figure 4.8).

Figure 4.8. Proportion of children indicating complete retention of the three desired concepts, by the gap years (N = 436)



The retention, in terms of the combined average score of the three concepts, is higher among the children of comparative group 1 (compared to the other two groups) and this difference is statistically significant ($p < 0.05$). The difference in scores between the children with a post implementation gap of two and three years is however insignificant.

These are the concepts we teach children on touching rules.



CHAPTER 5: LEARNINGS & THE WAY FORWARD

5.1 Conclusion

Visibly, a gradual decline in the retention was observed with increasing post implementation gap. The retention scores obtained by the children for all the key PSE lesson concepts combined varied based on the gap post implementation. The difference in the average score was statistically significant between each of the three comparative groups of Sample Group A; while in Sample Group B, the difference was significant only between the first and second comparative groups.

The objective on concept retention analysis relied on the underlying assumption that more children would be likely to indicate a complete retention of the concept, if the post implementation gap is of one year. However, this observation was not constant across all the concepts. In fact, in sample group 'B' the expected reduction in the proportion of children was observed only for the concept of action points (Personal Safety Guideline 2). In contrast, sample group A indicated this pattern for four of the concepts – viz. PBPs, Personal Safety Rules 1 & 3 and the concept of saying 'No' assertively under Personal Safety Rule 2. In most concepts, the statistical significance of the difference in concept scores between all three comparative categories was observed only for some of the concepts; for e.g., in Sample Group B, it was observed only for the concept of PBP; while in Sample Group A, it was observed for the concepts of trusted adult and the PBP.

All in all, the present study's findings corroborate the recommendations by IMRB's evaluation, which suggested that as the recall and retention of the key messages of the programme start waning, a refresher round of the implementation (the step up programme) would need to be conducted at specific intervals, by integrating the reiteration of the key messages with new age appropriate information. The current study takes the findings a few steps further by identifying how far the retentions vary in these children with respect to the length of time that has passed since the implementation of the programme.

In terms of concept retention, while some children were observed to retain the concepts completely, an equally substantial proportion of children indicated only partial or no retention. In both cases it is taken to indicate 'non-retention' since the retention is less than adequate.

Overall, sample group B had several deviations from the expected assumptions; for e.g., a higher proportion of children often indicated better retentions even when their post implementation gap was more than one year. The reasons for this could be several, with various underlying factors and confounders influencing the observed retentions. However, the identification or explanations of these were presently beyond the scope of the study.

5.2 Study Limitations

The selection of the primary sampling units, i.e. the schools, had to be largely through convenience sampling due to various practical constraints.

5.3 Programmatic Recommendations

Based on the observations made by this study, it is recommended that the overall retention as well as the actual proportion of children with complete retention of the key concepts, especially the minimum desired concepts, be taken into account for developing an appropriate strategy for the refresher (step up) programme.

5.3.1 Frequency of Conducting a Step up programme – for implementation between 1st and 4th grades

The foremost objective of the step up programme is to address the children within a pre-determined appropriate interval, such that the proportion of children left vulnerable is at a minimum. Based on the overall retention observed and the proportion of children who were able to recall the minimum required concepts completely, the following implementation plans are recommended:

- A small scale implementation (<6 hours) within 2 years post the first PSE implementation
- OR
- A full scale 4-hour or 6-hour implementation in three years post the first PSE implementation

5.3.2 Frequency of Conducting a Step up Programme – for implementation between 4th and 7th grades

The proportion of older children showing complete retention of the minimum desired concepts was expected to be relative to the post implementation gap, i.e. was expected to be more when the post implementation gap was of one year and relatively less when the gap was of three years. However, our results did not indicate this. While the overall retention (in terms of the overall score) did indicate a statistically significant decline with increasing gap post implementation, this information alone would be inadequate to determine a step up strategy.

Identifying the underlying contextual factors could shed light on the influences that impact the observed retentions in this age group. This is because in a classroom, every child as well as the programme implementer have an inherent uniqueness with their individual experiential backgrounds and these contextual factors largely influence the teaching – learning process.

In addition, the influences could also pertain to the programme itself; for e.g. the process or method of implementation and/or related to the lesson plan content of the programme or a combination of these.

The areas in these regards, which can be explored to understand the influences of retention, are outlined in later sections of this report (Section 5.6.).

5.4 Sustainability

5.4.1 Specific Implementation Strategies

Depending on the retention observed across specific concepts of the PSE programme, the implementation strategies for the step up programme should be appropriately adapted, so as to address the actual needs of the target population.

Ideally, the lesson plan and the duration of the step up programme, including the extent to which the key concepts require reiteration, need to take into account not just the post implementation gap, but also the existing retention in the group.

