CHAPTER 3

RESEARCH METHODOLOGY

3.0. Introduction

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

3.1. Need and Significance

HIV/AIDS has shattered many of the dreams and is redefining the very meaning of life itself for millions across the globe. It is depriving many children of their human rights – of the care, love and affection of
their parents; of their teachers and other role models; of education and options for the future; of protection against exploitation and abuse.

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

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

Nagaland ranks 6th in the list of highly HIV/AIDS prevalent states. The prevalence rate is 1.225. Tuensang remained the highest HIV
prevalent place in Nagaland in 2007. The prevalence rate in Tuensang among the IDUs was 5.20%. The problem of Drug Abuse and HIV/AIDS demands that the causes are identified and the children are imparted with in depth knowledge on the problem in order to prevent themselves from being infected as well as from the influence of stigmatizing the already infected.

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

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

3.2. Statement of the Problem

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

3.3. Objectives of the Study

The objectives of the study are listed below

a) To analyze the present awareness level of the children of Classes IX and X in Nagaland about drug abuse and HIV/AIDS.

b) To Analyse the role of the school management, the teachers and the parents to create awareness on Drug Abuse and HIV/AIDS.
c) To identify the existing materials and programmes on drug abuse and HIV/AIDS in the schools.

d) To identify the causes of Drug Abuse and infection HIV/AIDS among Children.

e) To suggest measures for creating awareness on HIV/AIDS and drug abuse.

3.4. Definition of the Terms

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

3.4.1. Secondary Education

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

3.4.2. Drug

A drug is a chemical substance that alters the state of one’s body and mind. Generally it is considered to be any substance when taken into the body changes the way one thinks or feels. A drug may be used as a
medicine. The use of a drug under a medical prescription to serve a remedial purpose is called a drug use. When a drug or a chemical substance meant for a medical cure is taken outside of its purpose or in excess for personal enjoyment or for avoidance of a situation without medical reason or governance it is called drug abuse.

### 3.4.3. Addiction

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

### 3.4.4. HIV

It is expanded as Human Immunodeficiency Virus. It is a virus that enters the cells of the body’s immune system and weakens the person over the years. The infected person becomes incapable of fighting both common infections like those that cause diarrhea and terminal diseases
like cancer. It leads to AIDS. HIV as the cause of AIDS was identified in 1983.

3.4.5. AIDS

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

3.4.6. Awareness

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

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

3.5.1. Sampling

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

a) Educational Institutions in eleven districts of Nag which included the Children, Teachers, parents and the head of the institution.

b) The children are further classified into Male and Female on the basis of Gender. On the basis of management of the school they classified as School Type: Government School and the Private schools. And thirdly on the basis of the location of the school: such as Urban, Semi-Urban and Rural.
c) The parents too are classified as per the space or

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

**3.5.2. Sample**

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

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

There was a sample population of three hundred and sixty children from each district. Thus there were eleven Government schools and
twelve private schools in the urban area that had the respondents as 982 in the government schools and in the private schools together.

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

Table No. 3.01
Sample Children

<table>
<thead>
<tr>
<th>Children</th>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Type</td>
<td>Govt</td>
<td>1284</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>1856</td>
</tr>
<tr>
<td>Space</td>
<td>Urban</td>
<td>982</td>
</tr>
<tr>
<td></td>
<td>Semi Urban</td>
<td>1133</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>1025</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>1284</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1491</td>
</tr>
<tr>
<td>All Children</td>
<td></td>
<td>3140</td>
</tr>
</tbody>
</table>
Table No. 3.02
Sample of Parents and Teachers

<table>
<thead>
<tr>
<th>Teachers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Govt</td>
<td>176</td>
</tr>
<tr>
<td>Private</td>
<td>257</td>
</tr>
<tr>
<td>Parents</td>
<td>588</td>
</tr>
<tr>
<td>Urban</td>
<td>198</td>
</tr>
<tr>
<td>Semi Urban</td>
<td>230</td>
</tr>
<tr>
<td>Rural</td>
<td>160</td>
</tr>
<tr>
<td>Heads of Institutions</td>
<td>21</td>
</tr>
</tbody>
</table>

