CHAPTER 2

REVIEW OF THE RELATED LITERATURE

2.0. Introduction

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

2.1. Research done at International level

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

In a community-based cross-sectional study including 7789 households, all women aged 15–49 years (n = 10,867) were interviewed about socioeconomic, sexual, and reproductive issues. Random subsample of men (n = 388) and women (n = 413) aged 15–49 years was interviewed in more detail about sexual patterns and reproduction.
The median age at first intercourse for women and men 17.8 and 16.2 years, respectively. Women's average latency to end of first pregnancy was 22 months. There was a significant tendency to start active sexual life later among today's girls aged 15–20 years, compared to the groups 21–27, 28–35, and 36–49 years old. A similar trend was found in age at first pregnancy. The secular trends were not found among men. Age at first pregnancy for current adolescents was lower among those having less formal education.

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

Kurt, Madörin (1999) prepared a manual after the research on the strategy to train the teacher to guide the children. It is for the use of the teacher or mentor in order to support orphans due to HIV/AIDS. It deals with the topics in relation to HIV/AIDS such as: Psychosocial support for orphans, Concept of childhood, Children’s needs, Social orientation versus individual orientation, Children and Grief, The task of mourning
for children, How life changes, How children respond to the loss of a parent, Risk, Vulnerability and protective mechanisms, Stress and distress, Trauma, Coping, Resilience, Interventions and strategies, Counseling, Facilitation, Three insights in the learning process and Monitoring and evaluation. It gives the insight into the consequences of the children whose behaviour is hard to be modified due to their inability to cope with grief of the death of their parents as a consequence of HIV/AIDS.

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

The research identified the following salient features

The Education Sector in Tanzania was directly threatened by HIV and AIDS. At the same time the sector presented a window of hope for meaningful intervention, because most children and youth were not infected with HIV. Among male and female adolescents the rate of HIV infection was 2.1%, as opposed to average national HIV prevalence of
7.7% for women and 6.3% for men in the age group 15 to 49. In addition, teachers were known to have a strong influence on shaping decision making of their students.

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

The Impact was evaluated as the first phase of PASHA the proportion of secondary school students with basic knowledge in the area of HIV/AIDS and reproductive health increased from 37.6% to 95% in Tanga Region. In 79% of the secondary schools in Tanga there was more than one school counselor in place who had undergone at least 2 weeks of training. 84% of students reported that they would each teachers, specifically the school counselor, if they had a problem that they were not sure how to deal with. Students were more aware of existing health facilities in their vicinities and services they could access there.
Particular attention was paid to encouraging schools to follow the MoEVT recommendation of allowing the students themselves to choose the teachers they would most like to be their school-counselors. This required sensitization of heads of schools to ensure they avoid appointing teachers simply for such tasks.

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

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

Yoo, H., Lee, S. H., Kwon, B. E., Chung, S. and Kim, S. (2005) examined HIV/AIDS knowledge, attitudes, related behaviours, and sources of HIV/AIDS information among high school-aged students in South Korea. One thousand and seventy-seven students, 586 females and 491 males, from 5 high schools, from 5 representative school districts participated in the survey. A self-administered questionnaire measuring knowledge with 19 true-false items, attitudes with 4 items in 5-point Likert-type scale, sources of information with 6 items of yes/no type, and sexual behaviours with 8 items of yes/no type was utilized. The level of HIV/AIDS knowledge among Korean adolescents was moderate,
with the mean scores of 13.93 out of 19 for males and for females (p < .01).

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

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

Wagbatsoma and O. H. Okojie (2006) conducted a cross sectional study to determine the knowledge of HIV/AIDS and sexual practices of adolescents in Benin City, Nigeria. Benin City the capital of Edo State, Nigeria, has 40 governments owned secondary schools comprising 6 boys, 10 girls, and 24 mixed. Out of these 3 schools were randomly selected for survey viz; Adolor (boys only), (girls only), Army Day (mixed). The sample size for the survey was 920 while the total population for selected schools was 1692 giving sampling ratio of 1:2. Using the systematic sampling method and class register as sampling
frame every other child was selected for the study. However, only 852 students consented to participate giving a response rate of 92.6%. An overwhelming majority of the adolescents were aware of HIV/AIDS but only 16.2% knew the cause of the disease.

