

**AWARENESS LEVEL OF THE SECONDARY
SCHOOL CHILDREN IN NAGALAND
ON DRUG ABUSE AND HIV/AIDS**

**Thesis submitted to Nagaland University in fulfillment of the
requirements for the award of Doctor of Philosophy**

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2012

C E R T I F I C A T E

Certified that the thesis entitled '*Awareness Level of Secondary School Children in Nagaland on Drug Abuse and HIV/AIDS*' has been submitted by Sunny Joseph to Nagaland University for the Degree of Doctor of Philosophy. This thesis has not been submitted so far, in part or in full for any degree or diploma to this University or any other universities.

He has successfully completed the research study within the stipulated time. The thesis is ready and fit for submission. Hence I recommend that the thesis may be placed before the examiners for evaluation.

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DECLARATION

I, Sunny Joseph, do hereby declare that the thesis entitled *‘Awareness level of Secondary School Children in Nagaland on Drug Abuse and HIV/AIDS’* submitted for the award of the degree of Doctor of Philosophy in Education is my original work and it has not previously formed the basis for the award of any degree on the same title.

Jotsoma

11th May 2012.

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(SUNNY JOSEPH)

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CHAPTER ONE

INTRODUCTION

1.0. Nagaland

Nagaland is located at the extreme north eastern end of India. The literacy rate of Nagaland figured at 80.11% according to 2011 census report. The main concern of the Government has been the development of elementary education in the state. Primary and Secondary education in the state is managed by the state government. The free and compulsory education policy has been introduced in the state for children below the age of 14 years. Nagaland Board of School Education guides the schools at the secondary level. The colleges that conduct classes at the graduate level are under the Nagaland University, a central university located with head quarters at Lumami and campuses at Kohima, Medziphema and Dimapur. It is the highest seat of learning for the students, teachers and researchers. There are also institutions of learning like the National Research Centre for Mithun (NRCM), National Institute of Horticulture, Polytechnics and Industrial Training Institutes in the state.

1.1. Secondary Education in Nagaland

The schools in Nagaland follow 10+2 system. With the Primary schools up to class five and the middle schools up to class eight the

secondary section comprises of classes nine and ten. The Secondary school curriculum is framed by the Nagaland Board of School Education and it conducts the evaluation of the students. The schools are under the District Education Officers for inspection.

Table No.1.01

Total Number of Schools

Types of Institutions	2006 -07				2007-2008			
	Central	State	Pvt	Total	Central	State	Pvt	Total
Higher Secondary Schools	3	9	43	55	3	16	50	69
High Schools	8	116	214	338	10	109	218	337
Middle Schools	---	287	176	463	---	287	178	465
Primary Schools	---	1442	218	1660	---	1442	220	1662

As given in Table No.1.01 there are 69 Higher Secondary Schools and 337 High Schools which means that there are 406 schools holding classes for class IX and X. (Statistical Hand Book of Nagaland, 2009, p.117).

Table No.1.02

Number of Teachers in the Schools

School Type	2006-07				2007- 2008			
	Male	Female	Total	Pupil-Tr Ratio	Male	Female	Total	Pupil- Tr Ratio
Government Schools	8454	3767	12221	14:1	8612	3820	12432	14:1
Private Schools	5373	5184	10557	29:1	5280	5070	10350	30:1

As given in the Table No.1.02 number of teachers greatly varies in Government Schools and Private Schools. In the year 2007-2008 there were more teachers in the Government schools with less children keeping the Teacher Pupil ratio as 14:1 whereas the Teacher Pupil Ratio in Private schools was 30:1. There were all together 22782 teachers in Nagaland during the year 2007 – 2008 with a teacher pupil ratio of 21:1 in general. (Statistical Hand book of Nagaland 2009, p.125) It is important to note that the effectiveness of the learning process of the is greatly influenced by the Teacher Pupil Ratio. The programmes organised by the schools for different purposes are also influenced by number of

teachers available for the implementation or execution of the programmes in the schools.

The Table No.1.03 as given below shows the school type and gender-wise enrollment in schools in the state.

Table No.1.03

Enrollment of Students in Schools in Nagaland

Types of institution	2006-2007			2007-2008		
	Boys	Girls	Total	Boys	Girls	Total
Higher Secondary Schools	34624	31531	66155	39473	35542	75015
High Schools	82646	74838	157484	84139	76213	160352
Middle Schools	51611	46692	98303	45292	43460	88752
Primary Schools	80861	74831	155692	80708	74905	155613
Total	249742	227892	477634	249612	230120	479732

Table No.1.03 shows the enrollment of children in schools in Nagaland. There are all together 337 High Schools and 9 Higher Secondary Schools in the state with an estimated enrollment of 160352 and 75015 respectively in the academic year 2007-2008. (Statistical Hand Book of Nagaland, 2009.p.120). In this research the children of classes IX

and X. are addressed. They form the children of the secondary schools in the state. Dr R P Shukla and Dr Buno Zetsuvi (2006) in their book *Education Development in Nagaland* considered the second education as a time for the children who are adolescents who “should be given an awareness of HIV and AIDS”. (*Education Development in Nagaland* p.81) Thus this research addressed the children studying in classes ix and x in the schools situated in eleven districts of Nagaland.

1.2. The Problem of HIV/AIDS in the World

“The disease known as AIDS was first reported on 5th June 1981 in the city of Los Angeles, USA. But by the end of December 2003 UNAIDS has reported an estimated 34-46 million people living with HIV/AIDS apart from 27.9 million deaths. Today, 14000 new infections and 800 deaths are occurring every day. More than 95% of the HIV infections are occurring in developed countries. AIDS has already produced 13.4 million orphans. UNAIDS has estimated that another 45.4 million new infections are likely to occur by 2010 of which 12, 8 million can be averted by an expanded response. The number of orphans is to increase to 41million by 2010” (*Khomdon Singh Lisam, 2004, HIV/AIDS and you, p.9*). It is indicative of the vast impact the epidemic would cause if left unchecked.

The countries like Uganda, Botswana, Kenya, Zambia, Zimbabwe, Namibia, and South Africa had 1.7 HIV Prevalence among pregnant

women by 1990. But it increased to be 15% to 38.8% by 2002. Ever since the discovery of AIDS on 8th June 1981 among a cluster of eight Gaymen in the city of Los Angels, it has been continuing to spread to every corner of the world. Presently there is no country which is free from HIV/AIDS. The high risk population, the low risk general population and the urban as well as the rural population too face the threat of this pandemic.

In China the spread of HIV is related to the injecting drug use in various locations. In Yili prefecture alone there is the prevalence rate of HIV in 70% among the injecting drug users because of needle sharing. In Thailand the injecting drug users accounted for the 30% of the HIV positive people.

In Myanmar the international crisis group reported that 30% of HIV cases are attributed to the Injecting drug use and 68% to the heterosexual transmission. 1 – 4% of the total population are injecting drug users. (Khomdon, p.30) Cambodia has the highest prevalence rate in South- East Asia with a 2.9%. Indonesia had the prevalence rate in 2001 as 40%.

Whether it is a developed country or a developing country or an under developed country, it is to be noted that HIV is a social threat to the existence of healthy people and progressive social function. It makes the call for universal action by Ban Ki Moon relevant.

1.3. The Problem of HIV/AIDS in India

An estimated 2.5 million Indians are currently living with HIV. Concentrated in seven states with over 1% antenatal prevalence in four of the industrialized Western and Southern states of India, specifically Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu and in the North-Eastern states of Manipur and Nagaland, the epidemic is highly heterogeneous. Although data gathered by NACO in 2007 revealed that HIV prevalence has stabilized in at least Tamil Nadu, Andhra Pradesh, Karnataka, and Maharashtra, it is increasing in at-risk populations in other states. As a result, overall HIV prevalence has continued to rise.

A significant proportion of new infections is occurring in women who are married and who have been infected by husbands who either currently or in the past frequented sex workers. Commercial sex along with injecting drug use, in the cases of Nagaland and Tamil Nadu, serves as a major driver of the epidemic in most parts of India.

1.3.1. Chronology of HIV/AIDS in India – A fast Spreading Epidemic

- a) 1986: The First case of HIV was detected in Chennai by Dr S Solomon.

- b) 1990: HIV levels among High Risk Groups like Sex workers and STD clinic attendants in Maharashtra and among Injecting Drug Users in Manipur reached over 5 percent.
- c) 1994: HIV was found to be no longer restricted to high risk groups in Maharashtra, but spread into the general population. HIV also spread to the states of Gujarat and Tamil Nadu where high risk groups had over 5 percent HIV prevalence.
- d) 1998: Rapid HIV spread in the four large southern states, not only in high risk groups but also in the general population it had reached over 1percent. Infection rate among antenatal women 3.3 in Namakkal in Tamil Nadu and 5.3 in Churachandpur in Manipur. Among IDUs in Churachandpur it crossed 76 percent and in Mumbai, 64.4 percent.
- e) 1999: The infection rate in antenatal women in Namakkal rose to 6.5. About 60 percent of the sex workers in some Mumbai s were found infected. Infection rates among STD patients reached up to 30 percent in Andhra Pradesh and 14-60 percent in Maharashtra. About 64.4 percent IDUs at one of the sites in Mumbai and 68.4 percent Chruachandpur were detected to be infected.

f) 2001: Infection crossed one per cent in six states. These states accounted for 75 per cent of the country's estimated HIV infections.

g) 2003: In year 2003 there had been an increase of about 6 lakh infections. This increase was noticed primarily in states of Karnataka, Rajasthan, West Bengal, Tamil Nadu, Gujarat, Bihar, Madhya Pradesh and Rajasthan.

It was found that there wasn't any significant increase in HIV infections in the country in general. India continued to be in the category of low prevalence countries with overall prevalence of less than 1 percent.

1.3.2. The Trend in Spread of HIV /AIDS in India

India has a population of one billion, around half of which are adults in the sexually active age group. The first AIDS case in India was detected in 1986 and since then HIV infection has been reported in all states and union territories.

The spread of HIV in India has been uneven. Although much of India has a low rate of infection, certain places have been more affected than others. HIV epidemics are more severe in the southern half of the country and the far north-east. The highest estimated adult HIV prevalence is found in Manipur (1.40%), followed by Andhra Pradesh

(0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka and Maharashtra (0.55%).¹

In the southern states, HIV is primarily spread through heterosexual contact. Infections in the north-east are mainly found amongst injecting drug users (IDUs) and sex workers.

Table No.1.04

The number of people infected with HIV

Estimated number of people living with HIV/AIDS 2009.	
People living with HIV/AIDS	2.39 million
Adult (15 years or above) HIV prevalence	0.31%

Table No. 1.04 gives the estimate of the people infected with HIV as per the report of 2008 prepared by NACO (National AIDS Control Organisation)

Previously it was thought that around 5 million people were living with HIV in India - more than in any other country. Better data, including the results of a national household survey conducted in 2005-2006, led to a major revision of the prevalence estimated in July 2007. It is now estimated that around 2.39 million people in India are living with HIV. Of these, an estimated 39% are female and 3.5% are children. Back-

calculation suggests that HIV prevalence in India may have declined slightly in recent years, though the epidemic is still growing in some regions and population groups.

1.3.3. HIV Statistics in India

NACO releases HIV figures each year based on data gathered from HIV Sentinel Surveillance sites. In 2007 surveillance sites conducted at 1134 sites and 358,797 samples were tested for HIV. The sites carry out tests among the high-risk groups and among antenatal clinic attendees. Data gathered from the antenatal clinics are then used as a surrogate for the general population. Across India HIV prevalence appears to be low among the general population, but disproportionately high among high-risk groups, such as IDUs, female sex workers, men who have sex with men (MSM) and STD clinic attendees.

The average HIV prevalence among women attending antenatal clinics in India is 0.48%. Much higher percentages are found among people attending STD clinics (3.6%), female sex worker (5.1%), injecting drug users (7.2%) and men who have sex with men (7.4%). As the table below shows, the figures among different groups vary widely between states. Some areas report an HIV prevalence of zero in antenatal clinics. This does not necessarily mean HIV is absent from the area, as some states report the presence of the virus at STD clinics and amongst

injecting drug users. In some states and territories the average antenatal HIV prevalence is based on reports from only a small number of clinics.

1.3.4. Age wise HIV Prevalence in India

Table No. 1.05

National Family Health Survey 2005 – 2006 HIV Statistics

Age group	HIV prevalence (%)		
Male	Female	Total	
15-19	0.01	0.07	0.04
20-24	0.19	0.17	0.18
25-29	0.43	0.28	0.35
30-34	0.64	0.45	0.54
35-39	0.53	0.23	0.37
40-44	0.41	0.19	0.30
45-49	0.48	0.17	0.33
Total age 15-49	0.36	0.22	0.28

Table No. 1.05 depicts the prevalence of HIV as per the age group. The National Family Health Survey, conducted between 2005 and 2006, measured HIV prevalence among the general adult population of India, as presented in the table above. The survey found HIV prevalence among men to be considerably higher than that among women. The National Family Health Survey, which tested more than 100,000 people for HIV, also found prevalence to be higher in urban areas (0.35%) than in rural areas (0.25%).

Table No.1.06.

Statistics of HIV Prevalence 2007.

State/Union Territory	Antenatal clinic HIV prevalence 2007 (%)	STD clinic HIV prevalence 2007 (%)	IDU HIV prevalence 2007 (%)	MSM HIV prevalence 2007 (%)	Female sex worker HIV prevalence 2007 (%)
A & N Islands	0.25	1.33	...	...	...
Andhra Pradesh	1.00	17.20	3.71	17.04	9.74
Arunachal Pradesh	0.00	0.00	0.00	...	...
Assam	0.00	0.50	2.41	2.78	0.44
Bihar	0.25	0.40	0.60	0.00	3.40
Chandigarh	0.25	0.42	8.64	3.60	0.40
Chhattisgarh	0.25	3.33	...	...	1.43
D & N Haveli	0.50	...	...	...	...
Daman & Diu	0.13	...	...	...	...
Delhi	0.25	5.20	10.10	11.73	3.15
Goa	0.18	5.60	...	7.93	...
Gujarat	0.25	2.40	...	8.40	6.53
Haryana	0.13	0.00	0.80	5.39	0.91
Himachal Pradesh	0.00	0.00	...	0.00	0.87
Jammu & Kashmir	0.00	0.20	...	...	...
Jharkhand	0.00	0.40	...	...	1.09
Karnataka	0.50	8.40	2.00	17.60	5.30
Kerala	0.38	1.60	7.85	0.96	0.87
Lakshadweep	0.00	0.00	...	...	...
Madhya Pradesh	0.00	1.72	...	...	0.67
Maharashtra	0.50	11.62	24.40	11.80	17.91
Manipur	0.75	4.08	17.90	16.40	13.07
Meghalaya	0.00	2.21	4.17	...	...
Mizoram	0.75	7.13	7.53	...	7.20
Nagaland	0.60	3.42	1.91	...	8.91
Orissa	0.00	1.60	7.33	7.37	0.80
Pondicherry	0.00	3.22	...	2.00	1.30
Punjab	0.00	1.60	13.79	1.22	0.65
Rajasthan	0.13	2.00	...	...	4.16
Sikkim	0.09	0.00	0.47	...	0.00
Tamil Nadu	0.25	8.00	16.80	6.60	4.68
Tripura	0.25	0.40	0.00	...	...
Uttar Pradesh	0.00	0.48	1.29	0.40	0.78
Uttaranchal	0.00	0.00	...	...	...
West Bengal	0.00	0.80	7.76	5.61	5.92

Table No.1.05 given above, is about the Statistics of IV Prevalence, 2007 as given by National AIDS Control Organisation. AIDS Related Death Statistics as given NACO, peaked in 2006 at 200,000. In 2009 172,000 people were reported to have died from AIDS-related causes. It should be noted that many AIDS-related deaths go unreported in India, due to unprecedented levels of stigma and discrimination. In many situations a patient will die without HIV having been and with the death attributed to an opportunistic infection, such as tuberculosis.

1.3.5. Prevalence of HIV/AIDS in 2009

Table No.1.07 projected below shows the prevalence rate of HIV/AIDS in India in 2009. As per the HIV Estimations 2010, India is estimated to have 23.9 lakh people infected with HIV in 2009 at an estimated adult HIV prevalence of 0.31%. Adult HIV prevalence among men is 0.36%, while among women, it is 0.25%. The State-wise details of HIV prevalence among men and women and estimated number of HIV infections among men, women and children as in 2009 were given by Minister for Health and Family Welfare Shri Ghulam Nabi Azad in written reply to a question raised in Lok Sabha on 19th November 2010. From the table it is evident that Nagaland had 0.94 prevalence rate among the adults with 0.61 percentage of HIV infections of whom 8481 are male and 4639 are female and the total children infected are 267.

Table No.1.07
Prevalence of HIV/AIDS in India

S.No	State	Adult HIV Prevalence	HIV infections	Male	Female	Children
1	Andaman and Nicobar	0.29	0.15	357	38	71
2	Andra Pradesh	1.07	0.73	3,01116	198504	20207
3	Arunachal Pradesh	0.2	0.12	686	395	42
4	Assam	0.1	0.06	8883	5360	330
5	Bihar	0.26	0.17	75864	44606	4897
6	Chandigarh	0.46	0.29	2059	1008	1454
7	Chattisgarh	0.34	0.22	24667	15107	1141
8	D N Haveli	0.17	0.12	173	112	11
9	Daman Diu	0.18	0.13	156	95	10
10	Delhi	0.35	0.23	22308	11908	665
11	Goa	0.58	0.4	3287	2153	250
12	Gujarat	0.44	0.3	84441	52433	5418
13	Haryana	0.17	0.07	8118	7734	388
14	Himachal Pradesh	0.23	0.16	5400	3478	118
15	J & Kashmir	0.09	0.06	3430	1973	606
16	Jharkhand	0.16	0.1	14904	8670	871
17	Karnataka	0.75	0.51	148089	97433	9475
18	Kerala	0.23	0.15	24429	15631	4546
19	Madhya Pradesh	0.23	0.16	52598	32205	25
20	Maharashtra	0.64	0.45	256679	163110	23831
21	Manipur	1.89	0.9	18731	8042	667
22	Meghalaya	0.1	0.07	824	508	131
23	Mizoram	0.97	0.64	3822	2203	1762
24	Nagaland	0.94	0.61	8481	4639	267
25	Orissa	0.35	0.23	44417	27396	1992
26	Puducherry	0.33	0.22	1372	882	78
27	Punjab	0.37	0.26	36111	20816	3909
28	rajasthan	0.22	0.15	47520	28797	5
29	Sikkim	0.07	0.05	148	83	114
30	Tamil Nadu	0.39	0.27	93023	61719	6749
31	Tripura	0.18	0.12	2099	1327	7355
32	Uttar Pradesh	0.11	0.07	68624	40728	105
33	Uttarakand	0.12	0.08	3571	1968	6956
34	West Bengal	0.12	0.08	3571	1968	6956
	INDIA	0.36	0.25	1469245	926197	104450

1.4. National AIDS Control Organization (NACO)

It is the national level organization in India that has the objective of creating awareness and overseeing the entire issue of HIV/AIDS. It is the nodal agency for addressing the issue of HIV/AIDS in India.

A part of expenditure incurred in a financial year by Government of India towards implementation of National AIDS Control Programme (NACP) is reimbursed by the international agencies. The financial assistance received as reimbursement in the financial year 2007 - 2008 to financial year 2010 – 2011 is as follows

Table No.1.08

Financial Investment for HIV

Year	Amount
2007 - 08	Rs. 623.85 crore
2008 – 09	Rs. 653.01 crore
2009 – 10	Rs. 662.52 crore
2010 - 11	Rs. 211.62 crore (Till 13.11.2010)

Table No.1.08 is about the Financial Investment for HIV as carried out by the Government of India. There is a tripartite agreement between the Indian Council of Medical Research (ICMR), the National AIDS Control Organisation (NACO) and the International AIDS Vaccine Initiative (IAVI) for carrying out HIV/AIDS vaccine research in India. The research in this field is conducted at the National AIDS Research Institute Pune. (*Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 19-November-2010*)

1.4.1. Awareness Programmes

National AIDS Control Organization (NACO) under National AIDS Control Programme Phase – III has developed a communication strategy to create awareness about HIV/AIDS and promote safe behaviours. Campaigns are conducted regularly on mass media supported by outdoor media such as hoardings, bus panels, information kiosks, folk theatre and exhibition vans. At the inter-personal level, training and sensitization programmes for Self-Help Groups, Anganwadi Workers, Members of Panchayati Raj Institutions and other key stakeholders are carried out.

Vulnerabilities of High Risk Groups including commercial sex workers (CSW), Men having Sex with Men (MSM), Injecting Drug Users (IDU) and also truck drivers and migrants are specifically addressed

through behaviour change communication programmes implemented as part of Targeted Intervention (TI) projects.

In addition, Integrated Counseling & Testing Centers (ITC), STI clinics and Antiretroviral Therapy (ART) centers have a vision of counseling and provide necessary information to clients approaching them. NACO had also launched two phases of Red Ribbon Express project, in 2007-08 and 2009-2010 to generate awareness about HIV/AIDS across the country through a special exhibition train supported by outreach activities.

h) Support of United Nations

United Nations sponsors the awareness programmes conducted by different agencies. They are given in the following paragraphs.

Department of Youth and Sports under the Ministry of Human Resource Development directs the implementation of “Universities Talk AIDS” Programme of the National Service Scheme covering 158 universities, 5000 colleges and 2000 senior secondary schools in India.

National Council of Education Research & Training (NCERT) is involved in development of school curriculum package for integration of HIV/AIDS into school education. A national consultation on the integration of HIV/AIDS into school education has been organized under

the auspices of UNAIDS by UNESCO, UNFPA, and UNICEF with financial support from NACO and the active involvement of Department of Education and five key states where these activities have been implemented. Follow-up is expected between NACO and the Department of Education with support from the UN System. Nehru Yuva Kendra (NYK) involved in the implementation of non-formal educational approaches and rural outreach programmes on HIV/AIDS through its national volunteer network in communities in the country.

The Ministry of Information & Broadcasting has been of assistance through its Directorate of Audiovisual Publicity (DA the Song & Drama Division, All India Radio and Doordarshan, the National Television Service, in providing time and forums for the dissemination of public service programming and messages on HIV/AIDS prevention and care.

Ministry of Railways undertook in 1994 a study of risk behaviours among its employees with assistance from UNDP. Surve results encouraged Ministry of Railways to design and approach NACO with INR 220 million proposals for response to HIV/AIDS in Railways sector.

Health Services under the Ministry of Defense conducts IEC programmes and HIV screening within defense populations with

assistance from NACO. (*All India Crime Prevention Society CHD. 021, Ajanta Enclave*)

1.6. Gender Issues

An estimated 33 million people are living with HIV in World. Every year 2.7 million persons are newly infected with HIV and an estimated 2 million AIDS-related deaths occur every year. The rate of new HIV infections has fallen in several countries, but globally these favourable trends are at least partially offset by increases in new infections in countries including India.

Globally, women account for half of all HIV infections. This percentage has remained stable or the past several years. The global percentage of adults living with HIV has levelled off 2000. In virtually all regions outside sub-Saharan Africa, HIV disproportionately affects people who inject drugs, men who have sex with men and sex workers. In South East Asia 4.2 million persons are living with HIV, every year 33 lakhs are new infections and approximately 4 lakhs die every year.

The efforts were made in several fields to reduce the infections. The good progress has been made in the prevention of mother-

to-child transmission of HIV. The percentage of pregnant living with HIV receiving ARV increased from 9% to 33% in last four years.

1.7. Prevention

Prevention is still the only tool to combat HIV infect Through education it is achieved in main 64 countries that more than 40% young people are knowledgeable about HIV. The sex before 15 of age reduced significantly in those countries. There is a triple HIV prevention action that has been taken up to check the transmission from high risk to low risk population.

Stigma and discrimination is still a barrier in preventing HIV/AIDS. The goal of universal treatment was not achieved and it was the main issue in the 9th ICCAP conference at Bali, Indonesia. The number of new infections continues to increase and tragedy is considered to be that for every two people brought for the treatment another five new infections are detected. Only 30 lakh of people in low and middle income countries are receiving ARV treatment and it is about 1% of total need. Globally, women are more conscious and the number is higher than men.

In certain countries still there is no effective policy for children infected or affected with HIV. In Africa alone only 33% children infected with HIV are under coverage of ARV. The death rate due to AIDS has

been decreased significantly in the year 2008 -2009 due to greater access to treatment and other care and support services.

India is yet to face the difficult phase of increasing cost of treatment in near future. As more and more people are on ARV gradually demand of 2nd and 3rd lines treatment has been increased. Delayed access to these drugs makes the disease management more complex for the estimated 30 million HIV-positive people worldwide who have never been on treatment. *(Dr. Avdhesh Gupta: AIDS FORUM, 2010, Jaipur)*

Most countries have policies providing free antiretrov drugs, however many patients have to pay out-of-pocket for costs such as diagnostic tests, treatments for opportunistic infections and transportation, items which can be quite considerable depending on local contexts.

1.7.1. Prevention in High-Risk Groups

It is possible to prevent or lessen the risk of HIV infection even in high risk groups such as male as well as female sex workers, men having sex with men, Injecting drug users etc. Prevention of HIV infection depends on a number of factors – knowledge of how the virus spreads, power equations between sexual partners, the actions of health care professionals and institutions, and so on.

1.7.2. Preventing Heterosexual Transmission

To avoid getting HIV infection from sex workers and other non-regular partners, one can follow the ABC approach - Abstain or Be faithful to one partner, if not, use a Condom. Further, treating any sexually transmitted diseases reduces the risk of contracting HIV through unprotected sex.

To reduce the risk of HIV transmission through heterosexual sex, it is best to avoid penetrative sex with people known to be HIV positive or who have a high risk of being HIV positive. If this is not possible, use condoms when having penetrative sex with partners of unknown HIV status, particularly in casual relationships.

Negotiating for safe sex is an important way to protect oneself from HIV. This is true for heterosexual as well as homosexual sex. While there is a lot of emphasis on training sex workers to negotiate for safe sex with their clients, negotiating within marriage or in short or long term relationships is often difficult. In cases where it may be difficult to negotiate for safe sex, and one has doubts about one's partner's HIV status, the best option is to seek counseling from a counselor. This might involve reconsidering continuation of the relationship.

Many serodiscordant couples have fathered HIV-negative children. Serodiscordant couples should have unprotected sex only when they plan to conceive and/or take antiretroviral (ARV) treatment at the time of conception. This will further reduce the risk of transmission through sex. In the future, other options may be available to prevent HIV transmission between long-term partners, such as microbicides, antiretroviral treatment to lower viral load, and prophylactic antiretroviral treatment in the HIV-negative partner. It is very probable that some options will improve with time, enabling serodiscordant couples to live with HIV as a chronic, manageable disease but no longer a threat for transmission to spouses or children.

1.7.3. Preventing Infection among Men having Sex with Men (MSM)

Men having sex with men are considered to be carriers of the virus to others more than anyone else because of the possibility of transmitting it in the commonest way. Strategies to prevent HIV infection for men having sex with other men (MSM) includes knowing a partner's HIV status; being mutually faithful; using a condom, especially for anal sex; and avoiding penetrative sex. Receptive anal intercourse carries by far the greatest risk of acquiring HIV, but significant risk also exists with penetrative anal sex.

1.7.4. Preventing Mother-To-Child HIV Transmission

Most mother-to-child HIV transmission can be prevented. In 2001, the National Aids Control Organisation and state health departments began testing pregnant women and offering medical interventions to protect children from HIV infection. To date, the government's Programme for the Prevention of Parent to Child Transmission (PPTCT), which is available in many public hospitals, tests pregnant women to find those who are HIV-positive, counsels them, and provides antiretroviral drugs for HIV-positive mothers and infants to prevent HIV transmission. These drugs reduce HIV transmission to 10%. This rate can be further lowered to less than 2% with better combinations of antiretroviral drugs, which are available through the private sector, along with caesarean delivery and avoiding breastfeeding.

Since HIV can be transmitted through breastfeeding, one option is to avoid it and use bottled milk. However, those who do not have access to clean water, or who are unable to ensure sterility of the bottles, spoons, cups etc that are used to feed babies, may need to weigh the relative risks to their child's health from unclean water and/or inadequate feeds, and breastfeeding. Other infant feeding options that may be available to babies of HIV-positive mothers include wet-nursing by known HIV-negative mothers, expressing and heat-treating breast milk, and breast-milk banks.

Technology and public programmes to prevent mother-to-child transmission have been changing rapidly. The best and advice to prevent mother-to-child transmission would be available from public hospitals, and State AIDS Control Societies (SACS). Services to prevent mother-to-child transmission are also available at some private h facilities

Pregnant women who test positive for HIV needs to know whether the drugs that they would be given to prevent mother-to-child transmission would affect their own treatment options they need medication for AIDS.

1.7.5. Preventing HIV among Injecting Drug Users

For those who cannot or will not stop injecting drugs, there are various ways to prevent infection with HIV and other b d-borne viruses. They are: avoiding sharing needles, syringes, water, or drug preparation equipment, and using syringes obtained only from a reliable source.

If new or sterile syringes and other drug preparation and injection equipments are not available, then previously used equipment should be boiled in water or disinfected with bleach before use. Injecting drug users and their sex partners also need to take precautions, such as using

condoms consistently and correctly to reduce risks of sexual transmission of HIV.

Other harm reduction methods are to switch to oral substitutes. “Buprenorphine and methadone are commonly used opioid substitutes (an opioid is any compound resembling cocaine and morphine in its addictive properties and physiological effects) given under medical supervision to injecting drug users. The former is being increasingly used among NGOs working with injecting drug users (IDUs) in different parts of the country.” (Mariette Correa; Infochange news features, February 2008).

Opioid substitution therapy is also a part of the third phase of the National AIDS Control Programme (NACP III). For those who are willing to give up drugs altogether, detoxification, rehabilitation and other therapies are available in many parts of the country.

1.7.6. Preventing HIV from other Blood Exposures

Unsterile practices are common in India, and could result in HIV infection. Blood for transfusions is supplied by registered blood banks as these are now all tested to ensure that they are free from HIV. Ideally, to the extent possible, avoiding skin piercing procedures like tattooing, piercing and unnecessary injections and infusions prevents transmission of HIV. When one is to be exposed to skin piercing, using new disposable

instruments prevents transmission of HIV. For instruments that have to be reused, like dental equipment must undergo the whole process of sterilization after every use.

Health care providers protect themselves from HIV by assuming that all patients are potentially infectious. Health care workers are expected to treat all patients in the same way that they would when treating a person known to be infected with the virus. The fact that HIV survives for a long time outside the human body is a risk faced by both health care workers and patients.

Because of the risks that health care providers face in administering care, the government has a programme where health providers are given medication after a possible risky exposure to HIV (post-exposure prophylaxis) to prevent them from getting infected.

1.8. The Problem of Drug Abuse in Nagaland

The use and abuse of alcohol, cannabis, opium, and other drugs have a relatively long history in India. In the past two decades the use of heroine brought the problem to an alarming height. India is both a transit point and a consumer. The drugs used in Nagaland are basically 14.2% alcohol and others constitute a 49.5%. It is found that 47.4% of the drug users in Nagaland are unemployed.

It ravages society in different ways it affects people in their most productive age. It imposes financial burden on the family and public health. It is a recognized risk factor in the spread of HIV/AIDS.

1.9. The Problem of HIV/AIDS in Nagaland

Nagaland State AIDS Control Society is the nodal agency to address the issues related to HIV/AIDS. NSACS follows a four pronged strategy with the four components: Prevention of new infections; care, support systems and treatment; strengthening institutional capacity; and establishing strategic information and management systems. Targeted intervention is implemented through the NGOs. Their areas of concern are three groups such as: Female Sex Workers, Injecting Drug Users, and Men having Sex with Men.

In Nagaland the HIV prevalence rate was 1.5%. During the period of 1994 to 2006, there were 985 reported AIDS cases in Nagaland out of which 584 are male and 401 female. Total Number of blood screening done in ICTC is 53783 and the total HIV positive were 3403. Table No. 1.09 shows the District-wise Testing Status in Nagaland as per the data from District ICTC from April 2010 to March 2011. (NSACS p.10.) There have been 80691 persons counseled for testing and 79260 persons were tested of which 1667 were found positive.

Table No. 1.09

District-wise Testing Status

Districts	Total No. of Clients counselled	Total Tested for HIV	Total Found HIV+	HIV+percentage
Dimapur	12909	12867	912	7.09
Kiphire	2803	2786	39	1.40
Kohima	9291	9045	252	2.79
Longleng	2249	2249	10	0.44
Mokokchung	11926	11895	117	0.98
Mon	8274	8054	13	0.16
Peren	3507	3489	23	0.66
Phek	6455	6415	12	0.22
Tuensang	8134	7625	240	3.15
Wokha	8253	7969	30	0.38
Zunheboto	7890	7867	19	0.24
Total	80691	79260	1667	2.10

Table No.1.09 indicates that t had been all together 80691 person counseled in view of the HIV test but 79260 persons only

undertook the test while 1667 persons were found to be positive. Dimapur district had the highest percentage and a total percentage is 2.10.

The Table No. 1.10 is indicating the age group of the HIV infected persons. There are 15% of the infected persons within the age group of 15 to 24 years. The study addresses the age group of 14 top 16 years.

Table No.1.10.

Age distribution of HIV Infection (ICTC General clients)

Age group	Percentage
i) 14 years	6%
j) 15-24 Years	15%
k) 25 – 34 Years	46%
l) 35 -49 Years	30%
m) 50 > Years	4%

Table No.1.11. is about the Route of transmission of HIV in Nagaland. 3.74% was transmitted through the use of infected needles while 88.97% of the infection took place through sex.

