



Original Research Article

To Assess the Knowledge and Attitude of Auxiliary Nurse Midwife (ANM) Working in Satara District, Maharashtra towards HIV/AIDS

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ABSTRACT

Background: India ranks 2nd in the number of HIV patients. In India, people with HIV frequently encounter discrimination, with serious adverse consequences for their physical and psycho-social well being. So this is an effort to assess the knowledge & attitude of A.N.M working in Satara District towards HIV/AIDS & to determine association between socio demographic variables with knowledge & attitude.

Methods: A descriptive approach with cross sectional survey design is used for 36 A.N.M working in Satara district. A structured questionnaire is administered. The collected data is analyzed by using descriptive analysis by Instat software.

Results: Overall knowledge score 769 out of 1224 (62.82%). Rating of knowledge score shows 18(50%) subjects in good rating out of while 1 (2.77%) subject below average and 3(8,33%) subject are having excellent score.

Overall 716 (73.66%) responses show positive attitude towards HIV/AIDS while 43 (4.42%) shows Neutral attitude and 3 (0.3%) responses were reserved. Association & Correlation Coefficient shows statistically not significant.

Conclusion: Overall Knowledge score is good, Attitude score is positive. Investigator doesn't find any misconception regarding HIV/AIDS.

Key words: Knowledge, Attitude, HIV, Nursing

INTRODUCTION

"Prevention is better than cure" or in repute to Human Immunodeficiency Virus it can aptly be said that "Prevention is the only cure". Today 33.3 million ^[1] people are affected by this virus in this world, of which 2.27 million are in our country. ^[2] Every year 2.6 million¹ new cases of HIV are added to the previous burden. And more

than 1.3 million people worldwide die due to it each year¹. India ranks 2nd in the number of HIV patients. ^[2] The HIV prevalence at antenatal clinics in Maharashtra was 0.5% in 2007. At 18%, the state has the highest reported rates of HIV prevalence among female sex workers. Similarly high rates were found among injecting drug users

(24%) and men who have sex with men (12%). [3-6]

Need For Study

The attitude of the general public towards people with HIV/AIDS is mostly negative. The health care workers manifest certain attitudes that are potentially discriminatory of patient living with AIDS (PLWAs). Well-coordinated continuing education on HIV/AIDS for all categories of health-care workers is recommended as a vital strategy in the crusade against the epidemic. The fear of being infected at workplaces, educational institutions and in the community has led to irrational and discriminatory treatment of people living with HIV/AIDS (PLWAs). Their rights to employment, housing, education and even health and nursing care are being violated because of their HIV status. Hence the need to examine knowledge and attitude of health care workers towards people living with HIV/AIDS in our health care facilities. Until recently, HIV/AIDS control programs in India had focused primarily on preventing the spread of HIV through behaviour modifications. However, with the growing number of PLWAs, there is increasing concern on the crucial role of the health care delivery system in providing a wide range of care and support. This has become inevitable as almost every person living with HIV is bound to fall sick at one time or the other, thereby requiring medical care from health workers who are well trained and willing to provide such care. [4,5,7]

This study is carried out to assess HIV/AIDS related knowledge and attitude of auxiliary nurse midwife (ANM) working in Satara District Maharashtra towards the care of people living with HIV/AIDS, they has extensive exposure to clients with HIV/AIDS as Karad is high prevalent area for HIV/AIDS. So this is an attempt to understand how well our ANM are prepared

to tackle the situations effectively in clinical & community.

Problem Statement

Study to assess the knowledge and attitude of auxiliary nurse midwife (ANM) working in Satara, district towards HIV/AIDS.

Objectives

1. To assess the knowledge of auxiliary nurse midwife (ANM) working in Satara district towards HIV/AIDS.
2. To assess the attitude of auxiliary nurse midwife (ANM) working in Satara district towards HIV/AIDS.
3. To determine association between knowledge with socio demographic variables of auxiliary nurse midwife (ANM) working in Satara district towards HIV/AIDS.
4. To find out correlation between knowledge and attitude of auxiliary nurse midwife (ANM) working in Satara district towards HIV/AIDS.