An effective way to ascertain the existing retention prior to conducting a step up with any grade is to conduct a pre-assessment of the target group of children and use the results from it to guide the planning process of the lesson.

To illustrate this with an example:

A classroom of grade 5 with a gap of two years post implementation (i.e. the first PSE had been implemented with this group in the 3rd grade), displays a high proportion of children with complete retention of the key concepts of PBPs and the Personal Safety Guideline 1. The step up implementation strategy could therefore take into account the existing knowledge among the group and devise a lesson plan that focuses more on reiteration of the concepts less retained compared to the concepts already retained. Additionally, new information with respect to the group's current developmental age will have to be integrated. The actual scale of the implementation (small or full scale) can be strategized based on the structure of the lesson plan devised.

5.4.2 Proposed Plan Cycle

The recommended strategies could be initially piloted for those grades where the data on indicators of concept retention is available from the current study.

The suggested recommendations could be used to apprise the implementation process for up to three cycles of the programme. In order to ascertain the effectiveness of the recommended strategies and to make the process constructive, an evaluation of the process effectiveness at mid-cycle and further evaluation at the end of the programme cycle would have to be conducted.

5.4.3 Indicators

The indicators of key concept retention for deciding the implementation strategies need to be pre-fixed and grounded in the log frame of the programme.

5.5 Scope for Future Studies

The findings of the current study create an opportunity to conduct further studies, which could focus on understanding the factors that influence the observed retentions, particularly for children in the older age bracket at the time of their implementation. Some key areas that can be evaluated to improve the understanding of the programmatic effects and sustainability in this regard are:

- The differences, if any, in concept clarity among the children with respect to the different lesson plan types
- The differences, if any, with respect to the lesson content used for the programme
- The differences, if any, with respect to the method of content delivery in the classrooms
- The differences, if any, in content reception with respect to influences of the developmental age of the target population

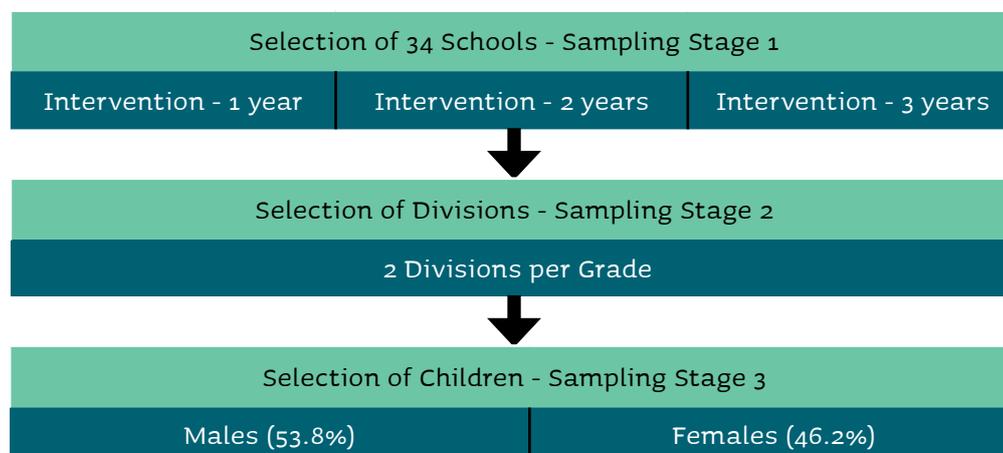
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Annexure 1: Sampling Design



Sampling Stage 1:

- Purposive Sampling – Convenience sampling to select schools from each of the three groups of schools (i.e. schools with PSE implementation in the selected grades – 3 years back, 2 years back and 1 year back)
- Sample Allocation – total sample divided into two sample groups (A & B) by stratification using ratio of the beneficiaries in the two target groups, from the programme’s outreach between April 2014 and March 2017

Sampling Stage 2:

- Probability Sampling – Simple Random Sampling to select 2 division from each selected grade (i.e. 4th/5th for sample group A and/or 7th/8th for sample group B) in a school
- Complete enumeration of divisions in schools that have only 2 or less divisions for the selected grade

Sample Stage 3:

- Probability Sampling – Systematic sampling to select every Kth child who fits the inclusion criteria using the classroom attendance register as sample frame
- Stratification – Sample stratified using gender ratio from outreach to make the selected sample representative of actual population of beneficiaries

I am special and deserve to feel safe all the time.

These are people I can approach when I need help to keep my self safe.