Table No.1.11.

Route of Transmission (ICTC Gen Clients)

Mode	Percentage
Sex	88.97%
Parent to Child	5.45%
Infected syringe	3.72%
Through blood	0.27%
Unknown	1.59%

Table No.1.12.

ART STATUS

Indicators	April 2010 to March 2011				Cumulative since 2004				
	Male	Female	Children	Total	Male	Female	TS /TG	Children	Total
Total No. Of PLHAs Registered on ART	721	682	80	1483	3163	3059	1	537	6760
Cumulative No of PLHAever started on ART	428	337	25	790	1414	12.8	1	133	2756
Total AIDS Related Death	38	34	2	74	137	118	0	10	265
Alive on ART					1136	991	1	103	2231

Table No 1.12 shows the ART status in the state. There are 2231 persons alive on ART. 6760 persons were registered on There have been 80 children on ART during 2010-11. The children died are 02 during

the year 2010 -11 and cumulative number of death of the children is 10 so far out of the 265 persons who have lost their life due to HIV/AIDS.

Table No.1.13.

Total Targeted Interventions under various Typologies

Total TI			
Typology	NSACS	ORCHID	Total
IDU	24	4	28
FSW	0	2	2
MSM	2	1	3
Core Composite (IDU –FSW)	11	6	17
Migrant	1	0	1
Truckers	1	0	1
Total	39	13	52

Table No.1.13 is about the targeted intervention under various typologies. There are two main agencies namely NSACS and ORCHID that are leading the intervention programmes. There are 28 Interventions for the IDUS while 2 for the Female sex workers in total.

Table No 1.14 is about the coverage of High Risk Groups and Bridge Population of the Targeted Intervention during April 2010 – March 2011 in the state.

Table No 1.14.

High Risk Groups and Bridge Population of the Targetted Intervention

IDU	19428
FSW	2640
MSM	1200
MIGRANTS	5000
TRUCKERS	12000

There are 19428 Injecting Drug Users and 2640 Female Sex Workers identified as the target group during the year 2010 -11.

1.9.1. Needle - Syringe Exchange Programme

It is a programme at the national level to prevent the spread of HIV among the injecting drug users. They are provided with syringes and needles so that they do not share them among the users. Out of the total needle and syringe distributed the rate of return of the used ones for the

NSACS is 68% and 51% for the ORCHID. The waste management programmes was organized and all the TI staff were trained with it to follow standard waste management guideline and protocol.

1.9.2. Condom Promotion

A Total of 2103885pieces of free condoms were distributed through TI. The TI outreach team distributed 1739210 and through the TI outlet 364675 pieces were also distributed. There are different brands of condoms available in the market.

1.9.3. The Interventions for Spouses and Sexual Partners of IDUs.

The wives or the sexual partners of IDUs are most vulnerable. Total of 1356 spouses were approached with help. Out of the 122 persons tested 4% of them were found to be positive. 48% of the IDUs are either married or have sexual partners.

1.9.4. Nagaland State AIDS Policy

The main reason for the formulation of Nagaland state IDS Policy was that HIV/AIDS is not just a public health issue. It is critical to the social, developmental and human rights promotion. The need is for the collective, co-ordinated and sustained response for the control of the epidemic as well as for its elimination. With these motives the Nagaland state AIDS Policy was formulated and was declared on 29th April 2009.

The objectives of the policy include prevention of further spread through adoption of comprehensive preventive and harm reduction strategies, reduction of stigma and discrimination, promotion of ownership by the stakeholders, advocacy by the public leaders, provisions for quality health care and support for the infected as well as the affected through community support system, creation of socio-economic environment for the affected and their families to manage their lives through multi-sectoral efforts and to have a network with all the agencies with similar purposes for the sake of research, management and financial input. It was found that because of all these preventive interventions the prevalence rate in Nagaland decreased from 1.2% to .78% during the year 2010-2011.

1.10. Scope of the Study

Ban Ki Moon the Secretary General of United Nations said, “Over the past three decades, AIDS has caused untold suffering and death. But another story has unfolded through the years, one of the community uniting with passion to take action and save lives. These efforts are making a real difference around the world. Fewer people are becoming infected with HIV. Millions of people have gained access to HIV treatment.

More women are now able to prevent their babies from becoming infected with HIV. Travel restrictions for people living with HIV are being lifted by many countries, as stigma gives way -- still too slowly -- to compassion and recognition of human rights. With commitment and solidarity, this movement is helping the world turn the corner on the AIDS epidemic. The first part of Millennium Development Goal 6 – states “by halting and beginning to reverse the spread of HIV.” We must continue to chart a new and bold path ahead. Our common goal is clear: universal access to HIV prevention, treatment, care and support. We must also work to make the AIDS response sustainable. Three decades into this crisis, let us set our sights on achieving the “three zeros” – zero new HIV infections, zero discrimination and zero AIDS-related deaths. On this World AIDS Day, let us pledge to work together to realize this vision for all of the world’s people.” (*Ban Ki MOON: MESSAGE FOR WORLD AIDS DAY, 1 December 2010, Geneva*)

It is a universal call by the Secretary General of United Nations. The call to achieve this common goal is significant for every one who, being conscious of the need for having one’s own contribution to the well being of the society, strives to explore the issue of IV/AIDS and Substance Abuse.

The study of the awareness level of the secondary school children on drug abuse and HIV/AIDS is one of the first of its kind in the sphere of

academic discourse. Its findings , the researcher hopes that, will be of immense utility for the further plans by the administrators, policy makers, educators, parents and the governmental and the Non-Governmental; agencies in the service sector and the personnel in the field of education. It will enable the general public to be freed from stigmatizing the PLHIVs and Drug abusers and to relate with them with the spirit of human dignity and acceptance.

The PLHIVs and IDUs and other addicts too will find it use to understand the situation and to find meaning in life. The literature of the study will be useful for further research and for the osals of new researches. The research has addressed the following:

- a) The knowledge of the children about Drug Abuse and HIV/AIDS.
- b) The problems in the schools because of drug abuse and HIV/AIDS
- c) The programmes of Government and NGOs on Drug abuse and HIV/AIDS.
- d) The teacher training programmes to create awareness on Drug abuse and HIV/AIDS.
- e) The contribution of the school management to create awareness on drug abuse and HIV/AIDS.

- f) The role of parents and teachers in creating awareness on HIV/AIDS and drug abuse.
- g) The role of mass media to create awareness on drug abuse and HIV/AIDS.

It is hoped that the strategy for the effective creation of awareness in order to prevent HIV/AIDS and Drug Abuse will be possible with the use of the findings.

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CHAPTER 2

REVIEW OF THE RELATED LITERATURE

2.0. Introduction

Review of the related literature has given credit to the proposal. It worked as a secondary source of data for the investigator. It provided for this research the already available findings and methods for the research. Since the subject of the research is current and relevant there is no dearth of materials as resource. Some of the literature available related to the topic are given in this chapter.

2.1. Research done at International level

Elmer, Zelaya (1997) studied gender and social differences in adolescent sexuality and reproduction, as reflected in age at first intercourse and age at first pregnancy, as a basis for future interventions in the municipality of León, Nicaragua.

In a community-based cross-sectional study including 7789 households, all women aged 15–49 years ($n = 10,867$) were interviewed about socioeconomic, sexual, and reproductive issues. random subsample of men ($n = 388$) and women ($n = 413$) aged 15–49 years was interviewed in more detail about sexual patterns and reproduction.

The median age at first intercourse for women and men 17.8 and 16.2 years, respectively. Women's average latency to end of first pregnancy was 22 months. There was a significant tendency to start active sexual life later among today's girls aged 15–20 years, compared to the groups 21–27, 28–35, and 36–49 years old. A similar trend was found in age at first pregnancy. The secular trends were not found among men. Age at first pregnancy for current adolescents was lower among those having less formal education.

It was found that the short latency period between first sexual intercourse and end of first pregnancy, probably reflecting lack of access to counseling and contraception, caused worry in light of the growing sexually transmitted disease/human immunodeficiency virus threat. The secular trend of later start of reproduction, however, was considered a positive sign which partly might be an effect of increasing education in the Nicaraguan society.

Kurt, Madörin (1999) prepared a manual after the research on the strategy to train the teacher to guide the children. It is for the use of the teacher or mentor in order to support orphans due to HIV/AIDS. It deals with the topics in relation to HIV/AIDS such as: Psychosocial support for orphans, Concept of childhood, Children's needs, Social orientation versus individual orientation, Children and Grief, The task of mourning

for children, How life changes, How children respond to the loss of a parent, Risk, Vulnerability and protective mechanisms , Stress and distress, Trauma, Coping, Resilience, Interventions and strategies, Counseling, Facilitation, Three insights in the learning process and Monitoring and evaluation. It gives the insight into the consequences of the children whose behaviour is hard to be modified due to their inability to cope with grief of the death of their parents as a consequence of HIV/AIDS.

Jean Pierre Dusingizemungu and Simon Nsabiyeze

(2004) made a study on the Prevention Awareness in Schools of HIV/AIDS (PASHA) to analyse and to report the programmes related to PASHA like Training and sensitization activities, visits to residences, counseling, clinical supervision of advisers and APC's, role of the project manager, training of advisers in traumatism and training of psychosocial leaders etc.

The research identified the following salient features

The Education Sector in Tanzania was directly threatened by HIV and AIDS. At the same time the sector presented a window of hope for meaningful intervention, because most children and youth were not infected with HIV. Among male and female adolescents the rate of HIV infection was 2.1%, as opposed to average national HIV prevalence of

7.7% for women and 6.3% for men in the age group 15 to 49. In addition, teachers were known to have a strong influence on shaping decision making of their students.

A “whole school” development approach had been used since the outset with activities focusing mainly upon teachers but also involving heads of schools and non-teaching staff as the mediators interacting with students on a daily basis. In line with the Ministry of Education and Vocational Training’s HIV/AIDS strategic plan, heads of schools had been supported to establish and orient “Schools Counseling and AIDS Education Committees” which involved community members, student and teacher representatives. Key areas included supporting the establishment of school based counseling services. The other key intervention was peer education.

The Impact was evaluated as the first phase of PASHA the proportion of secondary school students with basic knowledge in the area of HIV/AIDS and reproductive health increased from 37.6% to 95% in Tanga Region. In 79% of the secondary schools in Tanga there was more than one school counselor in place who had undergone at least 2 weeks of training. 84% of students reported that they would reach teachers, specifically the school counselor, if they had a problem that they were not sure how to deal with. Students were more aware of existing health facilities in their vicinities and services they could access there.

Particular attention was paid to encouraging schools to follow the MoEVT recommendation of allowing the students themselves to choose the teachers they would most like to be their school-counselors. This required sensitization of heads of schools to ensure that they avoid appointing teachers simply for such tasks.

The selected teachers underwent a two week counseling course that included topics on understanding counseling as a process, importance of building up a relationship with the student and of confidentiality and a reliving of their own adolescence and particular concerns they had themselves. The teachers were asked to consider the extent to which young people really have access to reliable information about their sexual and reproductive health and whether this varied for girls and boys. They reflected on the students' perspective and the problems such as bullying, truancy, sexual harassment, pregnancy, financial problems, living far from school, poverty, sick family members, loss of a parent, and family problems. Other discussion points included the need to be a good listener, how to respect the student's feelings and to always remember that it required a deal of courage on their part to come to them with their problem. Role plays were used for teachers to practice conducting counseling sessions. They were provided with resources on health services available in their locality so they could advise their students where to go.

Schools were encouraged to assign a room where the counselor was available at certain, fixed times.

The Ministry of Education and Vocational Training endorsed peer education as an important prevention strategy in its Guidelines on HIV/AIDS. Implementation of peer education involved paying close attention to their training, to the training of contact teachers and to sensitizing communities so the approach wasn't misunderstood. Peer education could achieve a significant increase in young peoples' knowledge regarding reproductive health issues. There were indicators that young people who were better informed had their first sexual contact later than those who were less informed. Nonetheless, condom use among the sexually active youth remained very low.

Yoo, H., Lee, S. H., Kwon, B. E., Chung, S. and Kim, S. (2005) examined HIV/AIDS knowledge, attitudes, related behaviours, and sources of HIV/AIDS information among high school-aged students in South Korea. One thousand and seventy-seven students, 586 females and 491 males, from 5 high schools, from 5 representative school districts participated in the survey. A self-administered questionnaire measuring knowledge with 19 true-false items, attitudes with 4 items in 5-point Likert-type scale, sources of information with 6 items of yes/no type, and sexual behaviours with 8 items of yes/no type was utilized. The level of HIV/AIDS knowledge among Korean adolescents was moderate,

with the mean scores of 13.93 out of 19 for males and for females ($p < .01$).

Attitudes toward persons with HIV/AIDS were negative, the mean scores of 3.06 for males and 3.09 for females. Of 42 respondents (4.4%) who had engaged in sexual intercourse, 18 (40%) had used condoms. Almost half of the total respondents reported they were not concerned about HIV/AIDS (46.0%), and 94.4% indicated the need for receiving HIV prevention education in the future. The respondents identified TV (52.5%) and school classes (32.1%) as the two major sources of information on HIV/AIDS. Only a few pointed to their parents (1.3%) as a source of information. This preliminary study summarized the status of prevention education on HIV/AIDS available in Korea and could provide implications for developing more differentiated intervention strategies specific to culture, age, and gender.

Yazdi CA, Aschbacher K, Arvantaj A, Naser HM, Abdollahi E, Asadi A, Mousavi M, Narmani MR, Kianpishhe M, Nicfallah F, Moghadam AK. (2006) studied the knowledge, attitudes and sources of information regarding HIV/AIDS in Iranian adolescents a result of the report of world Health Organization on the alarming trend of increasing Human Deficiency Virus (HIV) infection in the Islamic Republic of Iran.

Adolescents formed a particularly important target group for primary prevention. An anonymous questionnaire, derived from standard surveys such as the Safer Choices questionnaire and the 2001 Youth Risk Behavior Survey, was distributed to 1227 Iranian students attending 19 randomly selected high schools in Hashtgerd in 2002. Students reported that television (84%) and school teachers (66%) were the best sources of HIV/AIDS information, while parents (27%) and school books (15%) were least informative. Most students knew that heterosexual intercourse (90%) and shared intravenous needles (94%) can cause HIV infection; however, salient misconceptions were revealed. Only 53% were aware that condoms protect against infection through sexual intercourse. More effective school-based HIV/AIDS education was recommended in Iran.

Wagbatsoma and O. H. Okojie (2006) conducted a cross sectional study to determine the knowledge of HIV/AIDS and sexual practices of adolescents in Benin City, Nigeria. Benin City the capital of Edo State, Nigeria, has 40 governments owned secondary schools comprising 6 boys, 10 girls, and 24 mixed. Out of these 3 schools were randomly selected for survey viz; Adolor (boys only), (girls only), Army Day (mixed). The sample size for the survey was 920 while the total population for selected schools was 1692 giving sampling ratio of 1:2. Using the systematic sampling method and class register as sampling

frame every other child was selected for the study. However, only 852 students consented to participate giving a response rate of 92.6%. An overwhelming majority of the adolescents were aware of HIV/AIDS but only 16.2% knew the cause of the disease.

The submission that kissing, living with infected persons and sharing their utensils could lead to infection was an indication of ignorance. Sexual intercourse was the predominant route of transmission mentioned by 60.0% while multiple sexual partners was prevalent among age group 13-15 years. Playing with sharps, frequent clean head shave with unsterilised instruments in the barbing saloon and promiscuity were some of the activities that adolescents were involved in that could lead to HIV/AIDS infection. In conclusion, the knowledge of the study population was poor and correlated with their reckless sexual practices. The researchers concluded that prevention is the best option to the disease and better informed youths on HIV/AIDS would enhance the principle of prevention.

Lawal B O (2008) investigated HIV/AIDS awareness among secondary school teachers in Kwara, Lagos & Ogun States of Nigeria. The study by its nature, is a survey study, hence, survey research method was used in carrying out the study. It revealed that the level of awareness among secondary school teachers was very low. It was also

revealed among others that the difference between single and married teachers in their awareness of HIV/AIDS is not significant. It was recommended among other things that individuals should avoid both premarital and extra-marital sex and that young people should be given awareness about HIV/AIDS. That government should provide adequate funding for HIV/AIDS research and that the pandemic should be discussed with others for the purpose of awareness.

World Vision International (2009) organized a session on HIV and AIDS in Bode Higher Secondary School and reported the results. Many young students in the 13-16 year age group of Bode Higher Secondary School were open to discussing HIV and AIDS without any reservations and had been the mouthpiece for behavioural change in their communities. Learning about HIV and AIDS in schools of Nepal was not common. The stigma of HIV and AIDS was not only attached to people living with it but also learning about it. The study found that children in schools were open to learning more about relevant and sensitive issues such as HIV and AIDS affecting their lives, Bode Higher Secondary School in Thimi Municipality, is one of the schools that had been running weekly classes on HIV and AIDS alongside the usual curriculum for eighth and ninth grade adolescents. The school managed to allocate one hour every week for each grade for such classes.

The course given on HIV and AIDS was a sixteen-week session, with one class every week targeted for a particular grade containing lessons on reproductive health, at-risk behaviour, risk analysis, safe sex, Injecting Drug Users (IDU), Sexually Transmitted Infections (STI), Sexually Transmitted Diseases (STD), HIV transmission, as well as case studies on stigma and discrimination using a methodology of games and pictorial learning alongside group discussions and interaction. Parents were also invited to a two-day orientation and sharing session which highlighted their role in monitoring their children's behaviour at home. When the classes were first held, girls and boys just giggled in two different corners of the class, but later on everyone started to participate proactively in the sessions and children had so many questions.

The changes after the sessions on HIV and AIDS included absence of complaints from surrounding neighbourhood about students engaging in smoking and courting activities outside school premises. Adolescent girls in this school also formed informal groups for sharing and helping each other in issues related to them. In spite of initial voices of protest about educating children on the use of condom, they had been able to hold classes on such topics freely and students have visited local health posts to get contraceptives for safer sex.

The project started in January 2009, aims to minimize HIV infections among adolescents and women with a focus on adolescents as a

primary target group by generating awareness through school-based initiatives. They targeted school management committees, teachers and the parents of adolescents in the community. Awareness-raising in schools was programmed, recognizing that primary approach to prevention lies in behaviour change.

After workshops organized for school management committees and teachers, they consented to the inputs in designing a for young students that would not only help children understand V and AIDS but also identify personal at-risk behaviours. The objective was to increase the knowledge of HIV and AIDS among adolescents, change their attitude towards HIV and AIDS and make them aware of their roles and responsibilities so that they can play an effective role in the prevention of drug abuse and HIV and AIDS in their own communities.

Zhao Q, Li X, Stanton B, Mao R, Wang J, Zhong L, Zhang H (2010) investigated the HIV/AIDS awareness and knowledge among secondary school students in China with a goal of helping design appropriate HIV/AIDS education and prevention programmes for adolescents. The authors analyzed data from 995 secondary school students in Nanjing. Their analysis examined the students' sources of HIV/AIDS information and assessed the overall level, and possible gender and grade, middle school vs. high school, differences, in their HIV/AIDS

awareness and knowledge. Data in the study indicated an overall low and inconsistent level of AIDS knowledge among secondary school students in China. Most of the students could identify models of HIV transmission, but a large portion held misconceptions regarding symptoms, activities that did not transmit the virus, treatment and preventive measures. The level of using school, family and peers for obtaining information about HIV/AIDS was generally low. There was a discrepancy between the level of utilization and trust of mass media as the main source of HIV/AIDS knowledge. Findings were discussed in terms of implications for HIV/AIDS prevention and education among adolescents in China.

2. 2. Research done at the National level

Aggarwal AK, Kumar R (1996) studied the awareness of AIDS among school children in Haryana. This study was aimed to assess the existing level of knowledge of school children of 7th and 10th classes about Acquired Immune Deficiency Syndrome (AIDS). Three high schools in an urban area and three in the villages of district of North India were included in the study. A pre-tested closed-ended questionnaire was administered to 336 students. Overall level of knowledge about AIDS was found to be high. However, there were significant differences in knowledge among rural-urban and male-female students. There were some misconceptions in knowledge regarding transmission, prognosis and

prevention. Books and media were the most common sources of information. Most of the students wanted to learn more about AIDS. Since overall knowledge levels were high researchers concluded that AIDS education should concentrate on clarifying areas of misinformation.

A questionnaire was administered to 336 ninth and tenth graders with mean age of 15 years in three rural and three urban schools in Haryana State's Ambala District in 1993. A brief paragraph on HIV/AIDS was included in textbooks for ninth and tenth graders in Haryana. 85% of students had heard of AIDS; of these, 56% cited sex with an infected partner as a means of HIV transmission and 38% identified use of unsterilized drug-injecting equipment. Sexual monogamy (49%), condom use (44%), and use of sterilized needles (40%) were the main strategies identified for prevention of HIV transmission.

Of concern was widespread misinformation about HIV transmission and control. For example, 23% of students believed HIV can be transmitted by drinking from a glass used by an infected person and 22% thought mosquito bites spread the virus. 57% believed persons with AIDS can be detected by their physical appearance and 8% considered AIDS to be a treatable disease. The most popular sources of knowledge were textbooks (51%), television (50%), and newspapers (34%). Urban students were significantly more informed about AIDS than their rural

counterparts. Since textbooks are an important source of information in this population, the researchers recommended that the next paragraph on AIDS be expanded to a separate chapter on AIDS and other sexually transmitted diseases. In addition, state medical officers were urged to deliver talks on AIDS during routine school health examinations.

Sodhi S, Mehta S (1997) researched on the Level of awareness about AIDS: a comparative study of girls of two senior secondary schools of Chandigarh. It is a study of 110 adolescents 14-18 years of age attending government senior secondary (1 urban and 1 rural) in Chandigarh, India, in 1994 compared awareness of AIDS. 84.48% of urban and 90.39% of rural students agreed that the sex education they received in school was inadequate. AIDS was identified as an infectious disease by 67.24% of urban and 63.36% of rural students. Modes of HIV transmission identified by urban and rural girls, respectively, included: use of unsterilized needles for injection (81.03% and 25.0%), drinking from the same glass as an infected person (6.89% and 17.3%), sex with an infected person (81.03% and 59.62%), and mosquito bites (8.62% and 7.69%). 12.07% of urban students and 55.77% of their rural counterparts believed there is a cure for AIDS.

The main sources of information about AIDS for urban and rural students, respectively, were: newspaper articles (56.89% and 21.15%),

television (62.07% and 50.00%), magazine articles (34.49% and 9.62%), conversations with friends (25.89% and 11.54%), and discussions with health care professionals (13.79% and 1.92%). 82.76% of urban students and 67.31% of rural students were afraid of contracting HIV/AIDS, while 29.31% and 61.54%, respectively, feared someone in their family might become infected. Finally, 63.79% of urban and 51.92% of rural adolescents were aware that a person can be HIV-infected yet appear healthy. Overall, these findings indicate that, although these secondary school students had acquired information about AIDS from a variety of sources, much of this information was inaccurate. There is a need for school-based sex education programmes to deepen students' knowledge of HIV/AIDS.

Chatterjee C, Baur B, Ram R, Dhar G, Sandhukhan S, Dan A (2001) studied the awareness of AIDS among school students and teachers of higher secondary schools in north Calcutta. Higher Secondary School students and their teachers were studied to assess the knowledge about AIDS and attitude towards AIDS patients. Only 13.5% senior school students and 16.2% teachers had clear knowledge regarding AIDS-its general aspects, transmission and prevention. Girls had higher and clear knowledge than boys. 45.8% of girls, 38.8% of boys students and 20.3% of teachers had positive attitudes towards nursing an AIDS case. It

is suggested that schools have to devise ways to open more effective communication with students in relation to education on sex and AIDS. Training on AIDS should be emphasized on school teachers who in turn can teach the students in a correct way about AIDS.

Ngamkhuchung, Joe (2001) wrote on the Substance Abuse (Drug Addiction) and HIV/AIDS elaborating the basic facts about them. The author explained the general concepts on HIV/AIDS and substance abuse in a student friendly way. It discusses in question and answer forms the topics such as drugs, kinds of drugs, The harms caused by drugs, Treatment and recovery, Tobacco and tobacco products, losers and winners in the drug world, addiction and personality traits, HIV/AIDS and the challenges of HIV/AIDS.

It also contains a quiz on the topic meant for the children in the schools. Drug abuse prevention elaborately deals with the two types of prevention firstly it is the prevention of advancement in addiction by ensuring that individually one does take up the responsibility for one's action. It helps one prevent the habit from becoming a disaster. The second type of prevention is the involvement of parents, teachers and educators to prevent the children from being exposed to the opportunities for experimentation with HIV/AIDS. The author recommended the adapted twelve step method from the Interact Club in Malaysia for

challenging the school children and others to a responsible life without HIV/AIDS.

Ghosal Soma (2003) did a field study on the politics of drugs and India's North East focusing on the drug routes and the people of the North East India. It is one of the first books written on this subject in the North East. The author extensively explored the influence of the Golden Triangle of the Drug Route. The geographical proximity and the increasing social mobility of the people of the North East contributed towards the availability of drugs in the region.

The most effective suggestion according to the author in order to prevent the trafficking of drugs was to strengthen the law enforcing agencies like the Excise and Narcotic departments and the police. Community participation was anticipated by the author to prevent the use as well as traffic of the addictive chemicals. The review of the laws relating to drug trafficking was done by the author and emphasized on the effect of penalties attached. It gave the report of the convention on drug trafficking.

This book drew a linkage between the situation in India and in the North East. She attempted to adapt the responses to the problem of drug abuse to the specificity of the region. The author presents in detail the rise of the drug empire beginning with the British rule in India, the arms-drugs nexus in the north east, the trafficking and the addiction of

drugs and the various nationals as well as international mechanisms that deal with his problem and the struggle for solution to the problem as the enforcement mechanisms are to take into consideration manifold factors.

Lisam, Singh Khomdon (2004) studied the impact of HIV/AIDS on the Global, National, and regional levels and the prevalence of HIV/AIDS with special reference to Manipur. The findings included: HIV as an epidemic creates a socio-psychological impact that affects the social change. The impact of HIV/AIDS on the educational scenario demands intervention of the government to direct it positively for prevention. The problem of HIV is perceived from the angle of health and well being. Education will run short of human resources and funding as HIV/AIDS spreads to the people of every walk of life. impact of HIV/AIDS on education is elaborately dealt with.

Susie. A Nogueira (2004) translated a manual for the care of HIV infected Children. This is a manual that presents the immense possibilities for the management of HIV/AIDS by reducing the suffering, by improving the quality of life and to prolong the life of the in It is a hand book for the use of the educators, counselors and the medical professionals. It gives five strategies for the prevention of HIV through vertical transmission.

It has a section on the adolescents infected with HIV. The adolescents who have been infected with HIV through sexual transmission

or through intravenous drug use after puberty have similar clinical progression to adults. There are also increasing number of children reaching adolescence who are infected peri-natally. They have different clinical progression in comparison with those infected post-natally. The author noted that the prescription of antiretroviral treatment and the treatment of opportunistic infections must be based on the stages of puberty and not on age. The adolescents in initial stages of puberty are to be treated according to the pediatric recommendations those with advanced stages of sexual maturation are to have the adult recommendations.

During the intermediate phases of pubescent development patients should be treated according to the evaluation of the doctor basing on the guideline of treatment. It states that in order to follow adequately the medical evaluation and treatment, the adolescents must be aware of their HIV status and be fully informed about it. The opinion that the authors forward is that the treatment will be influenced by the peculiarities of this age like negative attitude, fear, misfortune, lack of self esteem, the efficacy of therapy, their questioning of health system and their difficulties with family and social rapport. The strategy suggested includes the development of a treatment plan with the involvement and commitment of the adolescent, to have family, friends and institutions to support the adolescent during the treatment, the choice of the combination

of medicine could depend on the easiest schedule and c They are to be informed about the side effects and the possible coping mechanisms if needed.

Panda Sariman (2006) made a study on Drug Use in the North Eastern States of India. It is a study on the use of drugs in the north eastern states of India in the light of the prevalence of HIV and IDUs. It considered the location of the North East with proximity to the international drug routes as well as production centres. It discussed the findings from the national survey on extent, pattern and trends of drug use in India. National household survey of drug and alcohol abuse in India, Drug abuse monitoring system, Rapid assessment survey Drug Abuse in India, Drug use by women, HIV prevalence among IDUs in the North East etc were discussed.

The author's recommendations included accurate monitoring of the drug use problem and evaluation of the past and ongoing interventions, community level advocacy, building capacity in human resources through training, reducing the burden women due to drug use by family members and/or by themselves, sexual risk reduction as part of comprehensive package of services and resource allocation to guide operations and to foster innovation.

UNICEF/India (2007) Comprehensive Policy Framework for Children and AIDS is the first ever response of the Government of

India towards the children living with HIV. It analyzed the situation in India and enacted a policy of sensitization, prevention, care and eradication. The policy acknowledged that Children affected by HIV/AIDS included a relatively small number of children who are HIV-positive and a far larger number who are not infected but whose parents are HIV-positive, or have died of AIDS. It stated that a larger group of children and adolescents were at high risk of HIV infection because they lived in vulnerable, high risk and / or marginalized communities or engaged in unsafe behaviour.

Government of India is committed to preventing HIV infections and mitigating the medical impact of the virus on the lives of those already infected. However, there is a need for a comprehensive policy covering a broader agenda, spanning both the medical and socio-economic dimensions of the epidemic as it affects children.

The policy is oriented to the unique opportunity to use her strengths – low prevalence, rapidly increasing ART coverage, strong government and family safety nets, growing recognition and advocacy for human rights and a robust media - to achieve what no other country has yet managed to do --- to free the next generation from the burden of AIDS. The ultimate goal of this policy is to ensure that children affected by HIV/AIDS have the same opportunities as other children of the country.

It is a call for action to provide medical, social and psychological support to children affected by AIDS.

The Pediatrics ART Initiative was a landmark initiative launched in 2006. From 1800 children on adult doses, nearly 6500 children remained under treatment. Nearly 19,000 children have been identified and listed for being put on treatment at the right time. Health is as much about not falling ill, living positively and having healthy habits. There is the need for a comprehensive health education campaign for school children that will basically seek to promote positive health values.

This policy is recognition of the fact that the overwhelming majority of children who are affected by HIV/AIDS are not infected themselves and yet the virus often has a profound and permanent effect on their lives because their parents or a close family member is HIV positive.

The policy recognizes that the affected children are not different from other children whose futures are threatened by different kinds of disease and social exclusion. The vulnerable children in the 'children affected by HIV/AIDS' will be part of the target group and the Ministry will cater to their needs in the same manner as for any other needy child. This has been recognized in the 11th five year plan and also in the schemes for child protection.

The responsibility of NACO in overcoming stigma and discrimination at the community, service delivery, or individual levels

through effective campaigning and communication initiatives is supported by Department of women and child development.

This policy proposes a universal approach in addressing the needs of children affected by HIV/AIDS including those who are HIV-positive themselves by ensuring they have access to the same services and opportunities as other children in their communities, wherever possible. It also provides a framework for action around prevention of HIV infection among children and adolescents, decreasing vulnerabilities and providing complete information and skills to adolescents to protect themselves from infection. It proposed a coordinating mechanism to ensure collaboration is effective and beneficial to all children – including those who are HIV-positive or otherwise affected. NGOs in particular have a vital role to play in facilitating the strengthening of government services so that the rights of all children are provided for in the long term.

P Lal, Anitha Nath, S Badhan, and Gopal K Ingle (2008) studied the awareness about HIV/AIDS among Senior Secondary School Children of Delhi. School children were exposed to the risk of being victims of HIV/AIDS. Programme managers and policy makers had often recommended that schools could act as the center point for disseminating information and education on HIV/AIDS. Hence school education had been described as a social vaccine, and can serve as a powerful preventive tool. In India, there is a wide gap between the inputs

in the HIV/AIDS curriculum for schools and the actual education that is imparted. As children are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount information so as to protect themselves and their counterparts from falling a prey to this still-an-incurable killer disease. This study was conducted with the following objectives: (i) To assess the awareness of school children regarding HIV/AIDS; (ii) to provide suggestions for school AIDS education.

Out of 1689 senior secondary schools in South Delhi area, 60 schools with a total of 2592 students belonging to Classes IX to XI in schools participated in the study. The response rate of students was 100%. The study was conducted over a period of 3 months from 1st August 2005 to 31st October 2005. The students were administered a pre-designed proforma, which included multiple choice questions.

Majority of the students (74.9%) belonged to the age group of 15-17 years. The mean age was 15.8 ± 0.8 years. Most of them (60%) were females. All the students had heard of HIV/AIDS although only 51.4% were able to write the full form of AIDS and only 19.9% were able to write the full form of HIV. Only 48.2% of the students could name sexual route while 44.4% named sharing of syringes and needles as a mode of transmission. Gaps were seen in the awareness about other modes of

transmission wherein only 31.1% and 23.4% cited blood transfusion and mother to baby transmission as routes of transmission, respectively.

Only 72% of students were aware about HIV/AIDS as being preventable. Moreover, awareness about the different methods of prevention was rather low. Only 14.9% had knowledge about condoms as a means of protection, which awareness was significantly higher amongst boys. With regard to the sources of information about HIV/AIDS, 79.6% of the students mentioned that television and radio were the main sources of information to them. 9.5% of children had heard about HIV/AIDS through their respective school programmes. This finding suggests that school AIDS education should be strengthened further in schools.

