HIV and AIDS have infected millions of people all over the world and it has affected not only the individuals’ dependence upon them but societies and nations at large. "In living memory, no other epidemic has caused such damage to productive, economic and social assets of countries and neutralize the fruits of decades of economic and social advancement" (J.V.R. Prasada Rao, 2004). We all want to live a healthy life, but we do not know when we become a victim of HIV infection, that leads to a disaster to self, family and others that will kill the person slowly and spread the infection knowingly or unknowingly to their near and dear ones and to others.

What are HIV and AIDS? According to Public health agency, Canada (2008) HIV is a Human Immunodeficiency Virus that attacks the immune system, resulting in a chronic, progressive illness that leaves people vulnerable to opportunistic infections and cancers. When the body fails to counter with infection, the disease is known as AIDS, which stands for Acquired Immunodeficiency Syndrome. On average, it takes more than 10 years to progress from initial HIV infection to AIDS. Gay men were the first known victims of AIDS, so it was thought to be a gay men’s disease.
Later it was proved that this disease can affect all human beings through body fluid contact. It was also found that HIV spread primarily by unprotected sex with someone who has HIV infection. However, having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection. Unprotected oral sex can also be a risk for HIV transmission. Besides sharing needles and syringes, other equipments used to prepare illicit drugs for injection can be a source of potential risk for the transmission of infection from people to people. Being born to an HIV infected mother or breast-feeding can also be a cause of spreading the infection. Less common modes of transmission of this infection include, being “stuck” with an HIV-contaminated needle or other sharp object. This risk pertains mainly to healthcare workers, receiving blood transfusions, blood products or organ/tissue transplants that are contaminated with HIV and through other medical or dental practices. (Wikipedia, 2011), A collaborative encyclopedia informed that the disease is a major health problem in many parts of the world, and is considered as pandemic- a disease outbreak that is not only present over a large area but is actively spreading. Another UK based international HIV and AIDS charity, working for worldwide eradication of HIV and AIDS informed that AIDS was first identified in the early 1980s, and an unprecedented number of people have been affected by the global AIDS
epidemic (AVERT, 2011). Today, there are an estimated 34 million people living with HIV and AIDS throughout the globe.

In the earlier part of 1996, scientists predicted that about half the people with HIV would develop AIDS within 10 years after becoming infected (CDC, 2011). This did not happen as incubation period of HIV varies greatly from person to person, and it is dependent on other factors like the person's health status and health-related behaviours. Another reason behind this was the invention of antiretroviral agent. Since 1996, the introduction of powerful antiretroviral therapies had dramatically changed the progression time between HIV infection and the development of AIDS. There are also other medical treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. Medical treatments also helped in reducing other opportunistic infections. Now let us review the global situation of HIV and AIDS.

Keganey et al. (1994) made an attempt to review the relationship between prostitution and spreading of HIV infection around the globe. The evaluation of collected data by the group of researchers of Africa, Asia, Europe/North America, and South/Central America revealed that there is not a single pattern of HIV spread among the prostitutes rather, it was felt that this trading will continue to play a key role in the heterosexual spread of HIV infection in certain countries of the globe. Centers for Disease Control and Prevention reported some unusual clusters of Pneumocystis
carinii pneumonia and Kaposi's sarcoma in gay men in parts of the US were found, and these were the first reported cases of Acquired Immune Deficiency Syndrome. Twenty years later of the first detection, the global HIV/AIDS epidemic had killed an estimated 21.8 million people and another 36.1 million are living with HIV infection. From many aspects the global HIV/AIDS epidemic is an enormous tragedy for humankind (Linda, 2011).

Jane et al. (2006) argued strongly for the need of different kinds of research on young people's sexuality and its relation with social and cultural aspects. They expressed the need for designing of educational interventions targeting the young people in relation to HIV/AIDS, because this is the most sexually active group and they are by and large engaged in traveling trade. The researchers also felt that, it became virtually impossible to prevent the spread of infectious disease across international frontiers. Hence, they recommended for more studies on sexual risk behaviour of travelers, and suggested areas of further research which could impart understanding of the nature of sexual risk taking. Most of the researchers expressed their worries about spreading of HIV and AIDS through unprotected sex and young people who are the most productive group of the society are the worst sufferer from the disease.

