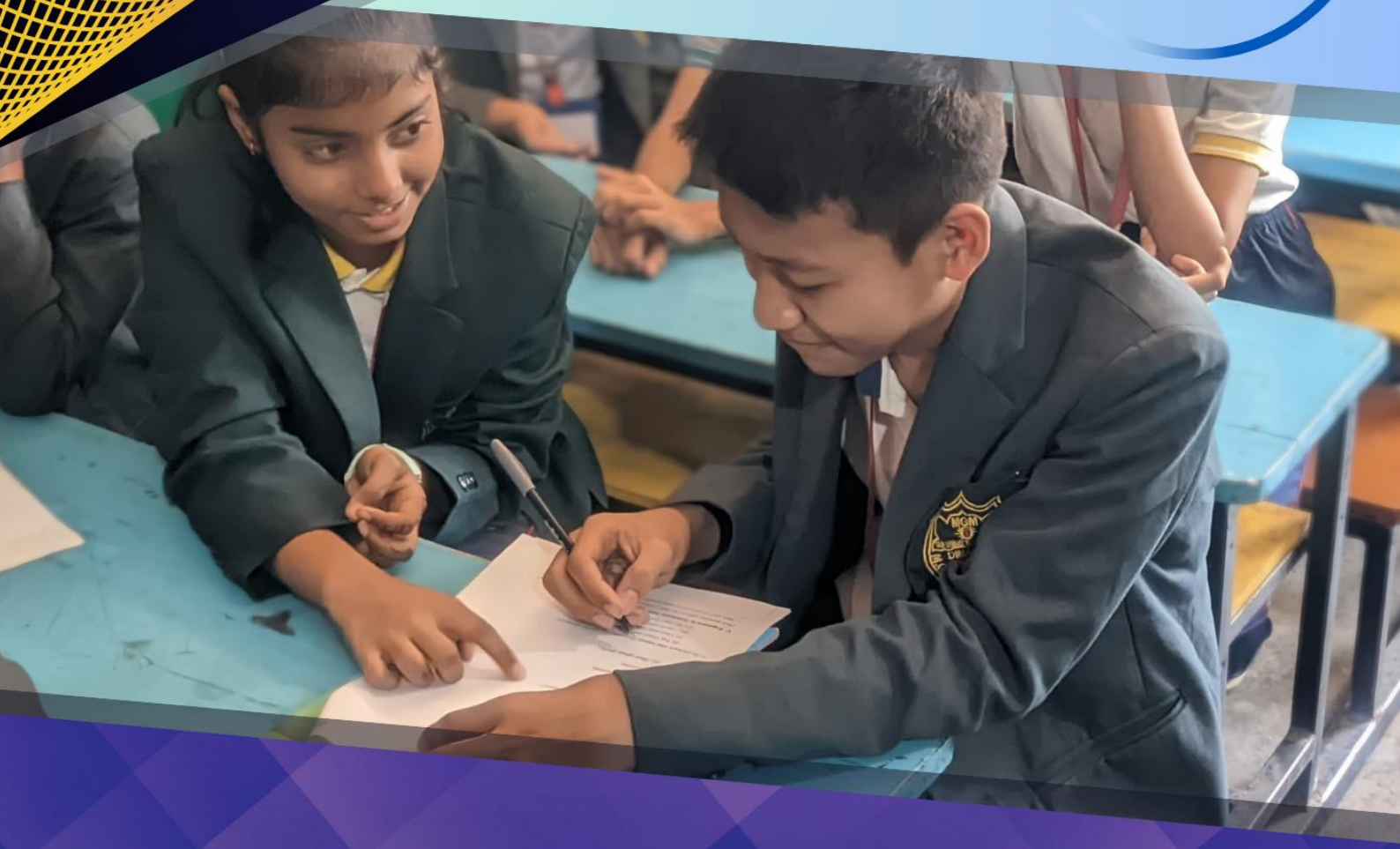
A CHILD LED SURVEY ON SUBSTANCE ABUSE AMONG CHILDREN IN DIMAPUR & CHUMOUKEDIMA, NAGALAND

YEAR
2024



AIDA-CHILD FRIENDLY DIMAPUR

Publisher

Rev. Fr. Dr. Roy George sdb
Executive Director
AIDA, Dimapur

Editorial Team

Dr. Anna Lungbila
Ms. Garrol Lotha
Sr. Jisha Joseph
Ms. Shemang S Phom
Ms. Mechietonü Agnes Kiso
Mr. Gaisanglung Kamei

Cover & Layout

Mr. Gaisanglung Kamei

Published from

AIDA, Don Bosco Campus, River Belt Colony, NN Gaon
Dimapur – 797113, Nagaland, India

Email:

aidasdb@gmail.com
childfriendlydimapur@aidasdb.org

Website:

www.aidasdb.org
www. childfriendlydimapur.aidasdb.org

Social Media:

Facebook: Child Friendly Dimapur
Instagram: childfriendlydimapur

FOR PRIVATE CIRCULATION ONLY

Cover Page: Child Rights Club Members filling the survey checklist
(Photo: Mechietonu Agnes Kiso)

MESSAGE FROM EXECUTIVE DIRECTOR

Substance abuse among children is an escalating concern that demands our urgent attention. The Child-Led Survey on Substance Abuse conducted in Dimapur and Chumoukedima engaged 221 children aged 10-18, shedding light on their awareness, experiences, and perceptions regarding substance use. The findings highlight the alarming reality that children today are increasingly exposed to harmful substances, which not only jeopardizes their immediate health but also hampers their long-term development.

This study emphasises that age significantly influences awareness levels, with older children exhibiting higher awareness while younger ones remain more vulnerable. This insight highlights the necessity for age-specific educational interventions that are not just informative but also empowering. Additionally, the findings reveal that while peer pressure is often perceived as a major factor, environmental and social influences play a more substantial role in shaping children's awareness and behaviour concerning substance use.

It is commendable that this important study was conducted by children themselves, amplifying their voices and perspectives on a critical issue affecting their generation. Such child-led initiatives are vital in fostering a sense of ownership and responsibility while also providing policymakers, educators, parents, and community leaders with invaluable insights to tackle the problem effectively.

I extend my heartfelt appreciation to Dr. Anna Bibiana Lungbila for her meticulous work in guiding this impactful study and for analysing the data with such professionalism. Thanks to the CFD staff – Garrol Lotha, Shemang S Phom, Jisha Joseph, Gaisanglung, Mechietonu Agnes who guided the children while collecting the data and the children who carried out the survey. Let us use these findings as a catalyst to initiate stronger, more targeted interventions that will protect our children and build a safer, healthier future for all.

Dr. Fr. Roy George SDB
Executive Director, AIDA

ACKNOWLEDGEMENT

AIDA-Child Friendly Dimapur is very glad to publish its 3rd edition of Child Led Survey 2024 on the theme, ***"Substance Abuse among Children"*** undertaken in different localities and Institutions of Dimapur and Chumoukedima.

First and foremost, I on behalf of AIDA-Child Friendly Dimapur would like to extend my heartfelt gratitude to all the Child Rights Club members who led the survey. Your curiosity, enthusiasm, and dedication have truly been the heart and soul of this survey. Without your active participation, insightful responses, thoughtful analysis, and tireless effort, this book would not have been a success.

I am deeply thankful to the Child Rights Facilitators, teachers, Community leaders, parents and Caring Community Group members who supported the children with encouragement and care throughout this survey. Your firm support and belief in the importance of giving children a voice have been truly invaluable.

Special thanks to Dr. Anna Lungbila (Ph.D. in Social Work), Lungbila Freelancer, The Writer's Hub for serving as a Consultant for the Child led Survey 2024. I am sincerely grateful to you for the professional assistance rendered to Child Friendly Dimapur team for meticulously analyzing the data collected from the field and for significantly contributing to the inclusive understanding of the findings presented in this book.

My heartfelt appreciation goes to BMZ and Don Bosco Mondo for generously funding this project, enabling us to create awareness and build the capacity our society towards creating child friendly cities. Your support has made it possible to bring this book to life and share its findings with a wider audience. I also express my sincere gratitude to Child Friendly Cities Initiative Consultants (DBYaR Forum) for their unwavering monitoring and continuous support to the team in every possible way.

I am deeply thankful to my team members (Child Friendly Dimapur) - Sr.Jisha Joseph, Ms.Shemang S Phom, Ms.Mechietonü Agnes Kiso and Mr.Gaisanglung Kamei for their dedicated facilitation of the entire child led survey, as well as for compiling, refining and organizing the data collected from the field very systematically. A special word of appreciation goes to Mr.Gaisanglung Kamei, for his extra efforts in designing and bringing out the finest version of this book and making it more visually engaging and presentable.

Finally, i extend my sincere thanks to all the readers and supporters of Child Friendly Dimapur. We hope this book brings to light the concerns of the children in our cities and inspire us to actively address the issues highlighted in the findings. May it guide us in transforming the suggestions into meaningful actions towards creating child friendly cities.

With gratitude,

Ms.Garrol Lotha,
Project Coordinator,
AIDA-Child Friendly Dimapur
Nagaland

CONTENTS

List of Figures

EXECUTIVE SUMMARY

The Child-Led Survey on substance abuse in Dimapur and Chumoukedima, conducted with a participatory mixed-methods approach, engaged 221 children aged 10-18 to explore their awareness, experiences, and perceptions of substance use. The study revealed that age significantly influences awareness levels, with older children (16-18 years) demonstrating higher awareness, while gender and location showed no significant impact. Peer pressure, though commonly reported, did not significantly affect awareness, suggesting that environmental and social factors play a more critical role. Notably, exposure to substance abuse did not automatically translate to higher awareness, underscoring the necessity for structured educational interventions. The research highlights the importance of age-appropriate, rights-based approaches in addressing substance abuse, advocating for interventions at child, family, and community levels. Recommendations include revitalizing Child Rights Clubs, implementing capacity-building programs, and fostering community collaboration to create a safer, more informed environment for children.

A mixed-methods research design was employed, combining semi-structured interviews for both quantitative and qualitative data to comprehensively explore children's awareness of substance abuse and the influencing social factors. The research was conducted through a child-led participatory survey model, wherein trained members of the Child Rights Club conducted semi-structured interviews, facilitating the collection of both numerical data and narrative responses. A purposive sampling method was employed, targeting 221 children aged 10 to 18 years from Dimapur and Chumoukedima. While efforts were made to ensure gender balance, the final sample included 139 females and 82 males, reflecting a higher participation rate among girls. Ethical protocols such as verbal informed consent, anonymity, and safe space for expression were strictly adhered to throughout the study

The study revealed a range of critical insights into the awareness levels, influencing factors, and contextual experiences of children with respect to substance abuse. Drawing from a mixed-methods research design, the findings represent a synthesis of statistical associations, thematic patterns, and participatory observations. The following key findings are categorized under relevant themes for clarity and depth.

Age emerged as the most significant factor influencing children's awareness levels regarding substance abuse. Both the Chi-square test and logistic regression analysis confirmed that older children (16–18 years) exhibited significantly higher awareness compared to those in the 10–12 and 13–15 age groups. The odds of awareness were notably lower for younger children, with reductions of 85% and 88% respectively, highlighting a developmental gap in cognitive understanding and exposure to structured knowledge. These findings underscore the need for age-specific awareness programs, where younger children require more engaging and simplified content, while older adolescents benefit more from interactive and scenario-based learning modules. The study found no statistically significant association between gender and awareness levels, indicating that both boys and girls have equal access to information and similar comprehension levels. Similarly, the location of residence (Dimapur vs. Chumoukedima) did not show any significant variation in awareness levels, suggesting a shared community environment with consistent exposure. Overall, the findings reflect a relatively homogeneous awareness landscape across demographic variables, reinforcing the need for community-wide awareness interventions rather than location or gender-specific strategies.

Although peer pressure was a commonly reported phenomenon in qualitative responses, statistical analyses revealed no significant influence on awareness levels or the age of first exposure to substance use. Peer influence did not significantly differ across gender and was not identified as a strong determinant of substance use awareness. This suggests that peer pressure may impact behavioural tendencies rather than cognitive understanding, indicating the need to shift intervention strategies from peer-focused approaches to multi-actor models involving families, schools, and local governance systems. On the other hand, knowledge level about harmful substances emerged as a critical predictor of awareness, with children possessing moderate knowledge being almost four times more likely to be aware of substance abuse risks compared to those with no knowledge. This finding underscores the importance of structured education and factual information dissemination, reinforcing the role of formal schooling, workshops, and child-led awareness initiatives in empowering children.

One of the most unexpected findings of the study was that children exposed to substance use—such as witnessing intoxication or drug-related behaviour—did not demonstrate higher levels of awareness, as confirmed by the Mann-Whitney U test. This challenges the assumption that real-world exposure automatically leads to learning and highlights the importance of interpretive learning environments. Children require structured dialogue, safe discussions, and contextual guidance to transform observation into meaningful understanding. The qualitative component of the study further revealed crucial contextual insights beyond statistical indicators. Children expressed concerns about the easy availability of substances in their communities, lack of adult supervision, normalization of risky behaviour, and the absence of open conversations at school or home. Themes such as emotional discomfort, social influence, moral dilemmas, and community-level helplessness emerged from the interviews, reflecting the emotional burden carried by children in substance-prevalent environments. They also emphasized the need for safe spaces, non-judgmental dialogue, peer support, and informed adults who can guide, support, and protect them.

CHAPTER I

INTRODUCTION

The problem of children's substance abuse is a rising issue with immense consequences for their physical, emotional, and social health. Exposure of children at an early age to dangerous drugs and alcohol does not only compromise their current well-being but also impacts their overall development in a negative way. Children's substance abuse is usually associated with several socio-environmental reasons, such as peer influence, family conditions, and lack of proper knowledge regarding the risks involved in addiction. It can only be resolved by adopting a multi-dimensional approach comprising awareness programs, community participation, and laws protecting children's rights. In this context, the Child-Led Survey serves as a crucial initiative aimed at empowering children to actively participate in identifying, understanding, and preventing substance abuse within their communities.