As much as 8.6% had obtained information from print media, whereas for 2.3%, friends remained the source of information. These findings imply promoting television as a significant source of information. A greater involvement of print media can also be a cost-effective measure. Friends can also be made instrumental in spreading information through frequent motivation. Majority (77.8%) of students had a favorable attitude towards People Living with HIV/AIDS (PLWHA), stating that such patients should be allowed to pursue/continue studies and allowed to work in common work places. 51.6% of students in the present study felt that PLWHAs must be hospitalized while 33.3% were in favour of home care.

The findings in this study reiterate the need for re-enforcing school AIDS education. Significant changes have been observed between pre-test and post-test knowledge and awareness levels through school HIV/AIDS education programmes in different regions. While the teacher plays a pivotal role in imparting education, the use of multi-pronged methods such as films, group discussions, dramas, puppet shows and role-plays must be incorporated. There is a strong need that school education must directly address stigmatizing attitudes about HIV/AIDS, gaps in HIV/AIDS knowledge and awareness of HIV-related health resources.

Munusamy, Raviraaj (2010) did a research among the teachers on their awareness on HIV/AIDS in Tamil Nadu India. The researcher considered as a crucial need that teachers well informed about HIV/AIDS. The objective of the research was to identify how teachers viewed HIV/AIDS and related issues, how much they know about HIV transmission and issues surrounding HIV/AIDS, how teachers discussed such matters with their students and to know if themes like sex and sexuality were addressed by teachers in schools.

The study involved 100 teachers from urban and rural areas in the four selected districts. The teachers were asked to fill an objective pre-coded questionnaire which elicited their views and practices on life skills

and sex education in schools, and assessed their knowledge, views and perceptions of HIV/AIDS and its importance for young people.

Of the teachers surveyed, 57% were from government schools, 24% from private and 19% from other government aided schools. The mean age of the teachers in the study was 41 years with 68% being between 25-45 years of age. On an average the teachers interviewed had about 13 years of teaching experience.

The study found that all teachers were aware of one or more ways in which HIV spreads and 69% of the teachers had knowledge of all the four ways in which the illness spreads. When asked how one could identify whether a person had contracted HIV/AIDS, less than one-third of the teachers reported that HIV could only be medically diagnosed through a blood test (31%). About 39% of the teachers not aware that there were drugs to treat those affected by HIV/AIDS and 18% reported they were not sure or did not respond.

There were misconceptions about how HIV spreads among 16% of the teachers. The most common misconception was that HIV can be cured (27%). 14% believed that HIV spreads through sneezing, coughing or spitting, 13% said it could be transmitted through saliva, tears or sweat, and 6% believed that sharing clothes with an infected person could pass on the virus. 21% of teachers thought that AIDS could be prevented by regular physical exercise and 55% said by abstaining from

sex. 57% of the teachers did not think that young people were at any greater risk of contracting HIV/AIDS. Yet a disproportionately high number (91%) agreed that young people need to be well informed about HIV/AIDS. Nearly half the teachers agreed that the best place for young people to learn about HIV/AIDS was the school (47%), while 21% thought they should read books on the subject, 17% said doctors were the best to impart such information, 7% said parents and the remainder said from others.

About 65% of the teachers reported that they had taught some aspect of life skills education, though less than 40% of teachers had received any formal training on life skills education. Teachers' views on what encompassed life skills education was limited with only 9% considering sex education or talking about HIV/AIDS a part of life skills education. When asked about the need for sex education, 59% of the teachers agreed that sex education should be included in the school curriculum. About 42% of the teachers said sex education was included in their school curriculum already. For disapproval of sex education in school, the most common reasons were: school was not the right place, talking about sex would instigate risky behaviours, could be distracting to students and that parents may disapprove.

The findings from the study suggest that there is a definite need to strengthen the gaps in knowledge and understanding of HIV/AIDS

and life skills education among teachers. While teachers recognize that students need to know about life skills and HIV/AIDS, is poor understanding of what life skills education comprises. More initiatives are required to strengthen the knowledge of teachers about HIV/AIDS and to equip them with the necessary skills.

Including HIV/AIDS and sex education in the school curriculum is an important pre-requisite for reducing vulnerabilities among future generations. Rarely, is HIV/AIDS discussed at home; boys and girls learn about sexuality through the media, through friends or other non formal sources. Children need to have correct information about HIV/AIDS from teachers.

Indian Council of Medical Research, NACO and Family Health International (2011) conducted a study in five north eastern states of India namely, Manipur, Nagaland, Mizoram, Meghalaya and Assam. It aimed at obtaining information on geographical location and characteristics of places where the IDUs were present could be accessed and to obtain information on key determinants of HIV related risks present in such locations. It also estimated the size of injection drug users in the respective states. It followed rapid field assessment method and had two stages such as mapping and estimation. This study identified 2500 IDU sites. The most frequent site was found to be home in all the states. They were mostly injection sites. The relative concentration of

IDUs differed from less than five to more than twenty. The peak time of gathering differed according to the nature of the sites. The sites rarely had accessibility to the health care providers in Manipur and Nagaland but the sites in Meghalaya had access to the health care providers. In Meghalaya there were minors below eight years of age too among the IDUs. The author for the Nagaland section found that there was no site for the IDUs where only female gather.

The research recommends that the public health response be strengthened to tackle the drug use considering the health risk associated with injection drugs to the individual as well as to the community. The study revealed the inadequacy of the programmes to reach out to the injection drug users. It thus called strengthening the programme too. The study has recommended the development of the innovative and effective awareness programmes based on cultural and traditional community support systems especially to address stigma and discrimination issues. The negative attitude of community as a whole on IDUs influenced adversely the support system of IDUs which needed to be addressed through community awareness.

Touthang Stephen (2011) studied drug abuse with the aim of exposing the fatality of drug use on human beings. The author explored the nature and types of drugs available and illustrated the

common use of it . The author found the effect of drug abuse as alarming on the productive lives of the young people. He found that the starting point of the abuse of drugs by any one is insignificant for him or her. But in the course of time behaviours leading to the consumption of the same in the same way or in many other ways become most significant for them. He gave an elaborate view on drug abuse, alcohol abuse, smoking and tobacco. He gave a profile of the known personalities like Michael Jackson etc who struggled to overcome their addiction.

2.3. Research done in Nagaland

Thuniampral, John Matthew (1999) conducted a descriptive research aimed at identifying the developmental needs of high school students of Holy Cross School in order to formulate a guidance and counseling programme. It addressed the specific developmental needs of high school students as perceived by parents, teachers, administrators or heads of institutions and students themselves. The areas considered were self awareness and discovery, communication and interpersonal skills, school work adjustments, home and family life, love and human sexuality, value formation, leadership and career development.

Of the eight areas of needs love and human sexuality which refers to the need of a student how to relate to the members of the opposite sex and also learn the various aspects of sex, love and marriage as one grows

up ranked the last. It included the need to know how to get along with the opposite sex and to understand the changing roles and of men and women. He developed a programme in order to guide the children to place right values in their life. It consisted of modules for leadership, career development, school work with time management, healthy relationship among family members, and self awareness. Such coping skills will enable the high school children to their life for greater performance and avoidance of drug addiction and infection with HIV/AIDS.

Buno, Liegise & S K Gupta (2000-2001) explored the Communication Needs on HIV/AIDS in the state of Nagaland. It is a pioneering research in this field of communication strategies to create awareness on HIV/AIDS. The researchers found that the people from rural and urban areas specify varied needs for knowledge on HIV/AIDS. The Governmental as well as the non Governmental agencies were involved in communicating to the public on the need to arrest the spread of HIV. The need for contextualizing the subject matter was greatly felt. There was felt need for a sense of urgency for capitalizing on the human resources. They identified the need to initiate creativity in the methods of communicating about HIV/AIDS. The use of news papers, and Television, seminars and workshops etc were considered to be effective

means of communicating on HIV/AIDS. The Church has a definite role to play in imparting knowledge on HIV/AIDS.

The researchers too identified the barriers to communication as denial factor, ignorance coupled with self importance and the absence of culturally incorporated resource materials. The researchers proposed to have innovative methods with a holistic approach that could include written materials in the mother tongue, a booklet on the general aspects of HIV/AIDS, Audio- visual programmes and training of personnel from different language groups of the state for disseminating the knowledge on HIV/AIDS. According to the researchers further researches on the same field considering the multifaceted nature of the issue could be entrusted with different Non Governmental Organizations.

Nagaland AIDS Control Society (2001) reproduced a training manual on AIDS Prevention Education Programme as a Work book for teachers. It was to be used by the nodal teachers of secondary schools of Mumbai but reproduced by the Nagaland State AIDS Control Society, Kohima. It elaborated the methodology of conducting students' sessions and creating awareness among parents and teachers. It was developed in order to enable the teachers to effectively conduct the awareness on HIV/ AIDS in the schools. Author considered teachers to be the best resource persons to impart knowledge and help in developing life skills among the children of secondary schools. Author addressed the

parents with the knowledge of the problem of HIV and its relation to the youth and schools. It gave the parents a general view of the basic facts of HIV/AIDS.

It attempted to dispel some of the myths on HIV/AIDS existing among the students. It is an activity based information manual for the children. It discussed topics such as population education, growing up, reproductive systems, conception and contraception. It followed a general to the specific method and proceeded from the general health perspective to the problem of HIV/AIDS. It discussed the methods of diagnosis and the possibilities of cure. The impact and the attitude of the manual on the values that promote life. This manual concluded with the role of the students to create awareness on HIV/AIDS.

Nagaland State AIDS Control Society (2004) prepared an analysis report about the HIV Prevalence rate among different groups of population from 1998 to 2003. The population was divided into high risk groups such as Patients with Sexually Transmitted Disease, Female Sex Workers, Injecting drug Users, Men having sex with men and the low risk group with pregnant mothers. They are consistently accessible, convenient and the sites need to have sufficient number of patients. The sample size was STD: 250 samples over 12 weeks period, IDU: 250 samples over a twelve week period, FSW: 250 samples over a twelve week period, ANC: 400 samples over a twelve week period.

HIV prevalence was highest among the age group below 20 years it indicated that new infections occur among young married women. The findings included that HIV prevalence was high among urban drug users than rural IDUs. HIV Infection was found to be more among female compared to male. Majority of the females were in the age group of 20- 29 years but males of the age group of 30 to 44 years. The shifting of age group from younger age group to older age group indicates reduction of new infection among IDUs. The data indicated increasing numbers of IDUs from the rural population where a lot more intervention is required. The gradual decrease of HIV among IDUs indicated successful implementation of Harm Reduction Programme.

The transmission of HIV had percolated down to the general population through sexual route. The authors considered that more attention required to be paid to the vulnerable groups of young women. The report suggested that behavioural surveillance could be considered among high risk groups, more awareness on HIV could be made available at the grass root level and recommended a study of determinant factors leading to substance use among young people.

R P Shukla and Buno Zetsuvi (2006) studied the development of education in Nagaland. It gives special emphasis on the secondary school education. It studies the development of education in the state from

the primary stage. The authors proposed a guide profile of the students at the secondary level and the curriculum was explained with the application for the need of development of the child. The authors considered the learner at the secondary level to be thinking with abstract concepts, establishing social identity, and giving importance to peer groups. They also emphasize on the need for creating a curriculum considering the socio psychological development of the child at the secondary level and also with the desire and emergence of inclinations of sexual nature of the adolescent.

They called for giving awareness on HIV/AIDS in order to make the students to be acquainted with evils associated with promiscuity and drug abuse. They suggest that adolescence and sex education should be provided in a suitable manner. At the secondary stage, the authors analyzed the psychological attitudes and changes of the children, learner's interests and aptitudes begin to crystallize and stabilize with a potential to shape the future occupational status of the learners. The character of the secondary school children is marked with a feeling of anxiety about the future that haunt them. According to the authors, at this stage guidance and counseling should go a long way in sorting out such problems as in no way were unnatural.

Joseph, Mariadhas (2006) conducted a preliminary research on Drug Abuse in Dimapur, Nagaland. In this the researcher addressed

the issue of drug abuse in Dimapur District. Some of the conclusions arrived at were: The cause of drug abuse does not necessarily be peer pressure alone, it can be a desire to experiment or to have a high feeling, the economic and educational background of the person has a great influence on the speed of recovery and motivation to remain sober, the availability of drug is a reason for the desire to have causal or deliberate experiment with it and prevention is possible with concerted efforts of all the agencies of social welfare.

Buno Liegise and Lungsang Zeliang (2008) studied the trend in research in the field of education and identified the priority areas in Nagaland. The researchers identified researches done in different levels namely at the post graduate level both at academic and professional, Master of Philosophy and doctoral levels. There is a of the research at the post graduate level (M A) done relating to the secondary school education. The priority area identified by the researchers form basically emerging concerns in education such as HIV/A DS.

Lungsang. Zeliang (2009) studied the development of education in Nagaland . The author explored the traditional educational methods and aims existed in the society in Nagaland. The study has identified the Naga Indigenous system of education, methods of teaching and learning and the learning institutions. The centres of learning for

young men as well as girls and women were identified separately and they revealed a profound sense of social and gender equality. The role of the family in educating the children was uniquely recognized by all as every elder had the responsibility to transfer the knowledge to the young through oral narration, demonstration and training. Each tribe had its own terms for the places of learning for boys and girls separately. The author gives an appraisal of the growth of educational system with the advent of Christianity and the British rule. The author found that the remarkable growth in the field of education in the state began after the declaration of statehood in 1963.

2.4. An Overview

The review of the related literature showed that the study on the subject matter of HIV/AIDS and drug abuse is one of the most researched areas from a multi disciplinary point of view. This field is researched by the experts in Health Sciences, Social Sciences and Education. Research in emerging concerns in Education in HIV/AIDS and Drug abuse is carried out globally for the sake of formulation of policies for prevention and legislation towards the effective prevention.

Studies done abroad basically focused the social aspect of the HIV/AIDS and Drug Abuse together with the educational and psychological impact of the same on the individual and the society. The

researches on awareness level were conducted with the aim of formulating policies.

The researches done in India on the awareness level of the secondary school children in HIV/AIDS were with the purpose of having the effective implementation of school prevention education programmes or with the aim of evaluating the adolescence education programmes. It was also done in order to formulate ways to have creativity in the methods for creating awareness.

The pioneering research in this field in Nagaland was carried out by the faculty from the Department of Education under Nagaland University. The research was focused on the need of the people in order that the assessment will help the implementation of the policies with maximum utility. The agencies both the Governmental and the Non-Governmental were involved in it.

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CHAPTER 3

RESEARCH METHODOLOGY

3.0. Introduction

The researcher used the survey method in this study. The researcher compared and analysed the data collected from the primary sources and secondary sources. Primary data was collected through interviews with the heads of institutions, interaction with the parents, teachers and children through discussions and the questionnaires. It was supplemented by the experience of the researcher in field studies, like visit to the schools, rehabilitation centers, HIV/AIDS homes, drop in centers, offices of the NGOs as care providers and through interaction with the people infected as well as affected because of Substance abuse as well as HIV/AIDS. The secondary sources are books, journals, news papers, biographies, reports, official documents and other relevant publications from the internet. The data collected from various such sources are systematically processed, classified, and computed.

3.1. Need and Significance

HIV/AIDS has shattered many of the dreams and is redefining the very meaning of life itself for millions across the globe. It is depriving many children of their human rights – of the care, love and affection of

their parents; of their teachers and other role models; of education and options for the future; of protection against exploitation and abuse.

Ever since the Indian Medical Council detected HIV in person from Nagaland in the year 1990 there have been many an efforts to prevent its spread. In the world half of the new infections occur among young people i.e 6000 in a day. Education is a social ine. Fighting the pandemic requires more resources to promote new training curricula, counseling and to allow orphans and other HIV infected and the affected to attend school. The spread of HIV/AIDS will have a devastating impact on teachers and educational institutions. The educatio demand, the education supply, education content, education quality, and the education planning will be hampered by HIV/AIDS.

The greater the number of the persons who are sick, greater is the number of the children who will be taken out of the schools to do household works. Fewer families will be able to afford the required finances for the children. They will be less able to learn. It will lead to irregularity and pain at the loss of the members of the family. The loss of human resources from the part of teachers, administrators, and the supporting staff will hamper the function of the school.

Nagaland ranks 6th in the list of highly HIV/AIDS prevalent states. The prevalence rate is 1.225. Tuensang remained the highest HIV

prevalent place in Nagaland in 2007. The prevalence rate in Tuensang among the IDUs was 5.20%. The problem of Drug Abuse and HIV/AIDS demands that the causes are identified and the children are imparted with in depth knowledge on the problem in order to prevent themselves from being infected as well as from the influence of stigmatizing the already infected.

R P Shukla and Buno opined that the children should be given an awareness of HIV and AIDS. They consider it crucial that the students should be acquainted with evils associated with promiscuity and drug abuse and adolescence and sex education should be provided in a suitable manner (p.81). Development of curriculum requires articulation of the need of the children and to find the suitability of programmes planned it is required to access the present awareness level of the on HIV/AIDS and substance abuse.

From this it is evident that there is urgency in knowing the awareness level of secondary school children to plan programmes to prevent the spread of Drug Abuse and HIV/AIDS. It is possible to ensure that the children in classes nine and ten are guided in such a way that none of them gets infected by HIV nor come under the influence of drug abuse in the long run. For this, the objectives of the study will help the

researcher to make certain recommendations basing on the findings. That makes this research significant and relevant.

3.2. Statement of the Problem

The problem of HIV/AIDS and drug abuse is present in the society in Nagaland. It has caused much harm to the well being of the people at large. It deserves the attention of the people from all strata of society. The field of education too is contributing to the prevention of the spread of this human issue. It requires concerted action from the field of education to arrest the spread by making every one conscious of it by enabling all to prevent the same. It is a matter of urgency that the research identifies the knowledge level of the children in the school as they are growing up to be at the highest level of experimentation and productive decisions. Therefore, the problem of the study is stated as “Awareness Level of the Secondary School Children in Nagaland on Drug Abuse and HIV/AIDS.”

3.3. Objectives of the Study

The objectives of the study are listed below

- a) To analyze the present awareness level of the children of Classes IX and X in Nagaland about drug abuse and HIV/AIDS.
- b) To Analyse the role of the school management, the teachers and the parents to create awareness on Drug Abuse and HIV/AIDS.

- c) To identify the existing materials and programmes on drug abuse and HIV/AIDS in the schools.
- d) To identify the causes of Drug Abuse and infection HIV/AIDS among Children.
- e) To suggest measures for creating awareness on HIV/AIDS and drug abuse.

3.4. Definition of the Terms

The terms that are used in the research and crucial to the research are explained in brief. They are: Secondary Education Drug, HIV, AIDS and Awareness.

3.4.1. Secondary Education

The term “Secondary Education” denotes the last of the first stage of 10+ 2 +3 structure of education. The first ten years of schooling culminates with the formative evaluation at the class n level. And the Secondary Education comprises of classes nine and ten.

3.4.2. Drug

A drug is a chemical substance that alters the state of one’s body and mind. Generally it is considered to be any substance when taken into the body changes the way one thinks or feels. A drug may be used as a

medicine. The use of a drug under a medical prescription to serve a remedial purpose is called a drug use. When a drug or a chemical substance meant for a medical cure is taken outside of its purpose or in excess for personal enjoyment or for avoidance of a situation without medical reason or governance it is called drug abuse.

3.4.3. Addiction

An addiction is a compulsive habit. The term drug dependence instead of drug addiction is commonly used. Drug dependence is a psychic state and perhaps even a physical one resulting from the interaction between human beings and the chemical substance on a continuous basis to experience its effects and/or to avoid the discomfort resulting from its absence. It is used by people in different forms like injections, smoking, chewing, inhaling, sniffing, or consumed as tablets etc.

3.4.4. HIV

It is expanded as Human Immunodeficiency Virus. It is a virus that enters the cells of the body's immune system and weakens the person over the years. The infected person becomes incapable of fighting both common infections like those that cause diarrhea and terminal diseases

like cancer. It leads to AIDS. HIV as the cause of AIDS was identified in 1983.

3.4.5. AIDS

It is expanded as Acquired Immunodeficiency Syndrome. is a sickness. So far it remains without any known remedy. was first recognized in 1981. It is a developed reduction of one's body's resistance to infection. AIDS is an infectious disease spread by virus called HIV. Once the virus infects a person the immune system is broken down gradually and the person becomes vulnerable to multiple opportunistic infections. These are manifested in various forms as signs and symptoms. This syndrome is called AIDS.

3.4.6. Awareness

The term "AWARENESS" simply implies 'knowing something'. It also means that 'knowing something exists and is important'. When one knows that the problem of drug abuse and HIV /AIDS exists and it is important one is considered to be aware of it. The research aims at knowing the awareness level of the secondary school children in Nagaland on drug abuse and HIV/AIDS. The level of awareness can vary depends on the location, gender and the facilities that are made available to the children or because of their exposure to different situations.

3.5. Population and Sample

The population of this study consisted of children in Secondary Schools in Nagaland. The children within the age group of 14 to 15 years from 406 schools with classes 9 and 10. The statistical hand Book of Nagaland 2009 shows that the children population in Nagaland numbering 123612 boys and 111755 girls together in the high schools and the Higher secondary schools, out of the total enrollment of school children as 479732 in the year 2007-2008. (p.120) They belong to various economic as well as linguistic backgrounds.

3.5.1. Sampling

The sampling technique used in this study is based on stratified sampling method to arrive at final result based on the classified type categories. There are basically three areas of address as

- a) Educational Institutions in eleven districts of Nagaland which included the Children, Teachers, parents and the head of the institution.
- b) The children are further classified into Male and Female on the basis of Gender. On the basis of management of the school they are classified as School Type: Government School and the Private schools. And thirdly on the basis of the location of the school: such as Urban, Semi-Urban and Rural.

c) The parents too are classified as per the space or n

The teachers are further classified into the school type as Government school teachers and Private school teachers.

3.5.2. Sample

Children of classes IX and X from thirty one Government schools and thirty five Private schools spread in all eleven districts of Nagaland were considered for sample. For selecting the representative sample random sampling method was used to collect the information from male and female children studying in different schools at different locations. The researcher surveyed 65 schools all together in the eleven districts. There were 15 boys and 15 girls each from classes nine and ten selected randomly for survey.

There was an average of sixty children from one school. From one district three private schools and three government schools were selected. Of the three one each was from the urban, semi urban and rural locations. The survey was done basing on the location and type of school. Thus there were six schools in one district, one government school and one private school each in the urban, semi urban and the rural areas.

There was a sample population of three hundred and sixty children from each district. Thus there were eleven Government schools and

twelve private schools in the urban area that had the of respondents as 982 in the government schools and in the private schools together.

Of the Semi Urban schools there are eleven Government schools and eleven private schools that had the respondents as 11 persons. Of the nine rural government schools and eleven Private Schools, the strength of respondents was 1025. On the basis of gender there 1649 male and 1491 female respondents from 65 schools in the state. On the basis of the school type there were 31 Government schools that in 1284 respondents and 34 private schools that had the strength of 1856 respondents. Thus it was found that 3140 children responded to the questionnaire. They were from 65 schools. Table No.3.01 as given below is the sample of the children in seven classifications and a total of 3140.

Table No. 3.01

Sample Children

Children	Category	Total
School Type	Govt	1284
	Private	1856
Space	Urban	982
	Semi Urban	1133
	Rural	1025
Gender	Male	1284
	Female	1491
All Children		3140

Table No. 3.02
Sample of Parents and Teachers

Teachers :		433
Govt	176	
Private	257	
Parents :		588
Urban	198	
Semi Urban	230	
Rural	160	
Heads of Institutions		21

As given in Table No.3.02 the parents of the children classes IX and X were also surveyed. They were not necessarily the parents of the children who participated in the survey. There were 588 parents who responded to it from 65 schools of Nagaland of which 198 are from the urban area, 230 from the semi urban area, and 160 from the rural area. There were 21 heads of the institutions interviewed from those institutions where the survey was conducted. 433 teachers from 65 schools responded with the questionnaire of which 198 are of the urban, 230 are of the semi urban and 160 are of the rural populace.

Table No.3.03 represents the number of drug users (17) and recovering addicts (14) as well as the 21 PLHIVs interviewed to collect the information regarding the vulnerability of life, the problems, difficulties they face and to know more of their suggestions to prevent the same.

Table No.3.03
Sample of Drug Users and PLHIV

Drug users	17
Recovering Addicts	14
PLHIV	21
NGO	19

Those surveyed included Drug users, People living with HIV/AIDS and Recovering addicts, leaders of the NGOs as given in the table above.

3.6. Nature of the study

The nature of the study is largely descriptive. The study attempted to quantitatively describe and analyse the data collected through questionnaire. In order to achieve the objective of the study the researcher used assessment method of averages and percentages.

3.7. Tools Used

The researcher constructed a set of questionnaire for n and another set for the Teachers and Parents together. There were separate interview schedules for the head of the institutions and the Non Governmental Organizations. The schedule for the profile of PLHIV, IDUs and recovering addicts were also prepared.

3.7.1. Questionnaire for Children

The questionnaire for the children consisted of eighty one questions. The questionnaire was set in view of the objectives of the research. It had on its first page the letter of introduction by the Supervisor of the research. The second page was with a letter of request for help by the researcher and the same page contained the background data of the respondent. Items such as name, educational qualification of the parents were given as optional. The pages third, fourth and fifth contained the questions with the yes/ne/do not know format for answer. There were eighty questions and the last question No.81 was “any other type question to give the space for the respondents to write what one wished to add to the information given.

The questionnaire included the following components with varying number of parameters.

- a) General Concept/Abbreviations with eight parameters
- b) Concept on Stigma of Addiction with five parameters
- c) General Concept on Addiction with seven parameters
- d) General Concept on Substance Users with five parameters
- e) General Concept on Causes of AIDS with five parameters

- f) General Concept on Programmes with three parameters
- g) Mode of Transmission with eight parameters
- h) General Concept on prevention with seven parameters
- i) Personal Responsibility to prevention with nine parameters
- j) Methods of Prevention with eight parameters.
- k) Personal Effort as Resource with five parameters
- l) Resources as Organised Programmes with three parameters
- m) Resources as facilities in the school with eight parameters.

The same questionnaire was used to analyse the response according to the gender, location, school type and in total. The same components are tabled and analysed according to the category of the respondents. Thus, there are 13 tables for each category.

3.7.2. Questionnaire of the Teachers and Parents

The set of questionnaires for the Teachers and Parents were the same.

The set of questionnaire for the teachers and parents eighty five questions was prepared basing on the objectives of the study. All the eighty four questionnaires were statements with the three options such as Yes/No/Do not know model. The last question was of a statement “Any

other” for the respondent to write what is his/her personal opinion. The first page of the questionnaire leaflet was letter of introduction by the supervisor. The second page contained the letter of request by the researcher and the personal background with the optional response for the name. The third, fourth and the fifth pages contained the statements. The respondents were just to read and to tick what they considered as correct. The teachers and parents could answer the questionnaire in 40 minutes time.

The questionnaire contained the following components such as

- a) The problem of Drug Abuse and HIV/AIDS with 21 statements
- b) The Prevention of Drug Abuse and HIV/AIDS with 20 statements
- c) The Resources available with 24 statements
- d) The Causes of Drug abuse and HIV/AIDS with 19 statements.

Response of the parents was analysed basing on their location as urban, semi urban and rural. The response statements of the teachers were analysed basing on the school type like government and private. At the same time the components remained the same.

3.7.3. Interview Schedule of the Heads of the Institutions

The interview schedule for the Heads of the institutions framed with 20 questions of which eight had sub questions. The twenty first question was “Any other” type with the space for the respondent to write what he wished. It had the duration of average fifty minutes depending on the response of the Head of the institution. The chief components were the problems faced by the institution because of drug and HIV/AIDS, the cause of it, the programmes organized to create awareness, the resources available in the school regarding drug abuse and HIV/AIDS, the attractive nature of the secondary school system, effect of deviance on the student and the suggestions of the head of the institution for the prevention of deviance.

Each question was given the space too if the Head of the institution wished to write. The interview schedule too was printed in a leaflet format with the letter of introduction by the Supervisor. It was followed by the letter requesting for the interview by the researcher the second page. This page too contained the background information of the head of the institution.

3.7.4. Interview Schedule for the Non Governmental Organisations

The format for profile of the NGOs was prepared separately keeping in mind its confidential nature as well as time frame. It had eleven main questions and all had three or four sub questions. The twelfth question was “Any other” type. The components of the schedule included the aims and objectives, scope, type of programmes, methods used, resources available and the plans of the NGO.

3.7.5. Format for Life Profile of the HIV Infected (PLHIV)

It was a format with 18 items in list starting with name. It consisted of the personal data and the history of diagnosis including the probable cause. It too had the first page with the letter of introduction by the supervisor and the second page first part was the letter from the researcher and the second half of the page contained the 17 items for profile. It also had the date and the signature at the bottom of the page. In the format the respondent too was given a space for explaining the reason for getting infected.

3.7.6. Format for the life Profile of Drug Dependents (IDU)

The life profile of the drug dependents was prepared with twenty statements including the basic life background. The name, phone number and the postal addresses were kept as optional for the respondent to

respond. The statements included the symptoms of dependency, probable cause of dependency, date of treatment and experience with friends, family, society and the church. They too were asked to write on their own of the life situation as they experience. The format had the place for the date and signature at the bottom of the page. It was distributed with the letter of introduction by the supervisor and the request for help from the respondent by the researcher.

3.7.7. Format for the life Profile of Recovering Drug Dependents

The life profile of the drug dependents who were recovering or sober was prepared with twenty statements including the basic life background. The name, phone number and the postal addresses were kept as optional for the respondent to respond. The statements included the probable situation leading to dependency, date of treatment and experience with friends and family and Intervention for recovery. They too were asked to write on their own of the life situation as they experience. The format too had the place for the date and signature at the bottom of the page. It was distributed with the letter of introduction by the supervisor and the request for help from the respondent by the researcher.

3.8. Construction and Validity of Instrument

The investigator constructed the questionnaire after consulting the related literature and sought the suggestions from the Director, Shalom

Rehabilitation Centre, Chumukedima. The questions were corrected by the Medical officers, Dr Ranjit Jain and Dr Flora of Holy Redeemer Health centre, Chumukedima, Nagaland. It was later examined by the Supervisor and necessary corrections were made. A counselor from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM) funded Saksham Sub- Sub recipient centre attached to the Department of Education, Nagaland University, who is also an expert in the field of HIV/AIDS and Drug Abuse further examined the questionnaire.

After the investigator reviewed the questionnaire and Dr Joyce S Angami, Clinical Co-Ordinator, AIHI, Project Orchid, Nagaland, and also an expert in this field and a renowned counselor and social activist in the field of HIV/AIDS, drug abuse and youth examined it and evaluated it. This was done to ensure that the questionnaire items were appropriately framed and served the purpose for which it was designed.

The questionnaire was used to do the pre-test in St Joseph High School, Chumukedima. It was found that the children could understand the questions and respond to it within the stipulated time of one hour. Then, the Supervisor approved the questionnaire and the investigator printed and began to go to different places to meet the heads of the institutions to request for permission to collect the data.

3.9. Data Collection

The main tool for collection of data was questionnaires. The interview schedules too were used for Heads of the institutions as well as the IDU and PLHIV. The study made use of three sets of structured questionnaires for gathering of information from the secondary school children, parents and the teachers. The questions gave the respondents the freedom to express their view without reservation.

Besides, the letter of introduction and recommendation from the Supervisor and the request for help by the researcher, the questionnaire was divided into two sections; the first section contained the bio-data of the respondents. The second section consisted of the aspect for gathering the desired information.

A three points like options were given: such as: Yes/No/Do not know were used. This enables the respondents to indicate the extent of awareness or ignorance regarding the statements used in the questionnaire

3.9.1. Data Collection Process

The data collection was done by the researcher. The researcher contacted the heads of the institution through phones applied for permission to conduct the same in the school. After receiving the due permission the researcher fixed a date and time for the visit to the school with the head of the institution. After doing so the researcher reached the

school as per the appointment and met head of the institution. He/she often took the researcher to the class. In some cases head directed the class teacher to do so on his /her behalf. The researcher spoke of drug abuse and HIV/AIDS to the students and interacted with them through self introduction for about five minutes.

Then he went on to state the purpose of his visit and for volunteers to respond to the questionnaire. The children were always happy to volunteer. They were administered with the to i.e. the questionnaire and they were asked to tick the answer they considered correct. Once they finished the questionnaire was collected back immediately. This enables the researcher to have a high rate of return and enables the respondents some clarification on any issue raised in the questionnaire.

At the same time the children were requested for volunteers who know that any of their parents too could do the questionnaire similarly. The questionnaire was entrusted with the students who get it done at home by their parents. They were asked to bring it back on the following day which they mostly did. The researcher extended gratitude to them.

Similarly the questionnaire was distributed among the teachers who were teaching in classes nine and ten in the school. They were briefed of

the purpose of the research and the researcher explained to them the need for such a study. The teachers appreciated the venture and they returned the questionnaire after placing the tick marks.

The Head of the institution too was interviewed on the same day if it was permitted. Or else another day was fixed. Few of the Heads collected the schedule and returned it after writing on the same.

The researcher collected the addresses of the NGOs working in the field of Drug abuse and HIV/AIDS from the office of the Nagaland State AIDS control Society. The researcher approached the offices of the Non Governmental Organizations for discussion the matters related to HIV/AIDS and Substance Abuse.

The Drug users and PLHIVs were contacted through the help of the care centers or drop in centers where they usually are in contact and feel at home and free. They were cordial and happy to interact and to express their views. They were happy that there are signs of the general attitude towards them as changing for the better.