MATERIALS & METHODS

Research Approach- Descriptive study.

Research Design- Survey – descriptive exploratory

Setting- Krishna Institute of Nursing Sciences, Karad

This study is conducted in Krishna Institute of Nursing Sciences, Karad, Maharashtra during September 2014. The state of Maharashtra and Karad taluka is being chosen taking into account the high prevalence of HIV here.

Population - All ANM working in Satara district that came to attend work shop on HIV/ AIDs

Sample - All ANM working in Satara district

Sample size - 36

Sample technique- Purposive sample technique

Criteria for selection of sample

Inclusion criteria- All ANM working in Satara district who came to attend work shop on HIV/ AIDs.

Exclusion criteria - who were not willing and not available to participate in the study
Sample characteristics - Homogeneous sample

Description and development of tool

As no standard questionnaire is available a questionnaire was prepared taking into account the various aspects of the disease. Questioner divided into two parts. The first part contains various socio demographic variables like age, sex, marital status, religion, permanent address, annual family income, education, Mother's education and father's education. The second part contains questioner related to knowledge and attitude where all the aspects are considered such as aetiopathology, signs symptoms, transmission, treatment & prevention. The questionnaire is in English/Marathi language and contained 9 questions relating to personal profile and 34 questions related to HIV and AIDS and 27 questions related to attitude. The questionnaire had closed ended questions where they have to put ✓ for correct response. In questionnaire related to attitude three point Likert scale is used where three choices are placed i.e. agree, disagree and uncertain. They have to put ✓ in appropriate answer. There are positive and negative statements in attitude scale.

In knowledge scale score for correct response is given 1 and incorrect response 0. In attitude scale score for correct response is given 3 and incorrect response 2 and for uncertain 1.

Rating key – Knowledge Score

- 1. Below average < 17 (score less than 50%)
- 2. Average- 17-20 (score 50- 59%)
- 3. Good- 21-25 (score 60- 74%)
- 4. Excellent - >25 (75% and above)

Procedure for data collection

Written permission from principal and course coordinator of Krishna Institute of Nursing Sciences, Karad, Maharashtra was taken. Informed to participants with considering all convenience and explain the purpose. Written consent from participant was taken after explaining purpose of study and assuring them anonymity of their responses to get maximum appropriate responses. Even researcher remains unknown as no identity was left on answer sheets.

The seating arrangement for subjects is done in well ventilated class room hall as they can seat one on one seat and they are supervised during all the session as like exams so that they could not share the answers and we can get true responses.

36 questionnaires were distributed among participants who are available and present during data collection voluntarily. The subjects were requested to fill the questionnaire in front of the researchers. Sufficient time is given to fill the questionnaires and after completion all questionnaires are collected.

Data analysis

Coding of answer sheet done while computing the data on excel sheet in Microsoft excel spread sheet by researcher himself.

Data was analyzed by various tools present in Microsoft excel spread sheet and statistical analysis was done by using software “Instat “. Whenever necessary data was grouped together to maximum avoid ‘0’ values or “less than 5” values, and < than more than in 80 % in different cell in various tables to get accurate results in chi square analysis as per software requirement.

ANALYSIS AND INTERPRETATION OF DATA

I Socio demographic variables

Table No 1.1: I Distribution of subject according to socio demographic variables (n-36)