United Nations Convention on the Rights of the Child (UNCRC) lays a basic framework for making laws and policies around child rights. The major principles of its include Non-Discrimination (Article 2), Best Interests of the Child (Article 3.1), The Right to Life, Survival, and Development (Article 6), and Respect for the Views of the Child (Article 12). Among these, Article 6—The Right to Life, Survival, and Development—is especially applicable to the problem of substance abuse. This provision reinforces the inalienable right of all children to develop and grow up in a secure and healthy environment. Substance abuse goes directly against this right inasmuch as it undermines a child's physical and psychological health, nips their potential in the bud, and exposes them to health and social problems for the rest of their lives. Through a rights-based response to substance abuse, this study seeks to strengthen the commitment to safeguarding children from harm and promoting their overall development.

Considering the fact that drug abuse is an important hindrance to the development and well-being of children, this project serves a central purpose in promoting sensitization, fortifying preventive measures, and propagating child-focused interventions that solve the underlying problems of drug abuse. This research is intended to gauge children's level of awareness towards drug abuse, its prevalence, and its contribution to their mental and physical wellbeing. The Child-Led Survey will give children the power to play an active role in gathering and reporting on their own information about substance misuse, making sure their voices are heard in issues that directly concern them. The study aims to provide a solid base for interventions at the community level through understanding peer pressure influence, determination of high-risk groups, and factors leading to sustained drug consumption. Furthermore, the findings collected will inform the formulation of policies and programs that place children's welfare at the forefront, affirming the greater purpose of protecting child rights in the region.

Through this study, kids will not only become better aware of the effects of drug abuse but will also be able to take responsibility for the problem, discuss it in an intelligent manner, and initiate change in their own communities. By combining a rights-based perspective with participatory research, this research hopes to call for more robust preventive interventions in families, schools, and in communities so that all children may have a chance to flourish in a safe and nurturing environment.

CHAPTER II

RESEARCH METHODOLOGY

This study aims to assess children's awareness of substance abuse by evaluating their comprehension of its prevalence, impact on mental and physical health, and familiarity with available support systems. Additionally, the research seeks to analyse peer influence on substance use, identify high-risk groups, and determine factors contributing to continued drug consumption. Beyond gathering data, the study also serves as a tool for raising awareness and advocating for preventive measures within families, schools, and communities. Moreover, the research provides children with a platform to voice their concerns and actively contribute to addressing the issue of substance abuse in their communities.

Research Design

A **Mixed-Method Research Design** was adopted for this Child-Led Survey, integrating both qualitative and quantitative research methods to ensure comprehensive data collection and analysis. The study employed **semi-structured interviews** to collect data, allowing for both numerical evaluation and thematic interpretation. This participatory research design was chosen to actively involve children in the research process, promoting a sense of ownership and responsibility in addressing substance abuse issues.

Types of Data Required

The research involved the collection of both **qualitative and quantitative** data:

1. **Qualitative Data:** Open-ended questions were used to capture participants' opinions, experiences, and perspectives related to substance abuse. This data required thematic analysis to identify recurring patterns and insights.
2. **Quantitative Data:** Close-ended questions were utilized to obtain structured responses (e.g., Yes/No, multiple-choice, numerical answers). This data was statistically analyzed to measure awareness levels, prevalence rates, and correlations between various factors influencing substance use.

Sample Selection

A **purposive sampling** technique was used to select participants, ensuring representation from both Dimapur and Chumoukedima. Efforts were made to maintain an equal distribution of boys and girls; however, the final sample comprised **221 children** (82 boys and 139 girls), with a higher response rate from female participants.

The selection criteria for respondents included:

- Residency in either **Dimapur or Chumoukedima**
- Belonging to the **age group of 10 to 18 years**

Tools for Data Collection

Several tools and techniques were employed to collect data effectively from the target age group:

1. **Training of Child Rights Club Members**: The survey was conducted by members of the Child Rights Club, who received training from the Project Team on the following aspects:
    - Understanding the objectives of the survey
    - Developing interviewing skills for semi-structured interactions
    - Ethical considerations, such as maintaining confidentiality and ensuring informed consent
2. **Semi-Structured Interviews:** Following the training, Child Rights Club members conducted **one-on-one interviews** with **221 children** in schools and localities across Dimapur and Chumoukedima. The interviews focused on substance abuse awareness, peer influence, and access to support systems.
3. **Child-Led Approach:** A distinctive feature of this survey was its child-led methodology, empowering children to take an active role in researching issues that affect them. This participatory approach not only provided valuable data but also strengthened children's capacity to address substance abuse within their communities.
4. **Ethical Considerations:** To ensure the integrity of the survey, strict ethical guidelines were followed, including:
    - Obtaining verbal informed consent from respondents
    - Ensuring anonymity and confidentiality of all participants
    - Providing a safe space for children to share their perspectives
5. **Limitations:** Despite efforts to achieve equal representation, more respondents were from Dimapur than Chumoukedima, as Child Rights Club members faced availability constraints during the scheduled data collection period. Additionally, more female respondents participated in the survey than males, as they were more open to engaging in discussions and interviews. These disparities were considered while analyzing the data to ensure balanced interpretation.

Data Analysis

The collected data was analyzed using a combination of **statistical and thematic analysis techniques**:

- **Quantitative data** was analyzed using bar charts, pie charts, and statistical methods such as the **Chi-square test, ANOVA, Logistic Regression, Correlation Analysis, T-test**, which helped determine associations between gender and perceptions of substance abuse.
- **Qualitative data** was subjected to **thematic analysis**, identifying key patterns, experiences, and concerns shared by children during interviews.

The findings from this study will provide crucial insights into the prevalence and impact of substance abuse among children, informing policy recommendations and intervention strategies to create a safer and more supportive environment for children in Dimapur and Chumoukedima.

BRIEF PROFILE OF THE SURVEYED LOCALITIES

Dimapur District:

Dimapur, the largest and most populous district in Nagaland, plays a pivotal role in shaping the economic, cultural, and infrastructural landscape of the state. With a population of around 172,000 as of 2024, it serves as the principal commercial and transportation hub of Nagaland, often referred to as the “gateway to the state” due to its strategic location near the Assam border. Situated on the banks of the Dhansiri River, the city is well-connected by road, air, and rail—its railway station being the second busiest in Northeast India, significantly enhancing its accessibility. Historically, the name ‘Dimapur’ is rooted in Dimasa Kachari heritage, where ‘di’ means water, ‘ma’ signifies big, and ‘pur’ denotes settlement—together implying "a settlement near a big river." It has also been referred to in historical chronicles such as the Ahom Buranjis as a “Brick City,” indicating its prominence even in earlier times. The urban nature of Dimapur, its dense population, and the relatively advanced infrastructure likely contribute to higher community mobilization and awareness regarding social issues such as substance abuse. This may explain the comparatively larger number of child respondents from this district in the survey, as the ease of communication, better outreach systems, and higher levels of awareness facilitate greater participation in research and advocacy activities. The high response rate from Dimapur offers valuable insights into how urban centres respond more actively to child-led initiatives, which can be useful for designing more localized interventions.

Chümoukedima District:

Chümoukedima, formerly known as Samaguting, is an emerging district that has witnessed rapid urban development in recent years and now stands as an important administrative and residential center in Nagaland. Located along the left bank of the Chathe River, the district forms part of the Chümoukedima Metropolitan Area, which is the largest in Nagaland in terms of geographical area and ranks third in population, following Dimapur and Kohima. Historically, Chümoukedima holds significance as it was the first administrative headquarters of the Naga Hills District during British colonial rule, from 1866 until the headquarters was moved to Wokha in 1875 and later to Kohima in 1879. Despite its historical importance and growing urban character, the district still retains a semi-urban and suburban environment, comprising numerous villages and smaller townships. This blend of rural and urban settings presents unique challenges in outreach and communication, especially among children and marginalized groups. The relatively lower response rate from Chümoukedima in the current survey may reflect logistical challenges, limited accessibility, or lower levels of community awareness about issues like substance abuse. It may also indicate a gap in outreach mechanisms that could be addressed through targeted awareness campaigns and community engagement programs. Strengthening participatory platforms in such districts is essential to ensure that children from all areas, regardless of geographic or infrastructural constraints, have equal opportunities to voice their concerns and contribute to problem-solving efforts in their communities.

CHAPTER III

DATA ANALYSIS AND INTERPRETATION

Child substance abuse is a growing issue that has a tremendous effect on their physical, emotional, and social development. Early exposure to dangerous drugs, alcohol, and substances can have adverse long-term effects. For a better idea of just how pervasive the problem is, a Child-Led Survey will be undertaken so children are given the opportunity to take the lead in gathering and reporting on their knowledge and experiences about substance abuse. This method is enabling children to play an active role in spreading awareness and suggesting solutions that they experience directly in their lives. The survey aims to enhance awareness, strengthen children's capacity to address substance abuse, and expand the existing database on children's rights in the city.

The major goal of this research survey focuses on understanding how children comprehend substance misuse together with its population statistics and its effect on physical and mental health and existing assistance frameworks. This study investigates the effects of peer influence on substance use while it identifies targeted groups of risk and evaluates what sustains substance use. Increased awareness of substance abuse consequences will serve as a basis for strengthening family-based alongside school-based and community-based prevention methods. The information collected will determine specific areas for intervention and risk elements through opportunities that allow children to participate actively in solving substance abuse issues within their neighbourhoods.

1. Demographic Profile of Respondents

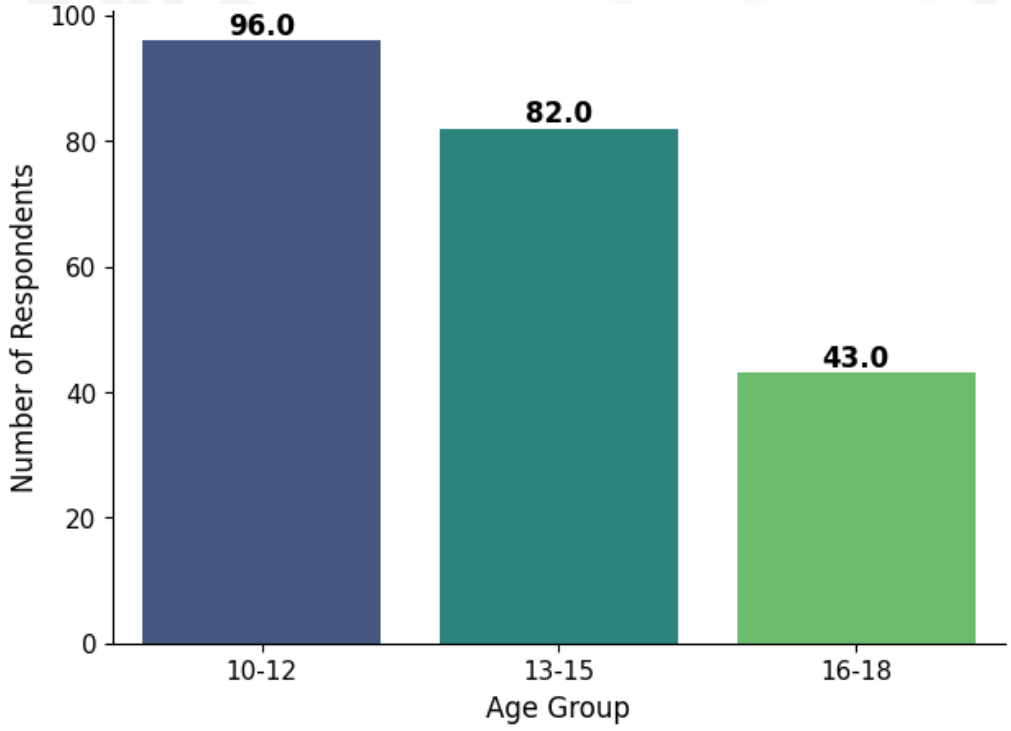


Figure 1: Age-Wise Distribution of Respondents

The bar graph in Figure 1 presents the number of the respondents for three age groups: 10-12, 13-15, and 16-18. The highest number of respondents (96) falls within the 10-12 age group, followed by 82 respondents in the 13-15 age category. The lowest participation is observed in the 16-18 age group, with only 43 respondents. This trend indicates that the younger kids (10-12) were more active in the survey, and the older teens (16-18) were less active. The decrease in activity with age might be caused by differences in interest, awareness, or exposure to the survey among various age groups.