3.9.2. Secondary Source

The data collection was done from books, hand outs, periodicals and journals and other records. For this purpose the researcher visited the Libraries at Chavara Care centre, Shalom Rehabilitation centre,

Development Association of Nagaland, Kripa Foundation, Kohima, Nagaland University Library, State Library Kohima, Saksham Sub-Sub Recipient centre at Department of Education Nagaland University, Library of the Bosco College of Teacher Education, Salesian College of Higher Education, Library of Good Shepherd Seminary Dimapur, of St Joseph College Jakhamma. The researcher also interacted with the people from various fields of life regarding the topic of this study.

3.10. Data Analysis and Interpretation

The data collected was analyzed by applying descriptive method using percentages and averages. The data collected was thoroughly checked, assessed and entered into computer for tabulation. It was cross examined to avoid repetitions and mistakes. The data was further classified as per the classification of the objectives. So that it would project the clear picture of the awareness level of the secondary school children at the level of school type, location and gender as well as in general. The results are separately scrutinized, checked and transferred to tabulation sheets and to tables in order to analyze and to interpret the same. They were supported by tables and figures as needed. The method of data analysis is simple percentage applied as related to the research topic.

The response collected through the questionnaires were processed by applying frequency counts and tabulated as shown in Table Nos 4.1 to 4.47. Average was found out and converted into percentages. Each Table was given a specific title. The questionnaire for the children was divided to 13 tables as per the theme. They included general concept on HIV and addition, Stigma, transmission, resources, methods for prevention and causes. There were parameters in varying numbers in each table. The questionnaires for the teachers and parents too had four sub topics each as causes, resources, prevention and transmission.

3.10.1. Questionnaire of the Children

The response given by the children to the questionnaire distributed among them was analyzed according to the three categories. They are

- a) Gender and in total
- b) Location
- c) School type

3.10.1.1. Gender and Total

As per the census report 2011 the sex ratio being 934 females per 1000 male in the state is a matter of concern in Nagaland. In order to find the differences in the awareness level of the male and female children the analysis was done basing on the gender too. The tables and the themes

remained the same as in other sections. The scores of female and the male children were compared and analysed together with the total number of the students. It was shown in Table Nos 4.1 to 4.13.

Table No. 4.1 gives the response of the children from the schools located in three areas of the state. The general concept and abbreviations have eight statements with the responses of the children.

Table No. 4.2 depicts the awareness level of the children from the schools in the Urban, Semi-Urban and Rural areas of the state especially in relation to the stigma and addiction.

Table No. 4.3 is on the awareness level of the children on the general concept of addiction. There are seven parameters.

Table No. 4.4 is about the awareness level of the secondary school children on the general concept of substance users. There are five statements of which all are based on the drug user.

Table No. 4.5 is on the General Concept on causes of A DS. There are five statements to which the children have responded.

Table No. 4.6 is on the awareness level of the children on the programmes creating awareness on HIV and drug abuse. There are three statements of which two are of HIV and one is of drug abuse.

Table No.4.7 is about the awareness level of the secondary school children in different locations of the state on the modes of transmission of HIV.

There are eight statements on the transmission of HIV.

Table No. 4.8 is about the methods of prevention of HI There are seven statements.

Table No.4.9 is on the personal responsibility of the children to prevent transmission of HIV. There are nine statements on this topic.

Table No. 4.10 is on the resources available in the forms of materials as well as personnel. There are eight statements on the topic.

Table No.4.11 is about the awareness level of the children in the urban, semi-urban and the rural areas of Nagaland on HIV/AIDS and Drug abuse with special reference to personal effort as resource creating awareness. There are five statements of which four are regarding drug abuse and one is of HIV/AIDS.

Table no. 4.12 is on the resources available to the students as organized programmes and the individual determination and experience. There are three statements.

Table No. 4.13 is about the facilities available in the school for creating awareness on HIV and substance abuse. There are eight for the response of the children.

3.10.1. 2. Location.

Table Numbers 4.14 to 4. 26 fully dwells on the awareness level of the children from different locations in the state. They are categorized as: Urban, Semi Urban and Rural.

The term Urban area refers to the district Head quarters or the most important township of the district. They include three municipalities in Nagaland. The 28% of the population of the state live in the urban areas. There are eleven locations identified. There are eleven Government schools and twelve private schools identified and responses were collected from those schools in all eleven districts of Nagaland.

The term Semi Urban refers to an administrative headquarters with an Additional Deputy Commissioner as its head. It is under the category of small towns in Nagaland. It will not have development boards but councils to oversee the development as the civic body. There are eleven private schools and eleven Government Schools selected from eleven districts in Nagaland. The children from there responded to the questionnaire and they were analysed.

The Term Rural refers to a location considered to be a village. There are 1144 villages in Nagaland. They all have Village Development Boards and Village Education Committees. There are nine Government schools surveyed in such locations from nine Districts in Nagaland. There are eleven Private Schools surveyed in such locations of the eleven districts in the state.

Thus there were all together thirty one Government schools from three locations and thirty four private schools from three locations in the state that were surveyed.

The purpose of such analysis was to identify the awareness level of the children according to the place of their residence. Firstly because the facilities available, the exposure to information through media, the educational capacity of the parents, the standard of the school etc would influence the knowledge capacity of the children.

It enabled the researcher to identify the awareness level and needs of the children as per the locations in order to have a plan for creating awareness. There are thirteen tables with eighty one parameters. Each Table depicts the scores from the three locations. And they are specifically pertaining to the children of that area including the school type and the gender.

3.10.1.3. School Type

The same questionnaire of the children was also analysed based on the school type. The distinct difference in the function, curriculum transaction and the general climate of the private schools and government schools in Nagaland gives an opportunity to explore the ways to prevent the spread the abuse of drugs and HIV. The enrollment and the quality and efficiency of the teachers etc are evidently different. The Management of the school too is different. All these will make children have more exposure to knowledge not only by curricular programmes but also through the entire plan of education as implemented by the

institution. The themes and the tables remained the same but the scores differed. Table Numbers 4.27 to 4.39 depict the same.

3.10.2. Questionnaires of the Parents

For the analysis of the response sheets of the parents who participated in the survey to know the awareness level of the Secondary School children in Nagaland on HIV/AIDS and substance abuse they were thematically divided into tables and interpreted. They include: Causes, Prevention, Resources and Problem.

There were total of 588 parents who responded to it. The score sheet was prepared and analysed according to the location where they reside. From the rural area there were one hundred and sixty, from the semi urban area there were two hundred and thirty and the urban area there were one hundred and ninety eight parents who answered the questionnaire. There are eighty four statements with four sections.

Table No 4.40 is about the Problem of Drug abuse and HIV/AIDS. It gives the data on the approach of the parents towards the issue. There are twenty one statements in this Table.

Table No 4.41 speaks of the prevention of Drug abuse and HIV/AIDS. There are twenty statements that are answered by the parents of the children in different schools as per the location.

Table No 4.42 is about the awareness of the parents on the resources available in the school in order to prevent HIV/AIDS and drug use. There are twenty four statements to which the parents have responded

The Table No 4.43 has 19 statements on the causes of Drug Abuse and HIV/AIDS. The respondents are from the three locations and their response is analysed.

3.10.3. Teachers

There are eighty four statements with four sections including the following themes as – problem, causes, prevention and resources. There are four tables with numbers 4.44 to 4.47

3.10.4. Head of Institution

The interview schedule of the head of the institution was analyzed and entered as part of the chapter. It was reported in composition form.

3.10.5. The Non Governmental Organisations

The interview schedule for the profile of the Non Governmental Organisations was analysed and was reported in a composition form. It contains Tables of the activity areas of the NGOs. There are two Tables as Tables Nos 4.48, 4.49 and 4.50.

3.10.6. Profile of people living with HIV/AIDS

The interview schedule was analyzed to compile the profile of people living with HIV/AIDS. It was composed with the features of the findings on PLHIV.

3.10.7. Profile of Drug Users

The interview schedule for the drug users was analysed and the findings were composed and included in the research findings.

3.10.8. Profile of Recovering Addicts

The interview schedule of the recovering addicts or sober people was analysed and the research findings were entered into the research in an essay form.

3.11. Delimitation of the Study

The researcher has limited his research to the awareness level of the secondary school children i.e. classes IX and X in Nagaland on Drug Abuse and HIV/AIDS. The Research was limited only to sixty five schools from eleven districts of Nagaland including thirty one Government schools and thirty four private schools situated in three locations such as urban, semi urban and rural.

3.12. Reporting

It was done through chapterisation using a standard format of thesis writing laid down by central universities. The findings were recorded and they were discussed in different sections.

CHAPTER 4

ANALYSIS AND INTERPRETATION

4.0. Introduction

This chapter is devoted to the analysis and interpretation of data received from secondary school children, teachers, parents and heads of institutions of secondary schools in Nagaland. It was and presented in tabular form as follows:a) The data received from the Children according to the gender and in total are presented in Table Numbers 4.1 – 4.13

b) Table Numbers 4.14 to 4.26 show the data collected from children according to the location such as urban, semi urban and rural.

c) Table Numbers 4.27 to 4.39 show the data collected from the children according to the school type namely Government and Private schools.

d) Table Numbers 4.40 to 4.43 show the details of data collected from the parents according to their location namely urban, i-urban and rural.

e) Table Numbers 4.44 to 4.47 show the details of the data collected from the teachers basing on the management type of the schools where they serve namely Government and Private.

4.1. Children

The response of the children was analysed from three perspectives such as gender and total, school type and location.

4.1.1. GENDER AND TOTAL

In this section the responses of the children in general as well as according to the gender are analysed. There were all together 3140 respondents including 1491 male and 1649 female children. The knowledge of the awareness level of the secondary school female children on HIV/AIDS and substance abuse will enable the educator and the policy makers to identify the need areas to initiate appropriate intervention. There are 13 tables with 81 parameters.

The Table No. 4.01 is about the awareness level of the students on the general concept regarding HIV/AIDS. It has two statements on abbreviations and there are six statements on its nature.

94% of the male respondents stated the abbreviation of HIV correctly and 91% of them stated the abbreviation of A correctly. Only 80% of them stated that AIDS is not curable which means that the

remaining 20% were not aware that AIDS is incurable. Not knowing that AIDS is incurable could be interpreted as the absence of a sense of urgency of preventing HIV.

Of the female population, 94% of them stated the abbreviation of HIV correctly and 91% stated the abbreviation of AIDS correctly. 71% of them denied that HIV is not a chronic manageable disease. 89% of them stated that HIV leads to AIDS. It helped the researcher to conclude that most of the female children could correctly give the full forms of abbreviations but were still in need of knowing more of HIV/AIDS.

Of the respondents in general it was found that there were 94% of them who knew the abbreviation of HIV correctly whereas the abbreviation of AIDS was correctly answered by 91% of them only. 82% of them stated that AIDS was curable while 88% of them knew that HIV leads to AIDS. Only 54% of them stated that any sickness could be caused by AIDS. This finding called for concerted efforts to build the knowledge capacity of the children to approach the issues of health in general and to prevent HIV in particular.

Table No.4.02 is about the stigma of addiction and HIV. Of the five statements three are on HIV/AIDS and two are on both HIV and substance abuse.

71% of the male respondents stated that the people living with HIV are good people. But 49% stated that Drug abuse and HIV are curses and there were 58% who said that all drug abusers are HIV patients. Considering HIV/AIDS as a curse and all drug addicts as HIV patients, though by low percentage of respondents, draws attention to increase their knowledge on the fact of HIV and substance abuse to change such understandings especially of HIV or drug abuse as curses.

Of the female respondents 76% of them stated that people living with HIV are good people while only 71% of the male responded so. Only 43% stated that HIV and substance abuse are curses in comparison with 49% of male population. These two indicate that the female children are more aware of this aspect of the subject matter. When only 50% of them stated that PLHIVs expect love and affection from their family members as 51% said that all drug users are HIV patients the researcher came to understand that the majority are aware of these aspects.

Out of the total number of children, 74% answered that PLHIV are good people. While 46% considered HIV and drug abuse as curses 54% stated that all drug users are PLHIV. These two percentages of responses indicate the low level of awareness of the children on HIV/AIDS and drug abuse. This is the sign that children as a whole are still in need of learning more on HIV in order to make their knowledge

free of prejudices and to develop an open mindset towards the PLHIVs and substance users.

Table No.4.03 pertains to the concept of addiction. There are seven parameters of which six are directly on the concept of Drug use and one is about the facility for treatment.

85% of male respondents concurred that substance abuse is addictive. It shows a high level of awareness. 83% stated that injecting drugs is good for health. Only 20% stated that addiction leads to ill health. There are 26% who stated that Primary health centers provide help to the addicts. These three facts indicate the low level of awareness and the need for greater efforts to make them to learn more of HIV and Drug abuse. 78% of the female respondents stated that substance abuse is addictive. Only 16% considered that addiction leads to ill health. It is an anomaly in the conceptual knowledge of the children on HIV and Drug abuse because though they are aware of drug abuse as addictive they are not conscious that addiction is unhealthy. Only 26% have stated that they are aware that the primary health centers provide help to the addicts. It shows that they are to be exposed to the facilities available in their neighbourhood to prevent deviances such as substance abuse.

81% of respondents in general stated that substance abuse is addictive. Only 18% of them stated that addiction leads to ill health and

26% were aware of the Primary health centre and the facilities for the HIV patients and drugs users. Only 63% of the respondents stated that drugs can make us sick and drugs are ordinary medicines good for health. These reveal the absence of awareness of addiction in its relation to general health. There is a need to have a holistic approach to the entire issue of HIV/AIDS and substance abuse.

Table No.4.04 is on the awareness level of the children on the general concept about the substance users.

52% of the male population stated that IDU means: Injecting Drug Utility. It is a wrong statement. Only 10% had correctly stated the meaning of IVDU. Only 25% of them knew that the addicts are treated through counseling which stands in need of correction enabling the male children to be more aware of the subject.

When 29% of the female children stated that all addicts have HIV only 22% expressed their wish to be a drug user. It meant that 71% were aware that all addicts are not infected with HIV 82% did not wish to be drug users meaning that they know that it is unhealthy. It indicates that there is a sizeable number of children have low awareness level on the subject.

In connection with the overall percentage of the awareness level on the meaning of IDU 62% answered correctly while 88% answered wrongly about the abbreviation of intravenous drug user. 81% denied that they wish to be drug users. 68% of the respondents stated that Drug users are treated through counseling. The above data revealed the fact that in general children were aware of the general facts of HIV and Drug Abuse but there is much more to be conscious of in order to be able to take precautions for prevention.

Table No.4.05 is basically on the cause of HIV/AIDS and Drug use. Of the five parameters two are basically on the perspective towards the sickness itself and the other three address the causes of substance abuse and HIV/AIDS.

Of the male respondents only 41% stated that a happy life is a must for developing good habits. 89% of them were of the view that people who are discouraged take to drugs. 55% of them held drug users to be at high risk behaviour. 84% of the respondents considered that all people are in danger of addiction to drugs. 41% of them thought that any drug can cause HIV. These percentages indicated that the male children were in need of clarifying the concepts and causes of HIV and substance abuse from the perspective of general well being. Of the female children only 34% stated that a happy life is a must for having good habits. It is a

low level of awareness on the subject. Similarly 38% of them thought that any drug could cause HIV. It is not any drug that causes HIV. Therefore, there is a need for the efforts to educate the female more on the matter of HIV/AIDS and Drug abuse.

Of the Children in general 37% stated that a happy life is a must for having good habits. When 62% said that all drug users are at high risk behaviour only 38% of them stated that any drug could cause HIV. 71% of them considered it true that discouraged people often take to drugs. These are indicative of the need to educate the children on the concept of general well being especially in relation to social adjustment.

Table No.4.06 is on the General Content on Programmes. There are three parameters on the national and international programmes organized to honour the victims as well as to create awareness the subject.

Of the male respondents only 24% of them could state correctly that 1st December is World AIDs day. While 69% of them stated correctly that NACP creates awareness on HIV, 76% of them have stated that needle exchange programme is for all. Shown percentage of correct responses denotes that there is scarcity of information reaching to the general public on such government sponsored programmes. This calls for creating awareness by popularizing events and observances of day for a

particular purpose related to HIV/AIDS and drug abuse. When 39% of the female children are aware of the world AIDS day observed on 1st December there is also the need to popularize the significance of the government sponsored programmes to create awareness on HIV/AIDS. While 71% responded to the statement that needle and syringe exchange programme is for all, it was found that 69% were aware of the National Aids Control Programme that creates awareness.

Of the children in general 32% of them were aware of the world AIDS day while 69% and 73% were aware of the National Aids Control Programme and the Needle and Syringe Exchange programme. Considering the significance of the programmes and the events it is noted that the children had still low level of awareness. Concerted effort to make the children participate in such events and to make the programmes known to the children are required.

Table No.4.07 speaks of the mode of transmission of HIV. Of the eight parameters two are of the route of transmission – sex, two refer to transmission through blood, two are of the possibility of transmission through social contact and one is about the transmission to virus through mosquito bite and another is about the infected needle.

As per the response from the male children there is the possibility of transmission of HIV through social contacts like eating in

the hotel (82%) and by shaking hands (34%). But interestingly 92% of the stated that HIV is transmitted through mosquito bite. Other routes of transmission as per the respondents were like donation of blood (76%), by reception of infected blood (55%), through sex (90%) and through infected needles (34%). From this data it is evident that there is low level of awareness in the area of transmission of HIV.

Of the girls who responded to this there were 92% who considered sex as the route of transmission. 92% of them said that mosquito bite as a route of transmission of HIV. 33% of them stated that infected needles too could be route of transmission of HIV. They considered other routes as receiving infected blood (55%) and donation of blood (75%). These are indicators to show that the awareness level of the female children in secondary schools with regard to transmission of HIV remains low.

91% of the children in total responded that HIV is transmitted through sex. When 92% of them considered mosquito bite, 41% shaking hands, 17% eating in the hotel and 33% said infected needles as the possible routes of transmission of HIV. It is evident that the children have low level of awareness on the transmission of HIV through social contacts. There is a need to conscientise the children on the advantages of

donating blood and to free them from the fear of mosquito bite as a route of spread of HIV.

Table No.4.08 depicts the awareness level of the children on the general concept of prevention of HIV/AIDS. Of the seven statements two are on the treatment and one is about the NGOs as resources and four statements are directly on the prevention of HIV/AIDS.

Of the male respondents 86% of them that HIV is not preventable. It is a very high level of ignorance. 76% said that HIV can be prevented through uninfected blood transfusion. 34% of them stated correctly that ANC means Ante-Natal Care while 76% are of the opinion that AIDS can be prevented if one receives proper treatment. 64% believed that AIDS can be cured if detected early. When 53% were aware of the NGOs working for the prevention of HIV 59% of them considered that all hospitals have the facility to treat HIV patients. The data from the respondents are indicative of the fact that the awareness level of the male children on the concept of prevention of HIV is very low. It calls for immediate intervention.

74% of the female population stated that HIV is not preventable. It is a low percentage compared with the ntage (86%) given by male respondents. Only 30% know the full form of ANC. It is

sign of ignorance on the subject. They required intervention to create more awareness on the subject.

Of the total respondents, 80% stated that HIV is not preventable. 32% knew the correct full form of ANC. 76% were of the view that AIDS can be prevented with proper treatment. 63% stated that AIDS can be cured if detected early. These indicate a very low level of awareness of the children on the prevention of HIV. There is a great need to conscientise the children on the subject.

Table No. 4. 09 depicts the personal responsibility of the individual respondent to prevent HIV and AIDS. There are nine statements of which seven of them are related to personal habits and desires while two are on the knowledge about the availability of clinical facilities.

Abstinence from sex before marriage was considered a way to prevent AIDS by 77% of the male children while only 42 considered prevention of HIV by not injecting drugs. Further only 37 % stated that prevention of HIV is also done through abstinence from drug. But 64% of them were aware of the prevention of HIV by abstaining from sex with infected person. When 71% stated that HIV can be prevented with medicine and all doctors could help prevent it there was 22% who wanted others to be protected from HIV. Thus it is found that the awareness level

of the children on the way to prevent HIV does not enable them to have personal responsibility to work towards prevention of HIV.

77% of the female respondents too had the opinion as of the male (77%) regarding prevention of HIV by abstaining from sex before marriage. But 15% stated that HIV can be prevented if one does not consume liquor. 29% were of the opinion that HIV can be prevented if one has regular physical exercise. 66% stated that HIV can be prevented by abstinence from sex with infected persons.

Of the general children respondents 72% knew that all doctors can help to prevent HIV but only 19% stated that they wanted others to be protected from HIV. It is a matter of concern as their high awareness level has not enabled them to spread the awareness on the matter and the need to secure good health for all. Thus it is found that there is a need to intervene in order to create more awareness on the subject and the personal responsibility to prevent the same.

Table No.4.10 depicts the awareness level of the children on the material resources as well as the exposure to the reality of HIV and the ability to prevent HIV. There are eight statements of which one is directly on the availability of material resources on HIV. There are four statements on the ability of the individual to help in preventing HIV. There are three

statements on the exposure of the individual to the HIV patients and to other agencies that work for the prevention of HIV.

80% of the male respondents were aware of the resource materials available in their own mother tongue. 34% knew of the people who work with PLHIV while 42% of them knew of the NGOs who work for the prevention of HIV. 80% of them had companions who use drugs. But only 21% of them were willing to volunteer to work with the drug users and HIV patients. This indicates that the exposure to the material resources and to the situation did not increase their knowledge to know better of the subject and to strive to alleviate the situation.

Of the female children there were 81% of whom who stated that resource materials are available in their mother tongue. 21% stated that they could help others learn more of HIV. But there was 78% who stated that they could help others to learn of the need to prevent HIV. 30% of them knew of the parents of the companions who are HIV positive.

81% of the total respondents stated that there were the resource materials available in their mother tongue to prevent HIV. But only 29% were confident that they could help prevent HIV. It suggested that the optimum utilization of the materials was yet to be done in order to prevent HIV more effectively. The children are to be made aware of the value of

such materials in order to learn and to be increasing one's own knowledge capacity.

Table No.4.11 depicts the awareness level of the secondary school children on HIV/AIDS and drug abuse in relation to the personal ability to spread the cause of health for prevention of HIV/AIDS substance abuse. Of the five statements four of them are related to substance abuse and one related to HIV/AIDS.

Of the male children 13% of them were confident that they all knew well about substance abuse. 24% of them stated that they could associate with drug users freely. 72% of them read of drug addiction from the news papers. 76% of them knew of HIV/AIDS from their parents. 31% of them were happy to be in contact with drug users.

The respondents were aware of the subject and its implications but they were not confident to utilize their knowledge in their social life. It shows that there is a need to find the way to imbibe confidence and to realize the social implications of the knowledge one possesses. It will help to remove the stigma and to make the life of the society healthier.

Of the female respondents there were 70% who read of drugs from the news papers. 30% were happy to be in association with the drug users. 72% came to know of HIV from their parents. But only 10% of them were

confident that they were aware of the dangers of drug use. This indicates that the female children are not aware enough to spread the message of prevention with the limited knowledge they have.

In general 74% of the respondents came to know of HIV from their parents while 71% also read about Drug Abuse from the news papers. But only 30% were happy to be in contact with users and only 21% stated that they could associate with drug users freely. This is the sign that the awareness level of the children on HIV and Drug abuse is insufficient for the eradication of stigma and integration of the life of people with all in the society. The need is to intensify the efforts to conscientise the children on HIV/AIDS and substance abuse.

Table No.4.12 depicts the response of the children on their awareness of the resources available as organized programmes in the school. Of the three parameters two statements are about the way one is exposed to the subject in the school and outside and one statement is about one's own decision to make one's contribution to the prevention of drug abuse.

53% of the male children responded to the decision to do something to prevent drug abuse. There were 73% of them who had met an HIV patient one time or the other. But there were only 28% of them who attended any programme on HIV/AIDS or substance abuse. It is a

very low percentage considering the nature of the subject. It makes researcher feel the need for conducting more awareness programmes for the children.

Of the female respondents 71% had met an HIV patient. is 2% less than that of the male respondents (73%). On the other hand 22% had attended programmes on HIV/ AIDS and Substance Abuse and 28% of the male respondents had attended such programmes. 49% were confident that they could do something for the prevention of HIV and substance abuse.

When the respondents in total were considered it was found that only 25% of them had attended any programmes based on HIV and drug abuse. It was also possible to create awareness and to increase the knowledge capacity of the children in order to be able to protect oneself from the dangers of substance abuse and HIV/AIDS.

Table No.4.13 analyzes the Resources as facilities in the school for creating awareness among the children for the prevention of HIV/AIDS and substance abuse.

Of the male children 76% stated that Red Ribbon clubs help them to know more of HIV. While 70% of them had heard of HIV programmes in the school only 42% could state that their school has

facilities to make them know of HIV. When 14% stated that there were enough materials to read on HIV in the school, 42% said that there were books in the school library on HIV. 62% had read about HIV in the school but only 44% stated that the school had programmes on IV and substance abuse. 59% of the children stated that they were afraid of an HIV patient. This denotes the fact that there is much room for intervention in the area of sensitization on HIV and substance abuse.

Of the female respondents' 73% stated that the Red Ribbon clubs helped them to know more of HIV. There were 45% the children who said that school had facilities for helping them know more of HIV. Only 42% of them said that schools had the programme on HIV and drug abuse. It reflected the need for better co-ordination of the sensitization programmes on HIV in the educational institutions.

Of the total respondents, 74% of them knew that Red Ribbon clubs helped them know more of HIV, but only 43% stated that the school had facility to help them know more of HIV. Only 12% stated that there were enough materials to read of HIV in the school. 42% of them knew that there were programmes on HIV and drug abuse in the school. Here too it is found that the facilities in the school have limitations and it is in need of enhancement.

4.1.2. School Type

It is the section that explains the awareness level of the secondary school children in Nagaland on HIV/AIDS and substance abuse with special reference to the children categorized according to the management of the school where they study. The school type refers to whether a school is managed by the Government or the Private sector. Thirty one (31) Government school and thirty four (34) Private schools were surveyed for the purpose of this study. There are one thousand two hundred and eighty four (1284) respondents from the Government schools and one thousand eight hundred and fifty six (1856) respondents from the Private schools. The thirteen (13) tables below depict the awareness level of the Secondary school children in Government and Private schools in Nagaland on HIV/AIDS and substance abuse.

Table No.4.14 explains the awareness level of the secondary school children on HIV/AIDS and Substance abuse with special reference to the general concept and abbreviations used for common purposes. 92% of the Government school children knew the abbreviation of HI 95% of the Private school children responded to it correctly. Regarding the knowledge on the abbreviation of AIDS there were 89.2% from the Government schools and 92% of the children of the Privates schools were able to respond correctly. It is noted that when 80% of the Government

school children denied that AIDS is curable there was 83% of the private school children who did so. When 88% of Government school children said that HIV lead to AIDS there was 87% of the Private school children who considered so. 54% Respondents from both the types of schools stated that any sickness could be caused by AIDS. This table draws attention to the fact that the children have basic knowledge on HIV but the knowledge on AIDS is low. While the Government schools children have generally lower level of knowledge they have greater awareness on the fact that HIV leads to AIDS as compared to the private school respondent's data available.

The Table No.4.15 depicts the respondents' awareness level on the concept on stigma in relation to HIV/AIDS and Substance abuse. 70% of the Government school children considered PLHIV as good people. 54% of the private school children denied that HIV and substance abuse were curses. It is a positive sign of knowledge on HIV/AIDS and substance abuse. While 54% and 53% of the Government school and Private school children respectively considered all drug users to be HIV positive. It is a negative concept that requires correction. This is a matter of concern that needs intervention of the agencies to create better awareness.

There is a vast difference in the views of the respondents from Government school and the private schools with regard to the statements like "Person with HIV can be identified generally by looking at him." Only 65% of the Government school children stated "no" but 82% of the Private school children could respond so. Government school

children were in need of being exposed to the knowledge of HIV/AIDS and substance abuse.

Table No.4.16 is about the respondents' awareness on general concept of Addiction. It is noted with concern that 21% of the Government school children and only 15% of the Private school children said that "addiction leads to ill health." As high as 70% and 85% have responded that "injecting drugs is good for health" from Government schools and Private schools respectively. It shows a very low level of knowledge on the matter of substance abuse in both categories of schools. At the same time only 20% of the Government school children and 6% of the Private school children answered 'Yes' to the statement that "We can use drugs for pleasure." 30% of the Government school children and 22% of the private school children state that Primary health centers provide help to the addicts. It is a low level of knowledge on the public agencies of health care.

Table No.04.17 is on the awareness level of children on the basic concepts regarding substance users or drug addicts. 59% and 64% of the respondents from Government schools and Private schools respectively knew the full form of IDU correctly.

On the other hand only 10% and 13% knew correctly the of IVDU. 81% of the Government school children and 80% of the Private school children made

their wish not to be a drug user. Only 14 % of Govern school children stated that “all drug addicts have HIV” while 13% of the Private school children responded so.

27% of Government school children and 34% of the private school children considered counselling as treatment for addiction showing that they are in need of more possibilities to increase their awareness level.

Table No.4.18 is on the causes of AIDS. The respondents have revealed their view in general that a happy life is not a must for having gives an understanding that general health is not considered crucial for well being. The Government school children had 59% and the Private school children had 6 of respondents in this view. But 85% and 75% of the respondents of Government Schools and Private schools respectively stated that the ‘discouraged people often take to drugs’.

There was a low percentage of respondents who stated that any drug can cause HIV/AIDS with Government schools 38% and Private Schools schools 39%. The trend in this table indicates that the children are greatly need of knowing more of the basic facts on HIV and Drug abuse with special reference to their causes.

Table No.4.19 is about the awareness level of the children on the basic programmes to create awareness on the matters of HIV/A DS and Substance abuse. The most popularly observed World AIDS Day was not correctly understood. It is e ident in the percentage of response as 26% only said “yes” from the Government schools and

36% said “yes” from the Private schools. It is a very low level considering the way the media has the coverage of the matter.

65% of the students from the Government Schools said that National AIDS control Programme creates awareness while the response from the Private schools remained at 79%. To the statement “needle exchange programme is for all” 75% of the Government school children said “yes” while it is 71% for the Private school children. It is a programme for the IDUs only. It is not for all. This way the data shows that the government sponsored programmes are not understood well by the children.

Table No.4.20 is on the awareness level on the mode of Transmission of HIV. In this it is found that to the statement “I can get HI from Mosquito bite” 89% of the Government school children said ‘Yes’ while 92% of the Private school children said ‘Yes’. To the statement “I can get HIV if I inject with infected needles” only 27% of the school children from Government schools said ‘Yes’ while 36% of the private school children too said ‘Yes’.

“I do not get HIV if I shake hands with others” is a statement to which 60% of the children from Government schools responded as “No” which meant that they considered shaking hands with infected person as a mode of transmission of HIV.

So was the response of the children from Private schools with 58% who said “NO” Such a response requires urgent intervention to correct the view. Sex was considered as the commonest route of HIV by the children of Government schools (88%) and the

Private Schools (93%). Of the private school children 0% stated that one can get HIV from sharing needles while 83% of the Government school children shared the same opinion.

Table No.4.21 is regarding the awareness level of the school children on the methods of prevention of HIV. 77% of the Private school respondents and 83 % of the Government school children stated that HIV is not 68% of the children from Government schools and 58% of them from the Private schools stated that AIDS can be cured if detected early. Responses to the two statements are evidently a sign of ignorance on the subject.

It requires urgent call for intervention on a war footing. 60 % of the Government school children stated that all the hospitals have facilities to treat HIV patients while only 55% of the children from Private Schools stated so. On the other hand only 38% of them in the Government schools and 27% of them in the Private schools had answered correctly the full form of ANC. The above statements denote that the children are in need of better knowledge on the subject matter especially on the methods of prevention of HIV.

Table No.4.22 is about the responsibility of the individual to prevent HIV. Each child is brought to be conscious of one's own responsibility to prevent HIV in his or her own way. Only 21% of the Government school children stated that they want others to be protected from HIV while 17% of the private school children said so. It revealed the fact

that the children were in need of being conscious of the need to protect oneself and others from being infected with HIV.

74% and 79% of the children in the Government sector and the Private sector respectively stated that by abstaining from sex before marriage one can prevent HIV. 66% and 58% of the children from Government schools and Private schools respectively stated that HIV could be prevented by abstaining from sex with an infected person. The responses to these two factors showed that children were conscious of sex being one of the modes of transmission of HIV. And by abstinence from it they could prevent themselves from being infected with HIV. 69% and 64% of the Government school children and Private school children respectively stated that HIV can be prevented with medicines.

It showed that the children were in need of learning more of the ways to prevent HIV as well as about the nature of HIV. Regarding the prevention of HIV by not injecting drugs, the 38% and 40% respectively have responded correctly. It called for more learning by the children on the way injecting drugs could cause the transmission of HIV.

Table No.4.23 is on the availability of the material as well as personnel resources. 73% of the Government school children stated that materials were available in their mother tongue to learn of the HIV while 85% of the Private school children also stated

the same. 33% and 28% of the children of Government and Private schools were confident to help others to learn of HIV/AIDS.

In spite of the fact that 75% of the Government school children and 81% of the Private school children stated that they had companions who used drugs. There were only 21% from the Government schools and 14% from the Private schools who stated that they could volunteer to work with Drug Users and HIV patients. These two responses showed low awareness level considering the resources available. So the intervention to have better confidence built on knowledge was to be sustained for the children.

There were 36% of the respondents from the Government who knew people who helped PLHIV while it was 33% in the private schools whereas the children who knew of the NGOs with services for the Drug users HIV people were 40% in Government Schools and 36% in the Private schools. These data reveal the need to increase the knowledge capacity of the children to have a correct perspective on HIV and substance abuse.

Table No.4.24 is to analyze the Personal effort of the children to be resource to prevent HIV and Drug abuse. When 16% of the children Government schools were confident that they were well informed of the dangers of drug use only 8% of the children in Private schools were able to state so.

