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 AIDS 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% 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 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 gh 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 able to take precautions for prevention.

Table No.4.05 is basically on the cause 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 cause 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 IV and substance abuse from the perspective of general well being. Of 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 mme. 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 percentage (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 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 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 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 to know better of the subject and to strive to alleviate the situation.

Of the female children there were 81% of m 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 were the resource materials available in their mother tongue to prevent V. 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 newspapers. 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 newspapers. 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 newspapers. 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 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 the 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 Government 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/AIDS and Substance abuse. The most popularly observed World AIDS Day was not correctly understood. It is evident 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 fac 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 indiv 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 HIV/AIDS 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 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. 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 HIV 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 looking 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 Addiction 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 addiction 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 addiction. 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 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 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 the programmes creating awareness on HIV and drug abuse. There are two 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 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 ban 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 water 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 8 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 HIV. 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 ugs. 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 of 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 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 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 cooperation 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 No 4.39 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 had 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 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 are 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 drug 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 matters concerning their
children. 31% of the parents say that they wish that they 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 understand 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 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 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 or 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 the 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 they 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 fund in order to sensitize the people on HIV and drug abuse.

According to 76% of the parents the community based or 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 led 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 newspapers 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 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 lub. 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 newspapers 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 cooperation 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/AIDs and drug abuse. 44% were aware that the customary laws as 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 newspapers 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 fifteen (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. 84% 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. 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 financial allocation 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 are analysed according to the school type and in total.

Of the teachers from the Government schools 27% said that there were newspapers and periodicals available for the children in their 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 efficient 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 newspapers and periodicals were available for the children in the school. 17% of them stated that there were handouts available on drug abuse and HIV/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 AIDS Day. There were
52% of them who said that there are Health workers effective in creating

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 le 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 cl

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 lity 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. 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 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 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 secondary school children counseling/guidance facility in the school. The Red Ribbon clubs considered to be
universal for he 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 the 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 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 productive 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 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

<table>
<thead>
<tr>
<th>Doctors</th>
<th>Project Co-Ordinators</th>
<th>Out Reach Workers</th>
<th>Nurses</th>
<th>Lab Technician</th>
<th>Counsellor</th>
</tr>
</thead>
<tbody>
<tr>
<td>06</td>
<td>06</td>
<td>19</td>
<td>15</td>
<td>05</td>
<td>05</td>
</tr>
</tbody>
</table>
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 outreach 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, WSBAK, 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.

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

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 that 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

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

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 Long pang 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 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 a 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 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 inquiring 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 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 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 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 som 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.