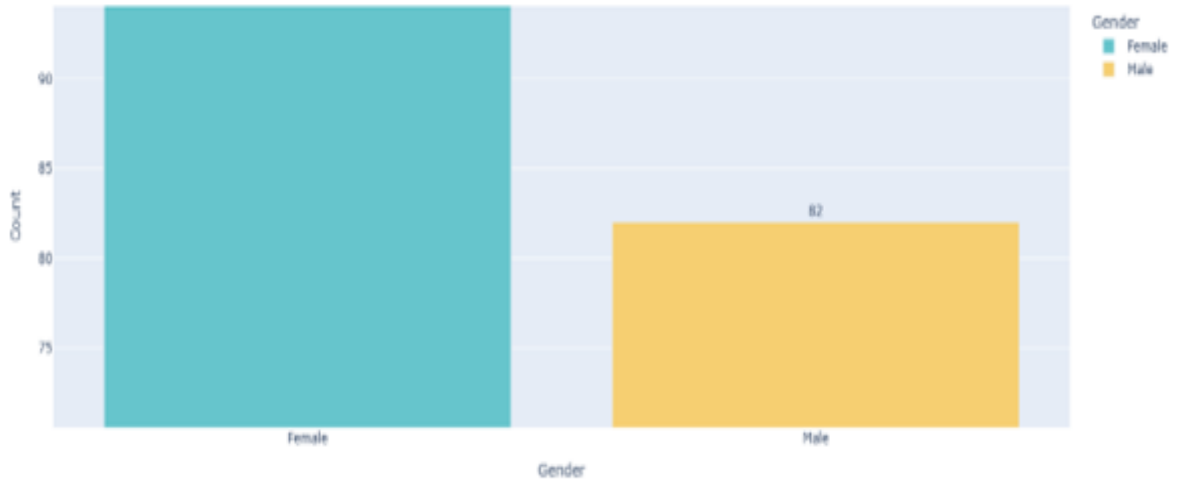


Figure 2: Gender Representation Among Participants

The bar graph in Figure2 shows the gender split of responses in the study, noting that more women took part in the survey than men. The trend noted in the figure is that female respondents were more willing to provide their opinions regarding substance abuse, which may suggest greater awareness or willingness to address the problem. The greater female response rate may also reflect gender-differentiated differences in willingness to be open on sensitive issues such as substance abuse. Sensitivity to such differences in participation is useful in ensuring male and female children are involved in addressing substance abuse problems in their communities.

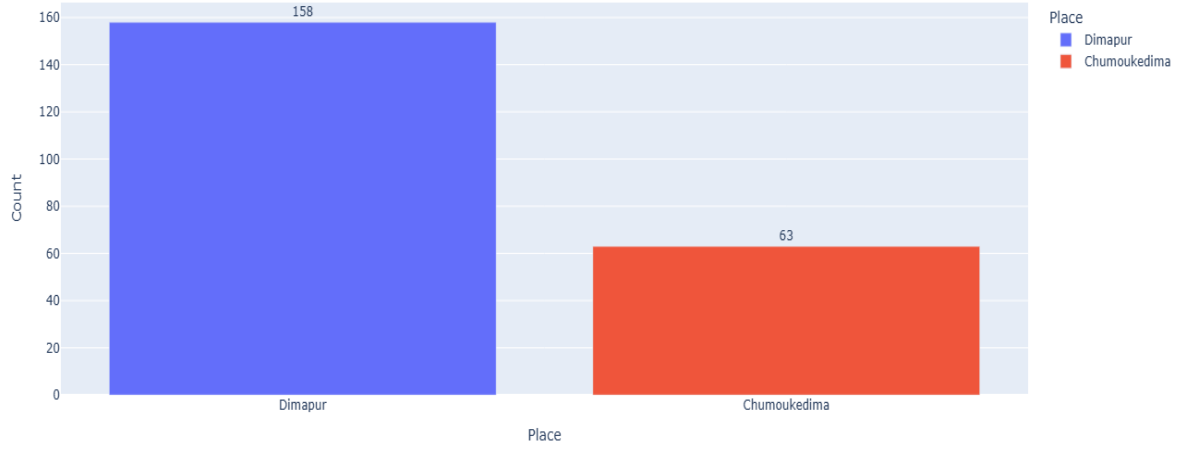


Figure 3: Geographical Spread of Respondents

The distribution of respondents per location is visible from the bar chart, whereby the population at Dimapur comprised a significantly large number of survey participants (158) in relation to Chumoukedima (63). The difference could reflect more of a population spread in Dimapur, ease in access to participate in the survey, or public awareness regarding this abuse issue more so in their area. The lower response rate from Chumoukedima may suggest a need for more outreach efforts to engage children from that region in discussions on substance abuse. Knowledge of geographic differences in responses to surveys can assist in the creation of specific interventions and awareness programs to provide equal opportunity to children from every region to express their concerns and help create solutions.

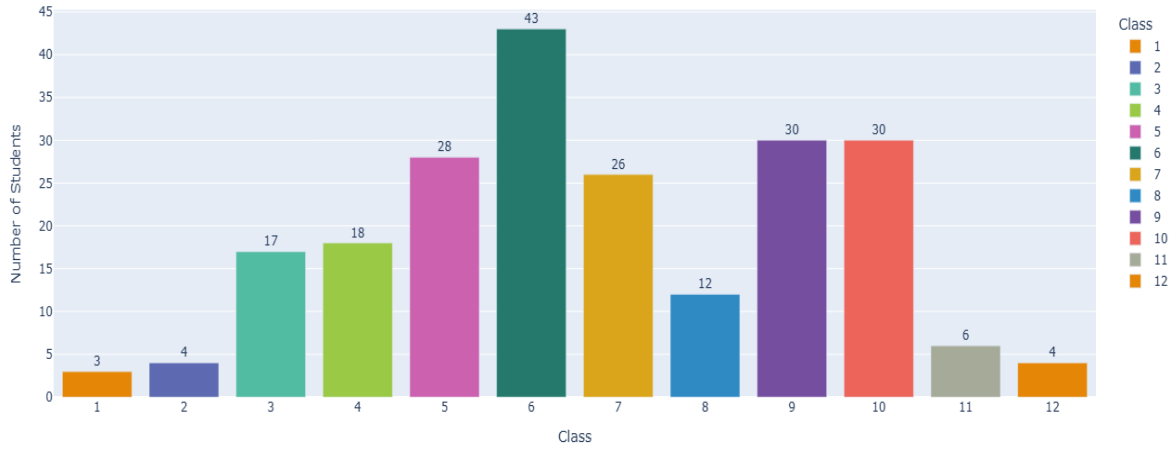


Figure 4: Class-Wise Distribution of Students

The bar chart in figure 4 shows the distribution of pupils by classes that took part in the Child-Led Survey. The greatest proportion of respondents was from Class 6 (43), then Class 10 and Class 9, with 30 students each, and Class 5 with 28 students. Participation gradually decreases in higher classes, with significantly fewer students from Classes 11 and 12, as well as the early primary levels (Classes 1 and 2). This pattern suggests middle school students were most responsive in the survey, perhaps because they were more alerted or available, with less active older students. The findings underscore that these outreach strategies must be used specially to gain greater participation by students in each grade.

Chi-Square Test for Awareness vs. Demographics:

Sl. No	Variables	Demographic Variables	Test Statistic	df	Significance (p-value)
1	Awareness	Gender	2.148	1	.143
2		Age Group	14.065	2	.001
3		Location	5.510	1	.019

Table 1. Chi-Square Analysis on Awareness Across Demographic Variables

The Chi-square test checks if two groups are related. Since the study involved categorical variables (like gender, age group, location and awareness), the chi-square test was used to check if there was a significant relationship between them. For example, it helped determine whether age or gender influenced awareness of substance abuse. This test was ideal because it works well when comparing groups in survey-based studies.

Statistically, the Chi-Square test reveals that age group has a significant effect on awareness of substance abuse, with increased awareness among older children ($p = 0.001$). However, gender and location were not significantly associated with awareness, suggesting that both boys and girls, as well as children from different places, have similar awareness levels.

The Child-Led Survey empowers children to express their experiences and perceptions. The difference in levels of awareness among various age groups underscores the need to use age-level awareness campaigns for addressing different age groups with a focus on filling knowledge gaps.

2. Awareness and Knowledge of Substance Abuse

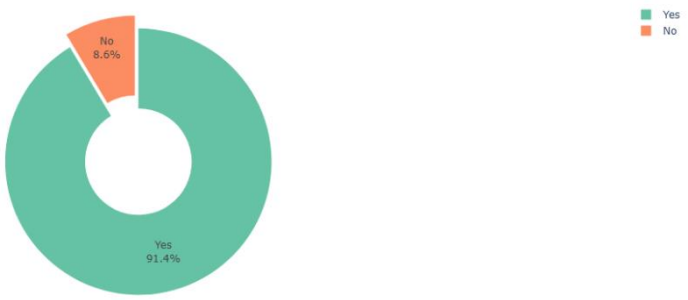


Figure 5: Awareness Level on Substance Abuse

The chart in figure 5 indicates a high level of awareness about substance abuse among the surveyed children, with 91.4% acknowledging that they have heard about it. This suggests that the majority are familiar with the concept. But it is also important to analyse the origins of their awareness and the degree of their knowledge. The 8.6% who have not heard of substance abuse indicate a need for in-depth, age-specific education regarding this topic. Overall, this result forms the basis for a more detailed analysis of children's knowledge, experience, and viewpoints regarding substance abuse.

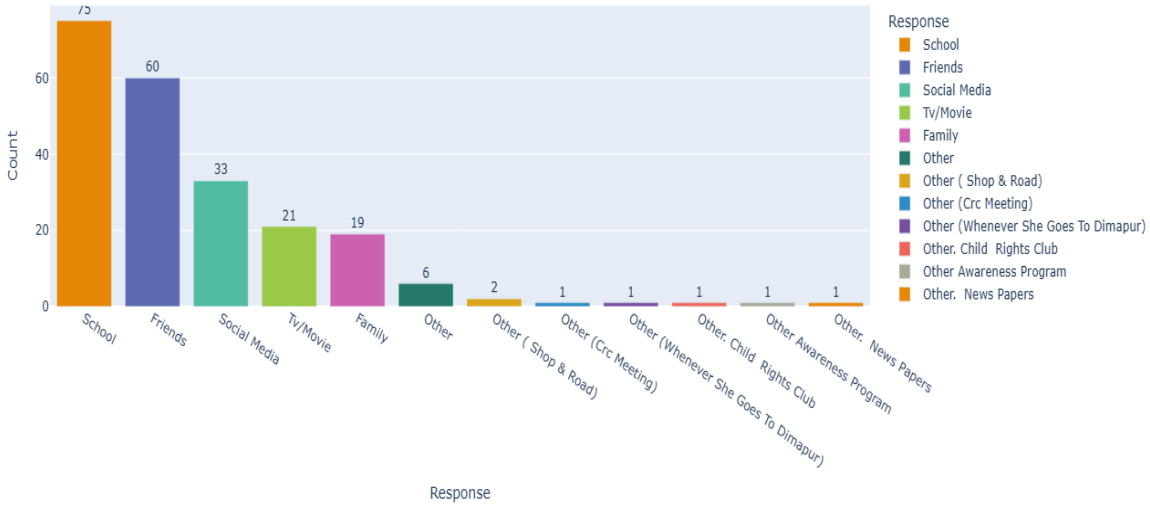


Figure 6: Main Source of Information on Substance Abuse

The bar graph below indicates the major sources where children initially got information about substance abuse, with school being the top source and having 75 responses. Following are peer (60 responses) and social media (33 responses), suggesting peer and internet influences. Television and movie are moderately influential (21 responses), with family influence being comparatively low (19 responses)). These inconsistent "other" sources, with their few responses, indicate that children are exposed to substance abuse information from several, less common channels. These results underpin the prominence of schools and peer groups in conveying first impressions about substance abuse to children

ANOVA Test for Awareness Level Across Age Groups:

ANOVA was utilized in this research for the purposes of comparison of awareness levels among various age groups and to identify whether differences existed. Since awareness may vary with age, ANOVA helps assess whether older participants have higher awareness than younger ones. However, before using ANOVA, certain assumptions were checked. The Normality Test showed that the awareness data did not follow a normal distribution ($p < 0.05$), making ANOVA unsuitable. On the other hand, Homogeneity of Variance Test ensured that the variance in levels of awareness was uniform across age groups ($p > 0.05$). Since the normality assumption was violated, the Kruskal-Wallis Test was used instead as a non-parametric alternative.

Test	Test Statistic	df	Significance (p-value)
Kruskal-Wallis H	1.198	2	0.549

Grouping Variable: Age

Table - 4. Kruskal-Wallis Test for Awareness Across Age Groups

There is no significant variation in awareness among age groups as per the Kruskal-Wallis test ($p = .549$), which suggests that levels of awareness remain uniform across age groups. Since the p-value is greater than 0.05, this suggests that age does not significantly affect awareness of substance abuse among the respondents.

In spite of this statistical result, the survey empowers children to voice their experienced realities, and it indicates targeted interventions are still required to cover up gaps in awareness between various age groups

3. Exposure to Substance Use

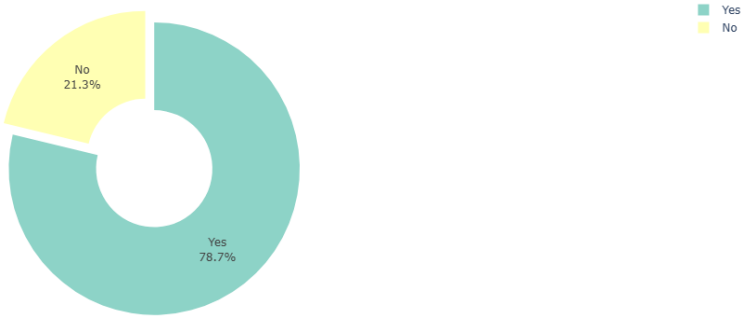


Figure 7: Knowledge About Children Engaged in Substance Use

This chart in figure 7 reveals that a significant majority, 78.7%, of the surveyed children report knowing other children who abuse substances, while only 21.3% indicate they do not. This dramatic contrast indicates a pervasive sense of substance abuse among children in their peer groups or community. The such a high rate of "Yes" answers indicates how necessary the problem of substance abuse must be addressed in young people and suggests that there may be a need for available support and intervention services. The finding implies that children are not only aware of substance abuse but also perceive it as a prevalent issue among their peers.