On the other hand 30% each from both Government and Private schools were happy to be in contact with drug users. But only 22% of Government school and the 19%

of private school could associate freely with the drug addicts. It shows that there is an element of stigma prevalent in relating to the drug users. 72% of the Government school children and 75% of the Private school children came to know of HIV/AIDS from their parents.

But there were only 62% in Government school and 73% in Private school who could read of Drug abuse in the news papers. It indicated the need for making the reading materials available for the children in the school.

Table No. 4.25 is on the awareness level of the children on the organized programmes as resources for them to learn more of HIV drug abuse. While 66% of the children from the Government school had met HIV patients, 76 % of them from the Private school had recorded as have met. As students 47% of them were sure in Government schools to do something to prevent Drug abuse but there was 53% of them who were ready to do in the Private schools. There were only 22% and 26% in Governments and Private schools respectively who had attended programmes on HIV and drug abuse. Thus, it is found that the children are largely not exposed to the opportunities to learn more of the HIV and Drug abuse.

Table No.4.26 shows that there are facilities in the schools that are resources for creating awareness on HIV and drug abuse. Regarding the role of Red Ribbon clubs 72% of the Government school children and 75% of the private school children stated that they helped them to learn more of HIV/AIDS and substance abuse. While 67% of the

Government school children and 70% of the private school children heard of the programmes on HIV in the schools only 41% of Government school children and 42% of the Private school children said that their school had organized programmes on HIV and drug abuse.

55% of Government school children and 62% of the Privates school children said that they read of HIV/AIDS in the school but only 15% of the Government school children and 9% of Private school children stated that they had enough materials to read on HIV in their school. Only 35% from Government schools and 40% from the Private school stated that there were books on HIV and drug abuse in the school library. Besides this only 41% said that there were programmes on HIV and drug abuse in their own Government schools while 42% of the private school children said that they had such programmes in the school. The data above brings to light the fact that the picture of the institutions having limited facilities for creating awareness for the children on HIV and Drug abuse. There was a need to equip the libraries in a better way with books and periodicals on this subject.

4.1.3 Location

Awareness level of the Secondary School Children on HI IDS and Substance Abuse: An analysis according to the Location such as Urban, Semi Urban and Rural

This section dwells on the awareness level of the children from dif locations in the state. They are categorized as: Urban, Semi Urban and Rural. The term Urban area

refers to the district Head quarters or the most important township of the district. There are eleven locations identified. There are eleven Government schools and twelve private schools identified and responses were collected from those schools in all eleven districts of Nagaland.

The term Semi Urban refers to an administrative headquarters with an Additional Deputy Commissioner as its head. There are eleven private schools and eleven Government Schools selected from eleven districts in Nagaland. The children from there responded to the questionnaire and they are analysed.

The Term Rural refers to a location considered to be a village. There are nine Government schools surveyed in such locations from nine Districts in Nagaland. There are eleven Private schools surveyed in such locations of the eleven districts in the state.

Thus there are all together thirty one Government schools from three locations and thirty four private schools from three locations in the state. The purpose of such analysis is to identify the awareness level of the children according to the place of their residence. Firstly because the facilities available, the exposure to information through media, the educational capacity of the parents, the standard of the school etc will influence the knowledge capacity of the children. It will enable the researcher to identify the needs of the children as per the locations in order to have intervention for creating awareness. There are thirteen tables with eighty one parameters. Each Table depicts the scores from the three locations.

The Table No.4.27 gives the response of the children from the schools located in three areas of the state. The general concept and abbreviations have eight statements with the responses of the children.

Of the 982 children of the Urban area only 93.99% knew the full form of HIV. 90% had stated the full form of AIDS correctly. For 55% AIDS refers to a set of diseases while 20% of them stated that AIDS is curable. When 9 stated that AIDS leads to death 53.26% said that AIDS could cause any sickness. awareness level of the children on HIV/AIDS in the schools of urban areas showed that they stand highly in need of learning more of the subject itself as the sta on the concept of the subject shows that they are less aware.

Of the 1133 respondents from the Semi Urban area 91% knew the full form of AIDS while 94% of them stated correctly the full form of HIV. Similarly 51% stated that AIDS refers to a set of diseases while 17% stated that AIDS is curable. When 87% said that HIV leads to AIDS 51% said that any sickness could be caused by HIV. These show that apart from the low level of awareness on HIV there is very low level of awareness on the subject of AIDS.

Of the 1025 respondents from the schools in rural area there was 95% who stated the abbreviation of HIV correctly. On the other hand only 91% stated the full form of AIDS correctly. 49% stated that AIDS referred to a set of diseases only 58% said that any sickness could be caused by AIDS. However, 14% sated that HIV is curable. This

indicates that the children from the rural schools were in need of learning much more on HIV/AIDS in order to protect themselves and to be healthy

Thus the Table No.4.27 exposes awareness level of the on HIV/ AIDS especially with regard to the basic concepts. The need for giving the children a clear idea about the basic concepts on HIV and its difference from AIDS is clearly indicated.

Table No.4.28 depicts the awareness level of the children from the schools in the Urban, semi urban and rural areas of the state especially in relation to the stigma and addiction.

When 81% of the children from Urban area stated that they did not consider people living with HIV as good people 54% deny that HIV and substance abuse are curses. When 55% of them consider the PLHIV and Addicts as those who expect love and respect from all 80% of them deny that all drug addicts are H V patients.64% of the respondents deny that a person with HIV can be identified by looks. 55% of them state that PLHIV expect love and respect from all. These figures project that the awareness level of the children on HIV and Drug abuse have not enabled them to remove the basic sense of stigma towards the PLHIV and Drug addicts. Their awareness of substance abusers as all HIV patients and that they are not good people show a high sense of stigma which stands in need of correction through intervention of the educator.

71% of the children from semi-urban areas consider people living with HIV are good people. 57% deny that HIV and Drug Addiction are curses. 51% state that PLHIV

expect love and respect from all. 79% deny that PLHIV can be identified by looks. But 52% of them state that all drug addicts are HIV patients. This is indicative of the need to know more of the HIV and Drug abuse and their relationship. The awareness level of the general concept on the modes of transmission of HIV is low.

The children from the rural area give a different picture of their awareness. When 74% of them consider HIV patients and Substance Abusers as good people 52% state that HIV and Substance abuse are curses. While 52% state that PLHIV expect love and respect from all 52% state that all drug users are HIV infected. It is a surprisingly high 81% who state that HIV Patient can be identified by lo at him/her. This is a sign that the children from the schools in rural areas have very low level of awareness on the subject matter. The intervention to impart more knowledge to them is urgently required from the part of the educator.

Table No.4.29 is on the awareness level of the children on the general concept of addiction. There are seven parameters 78% the children from the urban schools state that substance abuse is addictive.. 86% hold that addiction leads to ill-health. 81% hold that drugs cannot be used for pleasure.85% state that drugs can make one sick.. It shows that students in general are aware of the problem of addiction and its impact. But there is a need to increase their awareness level.

23% of the children from the schools in semi urban areas state that addition leads to ill-health. The vast majority as 91% state that drug cannot be used for pleasure. 25% of

them agree that Primary Health Centers provide help to the addicts. These show that the children from the schools in semi urban areas have a low level of awareness on the problem of Addition and are in need of the intervention to increase their awareness.

85% of the children from rural areas state that substance abuse is addictive. Only 5% state that drugs can be used for pleasure. It is a high level of awareness. 15% state that addition leads to ill health. It shows that children are not conscious of the effect of addition. 82% state that injecting drugs is good for health. 21% know that primary health centers provide help for the addicts. It is evident from the data given above that the children in the schools of rural areas have a very low level of awareness on the general concept of addiction and they are in need of the help from the school authorities or from external agencies to know more of the subject.

The data on the awareness level of the secondary school children on the general concept of Addiction is greatly varying from urban to semi-urban and to the rural areas. The children in the schools situated at semi urban and at rural areas stand in need of more sensitization efforts by the agencies from the school organization as well as by the NGOs and GOs.

Table No.4.30 is about the awareness level of the secondary school children on the general concept of substance users. There are five statements of which all are based on the drug user.

62% of the children from the urban area have answered the abbreviation wrongly. It means that majority of the children are not aware of the substance use. 66% of the children have stated the abbreviation of IVDU correctly. It shows that they knew of the general usages of the terms. Only 47% agreed that substance users are treated through counseling. It is a low percentage on the knowledge on the way a substance user can be treated. Such a response from the children calls for urgent intervention of the educator to increase their knowledge capacity on the subject matter.

Of the children from the semi urban areas 70% answered the abbreviation of IDU correctly. 78% knew of the full form of IVDU correctly. 51% stated that counseling is a way to treat the substance users. 70% denied that they have the desire to be a drug user. 40% stated that all addicts have HIV. These data reveal that the general awareness on the subject is more among the children from the semi urban area while there was a 29% who stated that they wish to be drug users showing that they are not aware of the impact of such behavioural habits.

46% of the respondents from Rural area showed that they knew the abbreviation of IDU while only 7% knew the abbreviation of IVDU. It is a low level of knowledge on the general concept of substance use. 23% knew of counseling as a means for treating the substance users. 13% stated their wish to be a substance user indicating that their knowledge on the substance

user is practically low. There was 14% who stated that all addicts have HIV. The data given by the children from the rural areas reveal that they have very low level of awareness and that they were in need of intervention for creating awareness on the subject matter.

Table No.4.31 is on the General Concept on causes of AIDS. There are five statements to which the children have responded.

86% of the children of urban area stated that a happy life is a must for having good habits. 57% agreed that discouraged people often take drugs. 80% stated that drug users are at high risk behaviour. 56% considered that all people are not in danger of addiction to drugs. 78% denied that any drug can cause HIV. This is an indication that the children of the urban area are aware of the causes of HIV.

62% of the children from the semi-urban area denied that a happy life is a must for having good habits. It is because they were not conscious of the need for a balanced life. 62% of them said that people who are discouraged often take to drugs. 57% stated that drug users are at high risk behaviour. On the other hand 76% stated that all people are in danger of addiction to drugs. 66% denied that any drug can cause HIV. This evidently shows that the children in the schools in semi urban areas are in need of increasing their awareness level of the causes of HIV as well as general well being.

63% of the children from the rural area denied that a happy life is a must for having good habits. It reveals that they are not conscious of the need to have good habits

as well as good health. 88% of them stated that people who are discouraged take to drugs. It showed that the children knew the cause of addiction but were not able to relate it to general health. 61% stated that drug users were at high risk behaviour which is a sign that the children were aware that drug use is detrimental to life. 84% of them stated that all people were in danger of addiction to drugs. It is a sign that children were aware of the proximity of all to the danger of addition. 55% stated that any drug can cause HIV. It is a poor level of knowledge on HIV. In short the children in the rural area know about the causes of HIV but are not clear about the differences of approach to the root cause.

Thus it is noted in this table that the children from the urban area have more awareness on the causes of HIV while the children from the semi urban area understand the concept better and the children of the rural area are in need of increasing their knowledge on the causes of HIV as compared to the other groups of children.

Table No.4.32 is on the awareness level of the children in the programmes creating awareness on HIV and drug abuse. There are three statements of which two are of HIV and one is of drug abuse.

70% of the urban children were aware that 1st December is the World AIDS Day. 78% of them knew that National AIDS Control Programme is creating awareness on the subject matter. 30% of the children were not aware that needle exchange programme is for the IDUs. From the above data it is evident that urban school children are in need of

increasing their awareness inspite of the fact that their knowledge of the programmes is high.

The children from the semi-urban areas had a different matter to state. Only 49% are aware of the World AIDS day observed on 1st December. It is found that 71% of them said that National AIDS control programme creates awareness on the subject. 66% of them stated that the Needle exchange programme is for all. It is because they are not exposed enough to the flagship programmes of the Governmental agencies. As low as 28% respondents of the Rural area stated that 1st December is the World AIDS Day. But 66% stated that national AIDS control Programmes creates awareness. 77% considered the needle exchange programme as for all. It is predictably a low level of awareness.

The Children in the Rural area are greatly in need of inter programmes and exposure to the theme in the schools as well as in the society. The semi urban areas respond to the statements greatly in a positive way. It shows that their awareness level is high but they are not knowledgeable enough to make the differences between the programmes. It requires greater sensitization.

Table No.4.33 is about the awareness level of the secondary school children in different locations of the state on the modes of transmission of HIV. There are eight statements on the transmission of HIV.

The children from the urban area have earnestly responded to most of the statements showing a high level of awareness. 66% of children stated that they

cannot get HIV through mosquito bite. While 92% said that HIV is transmitted through sex with an infected person. 85% were sure that one could get HIV through an infected needle. However 58% stated that HIV could be transmitted by donating blood. It is a low level of awareness. It is a sign that the children were in need of learning precisely the routes of transmission of HIV. It is also noted that 80% of the children stated that HIV is mostly transmitted through sex. These indicate that the children from the schools in the urban area have a high level of awareness on the routes of transmission of HIV but it is in need of clarification as to the specific routes that require intervention by the educator.

The children from the semi-urban area have responded to the statements differently. Only 59% consider that HIV is not transmitted through handshake and 80% by eating in the hotel,

When 52% state that HIV is transmitted through blood from the infected people only 37% say that it can be transmitted through infected needles. 90% state that HIV is transmitted mostly through sex. It is found that the children have low awareness level of the transmission of HIV as recorded it from the data given in the Table No .4.33..

In the rural area there are only 32% of them who stated that one cannot get HIV through shaking hands with an infected person. But 81% stated that one cannot be infected with HIV if one eats in a hotel. 27% stated that HIV is acquired through the use of infected needles. There was 93% who stated that mosquito bite can transmit HIV.

These statements showed that the children in the rural area had very low level of awareness on HIV.

It called for urgent intervention from the part of the educator for sensitization as well as focusing the attention of the children on this matter. From the above analysis it is evident that no area has a very high level of awareness in order to have the capacity of the children to decide to prevent the same.

Table No.4.34 is about the methods of prevention of HI There are seven statements. There are five statements directly on the prevention of HIV whereas two of them are on the facilities available in the locality for the prevention of the same, 69% of the urban children stated that HIV is preventable. 64% knew of the abbreviation of ANC.

55% stated that AIDS can be prevented through proper treatment. 38% stated that AIDS can be cured if detected early. 62% were aware of the NGOs working in the locality for the prevention of HIV. 30% stated that all hospitals have the facility to treat HIV patients. The awareness level of the children in the urban schools is expected to be high but often it is not so as found in the table. 30% of the children stated that HIV is not preventable. It shows a high percentage of ignorance. requires the intervention for creating awareness on the concept of HIV among the children in the urban area.

As in the urban area 67% of the children in the semi-urban area said that HIV is not preventable. 35% knew the abbreviation of ANC 35% them believed that HIV can be treated through proper treatment. 56% of them know that all hospitals have the facility

to treat HIV patients. These figures showed that the awareness level of the secondary school children in the semi-urban area is in need of improvement through the sensitization programmes.

From the rural area a vast majority of 87% of the respondents stated that HIV is not preventable. 28% of them know the full form of ANC. 80% stated that AIDS can be prevented through proper treatment. 63% stated that AIDS can be cured if detected early. 52% knew of the NGOs working in order to create awareness on HIV. This is indicative of the poor level of awareness on HIV among the children of the rural areas. Children stated that AIDS can be prevented if detected early and it could be cured with proper treatment shows that there are many areas in which the children are to be correctly sensitized under this subject matter itself.

Thus the table reveals the need for the urgency of intervention in order to make the children more aware of the subject matter especially in the precise area of prevention.

Table No.4.35 is on the personal responsibility of the children to prevent transmission of HIV. There are nine statements on this topic.

70% of the children of the urban area stated that one can prevent HIV if one abstains from sex before marriage. 72% stated that HIV can be prevented if one does not inject drugs. 58% stated that HIV can be prevented if with infected person is not done. 35% only believed that all doctors can help in preventing HIV. 80% wished that others be protected from sex. These figures indicate that the awareness level of the

children to prevent HIV in a personal way is high. At the same time 20% stated that HIV can be prevented through physical exercise, marking the fact that they were not aware of the ways to prevent the transmission of HIV. So they are to be addressed in order to increase their awareness level as well.

The children from the semi-urban areas had the percentages of responses that are vastly different from that of the Urban area. Only 38% stated that they can prevent HIV if they do not inject drugs. 35% stated that HIV can be prevented by abstinence from drugs. 20% wanted others to be protected from HIV. This is an indication of the low level of awareness on the subject of HIV and their responsibility to prevent the same. It demands an urgent programme on sensitization of the children on HIV.

14% of the children from the schools in the rural area wished to protect others from infecting with HIV. 78% believed that transmission of HIV can be if one abstains from sex before marriage. 62% said that one can prevent HIV if one abstains from sex with infected person. This shows that the children are in low level of awareness on their own personal responsibility to prevent HIV.

From the Table No.4.35 it is evident that there is much low awareness on the HIV among the children and thus they are not able to identify their responsibility to prevent the same. In order to enable them to be responsible in their individual way the awareness will have to be increased through constant programmes HIV and their knowledge capacity to be responsible is to be strengthened.

Table No.4.36 is on the resources available in the forms of materials as well as personnel. There are eight statements on the topic 21% of the urban children stated that there were handouts available on the subject in their mother tongue. 81% were confident that they could help others know of HIV/AIDS. 80% could tell others of the need to protect from HIV. 18% had companions who used drugs. Only 37% volunteered to work with HIV patients and drug users. 40% knew those who help PLHIV. 30% knew of NGOs working with PLHIV and addicts. 11% stated that they had companions whose parents are PLHIV.

This revealed that the children were exposed to the persons who are affected by the problem of HIV and drug abuse. They came to learn more about them through their association with them.

Of the semi-urban children 81% considered that there were materials in their mother tongue on the topic of HIV and drug abuse. But 27% were confident to tell that they could help others to learn of HIV. 77% stated that they had the need to be protected from HIV. 21% could state that they wished to volunteer to work with PLHIV and drug users. 31% stated that they had companions whose parents were HIV positive. From this it is concluded that majority of the children who were highly aware of the problem of HIV but their knowledge does not make them act positively for prevention. It required much more programmes on sensitization on the subject.

Of the rural children 81% had the materials in their mother tongue on HIV. There were 36% who could help others to learn of HIV/AIDS. 78% could tell of the need to protect from HIV. Only 37% knew of the NGOs working in the field of HIV/AIDS. 32% had companions whose parents were PLHIV. The data from the schools in the rural areas showed that the children are highly exposed to the situation of HIV and drug abuse. But they were not aware of its impact on them as well as on the general concept related to the problem.

Thus, the table No.4.36 indicates the need for creating awareness on utilizing the knowledge the children have on HIV and drug abuse for the sake of prevention of HIV and drug abuse.

Table No.4.37 is about the awareness level of the children in the urban, semi-urban and the rural areas of Nagaland on HIV/AIDS and drug abuse with special reference to personal effort as resource for creating awareness. There are five statements of which four are regarding drug abuse and one is of HIV/AIDS.

77% of the children from the urban area held that they are well informed of the dangers of drug abuse. 29% said that they could know of HIV from their parents. 22% could associate with drug users freely. 74% read of drug abuse in the news papers. This leads to conclude that the children of the urban area have a high level of awareness on HIV/AIDS and drug abuse. But their confidence to utilize their knowledge is to be improved through different programmes based on the subject of HIV and Drug abuse.

12% of the children from the semi urban area stated that they were well informed of the dangers of drug abuse. 72% knew of HIV from their parents. 68% read of HIV and drug abuse in the news papers. But 30% were happy to be in association with the PLHIV and the drug addicts.

22% stated that they could associate with the drug users freely. It denotes that the children from the semi urban areas of the state have a low level of awareness and they are not confident of utilizing what they know. It calls for greater efforts to sensitization of the children on the subject.

10% of the children from the rural areas had stated that they were well informed of the dangers of drug abuse. There was 71% who stated that they could read of drug abuse in the news papers. 74% learned of HIV from their parents while it was the 29% who say that they can associate with drug users freely. It is that the children from the rural areas are well aware that they have not learned enough of the dangers of g use. So there is a welcome spirit among the children to learn more of it. The educator needs to capitalize on the interest in learning of the children in order to create awareness on the subject of Drug abuse and HIV.

From the above data it is concluded that the knowledge of the children on the subject of HIV and drug abuse is limited at the same time there is immense possibility to have the full co operation of the children on the programmes for creating awareness.

Table No 4.38 is on the resources available to the students as organized programmes and the individual determination and experience. There are three statements.

From the Urban children there were 22% of the respondents who had met HIV positive people. On the other hand 55% of them had attended different programmes organized basing on the HIV and AIDS. A high as 74% of the students were hopeful that each one can do something to prevent drug abuse.

Of the children from the semi-urban areas 71% had met HIV Positive people. But only 27% had attended any programmes on HIV and drug abuse. 49% stated that they could do something for the prevention of HIV. This leads to the fact that the children were highly exposed to the people infected with the virus but they possessed little knowledge to prevent it or to protect themselves.

From the rural population there were 73% who stated that they had met HIV positive people. Only 23% have attended a programme in the school on HIV/AIDS and drug abuse. It shows that their exposure to the problem is very high but they are very little aware of the impact of the problem in their lives and on the society. Therefore the need of the hour is to have a guided sensitization programme on the impact of the HIV in the lives of people and on the society.

Table No4.39 is about the facilities available in the for creating awareness on HIV and substance abuse. There are eight statements for the response of the children.

It is noted that 76% of the students in the urban area said that Red Ribbon clubs helped them to know more of HIV. 74% of the students had heard of the programmes on HIV conducted in the school. Only 13 % of them said that they had enough materials to read on HIV and substance abuse. Only 41% were of the opinion that they had enough books in the library on the said topic. According to 44% of children the schools had facilities to help them know of HIV while 46% said that school had programmes on HIV and Drug Abuse. 61% read of HIV in the school but 58% of them were afraid of an HIV positive person. From the respondents of the urban area it is clear that they lacked enough materials to read on HIV/AIDS and substance abuse. Upgrading the school reading rooms and libraries with related materials will help in creating more awareness on the subject especially through personal efforts.

Of the semi urban respondents there are 71% who said that Red Ribbons clubs help them to know more about HIV/AIDS and drug abuse. have heard of programmes in the schools on HIV. 41% stated that the schools ha enough materials to read on HIV. But 12% of them stated that they individually had materials to read on HIV/AIDS. 38% stated that the school had programmes on HIV/AIDS. Thus it was noted that the schools in semi urban areas had children with less knowledge on HI/AIDS. 38% of them stated that they were afraid of HIV patients. is a clear sign of ignorance that can be removed with conducive awareness programmes.

From the children of the rural area it was noted that 59% of them were afraid of HIV positive people. Though 74% stated that they had to help through Red Ribbon clubs in order to know more of HIV/AIDS, it is also noted that only 43% said that their schools have programmes on HIV/AIDS and drug abuse. In this case too it is noted that the schools had nominal programmes on HIV/AIDS and drug abuse even to create awareness on the subject. There is a need to sensitize the children more as well as to support the programmes with appropriate reading materials in order to remove the stigma.

It is evident that the children in general have less materials and programmes to imbibe knowledge on HIV/AIDS and drug abuse.

4.2. An Analysis of the Response of the Parents

The analysis of the response sheets of the parents who had participated in the survey to know the awareness level of the secondary school children in Nagaland on HIV/AIDS and substance abuse. There are total of 588 parents who responded to it. They are analysed according to the location where they reside. From the rural area there are one hundred and sixty, from the semi urban area there two hundred and thirty and from the urban area there are one hundred and ninety eight parents who answered the questionnaire. There are eighty four statements with four sections.

Table No 4.40 is about the Problem of Drug abuse and HIV/AIDS. It gives the data on the approach of the parents towards the issue. There are twenty one statements in this Table.

Of the Parents from the rural areas there were 31% of the Parents who stated that there were drug addicts in the school. 36% of them said that there were drop outs from the school due to drug addiction. 27% said that death of children occurs due to drug addiction. 16% stated that there were children affected by HIV in the school. 30% of the parents said that there were children whose parents were infected with HIV in the school. 41% of the parents asked the school for programmes on HIV/AIDS and drug addiction. 51% of the parents said that some schools face disciplinary problems due to Drug abuse. 33% of them said that mental health of the child is important for good behaviour. 13% of the parents held that the climate of the school was affected by drug abuse. This showed that majority of the parents were not aware of the dangers that the drug abuse and HIV/AIDS caused to the education of their children in the school. Though the existence of the problem was acknowledged by much the impact it caused is not understood by them.

Of the semi urban parents there were 50% of them who said that the parents hide the fact that their children were drug addicts. 52% were aware that there were PLHIVs in their locality. 43% of them said that mental health of the child is important for good behaviour. 42% said that school performance of the children was affected by drug abuse and HIV/AIDS. 63% of the parents said they engaged in school matters concerning their

children. 31% of the parents say that they wish that t get involved in the lives of the children. 62% said that drug abuse and HIV/AIDS affected the quality of life.

These statements and the response to them were indicative of the fact that the parents from the semi urban area were conscious of the problem of Drug abuse and HIV/AIDS. There was a need to involve the parents in the planning of academic activities so that they too can be equal partners in the character formation of the children.

The 62% of the parents from the urban area said that there were PLHIV in their locality. 56% of them say that there discipline of the school is affected by drug abuse. 53% of them said that the parents hide the habits of the children in being drug addicts. 69% of the parents contact their teachers regarding their children, only 38% of the parents said that the children reveal their habits truthfully and seek help. 36% of them said that drug abuse and HIV do not affect the quality of life. It shows that they are in need of greater awareness on the impact of the problem of Drug abuse and HIV.

Of all the parents 56% of them acknowledged that that they hid the habits of drug addiction of their children. 32% of them said that there were drug addicts in the school while 39% of them acknowledged that there was drop out of children due to drug addiction. There was 43% who agreed that the parents ask for the Drug awareness and HIV sensitization programmes in the school. There were 68% of the parents who said that they contact teachers to discuss the matters of their children. There were 68% of the parents who said that they engaged in the matters of their children. These show that they

are conscious and efficient but are not able to contribute positively in to the educational formation of the children. Therefore the task of the educator is to create an atmosphere of collaborative education by instilling an atmosphere of healthy living.

The problems of HIV/AIDS and drug abuse hamper the educational process both for the individual as well as in the institution. But remedy can be found by way of building up the capacity of the parents in order to have a clear view of education and health in a holistic manner. So that all the parents will be sensitive to create a hygienic atmosphere for the children at home as well as in the and the school. Thus in the long run the eradication of the problem of HIV and substance abuse will be possible.

Table No 4.41 speaks of the prevention of Drug abuse and HIV/AIDS. There are twenty statements that are answered by the parents of children in different schools as per the location.

76% of the parents from the rural areas said that the school programmes on prevention of Drug abuse. 60% of the parents said that the children were aware of the dangers of Drug abuse. 65% of them said that the school organize awareness programmes for children on drug abuse. 57% said that school had programmes on HIV/AIDS. 61% of them agreed that NGOs conduct awareness programmes in the school. 74% of the parents stated that they inform the teachers if they were infected with HIV/AIDS.

But only 23 % of the parents said that they monitor the behaviour of the children. Only 19% of them were aware that the school had enough reading materials on drug abuse and HIV. 50% of them said that the management had enough fund for creating awareness on HIV and drug abuse. 78% of the parents said that community based organizations could deal with the drug addicts better. These responses showed that they were ever in need of getting to know more of HIV/AIDS Drug abuse. They were not able to sufficiently contribute to the physical health of the children.

Of the parents of the semi-urban areas it was noted that 62% of them said that they informed the teachers if they were infected with HIV. 73% of them said that the schools organize drug abuse prevention programmes. 58% of them said that the children were aware of the dangers of Drug abuse. 50% of them said that NGOs conduct programmes on HIV in the school. 36% of the parents said that they monitor the behaviour of the children.

Only 46% said that the teachers received co-operation from the parents for creating awareness on the matters of HIV and drug abuse. 73% of them said that community based organizations could deal with drug addicts better. These statements showed that they were aware of the dangers of drug abuse and HIV. But they were not especially conscious of their role to co-operate with the school in organizing the programmes to increase the awareness level of the children on HIV drug use. The role of the educator is to intervene in the process of identifying the needs of the children and to

facilitate the most appropriate programme in order to guide the behaviour of the children.

Of the parents from the urban area there were 69% who said school organizes programmes for prevention of Drug abuse and they also state that 78% of the children are aware of the dangers of drug addiction. Only 56% of them stated that the school had programmes on HIV/AIDS. It was noted that 68% of them said that the parents informed the teachers if they were infected with HIV. 87% of them said that NGOs conduct training programmes on HIV in the schools.

Only 29% of the parents said that they monitor the behaviour of the children. 60% of them considered that the school had enough reading material on HIV/AIDS. 56% of the parents said that they co-operate with the teachers for creating awareness on the subject. 77% of them said that the community based organisations were better for dealing with the drug addicts. 66% said that they respect the HIV patients. 99% of the urban parents agreed that the basic need of the secondary school children is peer support.

In this way it was found that the parents in the urban area were more conscious of the problem of Drug abuse and HIV/AIDS. They were open to the programmes in the schools for creating awareness and they co-operate too. The intervention of the educator was directed towards making the parents know what they could do in order to help them in the formation of the children.

Of all the parents 72% were aware of programmes organized in the schools on prevention of drug use. 54% of the parents said that children were aware of the dangers of drug use. 61% said that school had awareness programmes for children on drug use. 58% of the parents were aware that the school had programmes on HIV/AIDS. 67% of the parents said that they informed the teachers if they were infected with HIV/AIDS. There was only 22% of the parents who agreed that they monitor the behaviour of the children. When 22% of them said that there were enough reading materials in the school on HIV there was 48% who said that the management has allocated fund in order to sensitize the people on HIV and drug abuse.

According to 76% of the parents the community based organizations could deal with the drug addicts better. Only 33% said that the Red Ribbon club had achieved its goal. From this it is found that the parents in general were conscious of the danger of Drug abuse and HIV/AIDS were posing. But they are in need of learning to monitor the behaviour of their children for prevention of deviant behaviour as well as to care for health and thus for life.

From the data in the table it is noted that the parents are aware of the dangers of drug abuse as well of HIV/AIDS. They are free of stigmas they reveal their status to the teacher for the good of the children. They are to be encouraged to monitor the behaviour of their children in order to prevent deviance as well as to guide them for achievement in

life. The role of the educator is to make the parents be conscious of their role to be involved in the educational formation of the children.

Table No 4.42 is about the awareness of the parents on the resources available in the school in order to prevent HIV/AIDS and drug use. are twenty four statement to which the parents have responded.

Of the parents from the rural area there were 14% of them who stated that there are news papers and periodicals available for children in the school. 14% of them were aware that there were agencies that educate the parents on parenting. 28% were aware that the hand out were made available for the children in the school on Drug abuse and HIV /AIDS.

73% of them were aware that literature on HIV is available to them in the mother tongue. Only 16% of the parents said that they could clear the doubts of the children on HIV/AIDS. 10% of them said that the school has Red Ribbon club. 48% of them said that the school observes the World AIDS Day. There were 28% who held that the health care workers were effective in creating awareness in HIV and AIDS. 46% of them said that the customary laws were sufficient to deal with the drug users. In this way it was found that the parents from the rural area possessed low awareness level on the resources available for prevention of HIV/AIDS and substance abuse.

The parents are in need of increasing their knowledge on the subject matter so that they can in turn clear the doubts of the children on the topics of drug abuse

and HIV/AIDS. It is noted that the parents had great potential as they desired to have a free world without drug abuse and HIV/AIDS as seen from the 49% of the parents who participated in the training session on drug abuse and HIV/AIDS at one time or the other. The role of the educator is to establish a system of interaction with the rural parents in order to have informal interactions as a means of educating them.

Of the semi urban area too there were 14% of the parents who were aware of the news papers and periodicals made available to the children. 37% of them are aware that there were handouts available on the topic of HIV/AIDS and drug abuse in their mother tongue. 17% of them knew that the NGOs working in their locality were equipped to impart knowledge on HIV. There were 50% of the parents who stated that they had participated in training programmes on HIV.

There were 27% of the parents who were confident that they could clear the doubts of their children on HIV and drugs. 47% of them read regularly on HIV. 12% of the parents were aware that the school has Red Ribbon Club. 32% of the parents said that health care workers were effective in creating awareness on drug abuse and HIV/AIDS. There were 38% of them who said that customary laws were sufficient to deal with drug abuse. In this table it was noted that the parents of the semi urban areas had a very low level of awareness on the resources of the school for awareness on HIV/AIDS and Drug abuse. Though only 27% of them said they could clear the doubts of the children on HIV/AIDS and drug abuse it was noted that 7% regularly read on the

subject matter. Therefore, the need of the hour was to keep the parents updated on the subject matter through different programmes for creating awareness through the intervention of the educator.

Of the urban parents there were 25% of them who said that they were aware that news papers and periodicals were made available to the children in the school. Only 61% of the parents in the urban area also were aware of the literature on HIV/AIDS and drug abuse available in the mother tongue. 19% of them were aware that the NGOs working in the locality in the field of HIV are equipped to impart knowledge on HIV. 56% of them participated in the training session. 38% of them were confident that they can clear the doubts of the children on HIV and drug abuse. 17% were aware that the school has a library with information on HIV. 18% were aware that the school has Red Ribbon Clubs. 45% were aware of the schools that observe World AIDS' Day. 29% of the parents said that they regularly read about HIV/AIDS. 45% of the parents were aware of the health workers who are effective in creating awareness on HIV /AIDS and drug abuse. 48% stated that the customary laws were sufficient to deal with the drug users. This is evident from this table that the parents of the Urban area too were in need of awareness programmes in order to make them efficiently dealing with the schools and the pupils for the eradication of drug abuse and HIV/AIDS.