Father

brother

uncle

sister

auntai



Mommy

Annexure 2: Sample Allocation

1000 @30% NR			
Grade 4/5			A
0.58		582	
Grade 7/8			
0.42		418	
25513			
2014-15	8605	34%	B
2015-16	11975	47%	
2016-17	4933	19%	
24830			
2014-15	6187	25%	B
2015-16	6618	27%	
2016-17	12025	48%	
Sample from 4th & 5th Graders (17-18)			
582			
2014-15	0.34	196	C
2015-16	0.47	273	
2016-17	0.19	112	
Sample from 7th & 8th Graders (17-18)			
418			
2014-15	0.25	104	C
2015-16	0.27	111	
2016-17	0.48	203	

A – The sample size is calculated using a priori estimate of 20% spontaneous retention, based on the evaluation by IMRB in 2014. Here, the priori estimate is a broad estimate of the outcome of interest (i.e. the retention level) and is used as a component in the formula for sample size calculation. The calculated figure is rounded off to 1000.

The ratio of the two target groups (determined from the programme’s outreach in the preceding 3 financial years i.e. April 2014 to March 2017) is replicated in the total to get the sample size for each sample group.

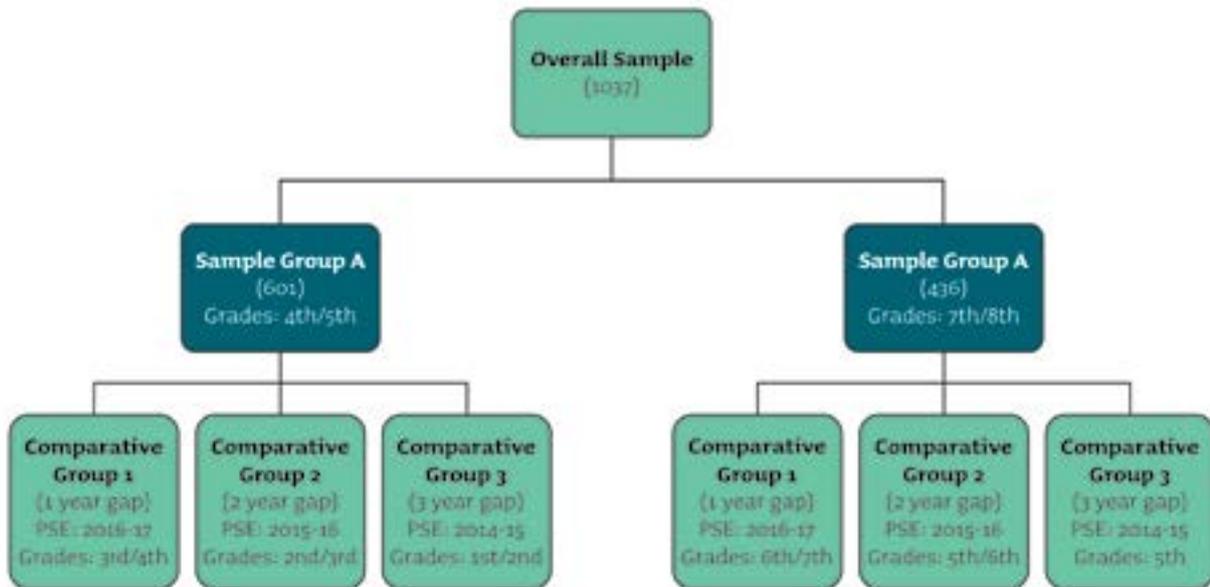
The sample requirement is calculated to be 582 and 418 for sample group A and B, respectively.

B – The proportion of children in each target group of interest, reached by the PSE programme in each of the three preceding financial years, is determined.

C – Proportions obtained from step B are replicated to obtain the sample calculated in step A

Annexure 3: Sample Composition

The schematic representation below depicts the composition of the overall sample, with respect to the comparative groups and its sampling frame:-



Annexure 4: Sample Group 'A'

Questionnaire

A SURVEY ON THE PERSONAL SAFETY EDUCATION PROGRAMME OF ARPAN 4th & 5th

1. Demographic Details

Interviewer ID:

Date & Day of Interview: ____/____/____

Start time of Interview: ____:____ am / pm

End Time of Interview: ____:____ am / pm

Language of the Interview

- a. Hindi
- b. English
- c. Marathi

Details of the School

Name of School

Type of School

- a. Government
- b. Trust Aided
- c. Private
- d. Other

Medium of Instruction

- a. Hindi
- b. English
- c. Marathi
- d. Urdu
- e. Other

SES of the School

- a. Low
- b. Medium
- c. High

Details of the Child

Name of the Child:

Current Age:

Grade

- a. 4th
- b. 5th

Division:

Gender

- a. Male
- b. Female
- c. Other

Religion

- a. Hindu
- b. Christian
- c. Muslim
- d. Other

Father's Occupation

Mother's Occupation

Native Residence

- a. Mumbai City
- b. Rural
- c. Urban (other than Mumbai)

(Note for the interviewer: to probe the child further on this: ask the child where do they live in Mumbai / since how long have they been staying in Mumbai /who are their family members who live in the native and how often do they visit their native place)

II. Ice Breaker Questions

“Now I am going to ask you a few questions about yourself. You can ask me to repeat the questions if you do not understand”.