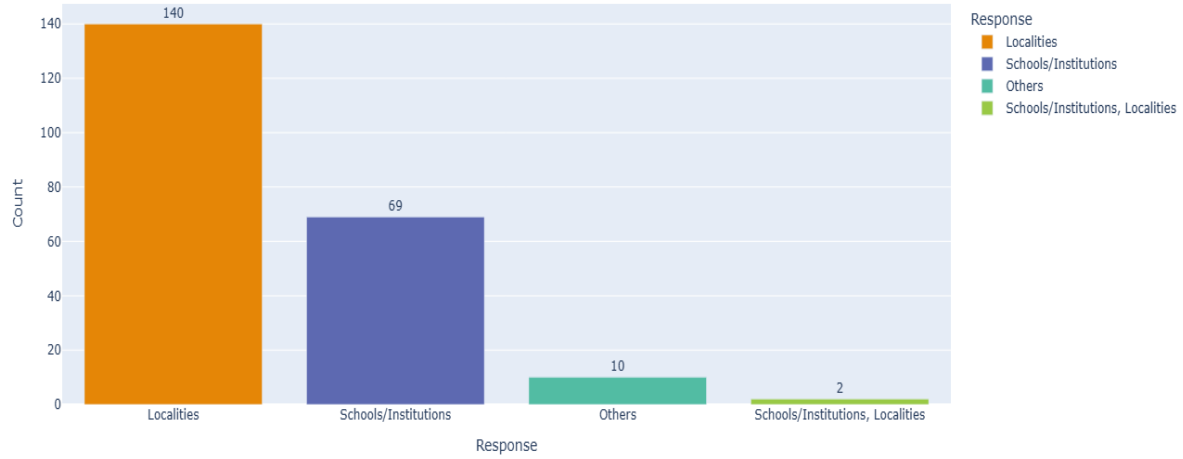


Figure 8: Common Locations Where Substances Are Found

Furthermore, in Figure 8 indicates the most common localities where substances are located, and it shows "Localities" as the most quoted place with 140 responses, which is far greater than any other category. "Schools/Institutions" comes second with 69 responses, which is a high concern regarding substance accessibility in schools. The "Others" category, including unspecified areas, had 10 responses, and only 2 reported on "Schools/Institutions, Localities." This data suggests that children heavily identify substance availability with general community settings, yet also see schools as a significant, if secondary, location. The large differential in response across "Localities" and "Schools/Institutions" implies the requirement for specific intervention and awareness strategies within both communal and educational settings, with an especial focus on substance availability as part of general local areas.

Figure 9: Direct Observation of Substance Use

This donut graph in figure 9 displays the proportion of children's direct observation of harmful substance use. An astonishing 88.2% of the respondents had marked "Yes," i.e., they themselves have seen substance use, whereas just 11.8% had said "No." This huge majority indicates that witnessing substance use is a prevalent phenomenon among the surveyed children, pointing towards the possible exposure to and normalization of such acts in their surroundings. The findings highlight an urgent need for intervention and support to counteract normalization of drug use and its likely impact on the health of children.

Figure 10: Perceived Risk of Substance Exposure in the Community

This donut chart vividly portrays a strong perception of risk among children regarding exposure to harmful substances within their community. A staggering 89.1% of the population feel that there is a risk, as revealed by the "Yes" answer, compared to just 10.9% who feel no risk. Such a wide difference reflects a deep-seated sense of risk and vulnerability among children regarding exposure to substances in the environment. The results definitively indicate towards implementing targeted community interventions and prevention efforts to respond to the perceived risk and maintain the safety and integrity of the children.

Logistic Regression for Predicting Exposure to Substance Use:

Sl No	Variables	OR	95% CI	p-value
1	Gender	0.471	0.167 – 1.331	0.156
2	Age (10-12 vs 16-18)	0.150	0.032 – 0.714	0.017
3	Age (13-15 vs 16-18)	0.121	0.015 – 0.992	0.049
4	Peer Pressure (Mild vs None)	1.541	0.428 – 5.552	0.509
5	Peer Pressure (Moderate vs None)	1.586	0.338 – 7.436	0.559
6	Peer Pressure (Severe vs None)	1.538	0.353 – 6.697	0.566
7	Knowledge of Harmful Substances (Some vs None)	0.492	0.094 – 2.580	0.401

8	Knowledge of Harmful Substances (Moderate vs None)	3.836	0.987 – 14.909	0.052
9	Knowledge of Harmful Substances (Good vs None)	1.522	0.332 – 6.974	0.589

Table 3. Logistic Regression Analysis on Factors Influencing Awareness of Substance Abuse

The study aimed to predict which factors influence awareness of substance abuse. Logistic regression was used because it helps determine the probability of an outcome (awareness or no awareness) based on different factors (age, gender, peer pressure, etc.). The analysis performed with logistic regression generates stronger factor-effect estimates than chi-square which it demonstrates only matches associations.

Logistic regression results indicated that participant age proved as an important factor in shaping substance abuse awareness. Participants aged 10-12 were 85% less likely, and those aged 13-15 were 88% less likely to be aware compared to 16-18-year-olds. The awareness levels of both male and female university students remained statistically equivalent (p = 0.156). Research demonstrated that peer pressure had no effect on awareness since the p-values exceeded 0.5 across all categories. Moderate knowledge increased the likelihood of awareness nearly four times (p = 0.052), while some or good knowledge showed no significant effect.

The research identifies age and awareness of dangerous substances as determining factors for knowing about substance abuse, with gender and peer influence not being strongly associated. That is children who have average awareness of dangerous substances are more prone to know about substance abuse, proving the utility of delivering precise information in empowering children to become agents of change.

4. Influence of Peer Pressure

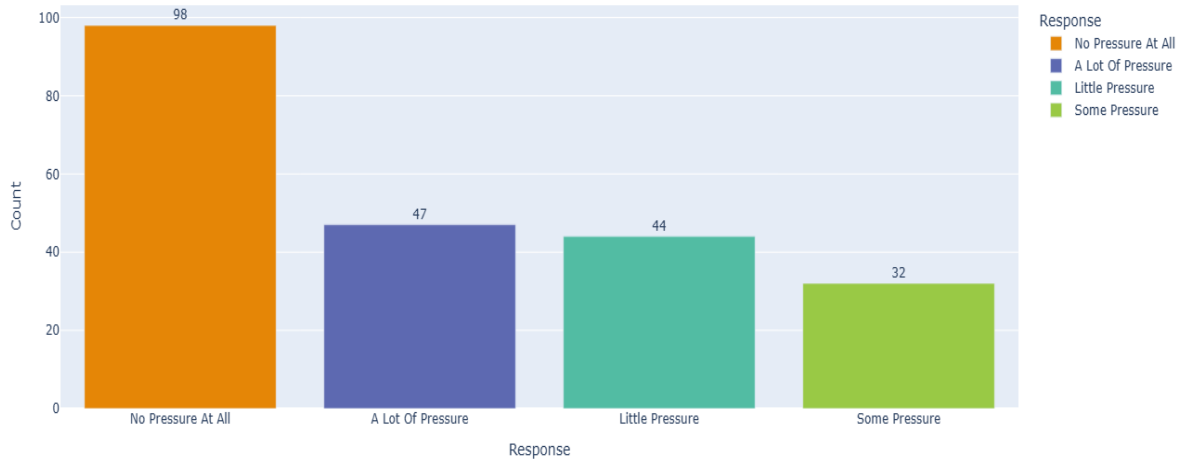


Figure 11: Impact of Peer Pressure on Trying Substances

This bar graph shows children's self-reports of pressure from peers to use drugs. The largest response at 98 counts is "No Pressure at All," which implies the largest proportion of children report no

pressure from peers to use drugs. But what is surprising is that 47 children reported saying "A Lot of Pressure," which implies that a large minority report feeling significant peer pressure. Also, "Little Pressure" and "Some Pressure" were reported by 44 and 32 children, respectively, suggesting that while the majority report having no pressure, a sizeable percentage report experiencing some level of peer pressure. This data illustrates the subtle dynamics of peer pressure, with most children responding that there was no pressure at all, but a significant sub-group still responding that strong pressure existed, thus illustrating the need for targeted intervention to counteract and reduce these influences.

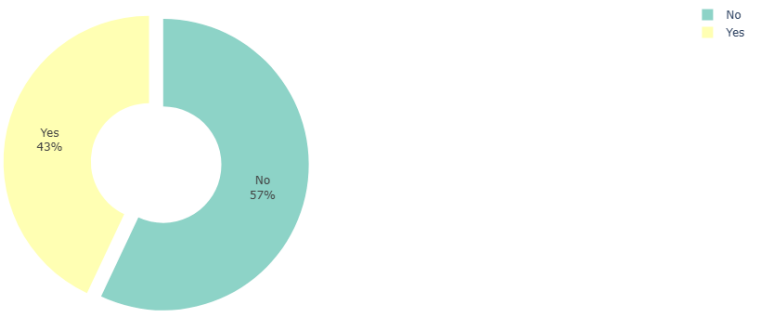


Figure 12: Instances of Being Offered Harmful Substances

This donut graph offers a sobering glimpse into children's encounters with dangerous offers. Although the majority, 57%, of children said "No," that they have not been offered something dangerous, fully 43% said "Yes." This close to even division points to a significant number of children being exposed directly to possible harmful substances or objects. The evidence indicates that there is a significant number of children who are exposed to situations in which they are offered dangerous substances, and the need for pre-emptive safety precautions and educational programs is highlighted to empower children to resist such temptations.

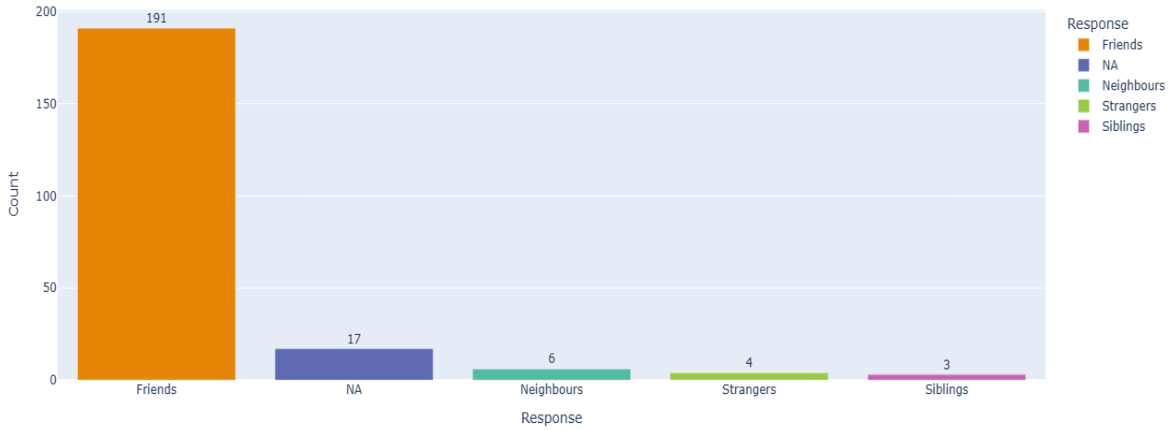


Figure 13: Source of Offered Substances

Further in Figure 13 delineates the sources from which children receive offered substances, revealing a striking dominance of "Friends," with 191 responses. This overwhelming majority underscores the

significant role of peer networks in children's exposure to substances. The "NA" category, with 17 responses, suggests instances where children chose not to disclose. Other sources, including Neighbours, Strangers and Siblings, represent significantly lower counts, indicating less frequent encounters with substances from these individuals.

Chi-Square Test for Peer Pressure vs. Gender:

Sl No	Variables	Test Statistic	df	Significance (p-value)
1	Peer Pressure vs Gender	2.035	3	0.565

Table 2. Chi-Square Analysis on Peer Pressure and Gender

The Chi-square test is used to determine whether there is a relationship between two categorical variables. In this case, it was applied to check if gender influences how peer pressure is experienced.

The test result shows a p-value of 0.565, which is greater than the significance level of 0.05. This suggests that there is no statistically significant relationship between perceived peer pressure and gender, indicating that gender has little to do with the way peer pressure is felt among the respondents.

This discovery demonstrates that peer influence occurs independently from gender factors since it depends on social surroundings based on child-led research approaches. Such research findings enable the development of community-based awareness programs targeting the resilience needs of every child.

5. First-Time Exposure to Substance Use

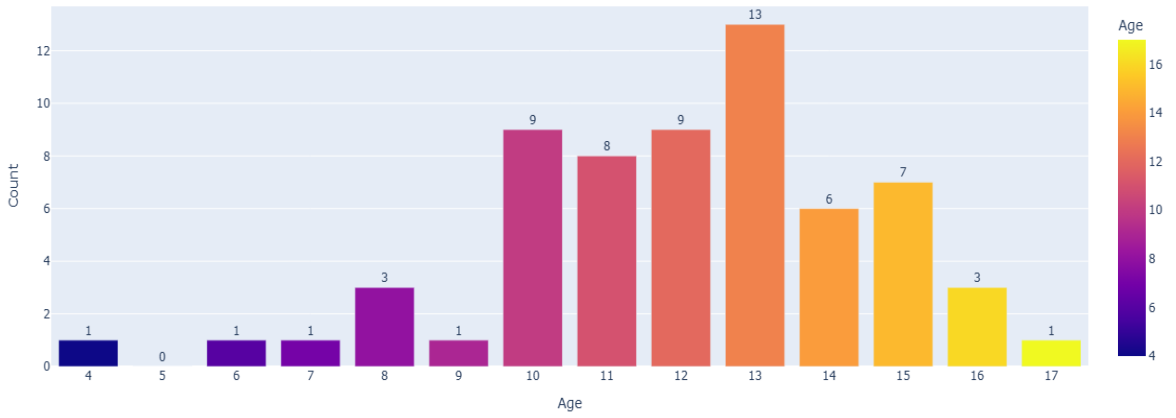


Figure 14: Age of First Exposure to Harmful Substances

The age-primed distribution of children who have engaged with dangerous substances appears in this bar chart which uses colour to show age data. The analysis demonstrates that young people become much more likely to experiment with harmful substances from early adolescence up to age 13 when this activity reaches its maximum recorded level of 13 occurrences. Before turning 10 years old children experience few substance initial experiences that appear only four times at ages 4, 6, 8 and 9. Children between the ages of 10 to 14 exhibit a substantial rise in harmful substance trials because

nine students at age 10 and eight students at age 11 and nine students at age 12 ultimately result in thirteen students at age 13. Research shows that following the peak age 13 the number of students utilizing harmful substances decreased notably with 7 instances at age 14 and 6 at 15 together with 3 at age 16. The pattern shows early adolescence presents a fundamental risk stage which reaches its highest point between ages 12 and 13 thus indicating the importance of developing specific interventions for this vulnerable period.