The parents were in need of devising ways to inculcate a sense of co operation with the institutions in order to evolve a strategy for preventive education. The role of the

educator was to identify the elements of the strategy they need to have to achieve the total prevention of drug abuse and HIV/AIDS.

From the total of the parents there were 18% who were aware that the schools make the news papers and periodicals available for the children. 65% of them said that literature on HIV was available in the mother tongue for the children. Only 16% said that the NGOs working in HIV were equipped to impart knowledge on HIV. 52% of them participated in the training sessions on HIV. But 32% could clear the doubts of the children on HIV. 22% read regularly on HIV. In general only 14% stated that they were aware of Red Ribbon Clubs in the school. 45% said that the schools observe World AIDS Day. 35% knew that the health care workers were effective in imparting awareness on HIV/AIDSs and drug abuse. 44% were aware that the customary laws are sufficient to deal with the drug users.

It is noted that the parents in general are poor in the awareness on the resources for creating awareness on HIV/AIDS and drug abuse. It is needed that the intervention of the educator through the civic bodies or the faith based organizations reach the parents in order to create awareness on HIV and drug abuse. The school too is in need of reaching out to the parents in general for the direct contact on the subject with the parents so that the programmes in the school become more relevant.

From the analysis of the response of the parents in the three locations on the resources available in the school for creating awareness on HIV/AIDS and Drug abuse

shows that the parents are greatly in need of being conscious of the urgency to create awareness on HIV/AIDS and Drug abuse. When the parents in the rural areas say that only 14% of them are aware that the news papers and periodicals are made available to the children in the school, it follows that the parents are not conscious enough to intervene in the matters of the educational progress of the children in the school for their all round development especially to address the matter of drugs and HIV/AIDS. Thus the parents and the teachers become equal partners in the educational progress of the children and the social relevance of the school.

The Table No 4.43 has 19 statements on the causes of Drug abuse and HIV/AIDS. The respondents are from the three locations and their response is analysed.

Of the Parents from the rural areas 41% stated that the peer pressure causes drug abuse. 42% stated that peer pressure leads to teen sex. 86% said that children at the secondary level required counselling and guidance. 88% said that parent-teacher interaction strengthened good behaviour. 61% stated that children of single parents are at greater risk. 19% held that giving the children what they want will make them behave well. 11% considered that the Red Ribbon club in the school was active.

These statements show that the parents have low awareness on the causes of HIV/AIDS and drug abuse. The role of the parents in parenting the children is to be emphasized so that the educator can receive more co-operation from the parents in the schools programmes on the educational growth of the children.

Of the parents from the semi urban area there were 43% who said that peer pressure caused drug abuse while 52% said that it caused teen sex too. 93% agreed that parents were the best role models for the children. 87% said that parent teacher interaction strengthened good behaviour. 53% held that children of single parents are at greater risk. Only 13% stated that the Red Ribbon clubs were active in the schools. Only 23 % said that giving what the children want will make them behave well.

These responses bring to the notice that the parents of the children in semi urban areas were aware of the causes of HIV/AIDS and their knowledge in this subject make them interact better with the parents and to be role models before their children. The educators' role could be to make the initiatives of the school for creating awareness among the children through the organized programmes like Red Ribbon Clubs more efficient and relevant.

In the urban area, there were 40% of the parents who stated that peer pressure caused drug abuse while there were 41% who said that it lead to teen sex too. According to 83% of the parents the children in secondary school required guidance and counseling. When 89% stated that parents were the best role models for the children 82% said that parent teacher interaction strengthened good behaviour. 56% said that children of the single parents were at greater risk. Only 18% of the parents said that giving what the child wants would make him behave well. 21% said that Red Ribbon Clubs were active

in the school. This showed that the urban parents were aware of the causes of the drug abuse and HIV/AIDS.

The intervention of the educator could be directed towards the involvement of the parents in guiding their own children as the vast majority considered that the parents were the best role models for the children.

Of all the parents there were 41% who said that peer pressure causes drug abuse and a 46% who said that it caused teen sex too. A vast majority of 82% said that children at the secondary level required counselling and guidance. 92% considered that the parents were the best role models for the children. 86% held that parent teacher interaction strengthened the good behaviour. For 56% of parents considered children of single parents to be at greater risk. When only 20% said that giving what the child wanted would make him/her behave well. Only 15% were aware of the red Ribbon clubs as active in the school.

These indicated the high awareness level of the parents on the subject of their children's awareness on HIV/AIDS and substance abuse. The educators role in general could be to identify the needs of the children in relation to their parents so that they could remedy the relations obstructions in order to have happy relationship with the parents and thus to consider the parents to be the best role models of the children.

Thus the table No 04.43 is indicative of the role of the parents in the awareness level of the children on the substance abuse and HIV/AIDS. There are instances of high

determination from the part of the parents such as the need for counseling and guidance at the secondary school level and the parental role as the models for the children to imitate and the efficacy of the parent teacher relationship for the sake of the good behaviour of the children.

At the same time only few parents are able to say of the Red clubs in the school working as effective agencies for creating awareness. The role of the educator is to help synchronize the programmes in the school for creating awareness among the children, parents and in the society at large on the effects of HIV/AIDS and drug abuse so that the children will be the greatest beneficiaries of the school programmes and the parents will have greater interaction with the teachers for the good of the children.

4. 3. Teachers

This section analyses the response of the teachers with regard to the awareness level of the children on HIV/AIDS and drug abuse in the secondary schools. There are eighty four statements divided into four tables under the theme Problems, Causes, Resources and Prevention. The table has three sessions with the response of the teachers according to the school type as Government school teachers, private schools teachers and together all teachers in general. There are all together four hundred and thirty three (433) teachers of which the Government school teachers are one hundred and seventy six (176) and the private school teachers are two hundred and fifty seven (257).

Table No 4.44 is about the awareness level of the teachers in the Government schools and the Private schools of Nagaland. Their response also is listed in general. There are twenty one statements under this session on problems of the institutions caused by Drug abuse and HIV/AIDS.

78% of the Government school teachers denied that there were students addicted to Drugs in the school. 76% of them denied that there were drop out due to addiction. 56% stated that some schools have disciplinary problems due to drug abuse. 86% denied that there were children affected by HIV/AIDS in the school. 81% stated that the school climate was affected by drug abusers. stated that parents wished the Teachers get involved in the lives of the children. 84% stated that drug abuse and HIV/AIDS do affect the quality of life.

90% agreed that mental Health of the child is important for good behaviour. There were 47% of the respondents who accepted that there are children who dropped out due to drug addiction. These figures showed that the teachers in the Government school are highly aware of the problems faced by the abuse of drugs and HIV/AIDS in the school. It is noted that teachers are fully conscious of the need for mental health to be preserved by the children in order to form good habits for ideal behaviour.

77% of the Private school teachers denied that there were children in the school with addiction to drugs. 73% denied that there were school dropouts due to addiction. 88% denied that the climate of the school was affected by the drug abusers.

78% stated that the performance of the children in the school was affected by drug abuse. 90% of them agreed that mental health of the child was important for good behaviour. It was noted that 61% of the teachers stated that parents engaged in matters of their children. These are indicative of the fact that the teachers are well aware of the problem of Drug Abuse and HIV/AIDS.

Of the Teachers in general 77% said that there were no children in the school addicted to drugs while 74% stated that there were school drop outs due to addiction. Only 30% said that parents requested for HIV and drug programmes in the school for their children. Among them too 90% were of the opinion that mental health is important for good behaviour. Thus it is found that the teachers in general are aware of the problems faced by the institution on account of the drug abuse and HIV/AIDS.

The analysis of the statements by the teachers on the problems of Drug abuse and HIV/AIDS reveals that the teachers are unanimous to the fact that mental health is so significant for the formation of good behaviour for the children. The atmosphere of the school is affected by drug abuse and the performance of the children in the school declines due to addiction and HIV/AIDS. Besides this parents approach the teachers seeking their intervention in the life of their children. It stands as an opportunity for the institution to strengthen the institutional climate of the school in order to make the children experience an atmosphere conducive for the appropriate mental hygiene and health.

Table No 4.45 speaks of the respondents' statements on the prevention of HIV/AIDS in relation to the awareness level of the secondary school on drug abuse and HIV/AIDS in Nagaland. It analyses the response of the _____ from the Government schools, the Private schools and together all the teachers.

Of the Government schools 55% of the teachers stated that schools organize programmes on Drug abuse prevention. 73% of them said that the children were aware of the dangers of drug abuse and HIV/AIDS. 63% stated that school had programmes for children on Drug abuse. 64% stated that school has programmes on HIV/AIDS. 66% said that NGOS conducted awareness programmes in the schools on HIV/AIDS. 80% of the teachers attended training programmes for them on HIV/AIDS. 67% of the teachers were of the opinion that community based organizations could deal with substance abuse better. Only 15% said that the Red Ribbon Club achieved its goal.

76% stated that they respect the HIV patients. 74% of _____ teachers said that the basic need of the secondary school children is the peer support. 69% of the Teachers found that Parents were interested to know of the ways to guide their children. These show that the Government school teachers are aware of _____ causes of Drug abuse and HIV/AIDS.

They attend as well as organize programmes on it in the school. They are also in touch with the parents regarding the need of the children.

But only 18% of the teachers were aware of the fund allotted by the management for creating awareness on HIV/AIDS and drug use in the schools. It called for revamping the planning and budgeting of the expenditure of the institution with greater participation.

Of the Teachers from the Private schools there were 50% who said that the school organizes programmes on drug abuse prevention. 73% stated that children were aware of the dangers of drug addiction. 55% said that school organized awareness programmes for the children on Drug abuse. 56% said that school had enough reading materials on HIV/AIDS. 64% stated that the Red Ribbon clubs achieved the expected goal. 74% respected the HIV patients. 72% said that the basic need of the secondary school children is peer support. 95% stated that the parents know about the dangers of drug abuse while 82% said that they were interested to know the ways to guide their children.

These indicate that the teachers in the Private schools are conscious of the causes of HIV/AIDS and drug abuse. They are in touch with the parents and the school allots fund for the programmes of HIV and drug abuse. But 64% only attended programmes on HIV/AIDS. It is a matter of concern as they need to be well informed of the subject matter in order to guide the children. It is to be noted that there is only 27% who said that the management has fund for creating awareness on HIV and drugs.

planning from the part of the management in order to create awareness on HIV/AIDS and drug abuse.

When Teachers in general are considered it is found that 52% of them stated that the school organized programmes on drug abuse prevention. But 73% of them said that the children were aware of the dangers of drug addiction. According to them only 71% of teachers attended the training programmes on HIV/AIDS. There were 86% of them who said that parents do not inform the teacher if they are infected with HIV.

It is significant because the parents live with the fear of alienation and rejection in spite of the need to protect their children in their educational pursuit. There was only 24% of the teachers who could state that there is fund for creation of awareness among the children on HIV/AIDS and Drugs with the management of school. It is a poor percentage because the fund is essential for participatory planning and implementation of the programmes.

There were only 21% of the teachers who said that the Red Ribbon clubs have achieved their goal. There were 75% of them who said that they respected the HIV patients. According 77% of the teachers the parents were interested to know of the ways to guide the children. It is noted that only 45% of the teachers said that in their locality there are NGOs who work with the HIV infected which meant that 55% of them lived in localities without the presence of NGO who work with the HIV infected.

The analysis of the response as given in the above table indicates that the school management has no fund to arrange programmes for creating awareness of the children on HIV/AIDS and substance abuse. Besides this the schools do not have enough reading

materials for the children to know more of HIV/AIDS and Drug Abuse. The teachers said that the 54% of the parents monitor the behaviour of the children. It is standing as the most crucial cause leading to the abuse of drugs and HIV/AIDS.

The parents very rarely reveal their health status to the teachers whereby they prevent the care to be given to their children for their educational growth. Therefore, the intervention of the educator is called for in order to educate the parents as well as the teachers to find significance in their role to be building up the future of the children as well as to intervene in the budget preparation of the school for the academic year in order to ensure allotment of optimum fund for the programmes based on HIV/AIDS and Drug Abuse.

Table No 4.46 is about the response of the teachers on the resources available on HIV/AIDS and Drug Abuse in the school. The teachers from the Government schools and the Private schools have responded to the twenty four statements. The twenty four statements are analysed according to the school type and in total.

Of the teachers from the Government schools 27% said that there were news papers and periodicals available for the children in the school. 43% of them stated that hand outs on HIV and drug abuse were made available to the children in their mother tongue. 62% of the teachers said that they could clear the doubts of the children on HIV/AIDS and substance abuse. 43% of them stated that they regularly read about HIV.

22% found that the school has a library with information on HIV. 20% of them said that the schools have Red Ribbon clubs.

40% of the teachers said that the school observes World AIDS Day. 49% of the teachers considered the health workers as effective in creating awareness. There were 17% of the teachers who said that the customary laws were sufficient to deal with the drug users. The teachers of the Government schools thus showed that they were aware of the resources available on HIV/AIDS and Drug Abuse in schools and in their locality. The reading materials available in the schools and the existence of Red Ribbon Clubs in the schools remained low and they required efforts to increase the same. The teachers were confident that they could help clear the doubts of the children on HIV/AIDS and drug abuse in that way they became most reliable resource for the children and the neighborhood.

Teachers also stated that the customary laws were not sufficient to deal with the drug users. They held that it is also possible to have preventive legislation and effective implementation for creating awareness on HIV/AIDS and drug abuse.

Of the teachers from the private schools there were 44% who stated that news papers and periodicals were available for the children in the school. 17% of them stated that there were handouts available on drug abuse and H V/AIDS in the school. 35% of them affirmed that literature on HIV is available in the mother tongue of the children. 62% of them considered that the NGOs working in the field of HIV and drug abuse are

equipped to impart knowledge on HIV. 65% were confident that they could clear the doubts on HIV. 32% said that they regularly read on HIV.

21% of the teacher could state that the school has library with information on HIV. Only 9% of the teachers said that the school has Red Ribbon Clubs. 37% of the teachers said that the schools observed the World AIDS Day. 54% of them opined that Health workers are effective in creating awareness on Drug abuse and HIV/AIDS. There were 25% who opined that customary laws were sufficient to deal with drug abusers. In this way it is noted that the private school teachers are aware of the resources for creating awareness on HIV/AIDS and drug abuse. At the same time absence of Red Ribbon clubs and the reading materials in the library hampered the progress in knowledge on the subject matter among the children.

Of the total teachers only 37% said that news papers and periodicals were available for children in the school. 35% of them said that literature on Mother Tongue was available for the children in their mother tongue. 62% of the teachers considered that NGOs working in the field of HIV is equipped to impart knowledge on HIV. There are 21% of the teachers who said that the schools have books on HIV in their library. 64% of the teachers were confident to clear the doubts of the children on HIV.

There were only 13% of the teachers who said that the schools have Red Ribbon clubs. Only 38% of them said that the schools observe World AIDS Day. There were 52% of them who said that there are Health workers effective in creating awareness on

Drug abuse and HIV/AIDS. 22% of them considered that the customary laws were sufficient to deal with the drug users.

From the above analysis it is evident that the teachers were generally aware of the facilities available for the children in the school and in the neighbourhood for creating awareness on HIV/AIDS and drug abuse. It was noted that though Red Ribbon clubs were helpful in the process of creating awareness of the subject matter of HIV/AIDS and drug abuse only few schools had availed themselves of this opportunity. As teachers were confident to clear the doubts of children on HIV/AIDS and drug abuse it was found that there were only 34% of the schools with the availability of news papers for the children to read from.

Table No 04.47 is about the causes of HIV/AIDS and Drug abuse. There are eighteen statements in this table on the causes of HIV/AIDS as well as drug abuse among the children.

Of the teachers in total when 62% said that peer pressure can lead to drug abuse, 67% said that peer pressure could lead to teen sex too.

When 63% of the teachers held that children in secondary school required counseling/Guidance, 94% of them said that there were some who hid their HIV infection. 93% said that parental counseling could remedy conflict in the family. According to 57% of the teachers, the children from broken families were prone to drug abuse.

68% said that giving the children what they wanted would make him/her behave well. Only 5% stated that participating in the meeting of HIV positive people could spread HIV. When 24% of them stated that drug users resort to supply of safe needles from NSEP. There were 12% who said that Red Ribbon clubs.

This data brings the fact to the notice of the researcher that the teachers in general are aware of the causes of HIV and Drug Abuse but the reality is that the preventive methods that they could resort to were of very little effect as they were not efficiently activated. It is surprising that 88% of the schools remain without an active Red ribbon club nor were the teachers (76%) aware that the drug users need to resort to the supply of safe needles from NSEP. The need of the hour is to devise a strategy to organize counselling for the secondary children as well as to activate Red Ribbon clubs in the schools.

Of the private school teachers there were 68% who said that peer pressure lead to Drug abuse while 61% said that Peer pressure lead to teen sex. 93% of them stated that the children at the secondary level required guidance/counselling. It is noted that 99% of them said that Parent Teacher interaction strengthened good behaviour. 67% considered the children of single parents to be at greater risk. 45% of the private school teachers considered the children from the broken families to be prone to drug abuse. Only 13% of them said that giving what the children wants will make them behave well. According to 21% of the teachers the Drug users resorted to supply of safe needles from NSEP.

There were 8% of the private school teachers who said Red Ribbon clubs are active. 3% of the teachers stated that attending the funeral of the AIDS Patient could spread HIV. This reveals that the teachers are highly aware of the HIV/AIDS and drug abuse. It is noted that the teachers are unanimous that the Red ribbon clubs do not exist or function in the schools and about the requirement of guidance/counseling for the secondary school children.

Of the Government school teachers there were 66% who said that peer pressure leads to drug abuse as well as teen sex. 95% of the teachers stated that children at the secondary level required counseling /guidance. There were 89% of the teachers who said that parental counseling could remedy conflict in the family. There were 94% who held that parent-Teacher interaction strengthens good behaviour at the same time 66% said that children of single parents were at greater risk. According to 72% of the teachers children from broken families were prone to drug abuse. Only 26% of the teachers said that giving what the child wants will make him/her behave well. 9% stated that attending the meeting of the positive people could spread HIV. 28% of them considered that drug users resort to the supply of safe needles from NSEP.

There were 17% who said that the Red Ribbon Clubs were active in schools. These show that the government school teachers are highly aware of the causes of HIV/AIDS and drug abuse. They recommend that there be a secondary school children counseling /guidance facility in the school. The Red Ribbon clubs considered to be

universal for the schools is rarely organized in the schools. The activation of the Parent Teacher associations and the organization of the Red ribbon clubs can go a long way in order to raise the level of awareness of the children in HIV/AIDS and Drug abuse.

4. 4. HEADS OF INSTITUTIONS

Heads of the institutions are the leaders who plan and bring about the desirable motivation in the institution. They guide the institution with greater strength and determination for growth in line with the principles of its foundation. Therefore their views will greatly determine the policies of the institution. They were approached with a set of 20 questions for interview. There were sub-questions too. The researcher was cordially welcomed by the Head of the school. The head was requested to fill in the profile on the first page of the questionnaire.

To the question on the types of deviance found among the secondary school children majority of them said that there was habits like smoking, consumption of tobacco products, roaming about and disinterested behaviour among a few of the students. The causes of deviance as identified by the head included absence of parental guidance, unfit teachers, parents' inability to be role models, alcoholism of parents, absence of creative recreational or sports facilities, separated parents or single parents, influence of the media, peer pressure, absence of proper occupation and the general climate of the society etc.

Reinforcement was considered to be the best remedy for the deviant behaviour of the child. The well mannered teachers, disciplined management or head, parental guidance, more participatory education, parent teacher interaction, rapport with children etc were considered by them as the remedy for deviance.

Normal disciplinary measures practiced in the schools for undisciplined behaviour included dismissal from the school, suspension from programmes in the school like those found with habits of smoking or drinking were not allowed to participate in the sports events in the school.

Two schools have recorded that one each child of the age of 15 passed away due to the over dose of drug abuse in the recent past. No one said that the parents of the children had revealed their HIV status to them for the good of the children and their education. Few of them suggested that programmes like exposure tours were considered to be a means for creating awareness as well as to motivate the children. One opined that the art of reasoning and creative thinking could be of help to develop in children love for learning as a way to keep them creative and engaged with firm aim in life.

Regarding the involvement of the children in the school programmes one of the heads suggested that pupils' parliaments and a democratic system of school management where the climate of hard work for knowledge is prominent would have children performing better in their growth process and an all-round growth could be possible too. Regarding the ways to help the children to cope with learning process the suggestion was

to make the children have their best at the secondary level. For this they were suggested that there could be guidance to choose friends and to grow with mutual respect. The children were considered to be in need of removing the myths of life. By having the proper interactive system with parents and teachers it was possible that parents become mutual partners in the educational growth of the children.

One Head noted that text oriented instruction and curriculum bore the children and make them more disoriented. He preferred democratic and creative ways of learning which is possible with a low ratio of teacher pupil in the class room. Few suggested that the team spirit of the teachers is to be built in order to approach the educational formation of the children holistically as a team. Another suggested that there should be an aptitude test for teachers before they are appointed.

Thus, it is found that the heads of the institution have a very realistic approach towards the issue of drug abuse and HIV/AIDS. They welcome the victims of such problems and they are open to their education in the same school.

4.5. Non Governmental Organisations

The role of the Non Governmental Organizations in combating substance abuse and HIV/AIDS is crucial. The public private participation is made easily possible as well as the civil society in general gets involved through NGOs to solve immediate problems and to face the challenges faced by the society in general. There are NGOs working with focus on different fields related to HIV/AIDS and Substance Abuse. The

focus areas are creation of awareness, care and support services, detoxification and treatment and counseling.

Regarding the nature of Non Governmental Organisations, it is noted that they are in general secular organizations founded by individuals or team of persons. Some of they are: Prodigal Home, Community awareness development, Bethesda, Naga Mothers Association cradle ridge etc. There are also NGOs sponsored by the faith based organizations such as World Vision, Eleutheros Christian Society, Kripa foundation, Development Association of Nagaland etc. There are NGOs working with the Nagaland state AIDS Control Society in direct link. There are also NGOS working on their own with external funding in this field.

The Table No. 4.48 shows the man power working in the CCCs managed by the five NGOs in Nagaland under the direction of NSACS.

Table No. 4.48

Man power in CCC of NGOs Working with NSACS

Doctors	Project Co- Ordinators	Out Reach Workers	Nurses	Lab Technician	Counsellor
06	06	19	15	05	05

Table No. 4.48 depicts that there are doctors in all the community care centers. They are all equipped with laboratories and technicians. There are counselors in the centres. The out reach workers number all together 19 making the services available to all and to make it known to the needy as well as to identify the infected.

The names of the CCCs are given below

Cradle Ridge, Naga Mothers Association, Kohima

Elpis Home, WSBK, Dimapur

Longpang Hospice, Eleutheros Christian Society, Tuensang

Impur Christian Hospital, Impur

Komking Noklak, Eleutheros Christian Society, Tuensang.

The Table No.4.49

Target Intervention status of NSACS.

Name of NGO	Theme	Number of Locations of operation
Bethesda Youth Welfare Centre	IDU	03
Care & Support Society	IDU	01
Care Counseling Centre	IDU	01
Community Awareness and Development Foundation	IDU	02
Cultural Club of Athibung	IDU	01
Dimapur Net work of People living with HIV/AIDS	IDU	01
Eleuthorus Christian Society	IDU	03
Friends Inter Trusteeship Alliance	IDU	01
Grace Society	IDU	02
Guardian Angel	MSM	02
Jerrimen Youth Society	IDU	03
Khiamungan Baptist Church, Tuensang	Core Composite	01
Kiamniungan Baptist Churches Association	IDU	01
Kripa Foundation	IDU	03
Nagaland Users Network	IDU	01
NEDHIV	Truckers, IDU	03
People Welfare Society	IDU	02
Prodigal Home	Migrant	01
Shansham Organisation	IDU	02
Tribal Farmers Association	IDU	01
Turning Point Organisation	IDU	01
United Sangtam Voluntary Organisation	IDU	02
Walo Organisation	IDU	01
Yingli Mission Society	IDU	02
Youth Action for Social Service	IDU	01

. The Table No.4.49 as given above shows the Target Intervention status of NSACS. This table depicts the picture that majority of the target interventions are in the field of IDUs in the State. There are NGOS working with truckers and migrants. Both these areas are considered to be highly potential carriers of HIV.

The Table No.4.49 shows that there are forty two locations of operation by the 25 NGO for targeted groups like IDUs, migrants, MSMs, sex workers separately and all the groups together too.

Table No.4.50
List of NGOs working with PLHIV

Name of the NGO	Location of operation
Kekhrie Foundation	Kohima
Oasis	Dimapur
Zunheboto Net work for positive people	Zunheboto
Inter Denominational Churches care and support	Wokha
NNP+ Secretariat	Kohima
Community Care Centre Yimchunger Baptist Church	Tuensang
Mt Gerizim Drop In centre, Tuensang Town Baptist Church	Tuensang
Langhsa Drop in Centre , Sangtam Baptist Church	Tuensang
Ke-Lomei Centre, Khiamniungan Baptist Church,	Tuensang
Agape Drop in Centre, Khiamniungan Baptist Church	Nokalak
Network of Kiphire District PLHIV (KPNP+)	Kiphire
Integrated Rural Development Society	Peren
Network of Phek District PLHIV	Phek
Network of Mokokchung District PLHA	Mokokchung

The NGOs that are involved in PLHA Drop in Centre services are shown in the Table No.4.50. There are 15 NGOs working in 11 15 areas. Tuensang town alone has four drop in centers as managed by different churches from the town. It has made the services more accessible to the public and the beneficiaries are able to avail the facilities at a lower cost.

The project ORCHID is implemented by the NGOS through partner agencies under the direction of NSACS. Partner agencies include Prodigal Home, Akimbo society,

Bethesda, and Guardian angel. They have definite target areas like sex workers, IDUs and MSM. They operate in different locations in the state. Few of the NGOs are given below

a). Bethesda Youth Welfare Society is an NGO working with the substance abusers attempting to rehabilitate and to sustain sobriety. This organization makes well thought out plans for the implementation of projects and services in accordance with the urgent need of the time. Thus the needs of the people are met to a great extent. In other words, the resources and the services in the organization are utilized in the best interest of the people. The organization provides round the clock services and consultation at the rehabilitation centre. It is the centre where many of the drug addicts and alcoholics come and stay and undergo the beautiful journey of recovery. This organization presently works directly in different places like Duncan, Nagaland Gate and Chumukedima in Dimapur district for the welfare of the drug users. It also is a partner with the Orchid and helps the other NGOs in Phek, Chouzuba, Pfutsero, Bhandari and Sanis for the implementation of the projects for the IDUS. Their head quarter is in Dimapur.

b). Prodigal Home is a socially active NGO reaching out to the people in vulnerable situations like drug abuse, HIV/AIDS, unorganized labour sector of the migrants, physically challenged persons etc. It runs a full- fledged rehabilitation centre for the drug addicts with special emphasis on skill development for employability or self employment. Besides serving the care for the HIV/AIDS infected it addresses specifically the drug addicts and their problems. It also is a partner agency with the Orchid reaching

out to places like Kiphire, Shamator, Zunheboto, Wokha and through implementing agencies of the local origin. It is noted that Prodigal Home works with the International Border Area People's Welfare Organisation in Kiphire District that covers some of the least accessible areas in the state.

c). Naga Mothers Association is a unique venture of the women in Nagaland. As a mass based organisation it has initiated a hospice for the HIV/AIDS patients and named it as 'cradle ridge' at Kohima. Besides being actively involved in socio – political issues in the state it strives to seek the welfare of the people suffering due to stigma and discrimination. It provides for a home for the AIDS Orphans and a hospice for the AIDS patients.

d). Eleutheros Christian Society is a pioneering NGO in the Tuensang District. It is actively involved in socio cultural uplift of the people through mass participation in economic development of the rural areas. It strives to create a self reliant and democratic society with dignity of the human person as respected by all. It began the first drug rehabilitation and treatment centre in Tuensang. Presently it is involved in caring for the drug addicts, AIV/AIDS infected persons and runs Hospices at Longpang and Noklak in Tuensang District.

e).Development Association of Nagaland is an agency for education, socio-economic development and health care through mass participation. It is an implementing agency for the sponsored programmes of the international agencies. It addresses the

issues at the grass root level and reaches out with reinforcement for the holistic growth and development of the people. It directs the Addiction Rehabilitation Centre “Shalom” at Chumukedima, Chavara Home, a care centre in Dimapur for the HIV/AIDS patients and orphans, and runs drop in centre for the HIV patients in Dimapur. It conducts awareness programmes on drug abuse and HIV/AIDS and counseling and training for the people from different strata of the society.

There are other faith based organizations like the Western Sumi Baptist Church Association and Khiamungan Baptist Church Association are also actively involved in the care and support programmes in the field of HIV/AIDS.

4.6. People Living with HIV/AIDS

People Living with HIV/AIDS come together for capacity building and planning for the welfare of all. The persons interviewed are from the age group of 9 to 20. There were 21 persons contacted through community care centre. The salient features of the interview are given below.

They narrated different Symptoms of infection such as fever (8), head ache (4), weakness with cold and cough (3), wound not healing (2), others (4). 17 out of 21 went for diagnosis as per the direction of the doctors whom they consulted for various illnesses at various times. Four of them did it on their own after consulting the doctors. They did it just to know as they suffered regularly from ill health.

a) Route of transmission

There were 16 persons who were diagnosed to be having HIV/AIDS from their parents. Except one boy of nine years, they do not have their mothers alive presently. Three of them revealed that they were used injecting drugs. One developed the habit as he was in class six. He learned of it in company of his senior friends of the neighbourhood. There were two of them who had sex with opposite sex and contracted it.

b) Experience of acceptance by family

They said they felt accepted greatly and lovingly. The affected persons revealed that they always received affection from the parents and the relatives though there are instances of few people keeping themselves away from them. Two of the children below 15 years revealed that they felt sorry and hurt when their relatives refused to let their children to be with them. They experience acceptance by the friends and neighbours.

c) Life situation

Most of the persons interviewed are from economically weak homes with insufficient income to sustain them. The educational status of the parents remained very low, few of them illiterate too. It was found that drug use lead to HIV transmission in two persons of the wealthy and educated families. The transmission of HIV through sex was found in families of people with middle class income and migrated from rural areas to the

town for government service of the parents and educational facilities. One reflected that “In the village we had a foot ball court, went hunting or went to the field to collect firewood or to help parents but here I have nothing to do, no place even to play about or roam, people everywhere but strangers and highly tense.’ One of them shared that he was lured to the prostitutes by his friends when he was in class eight. Some of his friends lived near the home of the woman whom he visited. At first money was not charged from him. But other times the woman collected whatever he had in his pocket. Gradually he started bunking classes and frequented the places where he got money from the parents by telling lies about different needs in the school. He also revealed that he did not do it all alone but there was at least one friend with him.

All five of them who are drop outs from class eight said that schooling did not interest them. The reasons they gave included the sense of futility of learning, compelling attitudes of the parents and teachers, absence of opportunities to express themselves, unorganized class rooms and disinterested teachers etc. One of them was very specific that he never received the value of marks he deserved.

This analysis made the researcher find that there had been the absence of determined action for prevention of deviance in the schools from all the stakeholders and components of the school management. The parents diagnosed with HIV are in need of direction to seek medical intervention to prevent transmission of HIV to the children and at the same time the care givers or guardians of the children could be encouraged to

provide them with wholesome atmosphere for the growth free from opportunistic infections.

4.7. Profile of Drug Users

There were 17 respondents from the category of people who are drug dependents. They are all between the age range of 12 to 18 years. are all drop outs from the schools. Out of 17, there were 9 who passed class eight but dropped out of school from class nine. Two of them dropped out of the class after class ten selection examination, six of the others dropped themselves out of the school by g to go to the school after class eight as they were detained in the school.

Their habit is to be with the groups of addicts generally older than them. They run errands for them and earn the gift of a dose to inject. They do gather together in the neighbourhood often hidden from their parents. Four of them are from the wealthy families but not of the highly educated parents. Eleven of them are from economically and educationally backward families. Interestingly they are all migrated from the rural areas to the urban and semi urban areas. Two of them from the families of the divorced parents but live with either uncles or grandparents.

They are in contact with the drop in centers for the collection and disposal of needles and syringes. They all agreed that not every one of them took chance to collect the same but they took turns to do so in their own groups.

Three of them considered the cause for starting injecting drugs as a desire for a thrill and enjoyment. They rarely express their desire to quit the habit as they think it is not a wrong thing to do though others do not approve it. Few of them said that close family members are aware of their habit but they do not forbid them and one or the other patronize them by providing them with money, without quiring the purpose of their demand for money, to win their favours.

They spend their time mostly by listening to music and watching music albums. No one had a definite job to be done at home or elsewhere. They all considered the concern of their family members for them to be insincere as they do not often really cater to their need especially for affirmation. They chose their friends over their parents and other family members.

They limited themselves to the gathering in their own groups for injecting doses of drugs and having a feeling of high and fine. They do it for the sake of this feeling good. When asked about their sexual behaviour and orientation they all said that it was not a priority nor an accepted behaviour for them. They are satisfied about the feeling good with drugs and a sense of belonging they have to each other as friends.

On the possibilities of the recovery few of them said that they are comfortable with the habit and they are able to find money for the purchase of the drugs. They do not feel the need for quitting it for whatsoever reason.

4.8. Profile of Recovering addicts

There were fourteen recovering addicts or those who remain sober for sometime who were contacted for the interview. They were of the age group of 12 to 19 years.