It is well known to all that African continent is the worst affected part of the world by this dreadful disease.
Adelekan et al. (1995) mentioned that health workers play a pivotal role in preventative programmes being implemented to combat the steady increase in the prevalence of HIV infection and AIDS. The authors also suggested for a comprehensive AIDS education package to improve the knowledge base and to relieve fears for all groups and prepare the health workers for the important task of caring for person living with HIV/AIDS.

Linda, (2003) mentioned that before the HIV/AIDS pandemic, the health systems of sub-Saharan Africa were steadily improving the overall health status of the population. This could be attributed to higher quality of and increased access to various health services. But the disease had changed the situation. More than 35 million Africans had been infected with HIV since the beginning of the pandemic and over 28 million are still living with HIV infection. The author has expressed her worries of its negative impacts on the health sector and opines that over the next decade it will be even greater than in the past two decades combined.

Kalipeni et al. (2005) regretted that even after twenty-five years of the onset of the HIV/AIDS epidemic in sub-Saharan Africa, precious lives continued to be lost. The consequences of the HIV/AIDS epidemic have been indeed tragic. It was argued that the disease spread rapidly in this region because many of the policies and prevention efforts were initiated rather late and were half-hearted.
George et al. (2009) observed that HIV/AIDS and tuberculosis contributed to 11% of deaths among the youths.

In American continents the HIV and AIDS situation was not so severe as in Africa.

Herek, (1990), described on AIDS related stigma prevailed in the American society. According to the author, the illness becomes stigmatized because of some general, cultural, social, and psychological processes resulting in horrible consequences. He expressed that stigma reduction should be a central goal of AIDS educational efforts. Ethan et al. (2010) reported high Human Immunodeficiency Virus (HIV) prevalence and high risk behaviours within United States (US) correctional systems (Jail).

CDC, (2011) revealed that the number of people living with HIV infection in the United States (HIV prevalence) is higher than ever before. CDC has estimated that more than 1 million (1,106,400) adults and adolescents were living with HIV infection in the United States at the end of 2006. This represents an increase of approximately 11% from the previous estimate in 2003. Despite increases in the total number of people living with HIV infection, the annual number of new HIV infections (HIV incidence) has remained relatively stable in recent years. According to the most recent incidence estimates, approximately 56,000 persons have been infected with HIV annually during the past decade.
Anabala et al., (2003) attempted to study the epidemiological pattern of the disease in Latin America and to gather information on current national surveillance capacity, national responses of the health sector and to identify key areas where specific interventions were needed. It was found that Latin America has the necessary infrastructure to efficiently and effectively confront the HIV/AIDS epidemic. However, the capacity to respond had been limited by political, technical and social problems. Several key problems such as the areas of prevention, access to health and social services, human rights and national capacity were also identified.

Pierson, (2008) conducted a cross-sectional study among first-year university students in Malawi to determine distributions of HIV/AIDS related knowledge, and sexual behaviours. A total of 314 (199 male and 115 female) participated in the study. Altogether, 83.3% of students reported that they knew where to access HIV testing on campus, but only 19.0% reported that they knew their HIV status. It was found that, 68.9% of students of both sexes felt that they knew enough about HIV/AIDS. Some 60.3% of students who had never been tested intended to have an HIV test. A history of having ever been tested was not associated with sex. Most (68.4%) students felt that they were not at the risk of acquiring HIV infection. Overall, 66.8% of students knew where to get a condom on campus, and 38.7% stated that they knew exactly how to use it. About half (52.6%) of the students used a condom at the last moment of vaginal
sexual intercourse. Having multiple sex partners in the last 12 months was reported by 40.4% of students.

The Australian continent is the smallest and lowest-lying human-inhabited continent on Earth, surrounded by oceans. Problem of HIV and AIDS is still there, but the people, and government health work force and other organizations are actively engaged in fighting with this problem. William, (2006) mentioned that, the first case of AIDS was diagnosed in Sydney in November 1982, and the first death from AIDS occurred in Melbourne in July 1983. Both of these cases were in gay men. For nearly 25 years since the virus was first reported in Australia, the HIV/AIDS epidemic has largely been confined to the two communities that were first infected—homosexually active men (men who have sex with men, or MSM), and injecting drug users (IDUs).