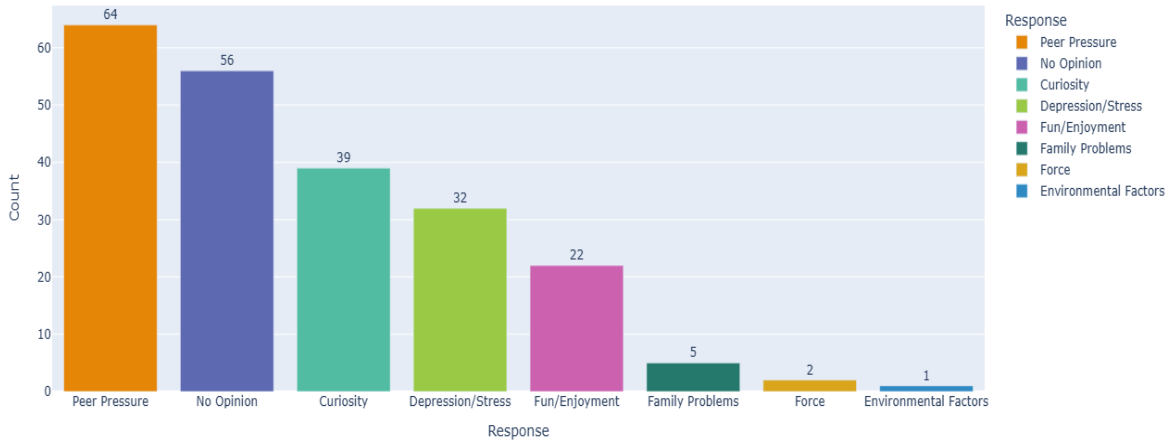


Figure 15: Perceived Reasons for Starting Substance Use

The bar diagram shows how children view the main reasons people begin using drugs. The data shows peer pressure stands out among the primary causes which children identify in substance abuse. At the same time they recognize depression and stress levels together with curiosity as secondary influencing factors. An unclear number of children indicated they could not provide an opinion regarding substance use triggers which shows an opportunity for future research. The graph demonstrates how children evaluate multiple social elements as well as emotional aspects and personal factors when they think about starting substance use.

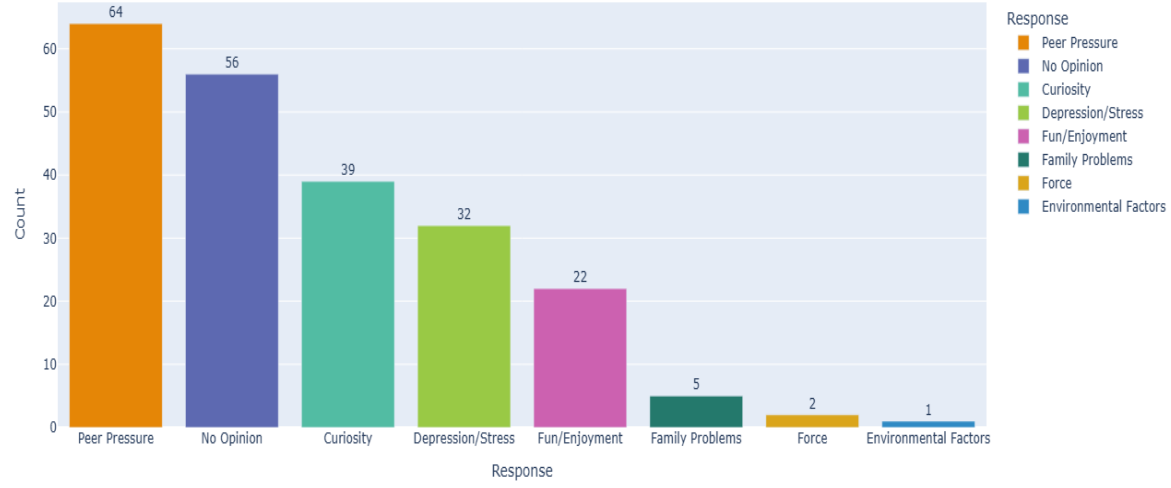


Figure 16: Motivations Behind Substance Use Initiation

The bar graph provides data about how children view the reasons leading people to begin using substances. The information reveals social forces particularly peer pressure act as major factors which lead to substance use initiation. Both internal experiences such as curiosity and emotional distress and external influences contribute to substance use initiation among children. Children primarily identify substance use initiation as a combination of both outside social factors and personal life events despite many of them choosing not to respond in this survey.

Correlation Analysis Between Peer Pressure and First Exposure Age:

Correlations

			Peer Pressure Level	First Exposure Age
Spearman's rho	**Peer Pressure Level**	Correlation Coefficient	1.000	0.096
		Sig. (2-tailed)	.	0.454
	First Exposure Age	Correlation Coefficient	0.096	1.000
		Sig. (2-tailed)	0.454	.

Table 5. Correlation Between Peer Pressure Level and First Exposure Age

Correlation test quantifies the degree of relationship between two variables. Here, it was used to see if peer pressure influences the age at which someone is first exposed to substances. A low correlation means the two factors are not strongly linked.

Spearman's Rank Correlation was performed in order to determine the correlation between peer pressure intensity and age at first substance exposure. The correlation coefficient (0.096) indicates a weak positive correlation between the two variables. However, the p-value (0.454) is greater than 0.05, suggesting that the correlation is not statistically significant. This implies that peer pressure level does not have a substantial influence on the age at which individuals are first exposed to substances.

This survey method brings out the point that peer influence by itself doesn't predict drug use initiation and points towards extensive prevention programs embracing family, school, and communities.

6. Perception of Substance Use and Its Effects

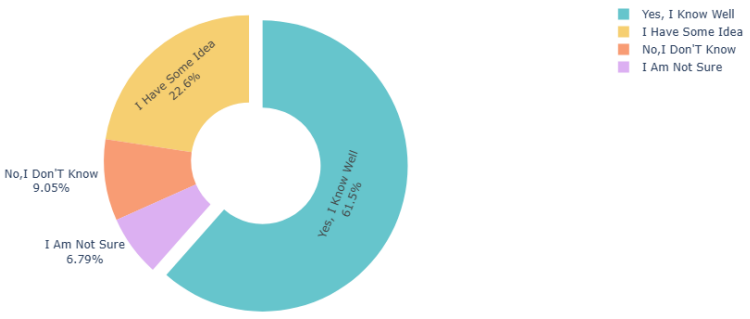


Figure 17: Consequences of Substance Abuse

The provided donut chart illustrates the level of awareness children claim to have about drug-related harm. The data shows that most students (61.5%) report having "Yes, I know well" about the problems caused by drugs. Among the students 22.6% declared to understand the concepts to some degree. Child participants demonstrate limited understanding regarding harmful drug use effects since 15.84% declared either they do not know the consequences (9.05%) or were unsure (6.79%). Despite most students showing awareness about drug-related dangers the data emphasizes the necessity of directed teaching efforts to improve knowledge levels among all students.

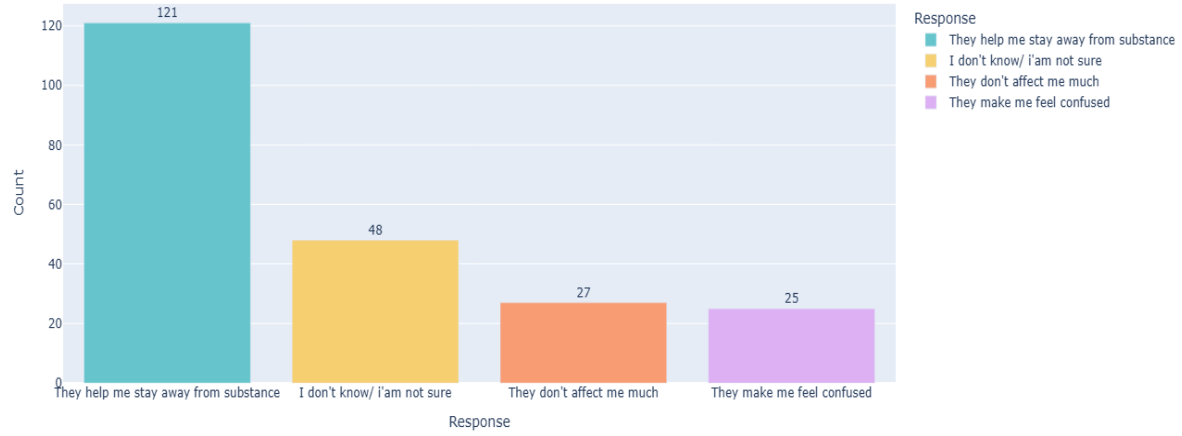


Figure 18: Influence of Surroundings on Substance Use Opinions

This bar graph explores how children perceive the influence of their surroundings on their views about substance use. While most believe their surroundings keep them away from substances, a notable percentage are uncertain or believe that their environment doesn't make a difference much. Some even state they feel bewildered, implying exposure to conflicting messages regarding the use of substances. These findings show the complexity of environmental influences and the need for clear, consistent messages in guiding children toward healthy choices.

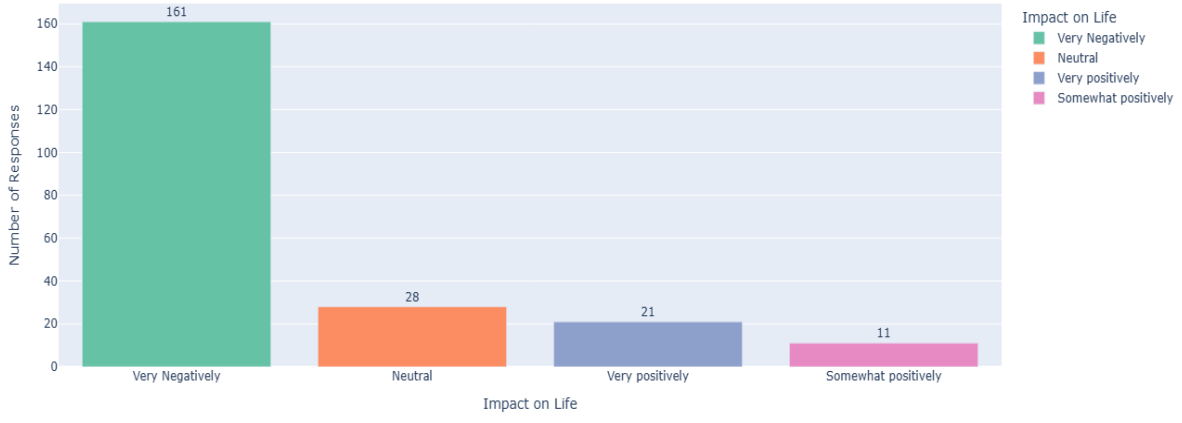


Figure 19: Perceived Impact of Trying Harmful Substances

This bar graph in figure 19 illustrates children's perceived impact of trying substances on their lives. The vast majority, 161, feel that using substances would have a "Very Negatively" effect, showing

keen awareness of the possible harms. The second group, 28 children, feel the effect as "Neutral," indicating no strong opinion or possibly a feeling that the effect is tied to many factors. Interestingly, 21 kids think that experimenting with substances would have a "Very Positively" effect, and 11 kids view it as "Somewhat Positively" effective, a misperception or possibly a sense of short-term advantages over long-term harm. The disparity between the "Very Negatively" answers and positive orientations serves to underscore the need for intensive education to reverse misinformation and substantiate the information of the serious consequences involved in drug consumption.

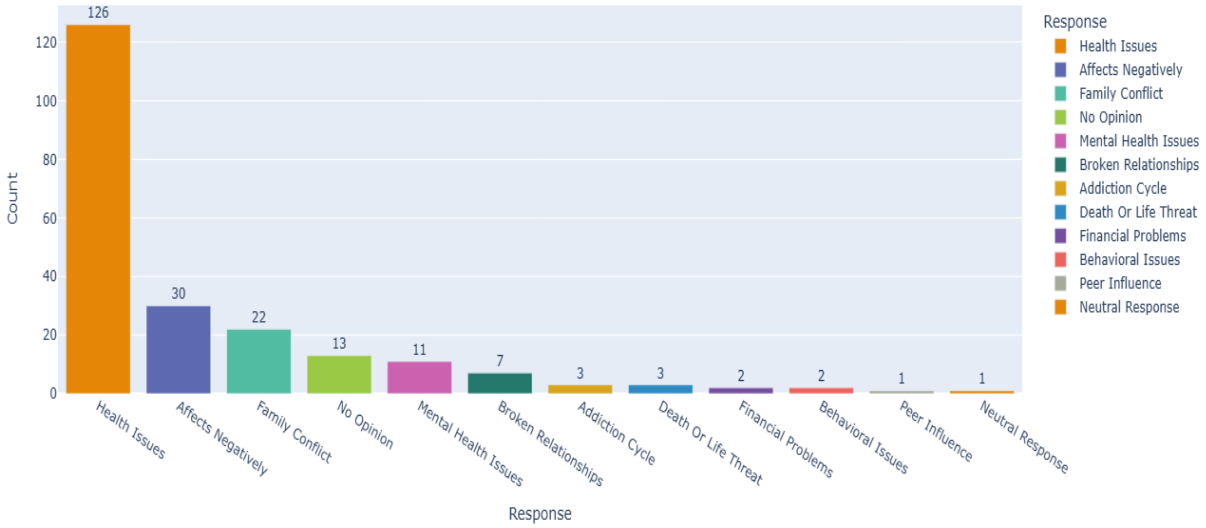


Figure 20: Effect of Substance Abuse on Children and Families

This bar graph illustrates children's opinions about the effects drug abuse has on children and families and shows a strong agreement about the negative effects. The most frequently reported effect is "Health Issues," a widespread perception of the physiological destruction caused by drug addiction. Aside from obvious health consequences, children identify a variety of negative impacts on this scale, such as emotional and interpersonal negative effects, seen in answers like "Affects Negatively" and "Family Conflict." Although individual answers differ in prevalence, the general trend identifies an unmistakable perception among children that drug or alcohol abuse has many negative impacts on personal health and family relationships.