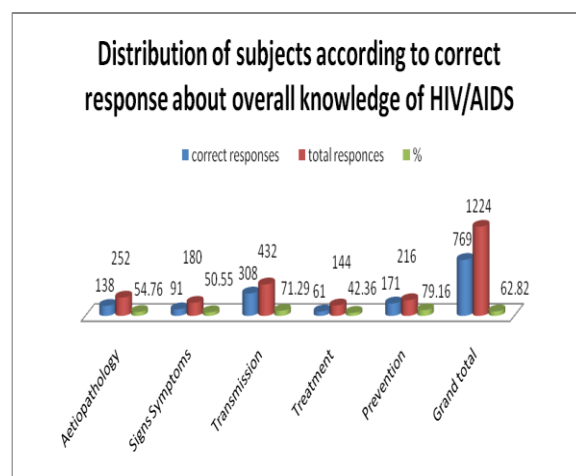
Socio demographic variables	Frequency percentage
Age in Years	
20-30	19 (52.70%)
31-40	11(30.55%)
41-50	4(11.11%)
51-60	2(5.5%)
Gender	
Male	1(2.77%)
Female	35(97.22%)
Religion	
Hindu	30(83.33%)
Muslim	1(2.77%)
Christen	1(2.77%)
Other	4(11.11%)
Permanent Residence	
Urban	11(30.55%)
Semi urban	2(5.5%)
Rural	23(63.88%)
Marital Status	
Single	7(19.44%)
married	28(77.77%)
Widow	1(2.77%)

Maximum subjects belongs to age group 20-30 years i.e. 19 (52.70%). Most of the subjects 35(97.22%) are females as it female dominated profession. 30(83.33%) subjects are Hindu and 23(63.88%) are subjects are came from rural area as permanent residence while 28(77.77%) participants were Married.

Table No 1.2: Distribution of subject according to socio demographic variables

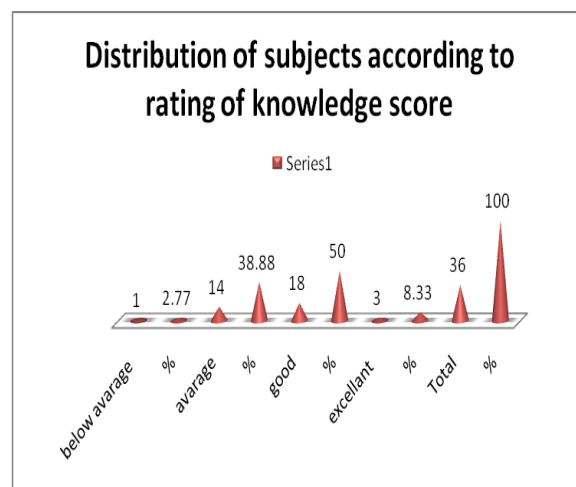
Socio demographic variables	Frequency percentage
Family Income	
< 200000	13(36.11%)
200000- 500000	3(8.33%)
Not written	20(55.55%)
Education	
H.S.Sc.	21(58.33%)
Graduate	15(41.66%)
Mother's Education	
No formal education	03(8.33%)
Primary	13(36.11%)
Secondary	7(19.44%)
Higher secondary	1(2.77%)
Graduation	2(5.5%)
Not written	10(27.77%)
Father's education	
No formal education	01(2.77%)
Primary	10(27.77%)
Secondary	8(22.22%)
Higher secondary	9(25%)
Diploma	01(2.77%)
Graduation	01(2.77%)
Post graduation	01(2.77%)
Not written	05(2.77%)

13(36.11%) subjects showed their family income in Rs. < 200000/- per annum while 20(55.55%) subjects hide their annual family income as a routine tendency and scarcity about information share. 13(36.11%) subjects shown their Mother's education as Primary while 10(27.77%) has hide their Mother's education. 10(27.77%) subjects shown their father's education as primary and 01(2.77%) as Post Graduation while 05(2.77%) has hide their father's education



Graph No.1: Distribution of subjects according to correct response about overall knowledge of HIV/AIDS

Overall knowledge score is good i.e.769 out of 1224 (62.82%)



Graph No. 2: Distribution of subjects according to rating of knowledge score

Table No. 1.3 Summary of knowledge score

Summary of knowledge score	
Sample Size	36
Mean	21.36
Minimum score	14
Maximum score	27
Standard Deviation	2.997
Median	21

Rating of knowledge score shows 18(50%) subjects in good rating out of

while 1 (2.77%) subject below average and 3(8,33%) subject are having excellent score.