As given in Table No.3.02 the parents of the children classes IX and X were also surveyed. They were not necessarily the parents of the children who participated in the survey. There were 588 parents who responded to it from 65 schools of Nagaland of which 198 are from the urban area, 230 from the semi urban area, and 160 from the rural area. There were 21 heads of the institutions interviewed from those institutions where the survey was conducted. 433 teachers from 65 schools responded with the questionnaire of which 198 are of the urban, 0 are of the semi urban and 160 are of the rural populace.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users</td>
<td>17</td>
</tr>
<tr>
<td>Recovering Addicts</td>
<td>14</td>
</tr>
<tr>
<td>PLHIV</td>
<td>21</td>
</tr>
<tr>
<td>NGO</td>
<td>19</td>
</tr>
</tbody>
</table>

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

3.6. Nature of the study

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

3.7. Tools Used

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

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

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

a) General Concept/Abbreviations with eight parameters

b) Concept on Stigma of Addiction with five parameters

c) General Concept on Addiction with seven parameters

d) General Concept on Substance Users with five parameters

e) General Concept on Causes of AIDS with five parameters
f) General Concept on Programmes with three parameters

g) Mode of Transmission with eight parameters

h) General Concept on prevention with seven parameters

i) Personal Responsibility to prevention with nine parameters

j) Methods of Prevention with eight parameters.

k) Personal Effort as Resource with five parameters

l) Resources as Organised Programmes with three parameters

m) Resources as facilities in the school with eight parameters.

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

3.7.2. Questionnaire of the Teachers and Parents

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

The set of questionnaire for the teachers and parents eighty five questions was prepared basing on the objectives of the study. All the eighty four questionnaires were statements with the three options such as Yes/No/Do not know model. The last question was of a statement “Any
other” for the respondent to write what is his/her personal opinion. The first page of the questionnaire leaflet was letter of introduction by the supervisor. The second page contained the letter of request by the researcher and the personal background with the optional response for the name. The third, fourth and the fifth pages contained the statements. The respondents were just to read and to tick what they considered as correct. The teachers and parents could answer the questionnaire in 40 minutes time.

The questionnaire contained the following components such as

a) The problem of Drug Abuse and HIV/AIDS with 21 statements

b) The Prevention of Drug Abuse and HIV/AIDS with 20 statements

c) The Resources available with 24 statements


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

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

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

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

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

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

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

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

3.7.7. Format for the life Profile of Recovering Drug Dependents

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

3.8. Construction and Validity of Instrument

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

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

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

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

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

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

3.9.1. Data Collection Process

The data collection was done by the researcher. The researcher contacted the heads of the institution through phones applied for permission to conduct the same in the school. After receiving the due permission the researcher fixed a date and time for the visit to the school with the head of the institution. After doing so the researcher reached the
school as per the appointment and met head of the institution. He/she often took the researcher to the class. In some cases head directed the class teacher to do so on his /her behalf. The researcher spoke of drug abuse and HIV/AIDS to the students and interacted with them through self introduction for about five minutes.

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

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

Similarly the questionnaire was distributed among the teachers who were teaching in classes nine and ten in the school. They were briefed of
the purpose of the research and the researcher explained to them the need for such a study. The teachers appreciated the venture and they returned the questionnaire after placing the tick marks.

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

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

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

3.9.2. Secondary Source

The data collection was done from books, hand outs, periodicals and journals and other records. For this purpose the researcher visited the Libraries at Chavara Care centre, Shalom Rehabilitation centre,
Development Association of Nagaland, Kripa Foundation, Kohima, Nagaland University Library, State Library Kohima, Saksham Sub-Sub Recipient centre at Department of Education Nagaland University, Library of the Bosco College of Teacher Education, Salesian College of Higher Education, Library of Good Shepherd Seminary Dimapur, of St Joseph College Jakhma. The researcher also interacted with the people from various fields of life regarding the topic of this study.