T-Test for Awareness Difference Between Exposed vs. Non-Exposed Groups:

The t-test was employed within this research in order to analyse awareness levels in individuals exposed to substance abuse compared to those that were not exposed, to assess whether exposure had a significant effect on awareness. Since a t-test compares the average values of two groups, it was chosen to assess whether people who had heard about substance abuse had higher awareness levels than those who had not. However, before applying the t-test, certain assumptions were checked. The Normality Test showed that the data was not normally distributed ($p < 0.05$), making the t-test unsuitable. On the other hand, Homogeneity of Variance Test ensured that the variance in levels of awareness was uniform across age groups ($p > 0.05$). Since the normality assumption was violated, the Mann-Whitney U Test was used instead as a non-parametric alternative.

Test	Value
Mann-Whitney U	1592.000
Wilcoxon W	22095.000
Z	-1.243
Asymp. Sig. (2-tailed)	.214

Grouping Variable: Have you ever heard about substance Abuse?

Table 6. Mann-Whitney U Test for Awareness Difference Between Exposed vs. Non-Exposed Groups

The Mann-Whitney U Test was conducted to compare awareness levels between individuals who have heard about substance abuse and those who have not. The results show that the p-value is 0.214, which is greater than the significance level of 0.05. This indicates that there is no statistically significant difference in awareness levels between exposed and non-exposed groups. Therefore, hearing about substance abuse does not significantly impact the level of awareness among the respondents.

This result suggests that exposure alone does not guarantee higher awareness, highlighting the importance of awareness campaigns that actively involve children in creating knowledge about substance abuse.

This outcome implies that mere exposure will not automatically produce increased awareness, but points toward the significance of awareness programs engaging children directly in producing substance abuse knowledge.

7. Role of Media in Substance Use Perception

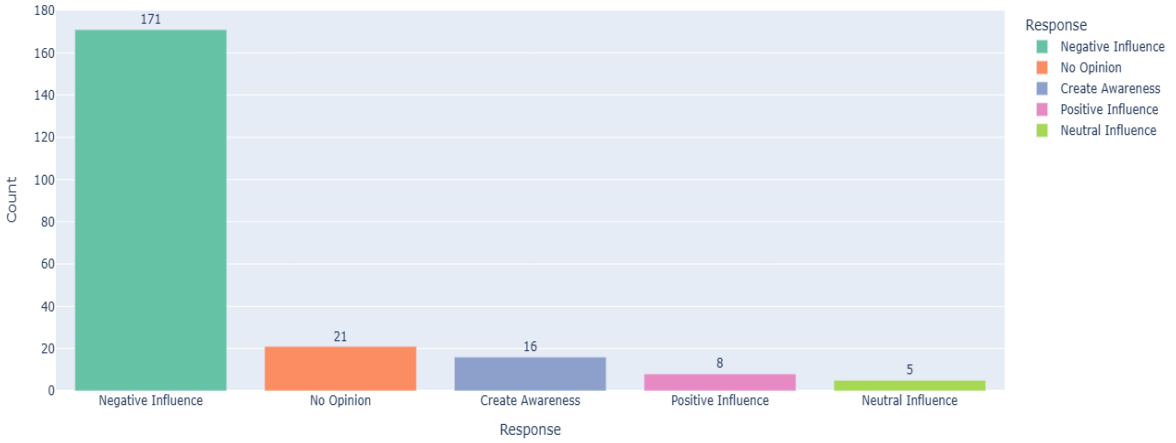


Figure 21: Role of Media in Shaping Children's Views on Substance Use

This bar graph offers useful insights into what children feel about how the media affects their attitudes towards the use of substances. The vast majority, 171 children, feel that the media, such as

television and social media, have a negative effect, possibly promoting or making substance use acceptable. This implies that children are being presented with content which can glamorize or underplay drug usage, creating a mindset that using such drugs is acceptable or desirable. On the other hand, very few see media having a positive effect (8 responses) or a neutral effect (5 responses). This indicates that the potential for media to discourage substance use or promote healthy behaviours is not widely recognized by children.

8. Community Perception and Support Systems

Figure 22: Community Perception on Substance Abuse Issues

This donut chart in figure 22 reveals a strong perception among children that substance abuse is a problem within their localities or colonies. An overwhelming 91% of respondents believe it is an issue, while only 9.05% do not. This stark contrast highlights a wide sense of awareness for substance abuse as a community problem. The information shows that children are very aware of the availability and potential impact of substance abuse in their immediate environment, indicating the need for targeted interventions and community-based solutions to fight this perceived problem.

9. Willingness to Participate in Awareness and Prevention Programs

Figure 23: Willingness to Participate in Awareness Programs

The child-led survey indicates a very high readiness on the part of children to enrol in substance abuse awareness programs, with the majority (79.6%) having shown an interest in getting involved in these types of initiatives. In comparison, only 20.4% said "No," showing that a fairly low percentage of children are not ready to enroll. This information indicates a real potential for enacting successful

awareness programs, in that there exists an evident preparedness among the children to engage with and study substance abuse prevention.

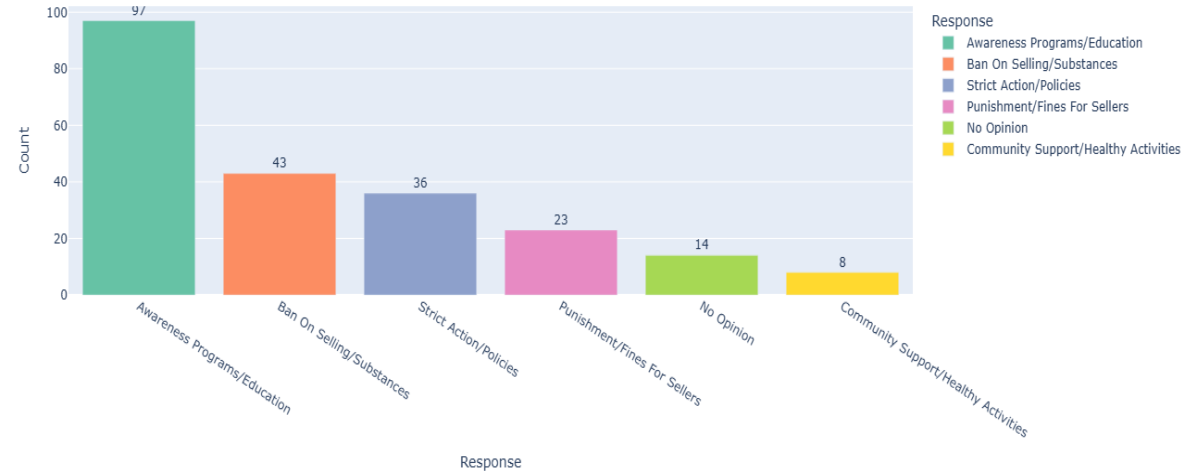


Figure 24: Suggestions for Preventing Substance Abuse in the Community

This bar chart shows kids recommendations for avoiding substance abuse in their neighbourhood, and there is a strong inclination towards education and prevention methods. "Awareness Programs/Education" is the most popular recommendation, with 97 suggestions, showing that there is faith in the strength of knowledge and education to overcome substance abuse. Next, 43 kids recommended a "Ban On Selling/Substances," which shows that there is a wish to restrict the availability of harmful substances. A total of 36 users expressed their belief in the need for both regulatory policies and enforcement measures through their comments on "Strict Action/Policies". "Punishment/Fines For Sellers" was proposed by 23 kids, showing the emphasis on dissuading individuals who supply drugs. "No Opinion" was chosen by 14 kids, implying some vagueness or absence of detailed proposals. "Community Support/Healthy Activities" was responded to by the lowest number of 8, indicating less emphasis on community-based activities as a mode of primary prevention. Overall, the results emphasize a high desire for educational intervention and regulatory policy as primary forms of preventing substance abuse in the community.

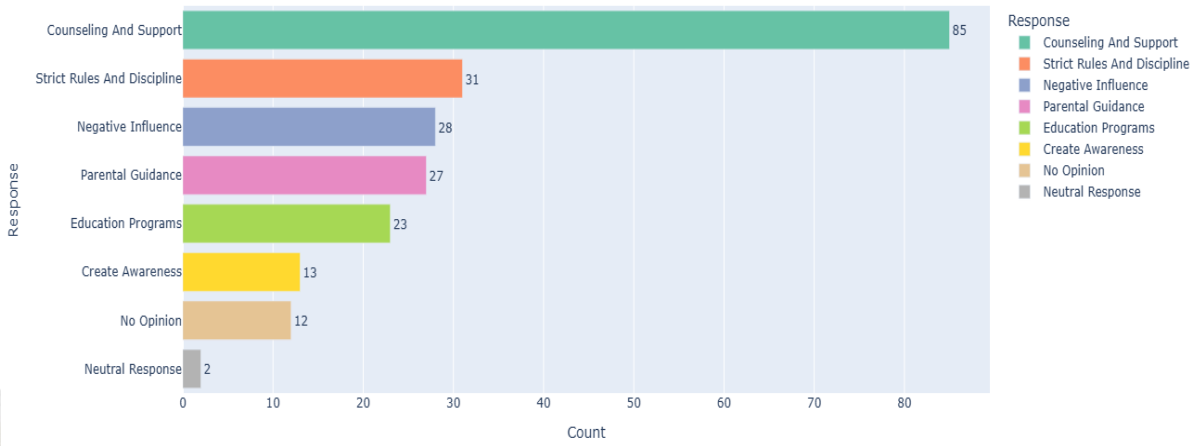


Figure 25: How Adults Can Help Educate Children on Substance Abuse

This bar graph in figure 25 illustrates children's suggestions on how adults could help them better understand substance abuse. There is a clear preference for support and education approaches, and the most favoured one is "Counselling And Support," which indicates the requirement for advice and assistance. Educational methods such as "Education Programs" and "Parental Guidance" also came into the picture as strong contenders with the emphasis being on the dissemination of information. Even though some children pointed towards "Strict Rules And Discipline," overall there is a trend in favour of supportive instead of punitive intervention. In general, the graph shows that kids hold the view that adults can better assist them to learn about drug abuse through support and education rather than only restrictive actions.

10. Preventive Strategies and Recommendations

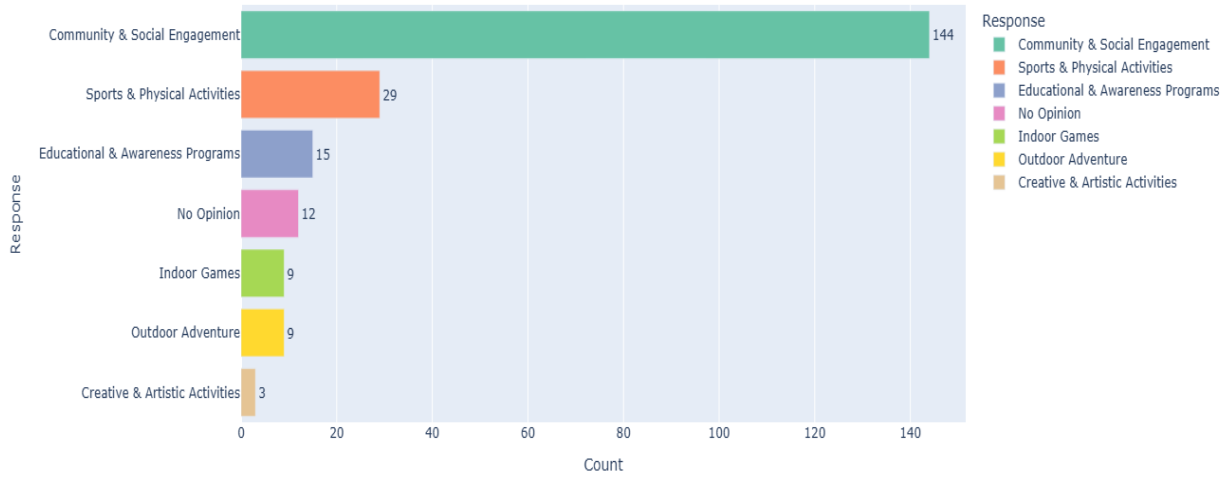


Figure 26: Suggested Activities to Prevent Substance Use Among Children

This horizontal bar graph presents children's perspectives on activities that would be both enjoyable and effective in preventing substance use. Most affirmative rating of the "Community & Social Engagement" activities, scored highest in all, indicates significant faith in defensive influence of social relations. There is also notable endorsement for "Sports & Physical Activities," further indication of appreciation of physical exercise to promote good living. The strength of "Educational & Awareness Programs" remained lower among participants despite their proven usefulness because participants perhaps showed a preference for experiential social activities above educational efforts. Additionally, significant numbers of children showed "No Opinion," where an investigation of their views becomes pertinent. The evidence points strongly to the building of social harmony and physical fitness as prime tools for substance abuse prevention among children.