Table No 1.4: Summary of Attitude score

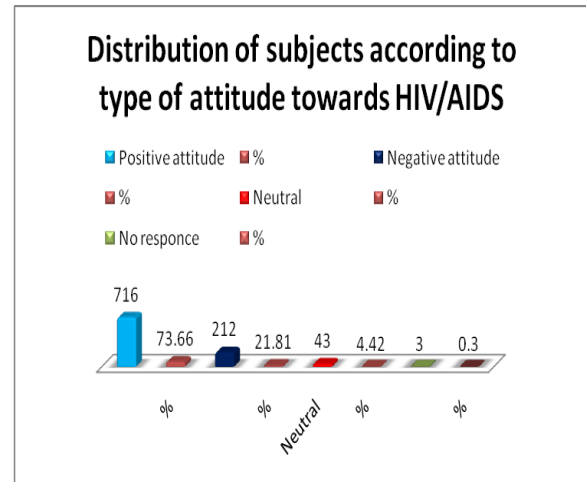
Summary of Attitude score	
Sample Size	36
Mean	61.61
Minimum score	54
Maximum score	65
Standard Deviation	2.643
Median	62

Table No.1.5: Distribution of subjects according to Attitude towards HIV/AIDS

Item No.	Questions	Positive attitude (Correct Response)	Negative attitude (Incorrect Response)	Neutral attitude (Uncertain)	No Response
1	AIDS virus increases other infection	30(83.33%)	3(8.33%)	3(8.33%)	0
2	Elderly men are at a lower risk for HIV infection than the general public	26(20.13%)	7(19.44%)	3(8.33%)	0
3	AIDS is not at all a serious disease ; it is like having Diabetes which can be managed easily	29(80.55%)	5(13.88%)	2(5.5%)	0
4	AIDS is a sinful past	31(86.11%)	4(11.11%)	1(2.77%)	0
5	There is no harm in meeting a person with HIV/AIDS	36(100%)	0	0	0
6	According to me if someone with AIDS coughs or sneezes on another's face he/she can get the disease.	29(80.55%)	6(16.66%)	1(2.77%)	0
7	I feel worried of myself getting the infection while caring for people with HIV/AIDS	8(22.22%)	24(66.66%)	4(11.11%)	0
8	I will be comfortable while working with a HIV/AIDS infected person	19(52.77%)	12(33.33%)	4(11.11%)	1(2.77%)
9	There is a risk of occupational HIV/AIDS infection when at work	7(19.44%)	26(20.13%)	3(8.33%)	0
10	I feel health care workers are at risk of contracting HIV/AIDS	17(47.22%)	18(50.00%)	1(2.77%)	0
11	I feel in-patients in hospitals are at risk of contracting HIV	8(22.22%)	26(20.13%)	2(5.5%)	0
12	I willingly assist to the delivery of an HIV/AIDS pregnant mother	34(94.44%)	1(2.77%)	1(2.77%)	0
13	I feel it necessary to take extra precautionary measures while caring for patients with HIV/AIDS	35(97.22%)	0	1(2.77%)	0
14	HIV infected person should not go to cinema	32(88.88%)	1(2.77%)	1(2.77%)	2(5.5%)
15	Patients with HIV/AIDS can be nursed separately from other patients to avoid cross infection	29(80.55%)	6(16.66%)	1(2.77%)	0
16	According to me, handling AIDS patients is too time consuming and a waste	33(91.66%)	2(5.5%)	1(2.77%)	0
17	It is better to quit service than risk of getting HIV/AIDS	34(94.44%)	0	2(5.5%)	0
18	Patients with HIV infection should not get married	22(61.11%)	12(33.33%)	2(5.5%)	0
19	I feel using of double gloves will protect me from HIV/AIDS	14(38.87%)	19(52.77%)	3(8.33%)	0
20	According to me having unprotected sexual intercourse with someone who has AIDS is one way of getting the disease.	35(97.22%)	1(2.77%)	0	0
21	I will react negatively when I come in contact with HIV/AIDS patients	32(88.88%)	4(11.11%)	0	0
22	I feel doctors, nurses and other health care workers refuse caring for people with HIV/AIDS	35(97.22%)	1(2.77%)	0	0
23	I will willingly assist in an operation with HIV positive /AIDS patients.	36(100%)	0	0	0
24	According to me AIDS patients should be allowed to live their normal lives i. e to continue working or schooling with healthy people	34(94.44%)	2(5.5%)	0	0
25	There is no cure for AIDS.	5(13.88%)	27(75%)	4(11.11%)	0
26	AIDS is the terminal stage of infection by HIV	31(86.11%)	4(11.11%)	3(8.33%)	0
27	Let the patient die of AIDS as it don't has cure	35(97.22%)	1(2.77%)	0	0
Total		716 (73.66%)	212 (21.81%)	43(4.42%)	3(0.3%)