Mao et al. (2006) mentioned in a paper addressing the question of whether HIV-negative gay men engage in 'serosorting' in casual encounters. Serosortings was, defined as engaging in unprotected anal intercourse with casual partners who, as they report, are HIV negative; it has been increasing among HIV-negative gay men in Sydney and suggested prevention and intervention programs were urgently needed to alert HIV-negative gay men to the risks associated with 'serosorting', and remind them of the need for consistent condom use.
Thommas et al. (2007) noticed that the use of complementary and alternative medicines (CAMs) by people with HIV/AIDS, or individual attitudes and beliefs about the use of CAMs. Using a focus groups and a survey with 151 individuals attending the HIV Clinics at The Alfred Hospital, Melbourne, they aimed at providing insights into factors that influence the use of CAMs among people living with HIV/AIDS. Roughly half (49%) of the participants had used CAMs to manage their HIV/AIDs. Users of CAMs utilized a wide range of treatments in managing their condition, but costs of the CAMs meant that users were not necessarily able to use them as much as they might have liked. Use of CAMs was based on a desire to find something beneficial rather than on being dissatisfied with conventional medicine. The author suggested that further research is needed to assess the effects of CAMs and to enhance communication and collaboration between patients, doctors and complementary medicine practitioners.

Australia’s response to HIV/AIDS has many ways being amongst the best of the world. The federal government, together with some state governments acted speedily and effectively. There had been high level of cooperation and collaboration in between government bodies, medical professionals and community groups. Well organized community and self-help groups of gays, bisexual men, sex industry workers, drug users and others have received government support and funding (Pricilla, 1991).
Bennett et al. (1994) reported that health care professionals working in HIV/AIDS are dedicated to providing quality care to their clients. The authors expressed their concern about the health workers who also need to take care for themselves and recommended for Support and job-related rewards that may buffer and prevent experiences of burnout. They also recommended for programs to prevent burnout which should include the teaching of coping skills and relaxation skills and should foster staff support and recognition. The HIV and AIDS situation in Australia was better controlled than any other part of the world because of good government, people, NGOs and their joint effort. People of Australia are also utilizing some alternative therapies with systemic medicines to combat the disease.

In Europe major advances in treatment have prolonged and improved the lives of the HIV infected people. However, these therapeutic advances have been paralleled by a decreasing emphasis on HIV prevention. Rhodes, et al. (1999) reviewed recent trends in HIV associated with injecting drug use (IDU) in the newly independent states in Eastern Europe, including Belarus, Moldova, Russia, Ukraine, and Kazakhstan in central Asia. They aimed to explore the social and economic "risk environments" in which rapid spread of HIV infections among IDUs occurred, and they found that HIV and other epidemic spread due to rapid diffusions in IDU; population
migration and mixing; economic transition and decline; increasing unemployment and impoverishment.

Novotny, et al. (2003) observed rapid increase in the rate of HIV infection among the populations of South eastern and eastern Europe in general, and found that the approach to HIV/AIDS become more complicated by relatively high level of stigma against vulnerable groups like intravenous drug users [IDU], commercial sex workers [CSW], and the ethnic minorities.

Anne, et al. (2008) assessed the attitudes and approaches toward HIV Prevention and care among health sector institutions, transport sector institutions, nongovernmental Organizations (NGOs), transport sector workers (trucking and maritime) and sex workers. To develop a positive and enabling environment for HIV prevention and management of the AIDS epidemic they suggested the need for mandatory HIV testing in some sectors; and for ending discrimination toward PLHIV. It was also reported that The Georgian health sector has initiated a few programs or services to address the need for prevention services among transport sector workers.

UNAIDS, (2011) reported that overall HIV trends of Eastern Europe and Central Asia is the only region where HIV prevalence clearly continues to increase, with an estimated 130,000 new infections in 2009 alone. In the same year, 1.4 million adults and children were living with HIV in Eastern Europe and Central Asia. Avert (2011) reported that according to UNAIDS
estimates, around 2.2 million people were living with HIV in Europe at the end of 2009, estimated adult HIV prevalence varies from below 0.1% in parts of Central Europe to above 1% in parts of the former Soviet Union. The review revealed that the number of people infected with HIV continues to rise across Europe, with the epidemic largely concentrated in certain sub-populations, including men who have sex with men, migrants (especially those from countries with high HIV prevalence) and injecting drug users.

In the early to mid-1980s, while other parts of the world were beginning to deal with serious HIV and AIDS epidemics, Asia remained relatively unaffected. By the early 1990s, however, AIDS epidemics had emerged in several Asian countries and by the end of the decade; HIV was spreading rapidly in many areas of the continent.