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

Lawal B O (2008) investigated HIV/AIDS awareness among secondary school teachers in Kwara, Lagos & Ogun States of Nigeria. The study by its nature, is a survey study, hence, survey research method was used in carrying out the study. It revealed that the level of awareness among secondary school teachers was very low. was also
revealed among others that the difference between single and married teachers in their awareness of HIV/AIDS is not significant. It was recommended among other things that individuals should avoid both premarital and extra-marital sex and that young people should be given awareness about HIV/AIDS. That government should provide adequate funding for HIV/AIDS research and that the pandemic should be discussed with others for the purpose of awareness.

World Vision International (2009) organized a session on HIV and AIDS in Bode Higher Secondary School and reported the results. Many young students in the 13-16 year age group of Bode Higher Secondary School were open to discussing HIV and AIDS without any reservations and had been the mouthpiece for behavioural change in their communities. Learning about HIV and AIDS in schools of Nepal was not common. The stigma of HIV and AIDS was not only attached to people living with it but also learning about it. The study found that children in schools were open to learning more about relevant and sensitive issues such as HIV and AIDS affecting their lives, Bode Higher Secondary School in Thimi Municipality, is one of the schools that had been running weekly classes on HIV and AIDS alongside the usual curriculum for eighth and ninth grade adolescents. The school managed to allocate one hour every week for each grade for such classes.
The course given on HIV and AIDS was a sixteen-week session, with one class every week targeted for a particular grade containing lessons on reproductive health, at-risk behaviour, risk analysis, safe sex, Injecting Drug Users (IDU), Sexually Transmitted Infections (STI), Sexually Transmitted Diseases (STD), HIV transmission, as well as case studies on stigma and discrimination using a methodology of games and pictorial learning alongside group discussions and interaction. Parents were also invited to a two-day orientation and sharing session which highlighted their role in monitoring their children’s behaviour at home. When the classes were first held, girls and boys just giggled in two different corners of the class, but later on everyone to participate proactively in the sessions and children had so many questions.

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

The project started in January 2009, aims to minimize HIV infections among adolescents and women with a focus on adolescents as a
primary target group by generating awareness through school-based initiatives. They targeted school management committees, teachers and the parents of adolescents in the community. Awareness-raising in schools was programmed, recognizing that primary approach to prevention lies in behaviour change.

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

Zhao Q, Li X, Stanton B, Mao R, Wang J, Zhong L, Zhang H (2010) investigated the HIV/AIDS awareness and knowledge among secondary school students in China with a goal of helping design appropriate HIV/AIDS education and prevention programmes for adolescents. The authors analyzed data from 995 secondary school students in Nanjing. Their analysis examined the students' sources of HIV/AIDS information and assessed the overall level, and possible gender and grade, middle school vs. high school, differences, in their HIV/AIDS
awareness and knowledge. Data in the study indicated an overall low and inconsistent level of AIDS knowledge among secondary school students in China. Most of the students could identify models of HIV transmission, but a large portion held misconceptions regarding symptoms, activities that did not transmit the virus, treatment and preventive measures. The level of using school, family and peers for obtaining information about HIV/AIDS was generally low. There was a discrepancy between the level of utilization and trust of mass media as the main source of HIV/AIDS knowledge. Findings were discussed in terms of implications for HIV/AIDS prevention and education among adolescents in China.

2. 2. Research done at the National level

Aggarwal A K, Kumar R (1996) studied the awareness of AIDS among school children in Haryana. This study was aimed to assess the existing level of knowledge of school children of 9th and 10th classes about Acquired Immune Deficiency Syndrome (AIDS). Three high schools in an urban area and three in the villages of district of North India were included in the study. A pre-tested closed-ended questionnaire was administered to 336 students. Overall level of knowledge about AIDS was found to be high. However, there were significant differences in knowledge among rural-urban and male-female students. There were some misconceptions in knowledge regarding transmission, prognosis and
prevention. Books and media were the most common sources of information. Most of the students wanted to learn more about AIDS. Since overall knowledge levels were high researchers concluded that AIDS education should concentrate on clarifying areas of misunderstandings.