1. How many people live in your home other than you? (**Note for interviewer:** Let the child count out aloud)
 - a. Less than 2
 - b. 2-4
 - c. 5-7
 - d. 8-10
 - e. More than 10

2. Do you remember anything about ‘Arpan’? (**Note for interviewer:** Show a poster of Arpan, with its logo to ask this question)
 - a. Yes (Go to Q. 2a)
 - b. No (Go to Q. 2b)

- 2a. What do you remember the most about Arpan? (**Note for interviewer:** Tick multiple options if shared more than one. **Do not read out the options**)
 - a. The Interviewer/PO (didi / bhaiyya)
 - b. The classroom lessons
 - c. The stories
 - d. The activities
 - e. The home work worksheets
 - f. The merchandise/gifts (posters/stickers etc.) they received
 - g. Other (Please specify below)

- 2b. Do you remember someone coming to your class and teaching you, about ‘you being the Boss of your body’?
 - a. Yes (Go to Q.2c)
 - b. No (Go to **Exit Question**)

- 2c. Share something you remember being taught about being safe/ keeping our body safe

Exit Question

If the child responds 'No' to Q2b, conclude the interview by asking:

Can you tell me what year did you join this school?

(Note for the interviewer: Ask the child to approximate the year in terms of grade or age, if he/she is unable to recall the exact year of joining. Write down the response in the space provided below. **Conclude the interview after thanking the child)**

III. Personal Safety Education – Setting Context

3. Do you think it is important that we stay safe/ 'feel' safe at all times?
 - a. Yes
 - b. No
 - c. Don't Know

4. Do you believe it's 'safe' for you to take chocolates from someone you don't know, i.e. a 'stranger'?
 - a. Yes
 - b. No
 - c. Don't Know

5. Do you have things that you can say belongs only to you?
 - a. Yes
 - b. No
 - c. Don't Know

(Note for the interviewer: Ask the child to name a few and note down any two things they name. This is not important from the view point of data, and is only to ensure the meaning of 'personal belonging' is understood.)

Personal items named by the child: -----

6. Do you believe your body belongs to you?
 - a. Yes
 - b. No
 - c. Don't Know

7. Do you know the names of all your body parts?
 - a. Yes
 - b. No
 - c. Don't Know

IV. Personal Safety Education – Key Lesson Points

A. Private Body Parts

8. Do you know which parts of our body we call as 'Private'?
 - a. Yes
 - b. No
 - c. Don't Know

(Note for the interviewer: Display a chart with the outline of the back and front of a boy's or a girl's body when asking this question. Use the body chart of the same gender as the respondent. Ask the child to respond verbally to Q8 with the given responses. Then ask them to indicate as many private body parts that they are able to or at least a minimum of two from the chart. Record if they are able to indicate and the number of items that they were able to identify).

Child is able to indicate (Write down total number in the space provided below)

Child is unable to indicate (Write down 'o' in the space provided below)

Total number of body parts indicated by child: (write 'o' if child was unable to indicate any)

(Cue to be used by interviewer if needed: Just as we have correct names for our different body parts, we have correct names for our 'private body parts'. They are sensitive and can get hurt easily, so we keep them covered always)

9. Do you know the correct names of all the private body parts?
 - a. Yes (Go to Q. 10 / Q.11)
 - b. No (Go to Q.12)
 - c. Don't Know (Go to Q.12)

(Note for the interviewer: If the child says 'Yes' to Q9, first ask the names of the private body parts of the same gender as the respondent's own, to make them feel at ease with the question. i.e. if the respondent is a male, first ask them Q11 and its subpart, followed by Q10 and its subpart. Similarly, ask Q10 and its subpart first to a female respondent, followed by Q11 and its subpart. Record answers for both by ticking the names the child responds with. In each case, display the respective body outline charts when asking the question)

10. Can you name the private body parts that a girl has?
- Yes (Tick appropriate options from the list below; **DO NOT** read out options)
 - No
 - Don't Know
- Private Body Parts named for a girl
- Chest (छाती)
 - Vagina (योनि)
 - Buttocks (कुल्हा / कुल्ला)
 - Anus (गुदा/गुदद्वार)
11. Can you name the private body parts that a boy has?
- Yes (Tick appropriate options from the list below; **DO NOT** read out options)
 - No
 - Don't Know
- Private Body Parts named for a boy
- 1) Penis (लिंग)
 - 2) Testicles (अंडकोष)
 - 3) Buttocks (कुल्हा / कुल्ला)
 - 4) Anus (गुदा/गुदद्वार)
12. Do you think it is alright for someone to touch, look at or talk about your private body parts, except to keep them clean or healthy?
- Yes
 - No
 - Don't Know
13. Do you feel it is okay for someone to ask you to touch, look at or talk about their private body parts?
- Yes
 - No
 - Don't Know