Kiat, et al. (2004) mentioned that HIV epidemics in Asia show great diversity, both in severity and timing of growth of HIV. Several factors affect the rate and magnitude of growth of HIV prevalence, among which the most important are the size of the sex worker population and the frequency with which commercial sex occurs. Looking at HIV/ AIDS situation, many researchers felt the need to study on health workers’ knowledge, attitude and practice and how they are prepared to struggle with the disease.
Yinglan, et al. (2008) believed that nurses have important roles in human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) treatment and educational programmes. The researches selected senior nursing students who had to complete a survey on HIV/AIDS knowledge, attitudes and practice intentions. A weak positive relationship between attitudes and practice intentions (r = .140, P = .036) was noted. Although the majority exhibited adequate knowledge of basic HIV transmission mechanisms, many disconcerting misconceptions were evident. Although most were empathetic to people with HIV/AIDS, stigmatization of high-risk groups persisted. Improved patient care would require intensified educational efforts and more positive attitudes toward persons with HIV/AIDS.

Fisher, et al. (1992) presents a comprehensive, critical review of the acquired immune deficiency syndrome (AIDS)-risk-reduction literature on interventions that have targeted risky sexual behaviour and I/V drug use practices. The researcher promoted a model for people's information about AIDS transmission and prevention, their motivation to reduce AIDS risk, and their behavioural skills for performing the specific acts involved in risk reduction.

Maswanya et al. (1999) made a study to assess knowledge and attitudes concerning HIV infection and individuals with AIDS among 383 female students attending colleges in Nagasaki, Japan. The results suggested that a
more appropriate education programme in colleges in Japan might be necessary to reduce the discrepancy between general knowledge and desirable attitude regarding HIV/AIDS.

Kristina, (2006) attempted to analyze the relationship in between global, national and local strategies to combat HIV/AIDS in the light of the increasing globalization. The HIV epidemic in India, first recognized in 1986, is now about 25 years old and is counted among the most serious public health problems in the country. India carries the largest burden of HIV behind South Africa and Nigeria. In 2008, an estimated 2.27 million people between the ages of 15-49 years of India’s 1160 million populations was living with HIV (PLHIV). India is deeply conscious of its international commitments on the declaration of commitment on HIV/AIDS 2001, and the political declaration on HIV/AIDS 2006. In accordance with them, the country has striven to improve and expand its efforts to halt and reverse the HIV epidemic and to fulfill its obligations on reporting the status of its response.

Flannigan, et al. (2004) conducted a retrospective study on 134 HIV-infected females evaluated at an HIV/AIDS center in south India to characterize their socio-demographics, HIV risk factors and initial clinical presentations. The majority of the respondents were of reproductive age, thus the potential for vertical transmission of HIV was likely to have devastating impacts on families. It has been reported that single partner
heterosexual sex with their husband was the only HIV risk factor for the majority of women. The investigator suggested that HIV prevention and intervention strategies need to focus on married, monogamous Indian women whose self--perception of HIV risk may be low, but whose risk is inextricably linked to the behaviour of their husbands.

Lalit, (2004) noted the importance of evidence based studies to control HIV/AIDS in India. The writer citing the examples of Brazil and Uganda demonstrate that several other political, civil society and public health factors also have to come into play for major success in controlling HIV/AIDS.

Morrow, et al. (2007) in the project reported on ‘Fostering disability-inclusive HIV/AIDS Programs In Northeast India: A Participatory Study’, Stated that Manipur and Nagaland in northeast India are among the Indian states with the highest prevalence of HIV.

Dulumoni, et al (2011) examined the importance of awareness, prevention and accepting attitude strategies for HIV/AIDS among women and men in the age group 15-49 in the seven states of north eastern region of India. The analyses revealed that Manipur (95%) is associated with the highest level of awareness, prevention and accepting attitude of HIV/AIDS while Meghalaya having the lowest score (17%) is not still fully aware of HIV/AIDS.
Binod, et al. (2000) focused on importance of involvement of female members for HIV/AIDS awareness as women play prominent role in domestic and community activities. They felt that the women should be “educated” to remove the misconception, and to persuade their men folks to adopt methods of safe sex. The “safe sex” concept must be incorporated in the family planning programme and media messages must highlight the concept.