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

Of concern was widespread misinformation about HIV transmission and control. For example, 23% of students believed HIV can be transmitted by drinking from a glass used by an infected person and 22% thought mosquito bites spread the virus. 57% believed persons with AIDS can be detected by their physical appearance and 8% considered AIDS to be a treatable disease. The most popular sources of knowledge were textbooks (51%), television (50%), and newspapers (34%). Urban students were significantly more informed about AIDS than their rural
counterparts. Since textbooks are an important source of information in this population, the researchers recommended that the current paragraph on AIDS be expanded to a separate chapter on AIDS and other sexually transmitted diseases. In addition, state medical officers were urged to deliver talks on AIDS during routine school health examinations.

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

The main sources of information about AIDS for urban and rural students, respectively, were: newspaper articles (56.89% and 21.15%),
television (62.07% and 50.00%), magazine articles (34.49% and 9.62%), conversations with friends (25.89% and 11.54%), and discussions with health care professionals (13.79% and 1.92%). 82.76% of urban students and 67.31% of rural students were afraid of contracting HIV/AIDS, while 29.31% and 61.54%, respectively, feared someone in their family might become infected. Finally, 63.79% of urban and 51.92% of rural adolescents were aware that a person can be HIV-infected yet appear healthy. Overall, these findings indicate that, although these secondary school students had acquired information about AIDS from a variety of sources, much of this information was inaccurate. There is a need for school-based sex education programmes to deepen students' knowledge of HIV/AIDS.

Chatterjee C, Baur B, Ram R, Dhar G, Sandhukhan S, Dan A (2001) studied the awareness of AIDS among school students and teachers of higher secondary schools in north Calcutta. Higher Secondary School students and their teachers were studied to assess the knowledge about AIDS and attitude towards AIDS patients. Only 13.5% senior school students and 16.2% teachers had clear knowledge regarding AIDS-its general aspects, transmission and prevention. Girls had higher and clear knowledge than boys. 45.8% of girls, 38.8% of boys students and 20.3% of teachers had positive attitudes towards nursing an AIDS case. It
is suggested that schools have to device ways to open more effective communication with students in relation to education on sex and AIDS. Training on AIDS should be emphasized on school teachers who their turn can teach the students in a correct way about AIDS.

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

It also contains a quiz on the topic meant for the children in the schools. Drug abuse prevention elaborately deals with the two types of prevention firstly it is the prevention of advancement in addiction by ensuring that individually one does take up the responsibility for one’s action. It helps one prevent the habit from becoming a disaster. The second type of prevention is the involvement of parents, teachers and educators to prevent the children from being exposed to the opportunities for experimentation with HIV/AIDS. The author recommended the adapted twelve step method from the Interact Club in Malaysia for
challenging the school children and others to a responsible life without
HIV/AIDS.

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

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

This book drew a linkage between the situation in India and in the North East. She attempted to adapt the responses to the problem of drug abuse to the specificity of the region. The author presents in detail the rise of the drug empire beginning with the British rule in India, the arms-drugs nexus in the north east, the trafficking and the addiction of
drugs and the various nationals as well as international mechanisms that deal with his problem and the struggle for solution to the problem as the enforcement mechanisms are to take into consideration manifold factors.

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

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

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

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

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

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

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

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

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

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

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

The policy recognizes that the affected children are different from other children whose futures are threatened by different kinds of disease and social exclusion. The vulnerable children the ‘children affected by HIV/AIDS’ will be part of the target group and the Ministry will cater to their needs in the same manner as for any other needy child. This has been recognized in the 11th five year plan and also in the schemes for child protection.

The responsibility of NACO in overcoming stigma and discrimination at the community, service delivery, or individual levels
through effective campaigning and communication initiatives is supported by Department of women and child development.

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

P Lal, Anitha Nath, S Badhan, and Gopal K Ingle (2008) studied the awareness about HIV/AIDS among Senior Secondary School Children of Delhi. School children were exposed to the risk of being victims of HIV/AIDS. Programme managers and policy makers had often recommended that schools could act as the center point for disseminating information and education on HIV/AIDS. Hence school education had been described as a social vaccine, and can serve as a powerful preventive tool. In India, there is a wide gap between the inputs
in the HIV/AIDS curriculum for schools and the actual education that is imparted. As children are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount of information so as to protect themselves and their counterparts from falling a prey to this still-an-incurable killer disease. This study was conducted with the following objectives: (i) To assess the awareness of school children regarding HIV/AIDS; (ii) to provide suggestions for school AIDS education.