B. Understanding Feelings/ Saying 'NO'/ Informing Trusted Adults/ Concept of 'Not My Fault'

"I am now going to tell you two small stories. Listen to the story carefully and then respond to the questions I ask you. You can ask me to repeat or explain, if you do not understand any part of the story or the questions"

(Note for the interviewer: Use the character’s name as per the gender of the responding child; state the character’s age as the respondent’s age to increase their ability to relate to the character better)

Story 1

- Jeetu/Binni was a boy/girl of age One day his/her uncle (chacha) Ketan, whom he/she really liked, came to visit. Ketan uncle was around 40 years old and worked in an office. He always brought gifts for Jeetu/Binni whenever he visited. This time too, he had got him/her new clothes.
 - In the evening, Ketan uncle came to his/her room and started chatting about his/her studies, school, friends and the movies he/she watched recently. He then asks Jeetu/Binni if they would like to see a video he had on his phone. Jeetu/Binni loved watching videos, so they said yes! Ketan uncle then showed him/her a video where the characters were without clothes and were touching each other’s private body parts.
14. What do you think Jeetu/Binni should do in this situation? (**Read out the options**)
- a. Say nothing, continue to watch the video
 - b. Say ‘No’ and refuse to watch the video
 - c. Don’t Know
- Jeetu/Binni said he/she did not like this video at all and did not want to watch it anymore. Uncle stopped playing the video, but asked Jeetu/Binni to keep it a secret between them and therefore, not tell anyone else about it.
15. Do you think Jeetu/Binni should share the ‘secret’ with an adult they trust?
- a. Yes (Go to Q15.1)
 - b. No
 - c. Don’t Know (Go to Story 2)

15.1. Who in your opinion should Jeetu/Binni share this incident with? (Type of Trusted adult)

Story 2

- Raju/Ranu was a boy/girl of age He/she loved playing with his/her neighbor Lahu/Lali’s pet dog. Lahu/Lali was 17 years old and in high school. Every Sunday Raju/Ranu went to the neighbor’s home and played with Lahu/Lali and the dog. One day, while playing as usual, Lahu/Lali suggested that they play a new game where they will touch each other’s private body parts.

16. What do you think Raju/Ranu should do? (**Read out the options**)
- a. Agree to play the game
 - b. Say “No” to playing the game
 - c. Don’t Know

17. Do you think it is ‘safe’ for Raju/Ranu to play this game?
- a. Yes
 - b. No
 - c. Don’t Know

• Lalu/Lali begins to touch Raju/Ranu’s private body parts.

18. How do you think this makes Raju/Ranu feel?

(Note for the interviewer: When asking this question display the emoji faces with the name of the emotion/feeling written below it. Read out the names of the emotions while pointing to each emoji for the child. Repeat if necessary. Let the child pick the ones they find appropriate. Record all the ‘feelings/ emotions’ identified by the child in the space provided)

Feelings/ emotions identified by the child,

19. Since Lalu/Lali starts touching Raju/Ranu’s private body parts. What do you think Raju/Ranu can do? (**Read out the options**)
- a. Continue to let Lalu/Lali touch him/her
 - b. Get away from there
 - c. Don’t Know

• Raju/Ranu does not like this new game and said he/she would like to stop playing it. However, Lalu/Lali insisted that they continue playing the game a little longer.

20. Do you think whatever happened to Raju/Ranu was his/her fault?
- a. Yes (Go to Q20.1)
 - b. No (Go to Q20.1)
 - c. Don’t Know (Go to Q21)

20.1. Reasons for responding ‘Yes’ or ‘No’ in Q20,

- Afterwards, Lalu/Lali asked Raju/Ranu to keep their new game a secret as otherwise, Lalu/Lali would never let Raju/Ranu play with the dog again. But, Raju/Ranu went home and told his/her mother about the game.
21. Do you think Raju/Ranu did the right thing by sharing the secret with their mother?
- a. Yes
 - b. No
 - c. Don't Know

V. 'TOUCHING' PROBLEM

The following questions are personal in nature and needs to be asked to the child with utmost sensitivity. **DO NOT** pressure the child to respond if they are unwilling to respond.