36(100%) feels There is no harm in meeting a person with HIV/AIDS and 34(94.44%) says I willingly assist to the delivery of an HIV/AIDS pregnant mother while 26(20.13%) feels that There is a risk of occupational HIV/AIDS infection when at work & I feel in-patients in hospitals are at risk of contracting HIV

Overall 716 (73.66%) responses show positive attitude towards HIV/AIDS while 43 (4.42%) shows Neutral attitude and 3 (0.3%) responses were reserved.



Graph No. 3: Distribution of subjects according to type of attitude towards HIV/AIDS

Table No 1.6: Association of socio demographic variables with knowledge towards HIV/AIDS

Socio demographic variables	Average	Good	Excellent	χ^2	P Value	Association with demographic variable
Age in years						
20-40	12	15	3	0.2057	0.6501	NS
41-60	3	3	0			
Gender						
Male	0	1	0	0.01286	0.9097	NS
Female	15	18	2			
Religion						
Hindu	11	16	3	2.723	0.0989	NS
Muslim	1	0	0			
Christen	1	0	0			
Other	3	1	0			
Permanent residence						
Urban	3	7	1	0.6321	0.4266	NS
Semi urban	0	1	1			
Rural	12	10	1			
Marital Status						
Single	4	3	0	0.5758	0.8104	NS
Married	10	15	3			
Widow	1	0	0			
Education						
12	9	10	2	0.2939	0.8639	NS
Graduation	6	8	2			

There is no association found with other socio demographic variable with knowledge towards HIV/AIDS May be due less sample size.

Correlation coefficient

No of points -36

Correlation coefficient – (r) 0.2779, (r²)0.07725

P value 0.1007 considered not significant

Major Findings

Related to demographic variables

- 19 (52.70%) Of subjects out of 36 belong to 20-30 years age group.
- 35(97.22%) subjects are female out of 36 subjects as it female dominated profession.
- 30(83.33%) subjects out of 36 are Hindu by religion.
- 23(63.88%) subjects out of 36 are from rural area as place of permanent residence.

- 13(36.11%) shows their family income < 2, 00,000 ` means belongs to middle class.
- 13(36.11%) has shown mother's education Primary 2(5.5%) has shown graduation as well as 03(8.33%) have not taken formal education respectively.
- 10(27.77%) has shown father's education as Primary 21 (23.33%) and 8(22.22%) has shown secondary as well as 01(2.77%) has shown graduation and post graduation respectively and one parent have no formal education
- 21(58.33%) participants have basic education as H.Sc. and 15(41.66%) as graduation.
- 28(77.77%) participants are married, 7(19.44%) singles while 01(2.77%) participant has shown marital status as widow.

Knowledge related to aetiopathology of HIV/AIDS.

