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KEY WORDS : HIJRA, RISK BEHAVIORS, HIV/AIDS

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HIV/AIDS AND RISK BEHAVIORS AMONG HIJRAS IN GUJRAT DISTRICT,
PUNJAB PROVINCE, and PAKISTAN. THESIS ADVISORS: SOM-ARCH
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A cross-sectional study of Hijras of Gujrat District Punjab province Pakistan, concerning AIDS in Pakistan was carried out from March to May 2000. Data were collected from 181 Hijras who were interviewed. The instrument elicited information about Socio- demographic characteristics, knowledge, attitude and risk behaviors of the Hijras.

The mean age of Hijras was 32.8 from 15-100 years. The majority of the Hijras were kept in the age group of 20-29 years, the sexually active age group. The highest number of the Hijras were bachelors, whereas a few were married and had children. Half of the Hijras were illiterate, never had been to school. The majority was dancers but a few were working as tailors, fruit sellers and cooks. The income were ranging from PRs. 3000-10000 per month. The majority earned about PRs 3000 but a few were earning PRs.10000. Half of the Hijras were living with their friends because of running from their parent's houses. Most were transversities whereas a few were transsexuals who had voluntarily castrated themselves. One third of the Hijras liked music. Fifty-four were found addicted to heroin, opium, ganja, naswar, some also used alcohol. All Hijras had sexual partners in the general public as well as in their own group. A large number of them had engaged in anal and oral sex. Most of them did not use condoms. A few had got transfusions during illness and castration. More than 70 percent had liked to take the drug orally and had pierced their ears and noses. There were no intravenous drug use in this community.

The results of the study showed that there was a statistically significant association between income (p value =0.005), education (p value =0.003), place of residence (p value =0.038), knowledge (p value = 0.035) and level of information (p value = 0.016).

The following recommendations were made to improve health education in the region: The government should place more emphasis on health education on HIV/AIDS transmission control. Hijras should encourage the use of condom. Compulsory HIV/AIDS program in Hijras community should be launched to reduce the risk of HIV/AIDS transmission. Special education must emphasize human behavior, which is appropriate to people particularly during the stages of development and maturation. Knowledge was seen to play a role in motivating initial behavior changes particularly in people who were relatively low risk and were less informed about AIDS. Initially this type of awareness may lead to changes in high-risk practices among Hijras leading to HIV/AIDS transmission control.