22. Just like what happened to Jeetu/Binni, has someone ever shown you any picture or video that had characters whose private body parts were not covered?
- a. Yes
 - b. No
 - c. Don't Know
23. Did someone ever touch you in a way that made you feel sad or angry or scared?
- a. Yes
 - b. No
 - c. Don't Know
24. Just like what happened to Raju/Ranu, did someone ever touch you on your private body parts?
- a. Yes
 - b. No
 - c. Don't Know

If the child responds '**No**' to Q22, Q23 and Q24; **conclude the interview by thanking the child**

If child has responded '**Yes**' to either Q22, Q23 or Q24 ask the following questions:

25. Did you tell a trusted adult about this?
- a. Yes
 - b. No
26. Did you speak about this to an Arpan Didi or any other counsellor about it?
- a. Yes
 - b. No

(Note for interviewer: If the child responds ‘Yes’ to either Q.22, Q23 or Q24 in this section continue to SECTION VI; request the child to share the story and the way he/she handled the situation or protected themselves. Use the probes listed below as a guide. Record the child’s account in the space provided)

VI. Probes to use if the child has responded ‘Yes’ to either Q22, Q23 or Q24

(Note for the interviewer: Make notes against each probe. Do not engage in detailed discussion of the incident beyond the probes. If it so appears that the child may have a lot more to share on the incident / the child themselves wishes to share more on this then tell the child a ‘didi’ from Arpan would come to them to hear their complete story.

If there is visible signs of distress in the child while sharing the incident (Refer to the counselling guide points), then withhold further probes and follow the referral protocol for further action).

- The time point of the incident (was it before or after the PSE implementation). Use the probes listed below:
 - a. Before
 - b. After
 - c. Don’t Remember

(Note for interviewer: If the child doesn’t recall, ask them to approximate how long ago did the incident happen to them; in terms of which grade were they in when this happened / the tentative year and month when it happened / or their approximate age when it occurred. Note their response against ‘Other’)

Other

- If (and how) they got away from the unsafe situation
.....
.....
.....
.....
- If (and the manner in which) they informed their trusted adult
.....
.....
.....
.....

- The action (if any) that the adult took following the disclosure

- If it was a one-time incident in the past/ repeated but in the past / still ongoing (use the probes listed below)

- a. Past – One time
- b. Past – Repeated
- c. Ongoing
- d. Existing Threat

Home Work - Lesson 4, Worksheet 2

When someone touches me in a way that I don't like or that makes me feel unsafe.

I can say "No" or "Stop" because I AM THE BOSS OF MY BODY.

Here is how I will be Asswrtive.....



Annexure 5: Sample Group ‘B’ Questionnaire

A SURVEY ON THE PERSONAL SAFETY EDUCATION PROGRAMME OF ARPAN 7th & 8th

1. Demographic Details

Interviewer ID:

Date & Day of Interview: ____/____/____

Start time of Interview: ____:____ am / pm

End Time of Interview: ____:____ am / pm

Language of the Interview

- a. Hindi
- b. English
- c. Marathi

Details of the School

Name of School

Type of School

- a. Government
- b. Trust Aided
- c. Private
- d. Other

Medium of Instruction

- a. Hindi
- b. English
- c. Marathi
- d. Urdu
- e. Other

SES of the School

- a. Low
- b. Medium
- c. High

Details of the Child

Name of the Child:

Current Age:

Grade

- a. 7th
- b. 8th

Division:

Gender

- a. Male
- b. Female
- c. Other

Religion

- a. Hindu
- b. Christian
- c. Muslim
- d. Other

Father's Occupation

Mother's Occupation

Native Residence

- a. Mumbai City
- b. Rural
- c. Urban (other than Mumbai)

VII. Ice Breaker Questions

“Now I am going to ask you a few questions about yourself. You can ask me to repeat the questions if you do not understand”.

1. How many people live in your home other than you? (**Note for interviewer:** Let the child count out aloud)
 - a. Less than 2
 - b. 2-4
 - c. 5-7
 - d. 8-10
 - e. More than 10

2. Do you remember anything about ‘Arpan’? (**Note for interviewer:** Show a poster of Arpan, with its logo to ask this question)
- a. Yes (Go to Q. 2a)
 - b. No (Go to Q. 2b)

- 2a. What do you remember the most about Arpan? (**Note for interviewer:** Tick multiple options if shared more than one. **Do not read out the options**)
- a. The Interviewer/PO (didi / bhaiyya)
 - b. The classroom lessons
 - c. The stories
 - d. The activities
 - e. The home work worksheets
 - f. The merchandise/gifts (posters/stickers etc.) they received
 - g. Other (Please specify below)

- 2b. Do you remember someone coming to your class and teaching you, about ‘you being the Boss of your body’?
- a. Yes (Go to Q.2c)
 - b. No (Go to **Exit Question**)

- 2c. Share something you remember being taught about being safe/ keeping our body safe
- -----

Exit Question

If the child responds ‘**No**’ to Q2b, conclude the interview by asking:

Can you tell me what year did you join this school?