This is evident that the HIV/AIDS epidemic in north-eastern states is heterosexual in nature and some of the states are seriously affected by the disease. Moreover, evidences of intravenous drug-users in the north-eastern states increase the possibilities for infecting their partners with HIV by having unprotected sex. Being in the bordering area, this region is facing with the trouble of drug smuggling, sex-trafficking and insurgency. As a result the residents feel that they are neglected and exploited by centre. In such circumstances it is not easy to handle HIV aids situation in this region.

Assam is the gateway to the North Eastern part of India. It is surrounded by the other Northeastern states: Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura and Meghalaya. Assam along with these 6 states, together called the “seven sisters”. These states are connected to the rest of India via Assam's border with West Bengal and a narrow strip called the "Chicken's Neck." Assam also shares international borders with Bhutan and
Bangladesh. It spans around 78,438 km² and population over 26,638,407. Assam is estimated to have around 9,000 HIV infections. Assam is still a low prevalence State. But it is considered as a highly vulnerable State, because of its geographical location of being gateway of north east, Bangladeshi immigrants, illegal sex trading and drug trafficking. It was also noted that, the first HIV positive case in Assam was reported in September, 1990. Till March, 2009, altogether 3,236 HIV positive cases, 859 AIDS cases (648 males and 211 females), including 149 deaths have been reported. It was also reported that the main route of transmission was the sexual route 82.05, from mother to child during birth process 5.22 percent, infected needles and syringes 4.32 percent and blood and blood products 1.61 percent. Out of the 2.5 million estimated HIV infections in India. (ASACS, 2010)

Jayeeta, (2007) attempted to find out knowledge level and practices of AIDS control besides the sexual practices among the youth in the age group of 18-25, which is a vulnerable group, in the town of Silchar in Assam. The study has revealed that there was lack of knowledge among the respondents. Only a small population used condom during sexual act.

It has also been observed that those who are deviant in the sexual behaviour are at higher risk of exposure to HIV.

This was observed that different researchers attempted to study on health workers and public on awareness about HIV/AIDS. Maria et al. (1997)
assessed and evaluated the existing level of knowledge about AIDS among girls and boys joining medical college and to determine whether there is any need for initiation of awareness programme in the beginning of the course itself to inculcate healthy habits and practices among fresh entrants.

Kuruvila, et al. (1997) conducted a study to assess the current level of knowledge among first year M.B.B.S. students about AIDS at the point of entry to medical course. This study revealed that there were misconceptions regarding mode of transmission, prognosis and prevention about the disease. The researchers suggested for awareness programmes for M.B.B.S. students in the first year itself so that lacunae can be filled up.

Cann and Terence. (2001) examined the relationship between the use of an educational intervention with nurses from several Asian countries and changes in knowledge, attitudes and willingness to care for patients with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Fear of contagion is evident; this increases when more invasive clinical procedures are being carried out fear of contagion is also apparent in the participants’ willingness to work with colleagues and patients with HIV/AIDS. Some other researchers concentrated on other field Valimaki, et al. (1998) reviewed the attitudes of health care professionals, students and the general public to HIV/AIDS and people with HIV/AIDS. The reviewer put attention mostly on students and their attitudes to HIV/AIDS and sexual behavior. The results revealed that
attitudes have been highly resistant to change; more consideration needs to be given to find appropriate ways of educating the general public, students and health care professionals.

The knowledge and attitudes of university students towards HIV/AIDS was studied by Serlo et al. (1999) and revealed that the most important source of knowledge concerning HIV/AIDS was television (84 percent). 30 percent of the students had obtained their knowledge from a school nurse. Within the university where there was a lot of resources were available to the students, the estimated knowledge was found to be insufficient. The feelings towards HIV/AIDS reported were more often negative and the students felt stronger negative feelings towards AIDS than HIV which were often based on fear.

Kumar, et al. (.2002) found that, Accidental transmission of HIV infection to health care workers during occupational exposure is a real threat today. High incidence of accidental exposures in the near past and complete ignorance of post-exposure prophylaxis guidelines was observed among the health workers. Paucity of supply of protection measures and negligence by the workers were to blame for this.