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

Majority of the students (74.9%) belonged to the age group of 15-17 years. The mean age was 15.8 ± 0.8 years. Most of them (60%) were females. All the students had heard of HIV/AIDS although only 51.4% were able to write the full form of AIDS and only 19.9% were able to write the full form of HIV. Only 48.2% of the students could name sexual route while 44.4% named sharing of syringes and needles as a mode of transmission. Gaps were seen in the awareness about other modes of
transmission wherein only 31.1% and 23.4% cited blood nsfusion and mother to baby transmission as routes of transmission, respectively.

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

As much as 8.6% had obtained information from print media, whereas for 2.3%, friends remained the source of infor These findings imply promoting television as a significant source of information. A greater involvement of print media can also be a cost-effective measure. Friends can also be made instrumental in spreading information through frequent motivation. Majority (77.8%) of students had a favorable attitude towards People Living with HIV/AIDS (PLWHA), stating that such patients should be allowed to pursue/continue studies allowed to work in common work places. 51.6% of students in the present study felt that PLWHAs must be hospitalized while 33.3% were in favour of home care.
The findings in this study reiterate the need for re-enforcing school AIDS education. Significant changes have been observed between pre-test and post-test knowledge and awareness levels through school HIV/AIDS education programmes in different regions. While the teacher plays a pivotal role in imparting education, the use of multi-pronged methods such as films, group discussions, dramas, puppet shows and role-plays must be incorporated. There is a strong need that school education must directly address stigmatizing attitudes about HIV/AIDS, gaps in HIV/AIDS knowledge and awareness of HIV-related health resources.

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

The study involved 100 teachers from urban and rural areas in the four selected districts. The teachers were asked to fill an objective pre-coded questionnaire which elicited their views and practices on life skills
and sex education in schools, and assessed their knowledge, views and perceptions of HIV/AIDS and its importance for young people.

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

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

There were misconceptions about how HIV spreads among 16% of the teachers. The most common misconception was that HIV can be cured (27%). 14% believed that HIV spreads through sneezing, coughing or spitting, 13% said it could be transmitted through saliva, tears or sweat, and 6% believed that sharing clothes with an infected person could pass on the virus. 21% of teachers thought that IDS could be prevented by regular physical exercise and 55% said by abstaining from
sex. 57% of the teachers did not think that young people were at any
greater risk of contracting HIV/AIDS. Yet a disproportionately high
number (91%) agreed that young people need to be well about
HIV/AIDS. Nearly half the teachers agreed that the best place for young
people to learn about HIV/AIDS was the school (47%), while 21%
thought they should read books on the subject, 17% said doctors were the
best to impart such information, 7% said parents and t remainder said
from others.

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

The findings from the study suggest that is a definite
need to strengthen the gaps in knowledge and understa of HIV/AIDS
and life skills education among teachers. While teachers recognize that students need to know about life skills and HIV/AIDS, there is poor understanding of what life skills education comprises. More initiatives are required to strengthen the knowledge of teachers about HIV/AIDS and to equip them with the necessary skills.

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

**Indian Council of Medical Research,** NACO and Family Health International (2011) conducted a study in five north eastern states of India namely, Manipur, Nagaland, Mizoram, Meghalaya and Assam. It aimed at obtaining information on geographical locatio and characteristics of places where the IDUs were present could be accessed and to obtain information on key determinants of HIV related risks present in such locations. It also estimated the size of injection drug users in the respective states. It followed rapid field assessment method and had two stages such as mapping and estimation. This study identified 2500 IDU sites. The most frequent site was found to be home in all the states. They were mostly injection sites. The relative concentration of
IDUs differed from less than five to more than twenty. The peak time of
gathering differed according to the nature of the sites. The sites rarely had
accessibility to the health care providers in Manipur and Nagaland but the
sites in Meghalaya had access to the health care providers. In Meghalaya
there were minors below eight years of age too among the IDUs. The
author for the Nagaland section found that there was no site for the IDUs
where only female gather.