- 30 (83.33%) has given correct response for; the causative agent of AIDS is a virus.
- While 32 (88.88%) believes that AIDS is a disease which destroys the body's natural immunity against infection.
- 7 (19.44%) believes that An individual infected with HIV infection is likely to die within 2-10 years
- Over all 138 (54.78%) correct responses for Knowledge about HIV/AIDS related to aetiopathology of HIV/AIDS

Knowledge related Sign symptoms of HIV/AIDS

- 31 (86.11%) responded correctly as AIDS is manifestation of HIV
- still 13 (36.11 %) responded correctly as Persons infected with HIV are likely to develop antibodies

within 6 months and HIV is of two types HIV I and HIV II

- Overall 91(50.55%) correct responses for Knowledge about HIV/AIDS related Sign symptoms of HIV/AIDS

Knowledge related transmission of HIV/AIDS

- 36(100%) responded correctly for Can HIV be transmitted through blood, body fluid e.g. semen or vaginal secretions, during unprotected sex, through tattooing, sharing sharp object or from mother to child during child birth or breast feeding? & receiving a transfusion, with blood infected by the AIDS virus, is one way to get the disease.
- 5(13.88%) believes that HIV can be transmitted from infected mother to newborn child& HIV can be transmitted through breastfeeding by infected mother.
- Over all 308(71.29%) correct reposes are given for knowledge related to prevention of HIV/AIDS

Knowledge related to treatment of HIV/AIDS

- 23(63.88%) believes Psychostimulants effectively treat some patients with HIV encephalopathy
- While 9(25%) feels that Anti-depressants rarely work in depressed HIV patients.
- Over all 61(42.36%) correct reposes are given for knowledge related to Treatment of HIV/AIDS

Knowledge related to Prevention of HIV/AIDS

- 35(97.22%) has given correct response for Vaccine is available to prevent HIV/AIDS infection
- While 17(47.22%) responded correctly for Abstinence is 100%

best prevention method of HIV infection

- 171(79.16%) correct responses are given for knowledge related to Prevention of HIV/AIDS

Overall knowledge score

- Overall knowledge score is 769/1224(62.82%)
- Final Mean Knowledge score is 21.36 with minimum of 14 and maximum of 27 with Standard Deviation 2.997
- Rating of knowledge score showed 1(2.77%) subjects bellow average , 14(38.44%) subject with average. 18(50%) subjects in good rating while 3 (8.33%) in excellent rating.
- It means over all knowledge score is good .it indicate they are having good knowledge towards HIV/AIDS.

Attitude towards HIV/AIDS

- 36 (100%) responded correctly for There is no harm in meeting a person with HIV/AIDS and I will willingly assist in an operation with HIV positive /AIDS patients.
- 35 (97.22%) responded correctly for According to me having unprotected sexual intercourse with someone who has AIDS is one way of getting the disease.& I feel doctors, nurses and other health care workers refuse caring for people with HIV/AIDS

Overall Attitude score

- Overall 716 (73.66%) responses shows positive attitude towards HIV/AIDS while 43 (4.42%) shows Neutral attitude and 3 (0.3%) responses were reserved.
- Final Mean Attitude score is 61.61 with minimum of 54 and maximum of 65 with Standard Deviation 2.643.
- It means over all Attitude towards HIV/AIDS is also positive.

Significant Association with demographic variables

There is no association found with other socio demographic variable with knowledge towards HIV/AIDS May be due less sample size.

Correlation coefficient

No of points -36

Correlation coefficient – (r) 0.2779, (r²)0.07725

P value 0.1007

Considered not significant

DISCUSSION

Michelle Kermode, Wendy Holmes, Biangtung Langkham, Mathew Santhosh et al. ^[8] (2005) HIV related knowledge, attitudes & risk perception amongst nurses, doctors & other healthcare workers in rural India. A cross-sectional survey of 266 HCWs (78% female) from seven rural north Indian health settings was undertaken in late 2002. Results: The HCWs in this study generally had a positive attitude to caring for people with HIV. However, this was tempered by substantial concerns about providing care, and the risk of occupational infection with HIV was perceived by most HCWs to be high.

In our study Overall 716 (73.66%) responses shows positive attitude towards HIV/AIDS. 34(94.44%) feels that It is better to quit service than risk of getting HIV/AIDS. 35(97.22%) feels that I feel it necessary to take extra precautionary measures while caring for patients with HIV/AIDS.