(Note for the interviewer: Ask the child to approximate the year in terms of grade or age, if he/she is unable to recall the exact year of joining. Write down the response in the space provided below. **Conclude the interview after thanking the child**)

3. Do you think we have a ‘right’ to stay safe/ ‘feel’ safe at all times?
 - a. Yes
 - b. No
 - c. Don’t Know

VIII. Personal Safety Education – Key Lesson Points

A. Private Body Parts

- 4a. Do you know which parts of our body we call as ‘Private’?
 - a. Yes
 - b. No
 - c. Don’t Know

(Note for the interviewer: Display a chart with the outline of the back and front of a boy’s or a girl’s body when asking this question. Use the body chart of the same gender as the respondent. Ask the child to respond verbally to Q8 with the given responses. Then ask them to indicate as many private body parts that they are able to or at least a minimum of two from the chart. Record if they are able to indicate and the number of items that they were able to identify).

Child is able to indicate (Write down total number in the space provided below)

Child is unable to indicate (Write down ‘o’ in the space provided below)

Total number of body parts indicated by child: (write ‘o’ if child was unable to indicate any)

- 4b. Do you know the correct names of all the private body parts?
 - a. Yes (Go to Q. 5 / Q.6)
 - b. No (Go to Q.7)
 - c. Don’t Know (Go to Q.7)

(Note for the interviewer: If the child says ‘Yes’ to Q4b, first ask the names of the private body parts of the same gender as the respondent’s own, to make them feel at ease with the question. I.e. if the respondent is a male, first ask them Q6 and its subpart, followed by Q5 and its subpart. Similarly, ask Q5 and its subpart first to a female respondent, followed by Q6 and its subpart. Record answers for both by ticking the names the child responds with. In each case, display the respective body outline charts when asking the question)

5. Can you name the private body parts that a girl has?
 - a. Yes (Tick appropriate options from the list below; **DO NOT** read out options)
 - b. No
 - c. Don’t Know

• List of Private Body Parts of a girl:

- a. Chest (छाती)
- b. Vagina (योनि)
- c. Buttocks (कुल्हे / कुल्ला)
- d. Anus (गुदा/गुदद्वार)

6 Can you name the private body parts that a boy has?

- a. Yes (Tick appropriate options from the list below; **DO NOT** read out options)
- b. No
- c. Don't Know

• List of Private Body Parts of a boy:

- 1) Penis (लिंग)
- 2) Testicles (अंडकोष)
- 3) Buttocks (कुल्हे / कुल्ला)
- 4) Anus (गुदा/गुदद्वार)

7. Do you think it is alright to touch, look at or talk about someone's private body parts?

- a. Yes
- b. No
- c. Don't Know

8. Raju/Ranu has an infection on his/her private body part. When he/she goes to the doctor, the doctor examines his/her private body and gives medicines for the infection. Do you think it was safe for Raju/Ranu to let the doctor see his/her private body part?

- a. Yes (Go to Q8.1)
- b. No (Go to Q9)
- c. Don't Know

8.1 Reasons for responding 'Yes' to Q8,

B. Understanding Feelings/ Saying 'NO'/ Informing Trusted Adults/ Concept of 'Not My Fault'

"I am now going to tell you two small stories. Listen to the story carefully and then respond to the questions I ask you. You can ask me to repeat or explain, if you do not understand any part of the story or the questions"

Story 1

Jeetu was a boy aged 13. He used to go for coaching to his tuition teacher's house every day. One day Jeetu arrived early for class and found that his teacher was in the market. The door was opened by 'bhaiyya', their teacher's 16 year old son, who also played cricket with Jeetu and his friends on some days after the class. Bhaiyya asked Jeetu to come to his room and watch a movie till his teacher returned.

Jeetu liked watching Bollywood movies so he readily agreed. The movie that the bhaiyya showed however wasn't a Bollywood movie with music and fight scenes, the movie had actors without any clothes on and they were touching each other's private body parts. Jeetu felt very shocked seeing this and wanted to leave. However, he felt scared that if he said no and stopped watching the rest of the movie, bhaiyya may never play cricket with him again.