Muzzafar, et al. (2002) examined on the level of awareness regarding various aspects of HIV/AIDS amongst adults aged 15-45 years in Kargil district of J&K to helper the health providers to find out deficiencies in the awareness status of a very conservative remotely located Muslim
community inhabiting the most backward district of the J&K state. The result opined a low overall awareness about HIV/AIDS with majority of respondents having no or false perceptions. The examiner highlighted an urgent need for IEC campaigns to sensitize different sections of population on various aspects of HIV/AIDS appropriate to an orthodox Muslim society. In India too, different researchers attempted to study on health workers and public on awareness of the disease.

Nancy, et al.(1989) Surveyed perinatal nurses to determine their fears concerning AIDS and found more than 85% of the respondents reported moderate to high fear of AIDS. An incongruity was also observed between the nurses' beliefs that persons with AIDS deserve the same care as any other patient and they express their willingness to volunteer to care for these patients. Further research to evaluate the coping strategies to help prenatal nurses care for mothers and newborns with AIDS must be conducted.

In another study, Gurubacharya, et al. (2003) assessed the knowledge, attitude and practices among health care workers on needle stick injuries. The report of assessment survey exposed that knowledge of health care workers about the risk associated with needle-stick injuries and use of preventive measures was inadequate.

Kalasagar, (2006) assessed the awareness and attitude towards AIDS and PLHA in slum dwellers of Chennai, an Indian metropolis by KAP
(Knowledge, Attitude, Practice) study. Overall finding from the assessment were as such, AIDS awareness in the slum dwellers of Chennai were very poor, awareness in sub-urban and rural areas will be much worse. The examiner recommended that Conventional IEC methods targeting general population via mass media are not reaching the slum dwellers, even in a metropolitan city. A specially designed targeted intervention is needed.

Hesse, et al. (2006) made an attempt to find out knowledge and attitudes of medical staff in the Department of Surgery of a Teaching Hospital to HIV transmission and to find out their current practices of surgery. The study was carried out using a structured questionnaire which was self administered to fifty medical personnel after preliminary introduction at a plenary session. The results showed that knowledge of all the forms of HIV transmission was rather limited among medical staff. They also did not follow the proper rules for universal precautions at their work place.

Marjolein, et al. (2007) observed that in the countries with a high AIDS prevalence, the health workforce was affected by AIDS in several ways. A study was carried out in 2004 with the aim to explore the impact of HIV/AIDS on health workers, their coping mechanisms and they recommend supportive measures. The qualitative study was complemented by a survey. The results showed that HIV/AIDS has had a negative impact on workload and had considerably changed or added tasks to already overburdened health workers. This observation also revealed that
counselors and nurses were especially at the risk for emotional exhaustion which complicates the already difficult work environment. It was recommended that health workers and management also needs support in dealing with AIDS at the workplace.

Teamur, et al. (2009) also investigated the attitudes of healthcare providers towards patients with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) in Bandar Abbas, south of Iran. The result revealed that men belonging to older age, more educated participants, and laboratory technicians had more favorable attitude towards HIV.

Hassan and Wahsheh,(2011) studied to explore knowledge and attitude of Jordanian nurses towards the patients suffering with HIV/AIDS, particularly in regards to their sources of information and education. This was a cross-sectional study. A self-administered questionnaire was used to collect data. A total of 922 nurses participated in the study. Most of the Jordanian nurses expressed negative attitudes toward patients with HIV/AIDS and their level of HIV/AIDS knowledge was weak. Weak knowledge level was recorded among nurses in the following subsections: agent and immunology; course and manifestation; transmission and incidence; and precaution and prevention except one subsection. It was revealed that, the major source of HIV/AIDS information obtained by Jordanian nurses was through Internet web sites. The majority of nurses
ranked their fear of getting AIDS from their nursing practice as overwhelming. The total attitudes of participants towards patients with HIV/AIDS were fear of contagion, social stigma, fatal outcome of the disease, direct care, and education and counseling. The authors felt the need for some measures to alleviate much of the fear, anxiety, and stigma associated with caring for patients with HIV/AIDS.

Christina, et al, (2012) from technical Institute of Lenia, Greece, found that student nurses’ knowledge presented contradictory results which indicated that while overall scores confirmed the participants possessed fairly good knowledge, individual knowledge items demonstrated that they lacked some knowledge on the subject. The authors advised of reconstructing Nursing curriculum programmes of nursing school to ensure that students gain the necessary, accurate knowledge and appropriate attitudes about HIV and AIDS.