Eight of them were in the habit five years mostly hidden from their parents and family members. They had detoxification camp and had spent over an year in the rehabilitation centers for recovery. Their parents came to know of their habits only after they dropped out of the school or after the school authorities brought the matter to their notice. All of them are continuing their studies in different fields mostly in non formal education.

Two of them had the habit one year and were caught red handed by the parents and sent for treatment. After the recovery they continue their studies in different schools. As they took to drugs they were in class nine and eventually they had to be away from the class for treatment and consequently detention in the class and a parental choice to shift from the school. They were introduced to drugs by their friends in the neighbourhood. They just joined them initially for fear of being excluded from their company. They wanted to identify themselves with the friends of the group.

One of them took to drugs during the winter vacation as he visited their relatives in the town. The youngsters of the age group introduced him to the use of it. He too willingly injected it for the fun of doing it. But later he was addicted to it and refused to return to the school. Seeing the changes in his behaviour his parents sought the help of

the doctors who advised for detoxification and treatment. He had continued in the habit for two months and spent six months for treatment and back to the school for his studies. He was readying for the HSLCE. He said never to such experiments and he greatly felt the loss of the year and the need to know of the dangers of drugs at early age.

Three of them had a different sort of story leading to their addictive behaviour. They said that their parents especially fathers were drunkards. One had his mother also as a person with strong habit of drinking well as selling. They said that they had no place to be. Their houses were not homes with acceptance and parental care. They could not receive the affection they expected from their parents. Though they went to the schools they had no interest as they had no motivation to achieve anything from studies. They were introduced to the habit through some customers of their liquor shop. Gradually they began stealing money from homes to buy the drugs and dropped out of the schools. They had been identified by one NGO and were encouraged and motivated for treatment. The NGO sponsored their treatment also. They after treatment entered the non formal education and are on their own with a regular earning though are below employable age. They expressed their desire to study.

They recommended that their siblings as well as many others living in such conditions could be rescued with intervention of the NGOs and by conscientising the parents on the impact of such activities on their own children.

CHAPTER 5

SUMMARY, FINDINGS, DISCUSSION, CONCLUSION, RECOMMENDATIONS FOR INCREASING THE AWARENESS ON DRUG ABUSE AND HIV/AIDS AND SUGGESTIONS FOR FUTURE RESEARCH

5.1. SUMMARY

Summary of the research gives an overview of the topic and the research done in order to derive conclusions for implementation.

5.1.1. Introduction

Nagaland is a state with access to international border with Myanmar and is within the golden triangle for trafficking substances that are addictive. The population being agrarian, is venturing into the field of education with vigour and school education takes primary importance in all the activities of the family.

The secondary school, run by the Government and the Private agencies are preparing the children at the crucial stage of attaining physical maturity in order to cope with life. HIV/AIDS, together with Drug abuse, has been considered a threat to the well being of the individual as well as the society. There is a need to prepare the young generation to adapt to the ways of preventing the spread of HIV/AIDS and drug abuse to be leading a healthy life. The research on the awareness level of secondary school children on HIV/AIDS and drug abuse in Nagaland is taken up in order to identify the ways to prevent the spread of the infection.

5.1.2. Need and Significance of the Study

Unplanned programmes conducted by individual schools with the purpose of spreading awareness on HIV/AIDS and drug abuse often cause confusion among

children. The teachers and parents have often been at wits end to guide them in the right way.

The social concern to prevent the spread of infection trusts the teachers and parents to be knowledgeable enough to make the resources available to disseminate information on the issues of drug abuse and HIV/AIDS. The study on the awareness level of secondary school children on HIV/AIDS and drug abuse in Nagaland becomes significant as it accesses the knowledge of the children, parents and teachers to propose a method to prevent the same.

5.1.3. Statement of the Problem

The secondary school children are at their most important time of physical development. In order to cope with the changes and to enable them to have correct choices to ensure their physical as well as mental health the secondary school children require to know of the health hazards prevalent at the stages of their growth. Drug abuse especially injecting drug users pose a potential medium of transmission of HIV/AIDS. Similarly the stigma the people infected with HIV experience and the sense of solidarity the people in the society requires in order to be built a healthy life together, call for greater knowledge on the ways to prevent the same. The concerted efforts of the parents, teachers, heads of the institutions and the children if decided knowledgeably can make a world free from the threat of Drug abuse and HIV/AIDS. The problem of the study is

stated as “Awareness level of Secondary School Children in Nagaland on Drug Abuse and HIV/AIDS”.

5.1.4. Objectives of the Study

The study on the awareness level of the secondary school children on Drug Abuse and HIV/AIDS in Nagaland was done with the following objectives: a). To analyse the present awareness level of the children of classes IX and X in Nagaland about drug abuse and HIV/AIDS. b) To analyse the role of the school management, the teachers and the parents in order to create awareness on Drug abuse and HIV/AIDS. c). To identify the existing materials and programmes to create awareness on drug abuse and HIV/AIDS in schools. d). To identify causes of Drug Abuse and infection of HIV/AIDS among children. E). To suggest ways to create awareness on HIV and drug abuse.

5.1.5. Definitions of the Terms Used

The terms used in the research are definite in their meaning and they are used purely within the scope of education. They are:

a) Secondary school Children

The term secondary school children used in this research denoted the children who are studying in classes nine and ten of a school. They are generally of the age group of 14 to 16 years. They are the senior most students in a high school.

b) Drug abuse

It is the use of a chemical substance beyond its purpose. It is used as a medicine but if used without serving a remedial purpose it alters the state of one's mind and body. When a drug is used without medical governance it is called drug abuse.

c) Addiction

It is a compulsive habit caused by the repeated use of a chemical or a behavioural pattern. When a person is unable to function without great difficulty if no access to it, is called addiction. It is also called drug dependence or chemical dependence.

d) HIV

It is Human Immunodeficiency Virus. It is a virus that causes AIDS. If infected with HIV a person loses his/her immunity in the course of time and succumbs to different forms of infections and loses life in the course of time.

e) AIDS

It is Acquired Immunodeficiency Syndrome. It is called acquired because it is transmitted from one to another through a medium. It is a stage in which the immune system of a body becomes deficient. It is a syndrome because it is a sign of not only one infection but it can be also of many infections.

f) Awareness

It is the term that refers to the knowledge of something of someone. It also implies the knowledge of something as existing and significant. In this study this term is used to refer to the level of knowledge of the children on HIV/AIDS and drug abuse.

5.1.6. Delimitation of the Study

The researcher limited his study on the awareness level of the secondary school children on HIV/AIDS and Drug Abuse in Nagaland to the sample from 65 schools from eleven districts of Nagaland. The sample consisted of teachers, heads of institutions and parents.

5.1.7. Nature and Design of the Study

The nature of the study is largely descriptive. The study attempts to quantitatively describe and analyse the data collected through questionnaires and methodology underlined below.

5.1.7.1. Method Used

In order to achieve the objective of the present study it is designed in line with the descriptive method of research. In this study the assessment method of descriptive quantitative type is used.

5.1.7.2. Population of the Study

The population of the study consisted of all the secondary school children, teachers, heads of institutions and parents in Nagaland. It included both the government schools as well as the private schools.

5.1.7.3. Sample of the Study

Random sampling method was used in the study. The researcher had three thousand one hundred and forty children from sixty five schools, five hundred and eighty eight parents and four hundred and thirty three teachers and twenty one heads of institutions who formed the sample of the research. It also included the heads of Non Governmental organizations, People living with HIV/AIDS, Drug users and recovering drug dependents.

5.1.7.4. Tools

The tools used by the researcher are mainly questionnaire and interview schedule. One set of questionnaire with eighty one statements was prepared for the children. It addressed thirteen aspects of the topic. Another set of questionnaire with eighty five questions each was prepared for all the teachers and parents together. It addressed five

aspects of the topic. The interview schedule was prepared for the heads of the institutions. There were twenty interventions.

Pre-testing of the questionnaire was done in St Joseph's High School Chumukedima. Besides, the supervisor the questionnaire was also scrutinized and validated by Dr Joyce Angami, an expert in the field of HIV/AIDS and drug abuse. Items were revised according to the feedback received before it was ready for final administration.

5.1.7.5. Data Collection

The data collection was done by the researcher by visiting the schools and requesting the head of the institution for permission to involve the children and the staff in the survey. All the children and the teachers could complete the questionnaire within one hour. The questionnaire carried one page letter of introduction by the Supervisor and a letter seeking help by the researcher and the Bio-data of the respondent and the statements with three choices such as yes/no/do not know. The secondary children were very co-operative in this effort. The heads of the institution and the parents and staff too co operated well.

5.1.7.6. Statistical Analysis of the Data

The statistical analysis is done by finding the percentages and by way of comparison and interpretation in the light of the objectives as well as the theories of mental health and hygiene.

5.2. FINDINGS

The analysis of the data collected brings out the findings for the discussion. The findings are given in points according to the category of respondents.

5.2.1. Parents

The response from the parents have been analysed in total as well as according to the location. The following are the findings from the response of the parents as per the theme and objective.

5.2.1.1. Problem

The problems of HIV/AIDS and drug abuse hamper the educational process both for the individual as well as in the institution. But remedy can be found by way of building up the capacity of the parents in order to have a clear view of education and health in a holistic manner that all the parents will be sensitive to create a hygienic atmosphere for the children at home, in the society and in the school. Thus in the long run the eradication of the problem of HIV and substance abuse will be possible.

The main findings are the following:

- a) Data from the parents in rural areas showed that the majority of the parents are not aware of the dangers that the drug abuse and HIV/AIDS pose to the education of their children in the school. Though the existence of the problem is acknowledged by many, the impact it causes is not understood by them.
- b) The parents from the semi urban area are conscious of the problem of Drug abuse and HIV/AIDS. There is a need to involve the parents in the planning of academic activities so that they too can be equal partners in the character formation of the children.
- c) The Urban parents are in need of greater awareness on the impact of the problem of Drug abuse and HIV.
- d) Parents in total are conscious and efficient but are not able to contribute positively in the educational formation of the children. Therefore, the task of the educator is to create an atmosphere of collaborative education by providing an atmosphere of healthy living.

5.2.1.2. Prevention

Regarding the prevention of Drug abuse and HIV/AIDS the parents hold that the role of the educator is to intervene in the process of identifying the needs of the children and to facilitate the most appropriate programme in order to mould their behaviour.

- a) The intervention of the educator is directed towards making the parents know what the teachers can do in order to help them in the formation of the children.
- b) The parents are aware of the dangers of drug abuse as V/AIDS.
- c) They are free of stigma as they reveal their status to the teacher for the good of the children.
- d) Parents are in need of being enabled to monitor the behaviour of their n in order to prevent deviance as well as to guide them for achievement in life.

The role of the educator is to make the parents to be conscious of their role to be involved in the educational formation of the children.

5.2.1.3. Resources

The resources available and were identified and suggested through the study are the following:

- a) The Non Governmental organizations have proximity to the people living with HIV and are at their service.
- b) There is a need to establish a system of interaction with the rural parents in order to have informal interactions as a means of educating them.
- c) There is a need to keep the parents updated on the subject matter through different programmes for creating awareness through the intervention of the educator.

- d) There is a need to identify the elements of the strategy they need to achieve the total prevention of drug abuse and HIV/AIDS.
- e) When the parents in the rural areas say that only 14% of them are aware that the news papers and periodicals are made available to the children in the school, it follows that the parents are not conscious enough to intervene in the matters of the educational progress of the children in the school for their all round development especially to address the matter of drugs and HIV/AIDS. If done it will make the parents and the teachers equal partners in the educational progress of the children and the social relevance of the school.

The analysis of the response of the parents in the three locations on the resources available in the school for creating awareness on HIV/ AIDS and Drug abuse showed that the parents are greatly in need of being conscious of the urgency to create awareness on HIV/AIDS and Drug abuse.

5.2.1.4 Causes

Regarding causes the parents held clear views on certain parameters. The role of the parents in parenting the children was not emphasized so that the educator could receive more co operation from the parents in the schools for various programmes for the

growth of the children. Ignorance of parents in parenting caused deviance. Parental involvement was required for the initiatives of the school for creating awareness among the children through the organized programmes like Red Ribbon Clubs more efficiently.

The intervention of the educator was directed towards the involvement of the parents in guiding their own children as the vast majority considered that the parents are the best role models for the children. The educators' in general was to identify the needs of the children in their relationship with their parents so that they could remedy the relationship obstructions. High determination from the part of the parents for need for counseling and guidance at the secondary school level, parental role as the models for the children and the efficacy of the parent teacher relationship for the sake of the good behaviour of the children were revealed by the parents. At the same time only 12% parents were able to say of the Red Ribbon clubs as effective agencies for creating awareness.

Thus it was identified that the role of the educator is to help synchronize the programmes in the school for creating awareness among children, parents and in the society at large on the effects of HIV/AIDS and drug abuse so that the children will be the greatest beneficiaries of the school programmes and the parents will have greater interaction with the teachers for the good of the children.

5.2.2. Teachers

The response of the teachers was analysed according to the school type at the same time keeping the theme and the objective of the research.

5.2.2.1. Problem

Of the government school teachers' response figures showed that they were highly aware of the problems faced by them because of abuse of drugs and HIV/AIDS in the school. Teachers were fully conscious of the significance and need for mental health to be preserved by the children in order to form good habits for ideal behaviour. The private school teachers were well aware of the problem of Drug Abuse and HIV/AIDS as it caused problems of discipline in the school.

Teachers in general were aware of the problems especially of low academic performance faced by the institution on account of the drug abuse and HIV/AIDS. The atmosphere of the school was adversely affected by drug abuse and the performance of the school in various aspects and public good will for the school declined due to deviant behaviour of the children. Parents approached the teachers seeking their intervention in the life of their children. It was an opportunity for the institution to strengthen the institutional climate of the school in order to make the children experience an atmosphere conducive for the appropriate mental hygiene and health.

5.2.2.2. Prevention

Regarding the prevention of HIV/AIDS and drug abuse the Teachers held different views and the findings are enumerated. There was scarcity of fund for preventive

measures. They called for revamping the planning and budgeting of the expenditure of the institution with greater participation. The schools did not have enough reading materials for the children to know more of HIV/AIDS and Drug Abuse. 54% the teachers said that the parents monitor the behaviour of the children. Absence of parental correction to the children was considered the most crucial cause leading to the abuse of drugs and behaviours leading to HIV/AIDS.

The parents very rarely revealed their health status to the teachers whereby they prevented the care to be given to their children for their educational growth. Therefore the intervention of the educator is called for in order to educate the parents as well as the teachers to find significance in their role to be built up the future of the children as well as to intervene in the budget preparation of the institution for the academic year in order to ensure allotment of optimum fund for the programmes for creating awareness on HIV/AIDS and Drug Abuse.

5.2.2.3. Resources

The resources identified in the school by the teachers are the following

- a) The teachers were generally aware of the facilities available for the children in the school and in the neighbourhood for creating awareness on HIV/AIDS and drug abuse.

- b) Though Red Ribbon clubs are helpful in the process of awareness of the subject matter of HIV/AIDS and drug abuse only 12% schools have availed themselves of this opportunity.
- c) Teachers were found to be confident to clear the doubts of children on HIV/AIDS and drug abuse.
- d) There were only 34% of the schools with the availability of News Papers for the children to read from.

5.2.2.4. Causes

The causes of children taking to drugs and to behaviours leading to HIV/AIDS infection as identified by the teachers are elaborated as the absence of proper guidance for the children at the secondary level caused deviation. The Red Ribbon clubs considered to be universal in the schools was not known to parents. There was little communication between parents and teachers on the matters of behaviour as well as education of the children. Over population in some schools make the secondary education non attractive and less effective.

The analysis of the data given by the teachers on the of HIV/AIDS and drug abuse among the secondary school children indicated that the universal causes were applicable to the location. Peer pressure leading to drug abuse, teen sex, absence of counseling and guidance, conflict in families and the of the general programmes etc were the immediate causes that lead to IDS and Drug abuse. When the Government school teachers were for effective methods of involvements like

counseling for the children and the parent teacher committee school teachers were unanimous about the need of counselling for the children. The need of the hour is to devise a strategy to organize counselling for the secondary school children as well as to activate Red Ribbon clubs in the schools.

5.2.3. Secondary School Children

The responses of the children is analysed according to the themes as well as the school type, gender and location. The findings are given as follows.

5.2.3.1. Problem

The responses to the statements on the general concepts of Drug abuse and HIV/AIDS denoted that the children were in need of better knowledge on the subject matter especially on the methods of prevention of HIV. It called for more learning by the children on the way injecting drugs can cause the transmission of HIV.

5.2.3.2. Resources

It is evident from the data that the government sponsored programmes were not understood well by the children. There was a need to increase the knowledge capacity of the children to have correct perspective on HIV and substance abuse through programmes available. There was a need for making the reading materials available for the children in the schools. The children were largely not exposed to the opportunities to learn more of the HIV and Drug Abuse.

5.2.3.3. Causes

The causes identified by the secondary school children are as follows:

Sex was considered as the commonest route of HIV by the children of Government schools (88%) and the Private Schools (93%) also considered it as the main transmission route. Therefore the education of the children in the discipline of adolescence education to cope with life is required to prevent children from such behaviours.

The ignorance of children on the methods to prevent it and how the injecting drug use transmits HIV are the causes identified by them. Absence of facilities in the institutions for creating awareness for the children on HIV and Drug Abuse especially in the libraries or reading rooms with books and periodicals on the subject. The trend in the data indicated that the children were greatly in need of knowing more of the basic facts on HIV and Drug Abuse with special reference to their causes.

5.2.3.4. Prevention

Secondary school children identified the following regarding prevention of HIV/AIDS.

The children in general wished that no one got infected with HIV. They considered abstinence from sex as a means to prevent the transmission of HIV. Abstinence from injecting drugs too was considered by 72% of the children in the urban

area as a way to prevent HIV/AIDS. They are aware that all doctors can help prevent transmission of HIV/AIDS. They hold that no physical exercise can prevent from getting infected with HIV.

5.2.4. Gender

The analysis of the data according to the gender made comparison between the awareness level of the female children and the male children in view of the general awareness level. It gave the following findings:

The data showed that 94% of the children were aware of HIV. While 91% were aware of AIDS. 81% of them stated that substance Abuse was addictive. These indicated that majority of the children were aware of the problem of addiction though there were many who are not aware of HIV and AIDS. 33% could say that counseling was a method of treating the addicts. 22% of the male and 38% of the female were aware of it. 81% of the children did not wish to be addicts. 37% of the children said that a happy life is a must for having good habits. It included 41% male and 34% female.

Of the children 18% said that addiction leads to ill health of which 20% was male and 16% female. It indicates their low awareness level of the subject. It is noted that 77% of the children denied that all drug addicts are HIV positive people. At the same time 59% of them said that the drug abusers were at high risk behaviour. When 31% of the children were aware of the World AIDS' Day observed on 1st December, 73% of them said that needle exchange programme was for all.

On the mode of transmission 81% said that eating in a hotel does not cause contracting HIV. Whereas 91% held that it is transmitted through sex. 57% of the children said that all hospitals have facilities to treat HIV patients. It is noted that 80 % of them said that it is not preventable. 18% of them said that HIV can be prevented if one does not consume liquor. But 19% said that they want others to be protected from HIV. 81% are aware that handouts are available in the mother tongue on HIV/AIDS. But there were only 38% who were aware of the NGOs working in the field of HIV/AIDS and Drugs.

11% said that they were well informed of HIV/AIDS while 71% of them read of addiction in News Papers. There were 73% of the male and 71% of the female children who have met the HIV patients. 72% of the children in total have met HIV patients. 74% of them said that Red Ribbon club helps to know more of HIV/AIDS. But only 42 % said that the school organizes programmes on HIV/AIDS and Drug abuse.

5.2.4.1. The Gender-wise Findings Indicate the Following

The data revealed the fact that male children were not aware of the urgency of preventing HIV/AIDS. The response of female children helped the researcher to conclude that the female children were still in need of knowing more of HIV/AIDS in general. The

capacity of the children to approach the issues of health in general and to prevent HIV in particular was found to be low. Male children were less aware of HIV and AIDS with regard to the routes of transmission. Female children had less knowledge of the subject matter to live without stigma. There was a sign that children as a whole were still in need of learning more of HIV in order to make themselves free of prejudices and to remove stigma.

The data indicated the low level of awareness and the need for greater efforts to make them learn more of HIV and Drug Abuse. It was found that the children were not exposed to the facilities available in their neighbourhood to prevent deviances such as substance abuse.

The data indicated the absence of awareness on addiction in its relation to general health. The general student population was aware of the general facts of HIV and Drug abuse but there was low level of knowledge on prevention. The percentages indicated that the male population was in need of clarifying the concepts and causes of HIV and substance abuse from the perspective of general well being. The data was indicative of the need to educate the people on the concept of general well being especially in relation to substance abuse and HIV. There was scarcity of information to the general public on government sponsored programmes.

Considering the significance of the programmes and the events it was noted that the children had still low level of awareness. This called for creating awareness by

popularizing events and observances of days for a particular purpose related to HIV/AIDS and drug abuse.

From data it was evident that there was low level of awareness regarding transmission of HIV. In this it was found that the children were not aware of the absence of the transmission through social contacts and blood transfusion. There was a need to conscientise the children on the advantages of donating blood and to free them from the fear of mosquito bite as a mode of transmission of HIV.

The data from the respondents revealed the fact that awareness level of the male children population on the methods to prevent HIV was very low. It was important to note that 77% considered abstinence before marriage from sex as a way to prevent HIV. It was a matter of concern as the high awareness level has not enabled them to spread the awareness on the matter and the need to secure good health for all. Thus, it was found that there was a need to intervene in order to create more awareness on the subject and the personal responsibility to prevent the same. The data on resources indicated that the exposure to the material resources to the situation did not increase the ability of the children to know better of the subject and to strive to alleviate the situation.

The figures suggested that the optimum utilization of educational materials was yet to be done in order to prevent HIV more effectively. The children were to be made aware of the value of such materials in order to learn and to be increasing one's own knowledge capacity. The respondents were aware of the subject and its implications but they were

not confident to utilize their knowledge in their social life. It showed that there was the urgent need to find the way to imbibe the confidence and to realize the social implications of the knowledge one possesses. It would to remove the stigma and to make the life of the society healthier.

The data on personal responsibility revealed that the children were not aware enough to spread the message of prevention with the limited knowledge they had. The data on stigma showed that the awareness level of children on HIV and Drug abuse was insufficient for the eradication of stigma and integration of the life of people with all in the society. The need is to intensify the efforts to conscientise the children on HIV/AIDS and substance abuse.

The data on the personal ability to prevent HIV/AIDS and drug abuse indicated that it was also possible to create awareness and to increase the knowledge capacity of the children in order to be able to protect oneself from the dangers of substance abuse and HIV/AIDS. The data indicated a very low level of awareness of the children in general on the methods of prevention of HIV. It was found that the awareness level of the children on methods to prevent HIV did not enable them to have responsibility to work towards prevention of HIV. The data on resources reflected the need for better co-ordination of the sensitization programmes on HIV in the educational institutions and the facilities in the school had limitations and it is in need of enhancement.

5.2.5. Findings from the Data Collected from School Type

Findings on the general concepts of Drug abuse and HIV/AIDS drew attention to the fact that the children of both Government schools and private schools had basic knowledge on HIV but the knowledge on AIDS was low. While the Government school children had generally low level of awareness of general concepts, they were more aware on the fact that HIV leads to AIDS. The Government school children were in need of being exposed to the knowledge of HIV/AIDS and substance abuse.

60% of the government school children and 55% of the private school children said that all hospitals had facility to treat HIV/AIDS. It is a low level of knowledge on the public agencies of health care. The trend indicate that the children are greatly in need of knowing more of the basic facts on HIV and Drug abuse. The data showed that the government sponsored programmes were not understood well by the children

Sex was considered rightly as the commonest route of HIV by the children of Government schools (88%) and the Private Schools (93%) respectively. The children are in need of better knowledge on the subject matter especially on the methods of prevention of HIV.

The data revealed the need to increase the knowledge capacity of the children to have a correct perspective on HIV and substance abuse. They felt the need for making the reading materials available for the children in the school as only 15% of children in Government schools and 9% in private schools said that they had enough materials to

read on HIV/AIDS and drug abuse in the school. There was a need to equip the libraries in a better way with books and periodicals on this subject as only 35% of children in Government schools and 40% in Private schools said that they have books in the library on HIV/AIDS and drug abuse.

It was found that the children were largely not exposed to the opportunities to learn more of the HIV and Drug abuse. The data showed that the institutions had limited facilities for creating awareness for the children on HIV and Drug abuse.

5.2.6. Findings from the Location: Urban, Semi-urban and Rural

The awareness level of the children on HIV/AIDS in the schools of urban areas showed that they stood highly in need of learning more of the subject itself as the statements on the concept of the subject showed that 6% were less aware as compared to the children from rural area where 95% of the children knew the IV. 91% children in the schools of urban area as compared the 92% from the rural area stated correctly the statements on the concept of AIDS. The data indicated that the children from the rural schools were in need of learning much more on HIV/AIDS in order to protect themselves and to be healthy.

The need for giving the children a clear idea about the basic concepts on HIV and its difference from AIDS was clearly indicated in the data on general concepts. 18% of urban children, 71% of semi urban children and 74% of children held that the people living with HIV and substance abusers were good people. It showed a high sense

of stigma especially in urban area which stood in need of correction through intervention of the educator.

70% of the urban children, 79% of the semi-urban children and 78% of the rural children said that by abstinence from sex one could prevent transmission of HIV/AIDS. It showed that the semi urban children had greater knowledge on the mode of transmission. 20% of the urban children, 53% of the semi urban children and rural children said that all drug users are HIV patients. This is indicative of the need to know more of the HIV and Drug abuse and their relationship. The awareness level of the general concept on the modes of transmission of HIV is low in the urban area in comparison with the other two areas.

78% of the urban children, 85% semi urban children and 86% of rural children said that substance abuse is addictive. It is indicative of the low awareness level on HIV/AIDS among the urban children compared with the children from rural and semi urban areas.

It was noted that when 70% of the children in Urban areas said that one can prevent transmission of HIV by abstinence from sex before marriage, there higher percentages 79% in semi urban and 78% in rural areas who said so. It is indicative of the fact that the semi urban children were more aware of sex as route of transmission of HIV.

On the other hand it was found that 80% of the urban children wanted that others be protected from HIV while only 14% in the rural areas and 20% in the semi urban areas

said so. It is indicative of the greater sense of personal responsibility on the part of the students to prevent the spread of HIV among the urban children.

Handouts are available in the mother tongue in the rural areas (81%), in the semi urban area (82%) and in the urban area (20%). It is indicative of the material resources being not available for the urban public in their mother tongue as much as in other areas. 82% of the urban children, 30% of semi urban children and 18% of rural areas said that they could help others learn more of HIV/AIDS. It showed the confidence of the children in the urban areas to share the knowledge as more than that of the children from the semi urban and rural areas.

77% of the urban children said that they were well informed of the dangers of drug use while it was only 12% in semi urban area and 10% in rural areas. 22% of urban children, 71% of semi urban children and 73% of rural children said that they had met HIV/AIDS patients. It showed that the rural and semi urban children were more exposed to the real problem of HIV/AIDS. Only 13% each of urban and rural children and 12% of semi urban children said 'yes' to the statement that they had enough materials to read on HIV. It indicated that there was a great shortage of materials on HIV/AIDS for the children to read in all the three areas such as urban, rural and semi urban.

5.3. DISCUSSION

5.3.1. Introduction

The discussion of the findings will enable the researcher to recommend ways to adopt in order to increase the awareness level of the school children on drug

abuse and HIV/AIDS. The discussion of the findings is done thematically as well as sample wise. There are also recommendations for improving the awareness level of the children on drug abuse and HIV/AIDS.

5.3.2. Themes

Thematic discussion is done based on the basic themes aspects depicted in the research questionnaires. They are as enlisted below.

- a) Problem
- b) Prevention
- c) Resources
- d) Causes

a) Problem

The problem of drug abuse and HIV/AIDS adversely affects every strata of the society. It has its own socio-economic and educational impact everywhere. The general awareness on the problem of Drug Abuse and HIV/AIDS is high. This results in the ability of the community or society to positively respond on the measures to prevent the spread of the same. Teachers, Parents, heads of institutions and the children can become mutual stakeholders in the efforts for eradication of drug abuse and HIV/AIDS.

b) Prevention

The prevention of drug abuse and HIV/AIDS was desired by all the students. Parents and teachers have the desire to prevent the same. But they do not know how to do it as their knowledge on the matter is limited. Though some parents impart knowledge on the matter to the children they are not able to lead them. Their influence is great as the children consider them as role models. So the parents can play a major role. The children do not wish that anyone to be using drugs or being infected with HIV/AIDS. So the peer pressure can be positively used in order to prevent the same.

c) Resources

The government sponsored programmes are many like the World AIDS day, World No Tobacco day etc. They are not popularly known to the parents, children and the teachers too. The extent of the effect of such observances and celebrations are limited. The availability of daily news materials like news papers and other periodicals will help them know more of the subject. The resources are available through various means in the schools for the children to create awareness on HIV/AIDS and Drug abuse. But the optimum utilization of the same is not possible for the children as they are not conscious of the significance of such materials. Besides, the low level of awareness on the methods of prevention of HIV/AIDS, the personal responsibility to prevent its spread too is low as they are complimentary factors.

d) Causes

Regarding the causes of drug abuse the parents and the teachers consider them as the result of parenting and peer pressure. Though many a parents are educated they may not be aware of the implications of being ignorant about the growth needs of their children. Similarly the general practice of being away regularly from the families by either of the parent for employment purposes or business affects the behaviour of the children. So there is the need to have a close relationship within the families and constant communication between the members of the family.

5.3.3. Sample

In this research the sample included a) Parents, b) Teachers, c) Children, d) Heads of Institutions, e) Non Governmental Organisations, f) People Living with HIV, g) Drug Users, h) Recovering addicts

a) Parents

Parents in general are aware of their role to create awareness on Drug abuse and HIV/AIDS among their children. In relation to the school they are not involved in planning for the programmes for the creation of awareness among the children on such matters. There is less communication between the parents and the teachers on the educational needs of the children in the school whether private or Government. More involvement of the parents in the education of the children in the school will build the school as a community institution resulting in the prevention of all forms of deviance.

Parents are the greatest resources as they are the first role models for the growing children.

b) Teachers

The problem of Drug abuse and HIV/AIDS affect the efficiency of the teacher in the class room as there are affected children and also affected colleagues or they themselves are affected. The teachers on the other hand play a major role in order to prevent the spread of Drug abuse and HIV/AIDS. They are in constant rapport with the children and so they could identify any behavioural change in the child and guide him/her out of the crisis. The initiatives of the teachers in the school make it a place of joy and in turn the school will be a place of attraction for the children. And thus, learning becomes a joyful experience. It will prevent deviance. At the same time the school management needs to allot funds for the activities wherein the teachers can freely initiate teaching innovations in order to keep the children focused to learning.

c) Secondary School Children

The discussion on the findings of the survey done on the topic Awareness level of Secondary school Children on HIV/AIDS drug abuse with reference to the children is based on the category of response such as gender, school type and location.

i. Male

The male children generally were aware of the general concepts of HIV and AIDS. They considered sex as the chief route of transmission and were less aware of the other routes of transmission. It is important that children know it because prevention is possible only with the knowledge of the routes of transmission. They need to be free of prejudices and stigma to be freely involved in the well-being of the society. A high awareness level has not led to the efforts to create awareness among more people on the subject. The male students as a whole have low awareness level of the fact that infection of HIV leads to ill health. It indicates a fact that the children do not consider the urgency of preventing its spread as it does not affect them. Therefore, there is the need to increase the sense of urgency to ensure general health.

ii. Female

The data revealed that female children are less aware of the ways to prevent the spread of HIV/AIDS and drug abuse. It could be enhanced as they were in need of knowing more of HIV/AIDS in general by building their confidence to approach the issues of health in general and to prevent HIV in particular. They had less knowledge of the subject matter to live without stigma which is a sign that they as a whole were still in need of learning more of HIV in order to make themselves approach freely.

From data it was evident that there was low level of awareness regarding transmission of HIV through social contact and through donation of blood. They are in

need of being conscious of the advantages of donating blood and to free them from the fear of mosquito bite as a mode of transmission of HIV. Above all the female children were confident to say that they could abstain from sex before marriage. It could be the best way to spread the message of disciplined behaviour and mutual respect in the society.

b) Schools

The findings from the children in both Government and private schools indicate that they have low awareness level on AIDS though they are aware of the HIV. It leads to the fact that they have more of hearsay knowledge than imparted knowledge on HIV/AIDS. A definite programme is the need of the hour in order to conscientise the children on HIV/AIDS.

i. Private Schools

Most of the private school children consider the absence of reading materials as the greatest obstacle in acquiring knowledge on the subject. The social exposure is low as the children mostly state that the treatment for HIV/AIDS and drug abuse patients is available in the primary health centres. There is limited facility for creating awareness on HIV/AIDS in the schools. It is caused by the absence of materials, trained staff and the lack of initiatives from the management.

ii. Government Schools

Creating opportunities to increase the knowledge capacity of the children will enable the government school children to make efforts

HIV/AIDS and Drug abuse. There are books in the libraries of Government schools on HIV/AIDS and substance abuse. It is a great resource. Popularizing them for reading will make the children learn more. Increase in the reading habits of the children will indirectly cause the increase of awareness of the children on HIV/AIDS.

c) Location

Whether the children are from the rural or semi urban areas it was found that they stood in need of increasing the awareness on the issue of drug abuse and HIV/AIDS. The precise knowledge of the terms used in this subject when imparted to the children will benefit the increase in their awareness level and thus they will be able to face the responsibility of preventing the spread of HIV/AIDS and the abuse of drugs.

i. Urban School Children

Contrary to general expectation the children in urban areas were found to be less aware of the general concepts related to HIV/AIDS and drug abuse. The relationship between drug abuse and HIV/AIDS too is to be identified and imparted to the children for the purpose of removing prejudices and generalization. It is required because the shallow knowledge of the children on the subject cause them to maintain prejudices and thus in effect alienation of the affected and infected especially in the urban area.

ii. Semi-Urban School Children

The children from the semi urban area showed a high level of awareness on the mode of transmission of HIV/AIDS. It is because of the social transition of the places as well as the educational and social opportunities they have in order to increase their awareness on HIV/AIDS and drug abuse. Every semi urban area is under the speedy process of social change. It is significant that the children, parents and teachers are taken together in order to impart knowledge on such social and educational issues like HIV/AIDS and drug abuse.

iii. Rural School Children

The difficulty with the rural children helping in the process of prevention of HIV is that they do not know the dangers of drug abuse and HIV/AIDS. Their awareness level remains very low as a result of absence of exposure to knowledge that is evidently related to HIV/AIDS and Drug abuse. It is also noted that the rural children are not confident to help others to learn of HIV/AIDS or drug abuse. At the same time they state that they met persons infected with HIV/AIDS. It gives them an exposure to the reality of HIV/AIDS.