Muziwalo Violet Mulaudzi, Supa Pengpid, Karl Peltzer. ^[9] (2011) Nurses' Knowledge, Attitudes, and Coping Related to HIV and AIDS in a Rural Hospital in South Africa. A randomly selected sample of 222 nurses was asked to respond to a self-administered questionnaire. Results indicate that the majority (83.8%) of the sample had a medium level of HIV knowledge and had a positive attitude towards caring of HIV/AIDS patients (75.8%), while a

minority had negative attitudes toward caring of patients with HIV/ AIDS.

In our study Overall knowledge score is 769/1224(62.82%) Rating of knowledge score showed 1(2.77%) subjects bellow average, 14(38.44%) subject with average. 18(50%) subjects in good rating while 3 (8.33%) in excellent rating. While Overall 716 (73.66%) responses shows positive attitude towards HIV/AIDS while 43 (4.42%) shows Neutral attitude and 3 (0.3%) responses were reserved. 30(83.33%) has given correct response for; the causative agent of AIDS is a virus.

Yet in another study Reis C, Heisler M, Amowitz LL, Moreland RS, Mafeni JO et al. ^[10] (2005) Discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria. Their findings are Fifty-four percent of the health-care professionals (550/1,021) were sampled from public tertiary care facilities. Nine percent of professionals reported refusing to care for an HIV/AIDS patient, and 9% indicated that they had refused an HIV/AIDS patient admission to a hospital. Fifty-nine percent agreed that people with HIV/AIDS should be on a separate ward, and 40% believed a person's HIV status could be determined by his or her appearance. Ninety-one percent agreed that staff and health-care professionals should be informed when a patient is HIV-positive so they can protect themselves. Forty percent believed that health-care professionals with HIV/AIDS should not be allowed to work in any area of health-care that requires patient contact. Twenty percent agreed that many with HIV/AIDS behaved immorally and deserve the disease. Basic materials needed for treatment and prevention of HIV were not adequately available. Twelve percent agreed that treatment of opportunistic infections in HIV/AIDS patient's wastes resources, and 8% indicated that treating someone with HIV/AIDS is a waste of

precious resources. Providers who reported working in facilities that did not always practice universal precautions were more likely to favor restrictive policies toward people with HIV/AIDS. Providers who reported less adequate training in HIV treatment and ethics were also more likely to report negative attitudes toward patients with HIV/AIDS. There was no consistent pattern of differences in negative attitudes and practices across the different health specialties surveyed.

In our study findings shows that 32(88.88%) I will react negatively when I come in contact with HIV/AIDS patients. 35(97.22%) says According to me having unprotected sexual intercourse with someone who has AIDS is one way of getting the disease while 36(100%) responded that I will willingly assist in an operation with HIV positive /AIDS patients&34(94.44%). Responded I willingly assist to the delivery of an HIV/AIDS pregnant mother. 33(91.66%) feels According to me, handling AIDS patients is too time consuming and a waste. while 29(80.55%) feels that Patients with HIV/AIDS can be nursed separately from other patients to avoid cross infection.

A similar study conducted by Mahesh B. Chendake. Vaishali R.Mohite ^[11] (2013) in Karad Maharashtra to assess the knowledge and attitude of nursing students towards HIV/AIDS .findings of the study supports to the present study and the results were overall knowledge score was good 2137(69.83%) and Attitude score was excellent.

CONCLUSION

According to the study findings participants have the fairly good knowledge and positive attitude about the clinical management of HIV/AIDS clients/patients. As they show negative/wrong responses for certain statements underlines need for

continual training and updating of knowledge

At workplace training has been revealed to provide significant contribution for enabling staff nurses/ANM to acquire current information about issues concerning HIV/AIDS. They have been attending various seminars such as voluntary counseling and testing, and the prevention of HIV transmission from various sources. Special training such as counseling should be focused to all nurses in order to enable them to provide holistic nursing and sustain their good knowledge and excellent attitude.

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