11. Qualitative Insights: Most Mentioned Substances

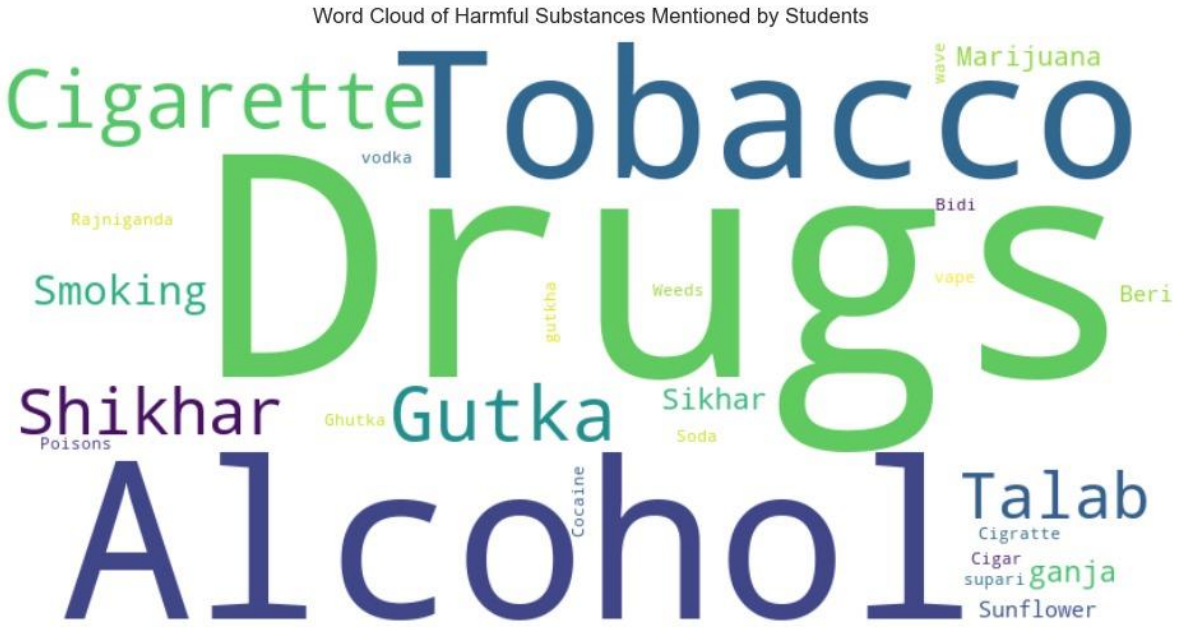


Figure 27: Word cloud of Commonly used Substances

This word cloud graphically depicts the most commonly mentioned harmful substances by the students. The visibility of "Tobacco," "Drugs," "Alcohol," and "Cigarette" reflects a high level of awareness of widely known substances used for abuse. The use of precise words such as "Gutka" serves to identify the use of locally used or culture-specific substances. Other words such as "Smoking," "Talab," and "Marijuana" reflect the wide variety of substances that are linked by students with harmful use. The use of "Soda" indicates an extended concept of possible threats to conventional drugs and alcohol. Overall, this word cloud demonstrates an integrated awareness of harmful substances among students, including both universally known and locally relevant items, emphasizing the necessity for specific educational interventions.

CHAPTER IV

FINDINGS DISCUSSION AND SUGGESTIONS

Broad Findings of the Study

The Child-Led Survey on substance abuse conducted in Dimapur and Chumoukedima sheds light on children's awareness, experiences, and perceptions of substance use and its associated risks. This participatory research initiative enabled children to actively explore the prevalence and impact of substance use in their communities, highlighting key social and developmental concerns. The study indicates varying levels of awareness among children based on age groups, with older children exhibiting relatively higher awareness. Although peer pressure was widely acknowledged by respondents, it was not statistically associated with gender or significantly predictive of awareness levels. Logistic regression revealed that age and moderate knowledge of harmful substances were strong predictors of substance abuse awareness. These findings emphasize the necessity of age-appropriate awareness programs and the critical role of accurate information dissemination among children.

The research also reflects the growing vulnerability of children to peer influences, lack of community support systems, and limited knowledge about available services for prevention and rehabilitation. Despite exposure to substance-related environments, awareness alone was not significantly higher among exposed children, underlining a need for more immersive and child-led interventions.

The research study, conducted through a participatory child-led survey, has generated multidimensional findings on children's awareness of substance abuse, their experiences, the influence of peer groups, and community-level factors. The statistical tests coupled with thematic analysis reveal various patterns, associations, and gaps that hold significance for child rights-based interventions and policy-level considerations.

Awareness Levels among Children

- The findings show that the level of awareness regarding substance abuse is not uniform across the child population, and it is significantly affected by age groups. Children aged 16–18 years demonstrated higher awareness levels about harmful substances, including their forms, effects, and consequences. This can be attributed to greater exposure to academic content, social discussions, and a more developed cognitive capacity to understand risk-related information.
- Statistical analysis using Chi-Square tests confirmed a significant association between awareness and age group. Younger children in the 10–12 and 13–15 age brackets showed lower levels of awareness, indicating an urgent need to introduce early-stage, age-appropriate sensitization programs in schools and communities. Interestingly, awareness levels were not significantly different across genders, highlighting that both boys and girls are equally exposed to substance-related discussions and information sources. Similarly, location (Dimapur vs. Chumoukedima) did not show a major disparity in awareness levels, suggesting a shared community-level exposure and awareness climate across both regions.

Peer Pressure and Substance Use

- Peer pressure emerged as a common experience reported by many children during qualitative interviews and surveys. However, the quantitative findings indicate that peer pressure, while present, does not significantly influence awareness levels. Nor is it significantly associated with gender differences. This finding defies popular assumptions that peer pressure is gender-specific or always leads to increased risk behaviour.
- This suggests that peer dynamics in these communities are influenced more by environmental and social exposure than by individual demographics. Peer influence, though often associated with risky behaviours, must be understood as part of broader socialization processes, not necessarily a determinant of substance use behaviour.

Predictors of Awareness

The logistic regression analysis provided deeper insight into the underlying predictors of awareness.

- Age again emerged as the most significant factor. Children in younger age groups (10–12 years and 13–15 years) were respectively 85% and 88% less likely to have awareness compared to older adolescents.
- Knowledge of harmful substances, especially when it was of a moderate level, emerged as a near-significant predictor of awareness. This suggests that providing children with even moderately detailed and structured information can substantially improve their awareness levels.
- Surprisingly, peer pressure and gender were not statistically significant predictors, reinforcing earlier findings that age and education play a more powerful role in shaping children's knowledge than social influences or biological factors.

This highlights the importance of curriculum-based drug education programs and awareness campaigns, especially in the formative years of childhood.

Awareness Comparison

One of the most striking findings is that children who have been exposed to substance abuse (seen or heard about it) did not necessarily possess higher awareness levels than their non-exposed counterparts.

This counters the assumption that exposure leads to enhanced learning or awareness. In fact, this emphasizes the need for guided learning and structured engagement, as children may witness substance-related behaviour without understanding its consequences or risks. Thus, direct exposure, without interpretation and dialogue, can fail to contribute meaningfully to awareness development.

Peer Pressure vs. Age of First Exposure

The Spearman's correlation coefficient between peer pressure and age of first exposure to substance abuse showed a weak, statistically insignificant relationship. This implies that peer pressure does not have a strong influence on the timing of a child's first encounter with substance abuse.

This weak correlation suggests that children's first exposure may be driven by other situational factors—family behaviour, media exposure, accessibility in local shops, or broader community environment, rather than peer groups alone.

Awareness Distribution Across Age

Although the Chi-square test showed a significant age-related difference in awareness levels, the Kruskal-Wallis test (non-parametric ANOVA) did not indicate statistically significant differences. This discrepancy could be due to the differences in how awareness was measured (categorical vs. rank-based scores).

Nonetheless, both tests highlight a consistent pattern: older children exhibit more confidence and clarity in their responses, reinforcing the call for early intervention models that target younger children before risky behaviour patterns begin to form.

Discussion

The discussion section seeks to interpret the findings in light of broader social, psychological, and developmental theories, as well as their implications for child protection and health promotion. The findings from the present study reflect deeper social patterns, contextual influences, and developmental dimensions that significantly impact children's awareness of substance abuse. The child-led, mixed-method research approach offered not only statistical insights but also powerful narratives reflecting children's lived experiences.

Role of Age and Cognitive Maturity

The study revealed that age is a statistically significant determinant of awareness about substance abuse among children. The chi-square test and logistic regression models both affirmed that children aged 16–18 were considerably more aware of substance abuse and its consequences compared to their younger peers. This can be attributed to their advanced cognitive development, ability to process abstract ideas, and exposure to broader social discourse. Younger children (10–12 and 13–15 years), who were found to be 85% and 88% less likely to be aware, respectively, lack the maturity to interpret complex health-related behaviours without structured guidance. These findings are supported by cognitive developmental theories, particularly Piaget's theory of formal operational thinking, which suggests that children begin to think abstractly and understand hypothetical concepts only in adolescence. This underscores the importance of age-appropriate education. For younger children, the content must be engaging and presented in relatable formats—stories, visual aids, interactive games, or cartoon-based storytelling—while for older adolescents, programs should involve real-life simulations, peer-led discussions, and problem-solving scenarios.

The Limitations of Passive Exposure

Another crucial observation was the absence of statistically significant differences in awareness levels between children who were exposed to substance use and those who were not (Mann-Whitney U test, $p = 0.214$). This finding challenges the conventional assumption that observational exposure to substance use naturally enhances awareness. Children in this study often encountered substance use in passive contexts—seeing intoxicated individuals on the streets, hearing about drug use, or observing community behaviours. However, such exposure lacked interpretive support or dialogical

engagement, limiting its potential to foster understanding. This reinforces the educational theory that meaningful learning requires guided reflection and active learning processes rather than passive observation. Without structured dialogues and contextual explanation, children are likely to develop desensitization or distorted perceptions about substance use. Thus, awareness initiatives must include not only factual knowledge dissemination but also emotional and reflective conversations that connect real-world observations with critical thinking.

Peer Influence: Not Always a Determinant

Contrary to common assumptions, peer pressure did not emerge as a statistically significant factor influencing awareness levels or exposure risk in this study. Despite children acknowledging peer interactions around substance use in qualitative responses, quantitative data suggests that peer influence alone is insufficient in determining awareness or behavioural outcomes. This disconnect implies that peer pressure might be more influential in behaviour adoption rather than knowledge development. As such, prevention programs should not only focus on equipping children with refusal skills and peer resistance strategies but also engage families, schools, and community support systems that provide consistent reinforcement of health-seeking behaviours.

Moreover, the weak correlation between peer pressure and age of first exposure further strengthens the argument that substance use onset is influenced by broader environmental and psychosocial variables beyond peer groups.

The Need for Rights-Based, Participatory Approaches

One of the most compelling aspects of this study was the use of a child-led, participatory research model, which not only collected data but also empowered children as knowledge producers. Children served as data collectors, interpreters, and change agents within their communities—a model strongly aligned with the UNCRC Article 12, which advocates for the child's right to be heard in matters affecting them. This approach allowed children to articulate nuanced understandings of substance abuse in their own language and context. It enhanced their agency and critical consciousness, moving beyond tokenistic participation to authentic engagement. Participatory methodologies help foster a culture where children become active contributors to community well-being rather than passive recipients of adult-led initiatives. Furthermore, the participatory model enabled the identification of risk zones, support gaps, and psychosocial impacts from the child's lens, which traditional adult-centric surveys often overlook. It is a replicable model for rights-based public health research and reinforces the value of empowering children to co-create solutions to the challenges they face.

In conclusion, this discussion illustrates that substance abuse awareness among children is a multifactorial issue shaped by developmental readiness, educational interventions, and socio-environmental contexts. A comprehensive, participatory, and age-sensitive framework is essential for building long-term resilience and preventive capacities among children.

SUGGESTIONS FOR INTERVENTION

1. Child Level Interventions

- Revitalize Child Rights Clubs (CRC): Children often lack platforms for leadership and decision-making. Revitalizing CRCs involves not just organizing meetings but also giving children key roles like Secretary for Education, Culture, and Advocacy. Each role can focus on specific objectives: for example, the Secretary for Education could promote awareness campaigns on child rights in schools, while the Advocacy Secretary could push for policy changes. By meeting regularly, these clubs can plan and execute community events that enhance children's voice and visibility. Peer learning sessions, where children share experiences and learn from each other, are essential for empowering them with democratic values, boosting their confidence, and promoting self-esteem.

- Capacity Building Programs: To effectively understand and engage with societal structures, children need foundational knowledge about their rights and the systems that govern them. Capacity-building workshops could include training on topics like child rights, the role of government institutions in child protection, how laws are formed, and basic civics. These programs aim to educate children about how they can participate in decision-making processes and advocate for themselves and their peers. By increasing civic awareness, these workshops also create a sense of responsibility and accountability among children, encouraging them to actively engage with their environment.

- Community Newspaper Initiative: A child-run newspaper would serve as both a creative outlet and an advocacy tool. Children can document and discuss local issues, particularly those affecting their well-being, such as substance abuse, access to education, and safety concerns. A quarterly publication allows children to highlight child-led initiatives, celebrate their achievements, and identify community needs. Sharing this newspaper with DCPU, CWC, local government bodies, and other stakeholders can facilitate communication and bridge gaps in understanding between children and authorities. It encourages transparency, accountability, and collaborative problem-solving.