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

**Touthang Stephen (2011)** studied drug abuse with the
aim of exposing the fatality of drug use on human beings. The author
explored the nature and types of drugs available and illustrated the
common use of it. The author found the effect of drug abuse as alarming on the productive lives of the young people. He found the starting point of the abuse of drugs by any one is insignificant for him or her. But in the course of time behaviours leading to the consumption of the same in the same way or in many other ways become most significant for them. He gave an elaborate view on drug abuse, alcohol abuse, smoking and tobacco. He gave a profile of the known personalities like Michael Jackson etc who struggled to overcome their addiction.

2.3. Research done in Nagaland

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

Of the eight areas of needs love and human sexuality which refers to the need of a student how to relate to the members of the opposite sex and also learn the various aspects of sex, love and marriage as one grows
up ranked the last. It included the need to know how to get along with the opposite sex and to understand the changing roles and of men and women. He developed a programme in order to guide the children to place right values in their life. It consisted of modules for leadership, career development, school work with time management, healthy relationship among family members, and self awareness. Such coping skills will enable the high school children to for their life for greater performance and avoidance of drug addiction and infection with HIV/AIDS.

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

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

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

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

**Nagaland State AIDS Control Society** (2004) prepared an analysis report about the HIV Prevalence rate among groups of population from 1998 to 2003. The population was divided into high risk groups such as Patients with Sexually Transmitted Disease, Female Sex Workers, Injecting drug Users, Men having sex with men and the low risk group with pregnant mothers. They are consistently accessible, convenient and the sites need to have sufficient number of patients. The sample size was STD: 250 samples over 12 weeks period, IDU: 250 samples over a twelve week period, FSW: 250 samples over a twelve week period, ANC: 400 samples over a twelve week period.
HIV prevalence was highest among the age group below 20 years it indicated that new infections occur among young married women. The findings included that HIV prevalence was high among urban drug users than rural IDUs. HIV Infection was found to be more among female compared to male. Majority of the females were in the age group of 20-29 years but males of the age group of 30 to 44 years. The shifting of age group from younger age group to older age group indicates reduction of new infection among IDUs. The data indicated increasin numbers of IDUs from the rural population where a lot more intervention is required. The gradual decrease of HIV among IDUs indicated successful implementation of Harm Reduction Programme.

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

**R P Shukla and Buno Zetsuvi** (2006) studied the development of education in Nagaland. It gives special emphasis on the secondary school education. It studies the development of education in the state from
the primary stage. The authors proposed a guide profile of the students at the secondary level and the curriculum was explained with the application for the need of development of the child. The authors considered the learner at the secondary level to be thinking with abstract concepts, establishing social identity, and giving importance to peer groups. They also emphasize on the need for creating a curriculum considering the socio psychological development of the child at the secondary level and also with the desire and emergence of inclinations of sexual nature of the adolescent.

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

Joseph, Mariadhas (2006) conducted a preliminary research on Drug Abuse in Dimapur, Nagaland. In this the researcher addressed
the issue of drug abuse in Dimapur District. Some of the conclusions arrived at were: The cause of drug abuse does not necessarily be peer pressure alone, it can be a desire to experiment or to have a high feeling, the economic and educational background of the person has a great influence on the speed of recovery and motivation to remain sober, the availability of drug is a reason for the desire to have causal or deliberate experiment with it and prevention is possible with concerted efforts of all the agencies of social welfare.

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

**Lungsang. Zeliang (2009)** studied the development of education in Nagaland. The author explored the traditional educational methods and aims existed in the society in Nagaland. The study has identified the Naga Indigenous system of education, methods of teaching and learning and the learning institutions. The centres of learning for
young men as well as girls and women were identified separately and they revealed a profound sense of social and gender equality. The role of the family in educating the children was uniquely recognized by all as every elder had the responsibility to transfer the knowledge to the young through oral narration, demonstration and training. Each tribe had its own terms for the places of learning for boys and girls separately. The author gives an appraisal of the growth of educational system with the advent of Christianity and the British rule. The author found that the remarkable growth in the field of education in the state began after the declaration of statehood in 1963.

2.4. An Overview

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

Studies done abroad basically focused the social aspect of the HIV/AIDS and Drug Abuse together with the educational and psychological impact of the same on the individual and the society. The
researches on awareness level were conducted with the aim of formulating policies.

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

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