9. Do you think Jeetu should share this incident with an adult he trusts?
 - a. Say nothing, continue to watch the video
 - b. Say 'No' and refuse to watch the video
 - c. Don't Know

10. What would you have done, if you happened to be in Jeetu's place?

(Note for the interviewer: Look for the following points in the child's answer to above question. **DO NOT read the options aloud.** Tick the themes that emerge in the child's response. Use probes if necessary)

- Say an assertive 'No' (+)
- Thinking 'No' even if unable to verbally say 'No' (+)
- Attempt to get away from the situation without being aggressive (+)
- Engage in aggressive protest/ behaviour (-)
- Informing a trusted/helping adult (+)
- Believe what happened wasn't their fault (+)
- Not blaming themselves if they were unable to inform anyone at that point (+)

Any other,

Story 2

Binni was a girl aged 13. One Saturday afternoon, her uncle (chacha) Ketan came to visit. He was 40 years old and worked in an office in a different city. Every year when he visited, he got gifts for her. Binni therefore loved it when he came to visit. This time too, he had got gifts for her. After meeting Binni, he told her that she is growing up to be a very beautiful young lady. Binni liked the compliment. He spent the afternoon chatting with Binni about school and friends; he also promised to teach her how to use his laptop later at night.

That night he made Binni sit close to him, while he taught her to use his laptop. And while doing so, he put his hand under her skirt and touched her private body part. This shocked Binni as she had never experienced any touch like this before. Soon after, Binni left the room saying she needed to sleep as she had school the next morning. The incident had made her feel very confused, but she decided it was best keep this as a secret from her family.

11. Do you think the touch was safe for Binni?
 - a. Yes
 - b. No
 - c. Don't Know

12. Do you believe Binni's decision to keep the incident a secret from her family was the 'safe' thing to do?
 - a. Yes
 - b. No
 - c. Don't Know

13. Do you think what happened to Binni was her fault?
 - a. Yes
 - b. No
 - c. Don't Know

14. If Binni was your friend and shared this story with you, would you inform a helping adult about this?
 - a. Yes
 - b. No
 - c. Don't Know

IX. 'TOUCHING' PROBLEM

The following questions are personal in nature and needs to be asked to the child with utmost sensitivity. **DO NOT** pressure the child to respond if they are unwilling to respond.

15. Just like what happened to Jeetu, has someone ever shown you any picture or video that had characters whose private body parts were not covered?
 - a. Yes
 - b. No
 - c. Don't Know

16. Did someone ever touch you in a way that made you feel sad or angry or scared?
 - a. Yes
 - b. No
 - c. Don't Know

17. Just like what happened to Binni, did someone ever touch you on your private body parts?
 - a. Yes
 - b. No
 - c. Don't Know

If the child responds '**No**' to Q15, Q16 and Q17; **conclude the interview by thanking the child**

If child has responded '**Yes**' to either Q15, Q16 or Q17 ask the following questions:

18. Did you tell a trusted adult about this incident?
 - a. Yes
 - b. No

19. Did you speak about this to an Arpan Didi or any other counsellor about it?
 - a. Yes
 - b. No

(Note for interviewer: If the child responds '**Yes**' to either Q.15, Q16 or Q17 in this section continue to SECTION VI; request the child to share the story and the way he/she handled the situation or protected themselves. Use the probes listed below as a guide. Record the child's account in the space provided)

X. Probes to use if the child has responded 'Yes' to either Q15, Q16 or Q17

(Note for the interviewer: Make notes against each probe. Do not engage in detailed discussion of the incident beyond the probes. If it so appears that the child may have a lot more to share on the incident / the child themselves wishes to share more on this then tell the child a 'didi' from Arpan would come to them to hear their complete story.

If there is visible signs of distress in the child while sharing the incident (Refer to the counselling guide points), then withhold further probes and follow the referral protocol for further action).

- The time point of the incident (was it before or after the PSE implementation). Use the probes listed below:
 - a. Before
 - b. After
 - c. Don't Remember

(Note for interviewer: If the child doesn't recall, ask them to approximate how long ago did the incident happen to them; in terms of which grade were they in when this happened / the tentative year and month when it happened / or their approximate age when it occurred. Note their response against 'Other')

Other

.....

.....

- If (and how) they got away from the unsafe situation
-
-
-

- If (and the manner in which) they informed their trusted adult
-
-
-

- The action (if any) that the adult took following the disclosure
-
-
-

- If it was a one-time incident in the past/ repeated but in the past / still ongoing (use the probes listed below)
 - a. Past – One time
 - b. Past – Repeated
 - c. Ongoing
 - d. Existing Threat

Annexure 6: Concept Weightages

Key Lesson Theme	Weightage (Sample Group A)	Weightage (Sample Group B)
PBPs	15%	15%
Personal Safety Rule 1	20%	20%
Say 'No' – Personal Safety Rule 2	15%	20% (Action Points)
Get Away – Personal Safety Rule 2	15%	
Safe Unsafe	10%	20%
Emotions w.r.t Safe Unsafe	5%	-
Trusted Adult – Personal Safety Rule 3	15%	20%
Not My Fault	5%	5%
Total	100%	100%

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