- Peer Education Initiatives: Peer education capitalizes on the power of peers to influence and teach one another. Children often feel more comfortable learning from their peers, especially on sensitive issues like substance abuse, digital safety, emotional health, and safe behaviours. Peer-led education sessions allow children to share information in a non-threatening, familiar environment. These initiatives can be formal (like classroom lessons) or informal (group discussions). Having peers lead these sessions makes the content more relatable and encourages the active participation of children in their own learning and behavioural change.

- Life Skills and Critical Thinking Workshops: Life skills are essential for children to navigate their complex social realities. Workshops should focus on a wide range of abilities such as communication (public speaking), decision-making, critical thinking, digital literacy, and negotiation. By teaching these skills, children can better understand their rights, make informed decisions, and confidently engage with societal challenges. These workshops could be experiential, with practical exercises and role-playing, enabling children to practice skills

in real-life scenarios. Developing critical thinking, in particular, helps children analyze situations from different perspectives, weigh pros and cons, and make reasoned decisions.

- Exposure Visits: Exposure visits to institutions like DCPU, JJB, and CWC provide children with firsthand knowledge of the protective systems in place. These visits aim to demystify these institutions, reduce fear or distrust of authorities, and help children understand how they can seek protection when needed. For instance, visiting a Juvenile Justice Board helps children understand the processes related to juvenile justice, fostering trust and a sense of empowerment. These visits should be designed to be interactive, with discussions, Q&A sessions, and opportunities for children to express their concerns and seek advice.

2. Family Level Interventions

- Parental Awareness Workshops: A key component of a child's environment is the family, and parents must understand the implications of their behaviours and choices on their children's development. Workshops aimed at raising awareness about the effects of alcohol abuse, domestic violence, and gambling on children can help parents recognize harmful behaviours and take steps toward healthier family dynamics. These workshops could use real-life case studies, research data, and role-playing activities to help parents understand their impact on children's mental, emotional, and physical well-being. They can also be a platform for parents to share experiences and learn from one another.
- Positive Parenting Training: Positive parenting focuses on guiding and nurturing children through understanding and empathy. Training programs for parents should focus on how to establish boundaries without resorting to punitive measures, how to communicate effectively with children, and how to manage their own emotions while addressing conflicts. This can help improve family dynamics and reduce the likelihood of child abuse, neglect, and other harmful practices. Techniques like active listening, conflict resolution, and emotional coaching can be taught to help parents create a more supportive and positive home environment.
- Support Groups for At-Risk Families: Families facing addiction, emotional distress, or financial difficulties often need additional support to help them cope. Establishing support groups where parents can connect with others in similar situations can create a sense of solidarity and reduce feelings of isolation. These groups can offer counselling services, provide educational resources, and connect parents with rehabilitation and support services. The aim is to help these families develop healthier coping mechanisms and foster an environment that is more conducive to their children's growth and well-being.

3. Community-Level Interventions

- Quarterly Locality Interface Meetings: Formal meetings between children, CRC members, local leaders, and government officials can be a powerful way to create channels for communication and problem-solving. These meetings can focus on a wide range of issues affecting children, such as infrastructure problems (lack of playgrounds, unsafe streets), safety concerns (child trafficking, substance abuse), and educational needs (access to schools,

quality of education). Local leaders can take note of children's concerns and address them in their planning, ensuring that children's voices are considered in community development.

- Collaboration with Municipal Bodies: Collaboration with local municipal bodies like DMC (District Municipal Corporation) can lead to tangible improvements in public infrastructure and child-friendly spaces. For example, streetlights in unsafe areas, improved sanitation, and child-friendly parks can help improve children's quality of life. Municipal bodies can also work on improving safety features in neighbourhoods, ensuring that public spaces are well-maintained and accessible to children.
- Community Awareness Campaigns: Campaigns focused on raising awareness about issues like substance abuse and child safety can use a variety of media and techniques. Street plays, for instance, can be used to highlight the dangers of substance abuse or promote child rights in a way that is engaging and easy to understand. Banners, newsletters, and school events can further spread these messages to reach a wider audience, encouraging a collective effort to protect and nurture children. These campaigns can also highlight the resources available for those in need, such as helplines, counselling, and support services.
- Community-Based Child Protection Committees (CBCPC): CBCPCs can serve as a vital part of the local child protection system. These committees would include representatives from the community, such as teachers, social workers, local parents, and community elders. Their role would be to assess local risks to children, identify vulnerable children, and intervene when necessary. By meeting regularly, CBCPCs can stay updated on community issues and work proactively to prevent child abuse, trafficking, and neglect. These committees would be a first line of defence and a key support system in child protection.

CONCLUSION

The study conducted here provides a comprehensive review of children's levels of awareness about substance abuse, as well as delving into the various socio-demographic and psychosocial aspects that influence their knowledge and day-to-day existence. By adopting a child-led participatory methodology within a mixed-methods framework, the study has succeeded in capturing the often-overlooked perspectives of children—not merely as subjects of inquiry but as active agents in research and social transformation. The qualitative and quantitative wealth of data gathered has offered a definitive picture of the present status of awareness regarding substance abuse among children in the age group of 10–18 years in the districts of Dimapur and Chumoukedima.

The results draw attention to the fact that awareness levels are heavily influenced by age, supporting developmental psychology arguments that propose that cognitive ability and understanding increase with age. Adolescents in the older age bracket (16–18 years) showed significantly higher awareness levels, whereas the lower age groups (10–15 years) showed a lack of early-stage understanding, indicating a lack of sensitization at an early stage. Notably, gender and geographic location were not statistically significant predictors, reflecting an equal community exposure to information and risk, regardless of individual context. It also means, however, that interventions themselves should not be directed at any single demographic group but be community-based and inclusive in approach.

Another interesting conclusion that can be established from this research is the relatively limited role of peer pressure, an influence regularly assumed to play a key role in teen behaviour. The data contradicts this by demonstrating that peer relationships are pertinent but do not have a strong impact on levels of awareness or timing of drug use initiation. In the same vein, passive exposure to drug use in society—i.e., encountering drunk people or overhearing talk about drugs—does not lead to heightened awareness levels. This key observation points to a pointed message: being exposed without being educated will not convert to learning. Conversely, formal and tempered knowledge regarding harmful substances was shown to be a strong indicator of awareness, affirming once again the potency of guided learning, structured discussion, and formal schooling.

The qualitative thematic analysis of the responses uncovered deeper social and emotional layers, such as children's fear, confusion, and need for supportive settings. Their voices rang out loud and clear in their demand for safe community spaces, emotional counselling, responsive adult support, and institutional mechanisms that protect and empower them. The participatory character of this research also underscored the fact that children are not just able to comprehend intricate social issues but are also prepared to be involved in processes of creating change. Their participation in data collection and reflection activities lent credibility to the research, strengthening global advocacy tools like the UN Convention on the Rights of the Child (UNCRC), especially Article 12, which promotes children's right to participate in decisions that concern them.

This study emphasizes the need for multi-level, holistic, and rights-based interventions to address the issue of substance abuse among children. Awareness efforts must be supported with age-appropriate education materials, family-focused discussions, community sensitization activities, and inter-institutional cooperation among schools, child protection agencies, and local government agencies. Developing resilience and self-efficacy in children needs an enabling environment that not only educates but also supports, shields, and empowers them. In addition to statistical association, the

research necessitates a systemic transformation of how society addresses children with respect to sensitive matters, away from a top-down model of awareness towards participatory, inclusive, and sustainable involvement.

Ultimately, this research sets a robust evidence base for both program interventions and policy guideline formulations, in that it advocates for a child-oriented framework of approach in prevention strategies against substance abuse. It is an appeal to policymakers, educators, parents, and community leaders to see the potential of children not just as mere recipients of knowledge, but as active participants to a healthier and safer future. Empowering kids with the correct information, emotional care, and spaces to discuss their concerns will not only bring them better health and well-being but also build more resilient and inclusive communities.

Annexure 1:
Interview Schedule for Child Surveyor

A. Personal Information (Demographics)

1). Name:

2). Age:

(i).10-12 (ii). 13-15 (iii).16-18

3). Gender:

Male/Female

4). Place:

Dimapur/Chumoukedima

5). Class/Grade:

B. Awareness of Substance Abuse

(These questions assess the children's understanding of substance abuse and how prevalent the issue is in their surroundings)

1). Have you ever heard about substance abuse?

Yes/No

2). Where did you first learn about substance abuse?

(i). School (ii). Friends (iii). Family (iv). Social Media (v). TV/ Movie

(vi). Other (please specify)

3). Can you name any substances you think are harmful?

4). Do you know any children who use substances?

Yes/No

4.1. If Yes, then where?

(i). Schools/Institutions (ii). Localities (iii). Others (please specify)

5). Do you know what happens if someone uses harmful substances?

(i). Yes, I know well (ii). I have some idea (iii). I am not sure (iv). No I don't know

C. Exposure to Substance Abuse

(These questions refers to the child's environment and potential exposure to substance abuse)

1.Have you ever seen anyone using harmful substances around you?

Yes/No

1.1.If Yes, Who?

2. Where did you see it happening?

(i)Home (ii). School (iii). Neighbourhood (iv). Other (please specify)

3.Do you think children are at risk of being exposed to harmful substances in your colony?

Yes/No

4. What substances are most commonly used by children in your community?

(i). Cigarette (ii). Gutka (iii).Alcohol (iv). Drugs (v).Any other (please specify)

5.When it comes to trying substances, how much pressure do you think comes from friends?

(i). No pressure at all (ii). Little pressure (iii) Some pressure (iv). A lot of pressure

D. Personal Experience and Influence

(These questions aim to gather sensitive information about personal experiences, while keeping their privacy)

1.Has anyone ever tried to give you something that is not good for you?

Yes/No

1.1 If yes, who gave it to you?

(i). Friends (ii). Siblings (iii). Neighbours (iv). Others (please specify)

2.Have you ever tried any of these substances?

(i). Cigarette (ii). Gutka (iii). Alcohol (iv). Drugs (v). Any other (please specify)

2.1. If yes, at what age did you try?

2.2. How did you feel after using it?

3. What was the main reason you tried it?

(i). Curiosity (ii). Peer Pressure (iii) Stress or Coping (iv). Family Influence

(v). Others (please specify)

4. How do you feel your surroundings (School, home, colony) effects your views on substance use?

(i). Very positively (ii). Somewhat Positively (iii). Neutral

(iv). Somewhat negatively (v). Very Negatively

5. How do you think trying substances has affected your life or your friend's lives?

(i)Very positively (ii). Somewhat Positively (iii). Neutral

iv). Somewhat negatively (v). Very Negatively

E. Perception of Substance Abuse

(*These questions focus on understanding the perceptions and attitudes of children towards substance abuse)*

1.Do you think substance abuse is a problem in your school/colony?

Yes/No

2. What are some reasons you think people might start using substances?

3. How do you think substance abuse affects children and families?

4. How do you think Media (TV or Social Media) influences children's views on substance use?

F. Prevention and Solutions

(These questions encourage children to share ideas on how to address substance abuse in their communities.)

1. What do you think adults could do to help children understand substance abuse better?

2. Who do you think can help prevent substance abuse among children?

(i). Parents (ii). Teachers (iii). Police (iv). Community leaders (v). Other children

(vi). All of the above

3. Would you participate in awareness programs or activities to prevent substance abuse?

Yes/No

4. What is one change you would like to see in your school or colony to help prevent substance abuse?

5.What types of activities do you think would be fun and help keep children away from substances?

G. Feedback and Suggestions

(Allowing children to provide additional feedback or suggestions)

1. Is there anything else you would like to share about substance abuse and its impact?

Annexure II

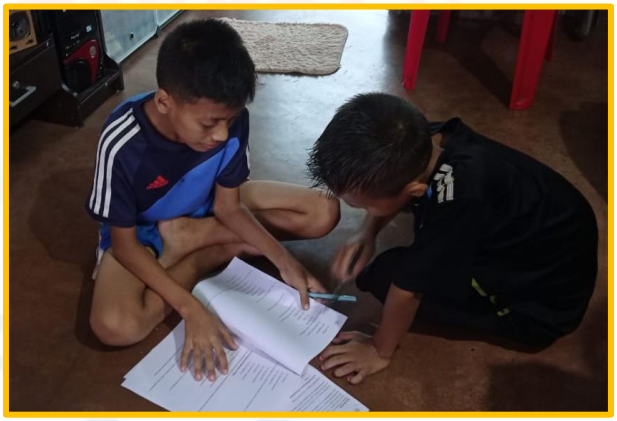











ANMA INTEGRATED DEVELOPMENT ASSOCIATION (AIDA)

Reg. No. Rs-951, Don Bosco Campus, P.B.-2, N.N. Gaon, River Belt Colony, Dimapur Nagaland - 797113

ANMA Integrated Development Association (AIDA) is the development wing of the Salesians of Don Bosco, Dimapur Province, Northeast India. It collaborates with the SDB institutions to articulate interpret and realize the development dimensions of fidelity to the vision of Don Bosco in the dynamic socio-economic and cultural realities of the North Eastern states namely Arunachal Pradesh, Nagaland, Manipur and Assam.

CHILD FRIENDLY DIMAPUR (CFD)

Child Friendly Dimapur (CFD) is an initiative of AIDA. It is based on Child Friendly Cities Initiative (CFCI) of the United Nations, founded in 1996, to respond to the challenges of realizing the rights of children in an increasingly urbanized and decentralized world.

OBJECTIVE

To contribute to the promotion and enforcement of children's rights in two statutory towns (Dimapur & Chumoukedima) and 4 census towns (Kuda, Purana Bazaar, Diphupar & Rangapahar).

VISION

To create a city where all children, without discrimination of any kind, have access to their rights to live in secure, enabling environments and develop to thier full potentials.

Thank You !

Contact us:

childfriendlydimapur.aidasdb.org

childfriendlydimapur@aidasdb.org

Child Friendly Dimapur

childfriendlydimapur