3.10. Data Analysis and Interpretation

The data collected was analyzed by applying descriptive method using percentages and averages. The data collected was thoroughly checked, assessed and entered into computer for tabulation. It was cross examined to avoid repetitions and mistakes. The data was further classified as per the classification of the objectives. So that it would project the clear picture of the awareness level of the secondary school children at the level of school type, location and gender as well as in general. The results are separately scrutinized, checked and transferred to tabulation sheets and to tables in order to analyze and to interpret the same. They were supported by tables and figures as needed. The method of data analysis is simple percentage applied as related to the research topic.
The response collected through the questionnaires were processed by applying frequency counts and tabulated as shown in Table Nos 4.1 to 4.47. Average was found out and converted into percentages. Each Table was given a specific title. The questionnaire for the children was divided to 13 tables as per the theme. They included general concept on HIV and addition, Stigma, transmission, resources, methods for prevention and causes. There were parameters in varying numbers in each table. The questionnaires for the teachers and parents too had four sub topics each as causes, resources, prevention and transmission.

3.10.1. Questionnaire of the Children

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

a) Gender and in total

b) Location

c) School type

3.10.1.1. Gender and Total

As per the census report 2011 the sex ratio being 934 females per 1000 male in the state is a matter of concern in Nagaland. In order to find the differences in the awareness level of the male and female children the analysis was done basing on the gender too. The tables and the themes
remained the same as in other sections. The scores of female and the male children were compared and analysed together with the total number of the students. It was shown in Table Nos 4.1 to 4.13.

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

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

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

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

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

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

Table No.4.7 is about the awareness level of the secondary school children in different locations of the state on the modes of transmission of HIV. There are eight statements on the transmission of HIV.
Table No. 4.8 is about the methods of prevention of HIV. There are seven statements.

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

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

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

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

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

3.10.1.2 Location.

Table Numbers 4.14 to 4.26 fully dwells on the awareness level of the children from different locations in the state. They are categorized as: Urban, Semi Urban and Rural.
The term Urban area refers to the district Head quarters or the most important township of the district. They include three municipalities in Nagaland. The 28% of the population of the state live in the urban areas. There are eleven locations identified. There are eleven Government schools and twelve private schools identified and responses were collected from those schools in all eleven districts of Nagaland.

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

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

Thus there were all together thirty one Government schools from three locations and thirty four private schools from three locations in the state that were surveyed.
The purpose of such analysis was to identify the awareness level of the children according to the place of their residence. Firstly because the facilities available, the exposure to information through media, the educational capacity of the parents, the standard of the school etc would influence the knowledge capacity of the children.

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

3.10.1.3. School Type

The same questionnaire of the children was also analysed based on the school type. The distinct difference in the function, curriculum transaction and the general climate of the private schools and government schools in Nagaland gives an opportunity to explore the ways to prevent the spread the abuse of drugs and HIV. The enrollment and the quality and efficiency of the teachers etc are evidently different. The Management of the school too is different. All these will make children have more exposure to knowledge not only by curricular programmes but also through the entire plan of education as implemented by the
institution. The themes and the tables remained the same but the scores differed. Table Numbers 4.27 to 4.39 depict the same.

3.10.2. Questionnaires of the Parents

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

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

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

Table No 4.41 speaks of the prevention of Drug abuse and HIV/AIDS. There are twenty statements that are answered by the parents of the children in different schools as per the location.
Table No 4.42 is about the awareness of the parents on resources available in the school in order to prevent HIV/AIDS and drug use. There are twenty four statement to which the parents have responded.

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

3.10.3. Teachers

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

3.10.4. Head of Institution

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

3.10.5. The Non Governmental Organisations

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

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

3.10.7. Profile of Drug Users

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

3.10.8. Profile of Recovering Addicts

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

3.11. Delimitation of the Study

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

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