5.3.6. Heads of Institution

Head of institution in fact leads in establishing the conducive climate for the growth of everyone associated with the school. Their leadership abilities and educational innovations will enable the people to find the right path the growth of

pupil entrusted to the school. They consider reinforcement to be the best method to prevent deviant behaviour. The confident staff, disciplined management or head together with parental guidance etc will create a school free of deviance the children will have the capacity to resist the pressure of drug abuse and behaviours leading to the infection of HIV/AIDS.

5.3.7. Non Governmental Organizations

The non Governmental organisations in Nagaland are mass based and faith based. They are able to deliver services efficiently and with commitment to the social causes. The concentration of NGOs in the townships like Kohima and Dimapur appears to be hampering the implementation of the projects but they all have operating areas and field staff to carry out their services. The problems they face are the absence of mass involvement for the implementation of the projects as well as the long procedures to be met for obtaining grant or fund for the services from the Governments or from the sponsoring agencies.

The faith based organizations are more effective as they are accountable to the sponsoring churches of the organisation that sponsor them. At the same time they are mostly addressing the linguistic groups especially in their vulnerable situations. It has its own advantages of better co-ordination and communication. However, there is a need to have more of public accountability in the services they render to make every service socially relevant.

5.3.8. People Living with HIV

The people living with HIV are no more in the dark nor remain behind the scenes. They gather together and discuss common issues and have formed the network function from different locations. It is evident that they are no more under the fear of rejection or exclusion. They dare to be one with another in their effort to promote their life. It is commendable to note that they have formed themselves into an NGO to focus on the cause of their concerns. They generally feel welcome in the presence of others and feel good in doing their duties in spite of the fact that the medical facilities are limited and their affordability remain low.

5.3.9. Drug Users

Drug dependents were a hidden flock in the society. But presently the human concerns and the awareness of the need to accept them in the society to heal them brought a lot of change and gave them confidence to declare their life situation and to seek help. Fear has been overcome with care and confidence. Together with many drop in centers for needle and syringe exchange programmes and other institutions the Prodigal home and Shalom serve their need to be sober.

5.3.10. Recovering Addicts

It is a turning point in the life of the individual to face reality and to be conscious of the dangers of addiction. It is the deep sense of human dignity and the affirmation of

the people around that sustain their good will to persevere in the community for a normal living depending on their own abilities and credits. What they need is opportunity to grow fulfilling their dreams.

5.3.11. Difficulties in Secondary Education in Nagaland

Secondary education in Nagaland is facing the challenge of having enough qualified staff to educate the children. Besides this distance for the schools from the villages demand that the children stay away from the parents in the hostels or in rented rooms with practically no guidance available for them t of school hours. It causes irregularity, truancy and deviant behaviours.

Besides, this the curricula often suited for children from the cosmopolitan cities, are not adopted enough to suite the learning space of children in different places of the state. The enrollment ratio in private and govern schools is a matter of concern. The private schools are often over crowded whereas the government schools often lack sufficient numbers.

In the sphere of creating awareness on HIV/AIDS and drug abuse it is found that the Government schools with better qualified and more of the staff is less efficient than the private schools with less qualified, less salaried staff and less in number. The teachers who attend the programmes on HIV/AIDS and drug abuse from the government schools are more in number than from the private schools. But hardly few government schools have functioning red ribbon clubs. the study of the

awareness of the secondary school children on HIV/AIDS and Drug Abuse in Nagaland sheds light on the way a school functions as a resource in the reality of the situation.

5.3.12. Problems in creating awareness

There are problems or difficulties in creating awareness on HIV/AIDS and drug abuse in the school are manifold. The basic problem in creating awareness among the children is the absence of a system with creative methods to communicate the subject matter to the children. The availability of the literature on the subject in their mother tongue is an asset but there is the scarcity of teachers who are trained to explain to the children the same in order to make them understand.

There are more national and international programmes sponsored by the government and they are occasions for the children to see something new. But often such programmes or days are neither observed in the schools nor given due significance by the management as a result the children learn little from these events. Therefore the management of the schools is invited to be better motivated to optimize the utility of the programmes. There is a need to have an efficient monitoring mechanism for the effective implementation of the programmes.

5.4. CONCLUSION

This section is about the conclusions drawn from the findings of the research on awareness level of secondary school children on HIV/AIDS and Drug Abuse. They are

given thematically. There are also recommendations for improving the awareness level of the children on drug abuse and HIV/AIDS.

5.4.1. General Concept

The awareness level on general concept of the drug abuse and HIV/AIDS had been found low especially for the children in the urban areas. When the private schools have more material resources with regard to HIV/AIDS and Drug Abuse, the human resources in the form of trained staff stands as the strength of the Government schools. The need for having basic knowledge on the problem of HIV/AIDS and drug abuse is indicated clearly for the children of both the types of schools. The head of the institutions suggest that there could be awareness programmes in order to make the children conscious of the matter.

5.4.2. Causes

The children in general consider peer pressure as the greatest player in this area. There are also the heads of the institutions who consider the family background such as single parents, unwed mothers and illiteracy of the parents etc as causes of deviance. The absence of people being health conscious is another factor. There is the wrong concept of health that makes it possible for people to take to behaviours that are prone to make the children be infected with as well as affected from HIV/AIDS and drug abuse.

5.4.3. Stigma

The fear of the children to be associated with the HIV/AIDS patients causes them to be away from them. There are PLHIVs living happily without any experience of stigma in their families or in the society. At the same time the parents and the teachers experience reluctance to be in association with them. The heads of the institutions hold that the children with HIV are never refused admission for education. They are accepted as others are. Children are aware that PLHIVs require support and acceptance but they are undecided on whether they are able to volunteer to help them.

5.4.4. Transmission

The children in general consider sex as the most significant route of transmission of HIV/AIDS. It is noted that the teachers and the parents too rarely monitor the behaviour of the children. There is a great sign of children considering the parents as role model. This is a resource for the educator because the parents can be educated easily with the proactive role to guide the children in the family.

5.4.5. Resources

There is a general sense of urgency to create awareness on the matter among the parents and teachers. The children hold that drug abuse and HIV/AIDS are preventable. There are training programmes organized for the teachers by the Governmental and the Non Governmental agencies. Parents and the teachers have greatly attended them too. But only few are able to clear the doubts of the children on the matters of concern. The schools organize programmes but are in need of more reading materials on Drug abuse and HIV/AIDS.

5.4.6. Prevention

The children in general do not want anyone to be affected with HIV/AIDS nor to be a drug user. They are in general conscious of the way to prevent them. The parents wish that the spread of problem of HIV/AIDS is contained. Teachers are confident to help the children in the process of preventing HIV/AIDS and Drug Abuse. The Heads of the institutions consider that the duty of the teachers is to prevent any form of such behaviour that will lead the children to be infected by HIV/AIDS or take to the habit of Drug Abuse. The handout available in the mother tongue is an effective means for creating awareness for prevention. The work of Non Governmental organizations is effective in creating awareness to prevent it.

5.5. Recommendations for Improvement of Awareness

In view of the findings few recommendations for creating awareness among children in the schools on drug abuse and HIV/AIDS are drawn. They are as follows:

5.5.1. On General concept

The general knowledge on the basic concepts of Drug Abuse and HIV/AIDS could be emphasized while conducting the programmes on the topic. It will generate scientific awareness on the topic. For this there could be regular reading materials made available in the schools as well as at home. There is the possibility of having the essay competitions and speech competitions at the institution and state levels for the same purpose. It will enable the teacher to approach the subject as a science.

5.5.2. Causes

The awareness on the causes of drug use and HIV/AIDS will help the educator to prevent the same. Lack of awareness of the dangers of use will help many persons restrain from such behaviour that is prone to be a means for contracting HIV/AIDS. The parents and teachers through their interaction could make the climate at home as well as in the school pleasant and conducive for growth. It will help the children grow up happily coping with the demands of social adjustment and personality be formed for positive outlook towards life and experiences. It becomes a preventive measure to have counseling in the schools.

5.5.3. Resources

The family is the best resource. Together with the teachers the parents could enlighten the children on the problems and will strengthen their caliber. The children require a person to person contact in the school in order to make the effectiveness of education as bringing about the desirable changes in behaviour. For this the teacher pupil ratio could be maintained more effectively especially in the private schools.

5.5.4. Prevention

As in the case of creating awareness on the causes of addiction and HIV/AIDS the preventive methods too could be deep rooted and with broad scope. The matter of mental hygiene and the concept of general health could be insisted upon in the programmes for the children. The Governmental programmes are made available to the people and they could be popularized and optimum utilization could be achieved even with the involvement of the non Governmental organizations. School being a social

institution belonging to the community, it becomes the most effective agency for creating awareness on Drug Abuse and HIV/AIDS. For this the methods of communications especially the multimedia programmes could play a vital role.

The children with a firsthand knowledge of the situation will learn greatly. Therefore, exposure trips to HIV/AIDS homes and care centers and rehabilitation centers will enable them to learn more and to spread the news prevention. Co-curricular programmes like slogan competitions, drawings competitions or painting competitions, quiz competition etc will enable the children to find knowledge capacity on HIV/AIDS increasing.

There are individual institutions, governmental and no governmental agencies that are able to organize programmes in order to create awareness. I there is a coordinating agency in the form of a council at the state level for such preventive education programmes it will become more effective and they can be planned in a progressive way.

The institutions could give a greater share of fund for the books and periodicals for the library so that more children, teachers and even parents make use of them. The effective functioning of the parent teacher associations and the common programmes will enable a child to learn more and in turn education becomes a joyful experience.

Peer Education can be adopted as a model for the prevention of the spread of drug abuse and HIV/AIDS.

5.5.5. Strategy

It is the definite plan to achieve a goal. To reach the state of fully preventing the spread of HIV and Drug abuse is a possible goal if planned and implemented with collaboration of all.

a) Zero growth

The strategy needs to be aimed at zero transmission of HIV as well as zero drug abuse and thus the solution to the problem. It can be achieved with a co-ordinated effort directed by an agency under the State AIDS Control Society or under the department of Health or Education as a “State Council for Preventive Education”. In this the concerted efforts from the parents, teachers and the heads of the institutions together with the participation of the children will be called for. The monitoring and effective guidance of the Red Ribbon clubs too can make a difference. Life skills education or adolescence education and peer education can be used as effective means for preventing HIV/AIDS.

b) Life orientation

Parents, children, teachers, heads of institutions and people in general could be guided to cope with the conflict between individual or personal orientation and the social orientation. So that they could inculcate social skills together with life skills. It will be possible to guide the children in the event of doubt at times of different trends in the society.

c) Introduction of a Course in Expressive Art Therapy

It could be an effective means to encourage creative expression of one's potentialities in a positive way. The children at the primary school could be guided

basing on its principles. For this the teachers are in need of having a capacity building programme in order to be knowledgeable to guide the children. It will be fitting to introduce a one year course either as a diploma or as a degree at the post graduate level in the esteemed Nagaland University to train the personnel in order to be guides or counselors in the secondary schools as there is a dearth of qualified personnel to do so.

d) Appointment of Counselors in Secondary Schools.

The felt need of the hour is to have counselors in the schools to guide the children for their life choices as well as in their academic growth. The heads of the institution and the teachers are often bound by the administrative as well as curriculum transaction. There needs to be a person whom the children can confide as well as seek direction or guidance. It will enable the children to be more conscious of the present day life and choose for the future.

5.5.6. Suggestions for Future Research

As a result of the study the following areas are identified for future research.

- a) To communicate to the children on HIV/AIDs and Drug Abuse.
- b) The role of Parent-Teacher associations in order to plan and to implement school level educational programmes
- c) The effect of peer pressure/education in modifying the behaviour of the children who reside in hostels.
- d) The effectiveness of co-curricular programmes and agencies in the school: awareness programmes, agencies like red ribbon clubs etc

- e) The effectiveness of HIV/AIDS programmes among the teachers.
- f) The Role of Leader of the Institution in creating awareness on HIV/AIDS and drug abuse.
- g) Awareness level on HIV/AIDS and Drug Abuse at other levels of education namely Higher Secondary and Higher Education.
- h) Impact of the Red Ribbon clubs in the schools
- i) Role of the NGOs in creating awareness on Drug Abuse and HIV/AIDS in the educational institutions.
- j) Management of the schools for character formation.

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- e) The effectiveness of HIV/AIDS programmes among the teachers.
- f) The Role of Leader of the Institution in creating awareness on HIV/AIDS and drug abuse.
- g) Awareness level on HIV/AIDS and Drug Abuse at other levels of education namely Higher Secondary and Higher Education.
- h) Impact of the Red Ribbon clubs in the schools
- i) Role of the NGOs in creating awareness on Drug Abuse and HIV/AIDS in the educational institutions.
- j) Management of the schools for character formation.

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NAGALAND UNIVERSITY
DEPARTMENT OF EDUCATION
CAMPUS : KOHIMA, NAGALAND

Ref No : _____

Dated: Kohima; 9th September 2009

TO WHOM IT MAY CONCERN

It is to state that Sunny Joseph is a PhD Research Sch with Registration No 339/2007, in the Department of Education of Nagaland University. The topic of his study is *“Awareness Level of Secondary School Children in Nagaland on Substance Abuse and HIV/AIDS.”*

It may be mentioned that this research study is expected to benefit the policy makers, adminstrators, teachers, parents and the students alike.

In this regard you are requested to kindly extend your support by way of responding to the statements/questions in the questionnaire or interviews.

Thanking you in anticipation and I wish him all success in his effort and mmitment to complete his study.

Yours Sincerely,

(Dr BUNO LIEGISE)

Supervisor and Head

Department of Education

Nagaland University

Campus : Kohima.

To,

Sub: Prayer for your kind help in collecting data for research.

Dear _____,

Greetings

I am in need of your kind help to gather information on Substance abuse and HIV/AIDS in order to complete my studies leading to Ph D.

Your generous help will add to the wealth of knowledge that we all strive to gather.

I will be grateful if your kind self could help me by _____ your students and staff to give their valuable response to the questions and statements given.

It will be my pleasure to receive your views on this besides what is given in this.

You are assured that this will remain a confidential document.

Thanking you in anticipation and seeking your blessings

Yours gratefully

(Sunny Joseph)

P B No. 03, Dimapur. 797112

(Phone: 9436004768)

Dated: 09th September 2009

**Questionnaire to know the awareness level of the
Secondary School Children on substance abuse and HIV/AIDS**

Section I

HIV means Human Immuno-deficiency Virus	Yes /No/Do not know
AIDS Means Acquired Immuno-deficiency Syndrome	Yes/No/Do not know
HIV isn't a chronic manageable disease.	Yes/No/Do not know
AIDS refers to a set of diseases	Yes /No/Do not know
AIDS is curable	Yes/No/Do not know
HIV leads to AIDS	Yes /No/Do not know
AIDS leads to death	Yes /No/Do not know
HIV is not preventable	Yes/No/Do not know
Substance abuse is addictive	Yes /No/Do not know
Addiction leads to ill-health	Yes/No/Do not know
I do not get HIV if I shake hand with others.	Yes /No/Do not know
I do not get HIV if I eat in a Hotel	Yes/No/Do not know
I do not get HIV by donating blood.	Yes/No/Do not know
I can get HIV if I inject drugs.	Yes/No/Do not know
I can prevent HIV if I do not inject drugs	Yes /No/Do not know
All addicts have HIV	Yes/No/Do not know
I can get HIV if I have sex with an HIV infected person.	Yes /No/Do not know
I can have HIV if I get blood from HIV positive people.	Yes /No/Do not know
I can prevent HIV if I decide to abstain from drug	Yes /No/Do not know
I can prevent AIDS if I have proper treatment.	Yes /No/Do not know
I can prevent HIV with medicines	Yes/No/Do not know
I can prevent HIV if I have regular physical exercise	Yes/No/Do not know

I can prevent HIV if I do not consume liquor	Yes/No/Do not know
I can prevent HIV if I abstain from sex before marriage	Yes/No/Do not know
I can prevent HIV by not receiving infected blood from others.	Yes/No/Do not know
People who inject drugs are bad people	Yes/No/Do not know
Red Ribbon clubs help us know more of HIV	Yes /No/Do not know
We can use drugs for pleasure	Yes/No/Do not know
Injecting Drugs is good for health	Yes/No/Do not know
1 st December is the World AIDS Day	Yes /No/Do not know
Treatment of Drug users is by counseling	Yes /No/Do not know
People who are discouraged often take to drugs	Yes/No/Do not know
Drug users are at High Risk Behaviour	Yes /No/Do not know
I wish to be a drug user	Yes/No/Do not know
Any sickness can be caused by AIDS	Yes/No/Do not know
All people are in danger of addiction to drugs	Yes/No/Do not know
People living with HIV/AIDS are good people	Yes /No/Do not know
IDU means Injecting Drug Utility	Yes/ No/Do not know
IVDU means Intravenous Drug User	Yes/No/Do not know
Person with HIV can be identified generally by looking at him/her	Yes/No/Do not know
A happy life is a must for having good habit	Yes /No/Do not know
HIV is mostly Transmitted through sex	Yes /No/Do not know
National Aids Control Programme creates awareness	Yes /No/Do not know
Needle Exchange Programme is for all	Yes/No/Do not know
Drug abuse and HIV/ AIDS are curses	Yes/ No/Do not know
I want others to be protected from HIV	Yes /No/Do not know
People with HIV/AIDS expect love and respect from all	Yes/No/Do not know
Primary Health Centre provides help to the addicts	Yes/No/Do not Know

AIDS can be cured if detected early	Yes/No/Do not know
All doctors can help to prevent HIV/AIDS	Yes/No/Do not know
There are NGOs working to help the prevention of HIV/AIDS	Yes/No/Do not know
All Hospitals have facility to treat HIV/AIDS patients	Yes /No/Do not know
All the Drug users are HIV/Patients	Yes/No/Do not know
Drugs can make us sick	Yes/No/Do not know
Drugs are ordinary medicines good for health	Yes/No/Do not know
Any Drug can cause HIV/AIDS	Yes/No/Do not know
ANC: means Antenatal Care.	Yes/No/Do not know
I can get HIV from mosquito bite	Yes/No/Do not know
I can associate with Drug users freely	Yes/No/Do not know
Hand outs are available on HIV/AIDS in my mother tongue	Yes / No/Do not know
I can help others learn of HIV/AIDS	Yes / No/Do not know
I am well informed of the dangers of Drug use	Yes / No/Do not know
I can tell others of the need to protect from HIV	Yes / No/Do not know
I heard of the HIV programmes in schools	Yes / No/Do not know
I have companions who use drugs	Yes / No/Do not know
I volunteer to work with Drug users and HIV patients	Yes / No/Do not know
My school has the facility to help us know of HIV	Yes / No/Do not know
There are books in the school library on drug use and HIV /AIDS	Yes / No/Do not know
I can know of HIV/AIDS from my parents	Yes / No/Do not know
As a student I can do something to prevent drug use	Yes / No/Do not know
I know people who help the HIV positive people.	Yes / No/Do not know
I have enough materials to read on HIV/AIDS	Yes / No/Do not know
I know NGOs with services for Drug Users and HIV/AIDS	Yes / No/Do not know
I have companions whose parents are HIV positive	Yes / No/Do not know

I am afraid of an HIV/AIDS Patient Yes / No/Do not know

I am happy to be in contact with drug addicts and HIV/AIDS Yes / No/Do not know

My School has programmes on HIV and Drug Abuse. Yes / No/Do not know

I read of HIV/ AIDS in the school Yes / No/Do not know

I read of Addiction in the news papers Yes / No/Do not know

I have met HIV patients Yes / No/Do not know

I have attended programmes based on Drug Abuse and HIV Yes / No/Do not know

Any other

To,

Sub: Prayer for your kind help in collecting data for research.

Dear _____,

Greetings

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Yours gratefully

(Sunny Joseph)

P B NO 03

Dimapur. 797112 (Phone: 9436004768) Dated :09th September 2009

Questionnaire to know the awareness level of the
Secondary School Children on substance abuse and HIV/AIDS

- e) Name in full _____ (optional)
- f) Age _____ Male/Female
- g) Education _____
- h) Educational status of parents _____ Father _____ Mother _____
- i) Number of members in the family _____ Male _____ Female _____
- j) Occupation _____
- k) Name of the School/Organisation _____
- l) Postal address _____ (optional)
- m) Phone No _____ E mail _____ (optional)
- n) Date _____ Signature _____

Section II Teachers and Parents

There are children in the school addicted to Drugs.	Yes/No/Do not know
There are instances of school children dropping out due to addiction	Yes/No/Do not know
There are deaths of the children due to addiction	Yes/No/Do not know
The school has organized programmes in relation to drug	Yes/No /Do not know
The school has disciplinary problems due to drugs	Yes/No/Do not know
The children are aware of the dangers of drug addiction	Yes/No /Do not know
There are children affected by HIV/AIDS in the school	Yes/No/Do not know
There are Parents of the children affected by HIV	Yes/No/Do not know
School has programmes to make the children know of Drugs	Yes/No/Do not know
School has programmes to teach on HIV/AIDS	Yes/No /Do not know
The NGOs conduct awareness programmes in the school	Yes/No /Do not know
Teachers attend the training programmes on HIV/AIDS	Yes/No/Do not know
The parents request for such programmes for children	Yes/No /Do not know
The parents contact the teachers regarding their (addict) child	Yes/No/Do not know
The parents inform the teachers if they are affected by HIV/AIDS	Yes/No/Do not know
The parents monitor the behaviour of the children	Yes/No/Do not know
The school has enough materials for reading on HIV/AIDS	Yes/No/Do not know
The climate of the school is affected often by the Drug users	Yes/No/Do not know
The result of the school has been affected by addicts	Yes/No/Do not know
News papers and periodicals are available for children in the school	Yes/No /Do not know
The Management has fund for creating awareness on drugs and HIV	Yes/No /Do not know
Teachers receive the co operation of the parents for such matters	Yes/No /Do not know
There was programme related to HIV/AIDS in the school	Yes/No/Do not know
Antiretroviral Therapy is available in my locality	Yes/ No/Do not know

Parents engage in matters of the behaviour of the children	
Yes/No /Do not know	
Parents wish that the teachers get involved in the li	ldren. Yes/No/Do not know
There are agencies that educate the parents on parenting	Yes/No/Do not know
Hand outs are made available in school	
Yes /No/Do not know	
Literature on HIV is available in mother tongue of the children	Yes/No/Do not know
Health Care Workers are available in your locality	Yes/No/Do not know
People care for Maternal and Child Health	
Yes/No/Do not know	
The NGO are equipped well to impart knowledge on HIV	Yes/No/Do not
know	
The IDUs are found in my locality	Yes/No/Do not
know	
I have participated in the training sessions on HIV	
Yes/No/Do not know	
I can clear the doubts of the children on HIV and drugs	Yes/No/Do not know
I read regularly on HIV	Yes/No/Do not know
The school has a library with information on HIV	Yes/No/Do not
know	
The school has Red Ribbon club	Yes/No/Do not know
The school has videos to view on HIV and Drug abuse	Yes/No/Do not know
The school observes the World AIDS day	Yes/No/Do not know
I have come to know of people infected with HIV	
Yes/ No/Do not know	
Commercial Sex Workers are found in my locality	
Yes / No /Do not know	

Commercial sex workers practice safer sex	
Yes / No/Do not know	
Children's performance is affected when addicted	Yes/No/Do not know
Children reveal their habits truthfully and seek help	Yes/No/Do not know
Community Based Organization can deal with addicts better	
Yes /No/Do not know	
EQAS means External Quality Assurance	Yes/No/Do not know
Health Workers are effective in creating awareness	
Yes /No/Do not know	
HAART means Highly Active Antiretroviral Therapy	Yes/No/Do not know
Hepatitis B Virus is spread through blood	Yes/No/Do not know
Hepatitis C Virus is deadly	Yes/No/Do not know
Substance abuse and HIV do not affect the quality of life	Yes/No/Do not know
The customary laws are sufficient to deal with the drug users	Yes/No/Do not know
HIV is found in people	Yes/No/Do not know
The red Ribbon Clubs achieve their goal	Yes/No/Do not know
In my locality there are NGOs who work with HIV infected	Yes/No/Do not know
I respect the HIV patients	Yes/No/Do not know
The world day for prevention of drug trafficking is on 1st December	Yes/No/Do not know
Music will be effective method to create awareness on HIV	Yes/No/Do not know
The mental hygiene of the child is important for good behaviour	Yes/No/Do not know
The basic need of the secondary school children is peer support	Yes/No/Do not know

Parents know about the dangers of drug abuse	Yes/No/Do not know
Parents are interested to know of the way to guide the children	Yes/No/Do not know
There are people affected with HIV in my locality	Yes/No/Do not know
The parents are keeping the addiction of children a secret	Yes/No/Do not know
There are children who dropped out because of drug abuse	Yes/No/Do not know
Peer pressure causes drug abuse	Yes/No/Do not know
Peer pressure leads to teen sex	Yes/No/Do not know
Children at the secondary level are in need of counselling	Yes/No/Do not know
There are people who hide their infection of HIV know	Yes/No/Do not know
Parents are the best persons to guide the children on behaviour	Yes/No/Do not know
Parental counseling can remedy conflict in the family	Yes/No/Do not know
Parent Teacher interaction strengthens good behaviour	Yes/No/Do not know
Children of single parents are at greater risk	Yes/No/Do not know
Orphans are credited with better behaviour	Yes/No/Do not know
Financially poor children are easy victims of drug abuse	Yes/No/Do not know
Children of separated families easily take drugs	Yes/No/Do not know
Giving what the child wants will make him/her behave well	Yes/No/Do not know
Travelling in a bus with HIV infected persons can cause HIV	Yes/No/Do not know
Participating the meeting of HIV Positive people can spread HIV	Yes/No/Do not know
Attending the funeral of the HIV Positive persons can cause HIV	Yes/No/Do not know
ELISA is the primary test for HIV know	Yes/No/Do not know
Drug users resort to supply of safe needles	Yes/No/Do not know
Any other	

To

Sub: Prayer for your kind help in collecting data for research.

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Section III

Heads of Institutions: Interview Schedule

1. Is there deviant behaviour among the secondary children ?
 - a. What are the kinds of deviant behaviour found in the secondary children?
 - 1.
 - 2.
 - 3.
 - 4.
 - b. What are the causes of deviance of secondary children ?
 - 1
 - 2
 - 3
 - 4
10. What do you consider as remedy for the deviant behaviour of the secondary children?
 - 1
 - 2
 - 3
 - 4
2. What is the effect of deviance on the performance of the children ?
 - a. Academic performance
 - b. Co curricular areas like sports and games, literary competitions etc

3. What is the effect of substance abuse in the school ?

a. Discipline

b. Academic climate

c. Others

4. Have there been instances of death of children from the school due to drug abuse ?

1. How many ?

2. Please give Gender and age

5. Propose a way to tackle the problem of drug abuse in the school?

6. What could be the collective response of the children towards this ?

7. Is there a need of intervention of NGOs in the school ?

8. Do the parent-teacher interaction help the behavioural change of children ?

9. Do the school make extra curricular activities aimed at creating awareness on Drugs and HIV/AIDS ?

10. Is there any method for the identification of drug users practiced in the school ?

What are they ?

1.

2.

3.

11. How do you respond to the issue of education of the HIV positive children in the school ?

12. Do the parents come forward to reveal their HIV status for the good of their children in the school ?

13. Is there any problem you can identify in the children of the HIV Positive parents ?
 14. The prescribed curriculum on Life skills education will suffice to inculcate respect for oneself and for all. What is your opinion ?

15. What are your recommendations for bettering the awareness of the secondary school children on HIV/AIDS and Substance abuse ?

16. Does the parental influence on the children cause substance abuse :

- a) Divorced Parents
- b) Orphaned children/foster parents
- c) Single parents
- d) Unwed mothers
- e) Illiterate parents

17. Does the life in the hostel increase the peer pressure on the children ?

18. "Education has become a prestige issue more than a learning process" Do you agree with it ?

- 1. What do you propose to guide the children out of their crisis ?
- 2. What do you propose to direct the parents to face the contradictions

19. Secondary education is in need of child-centred learning activities.

- 1. Do you agree with it ?
- 2. Propose the best method to make it child-centred and activity based.

20. "Secondary Education does not lure but retards " Do you agree with it ?
 Please give a reason.

21. Any other

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- m) Date _____ Signature _____

SECTION IV

Non Governmental agencies or organizations:

Interview schedule:

- b) The aims and objectives of your organization?

- a.
- b.
- c.
- d.

c) The scope of your service is extended to educational institutions: What are the frontline programmes you have for the secondary school children for :

6. Prevention of substance abuse

- i.
- ii.
- iii.

7. Creating awareness on HIV/AIDS

- i.
- ii.
- iii.

3. What are the highly appreciated programmes ?

- a. for children ?
- b. for Teachers?
- c. for Parents ?
- d. Others

4. What are the resources available with you to conduct Programmes in the schools on Substance abuse ?

- a. Resource persons : Trained/ untrained
- b. Literature: English/mother tongue
- c. Multimedia: Music/films/slideshows
- d. Others

4. What are the methods you use in order to communicate to the secondary children on HIV/AIDS ?

1. Lecture
 2. Workshop
 3. Audio visuals
 4. Others
5. Are Governmental programmes sufficient for the education of the secondary children on Drug abuse and HIV/AIDS ?
1. Curricular inclusion of Life skills
 2. Formation of Red Ribbon Clubs
3. Training of teachers
4. Others
6. What are the difficulties you face in creating awareness on the Drug abuse and HIV in the schools ?
- i.
 - ii.
 - iii.
7. Is there financial resources for sustaining programmes on Drug abuse and HIV/AIDS in the schools for a periodic evaluation of the results ?
8. What are the resource materials you make available to the children ?
- i.
 - ii.
 - iii.
9. What are the expectations of the parents/ school management from you ?
- i.
 - ii.
 - iii.
10. What are your plans to be implemented to prevent the abuse of drugs and arrest HIV/AIDS?
- a. Children

i.

ii.

iii.

e) Teachers

i.

ii.

iii.

f) Parents.

i.

ii.

iii.

d. Others

11. Any other

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Life profile of HIV+ persons

- f) Name in full _____ (optional)
- g) Age_____ Male/Female
- h) Education_____
- i) Occupation_____
- j) Postal address_____ (optional)
- k) Phone No_____ E mail_____ (optional)

- l) Date of Birth_____
- m) Date of Diagnosis_____
- n) Place of diagnosis_____
- o) Symptoms of Infection_____
- p) Tested Voluntarily _____ Directed by someone_____
- q) Probable cause of transmission_____
- r) Date for start of ART_____
- s) Number of family members_____
- t) Present place of stay_____
- u) Experience acceptance by friends/family members/society/Church.
- v) The reason for getting infected (Could explain the life situation)
- w) Date_____Signature_____

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Life profile of those dependent on substance

- e) Name in full _____ (optional)
- f) Age_____ Male/Female
- g) Education_____
- h) Occupation_____
- i) Postal address_____ (optional)
- j) Phone No_____ E mail_____ (optional)
- k) Date of birth_____

- l) Date of first use_____
- m) Date of acceptance as dependent_____
- n) Symptoms of dependency_____
- o) Started Voluntarily _____ Directed by someone_____
- p) How do you use ? Oral/Inject/smoke/others/ all
- q) Types of substance used_____
- r) Probable cause of dependency_____
- s) Date for start of Treatment_____
- t) Number of family members_____
- u) Present place of stay_____
- v) Place if any treatment received_____
- w) Experience acceptance by friends/family members/society/Church.
- x) The reason for getting dependent (Could explain the life situation)

Date_____Signature_____

Life profile of those recovered from dependence on substance

- e) Name in full _____ (optional)
- f) Age_____ Male/Female
- g) Education_____
- h) Occupation_____
- i) Postal address_____ (optional)
- j) Phone No_____ E mail_____ (optional)

- k) Date of Birth_____
- l) Date of first use_____
- m) Date of acceptance as dependent_____
- n) Symptoms of dependency_____
- o) Started Voluntarily _____ Directed by someone____
- p) How do you use ? Oral/Inject/smoke/others/ all
- q) Types of substance used_____
- r) Probable cause of dependency_____
- s) Date for start of Treatment_____
- t) Number of family members_____
- u) Present place of stay_____
- v) Place if any treatment received_____
- w) How life has changed after recovery (narrate)
- x) Experience acceptance by friends/family members/society/Church.
- y) The reason for getting dependent (Could explain the life situation)

