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Exploring the Perceived Effectiveness of HIV and AIDS-Related Messages among Key Populations: A Descriptive Phenomenological Study

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Abstract

The HIV epidemic among key populations in Nepal, including sexual minorities and female sex workers, has not shown the expected decline despite targeted communication campaigns. To better understand the perceptions of these key populations regarding the effectiveness of HIV and AIDS-related messages, a descriptive phenomenological study was conducted in the Banke district. This study utilized in-depth interviews with nine participants selected through snowball sampling from these key populations, as well as two focus group discussions with purposively selected additional participants, all of whom were between the ages of 20 and 40 and were already exposed to the messages. Data were analyzed using Colaizzi's descriptive phenomenological analysis method. The findings of this study indicate that HIV and AIDS-related messages were successful in enhancing awareness and changing attitudes and behaviors related to HIV and AIDS among the participants. These messages increased self-esteem and risk perception, as well as facilitated the adoption of safer sex practices and the utilization of available HIV and AIDS care. Additionally, the participants developed a positive attitude towards people living with HIV (PLHIV) and engaged in information-seeking and

peer-support behaviors related to HIV and AIDS. While these results suggest that the messages were effective from the participants' perspectives, further research is required to explore the coverage of the communication programs and identify additional strategies that may be effective in reducing the HIV epidemic in these populations.

***Keywords*:** Behaviour change, HIV and AIDS communication, information seeking, phenomenological study, risk perception

Introduction

The success of any HIV and AIDS-related communication campaign depends upon the effectiveness of the messages provided through various means of communication for the targeted audiences. A communication campaign with effective materials and messages can play a significant role to increasing knowledge; promoting positive attitude; changing perception and behaiour; developing safer sex practices; reducing stigma and discrimination; increasing utilization of the services available for prevention, treatment, care and support for the vulnerable people in the fight against HIV and AIDS (Kamal & Dawla, 2018; Mishra et al., 2020; Liang et al., 2020; Abubakari et al., 2022). In short, effective communication aims to favorably change knowledge, attitudes, behaviours, and practices among targeted audiences (SAARC Tuberculosis and HIV/AIDS Centre, 2018). The frequent assessment, redesigning, and dissemination of the messages based on the local context, background, and needs of the targeted audiences can help to increase the outcomes of the HIV and AIDS-related communication campaign. Developing messages for effective communication requires an understanding of local contexts and perspectives of the targeted populations regarding the phenomenon (Parker & Becker-Benton, 2016).

The HIV epidemic in Nepal is concentrated, with nearly 60% of infections occurring in the key populations such as men who have sex with men, transgender people, male sex workers, female sex workers, people who inject drugs, and male labor migrants, as well as their spouses (Deuba et al., 2020). National HIV Strategic Plan have given priority and recommended to increase the focus on effective HIV awareness messaging for all of those key populations (National Centre for AIDS and STD Control [NCASC], 2022). However, some recent studies (Shrestha et al., 2017; Kakchapati et al., 2018; NCASC, 2018; Deuba et al., 2020; Wilson et al., 2021) revealed that despite decades of targeted interventions, including IEC

activities against HIV and AIDS in Nepal, risk behaviors of key populations have not changed as expected and the trend of the concentrated epidemic has not declined satisfactorily. Some previous studies (Dahal et al., 2013; Joshi et al., 2014; Paudel & Ayre, 2015) also revealed that despite the educational interventions and acceptable level of knowledge, risk perception of contracting HIV was low among the key populations.

Banke district, where the present study was carried out, is at high risk of HIV transmission due to its strategic location as a transit, crossed by national highways, close to the Indian open border, and presence of a high number of PLHIVs and young key populations (CARE Nepal, 2011; International Organization for Migration, 2019). Since 12 organizations have been organizing HIV and AIDS-related targeted communication interventions in the Banke district of Nepal (Shrestha, 2018), the rate of HIV infection is not declining as expected. These organizations have long been conducting programs in the district targeting such at-risk populations, including awareness raising, behaviour change, HIV testing and counseling, community and home-based care, ART, and other risk reduction. Despite this, HIV infection still appears to be high in these groups. There are an estimated 7529 HIV positive cases in the district, among them the sexual minorities, people who inject drugs, and female sex workers were 3696, 2093 and 1740 respectively (NCASC, 2016). In this context, exploring whether the messages disseminated to the targeted populations are effective can have a greater implication in redesigning successful HIV prevention and control interventions.

To my knowledge, there are very limited studies focused on assessing effectiveness of the communication materials and messages from audiences' perspectives in local context. About two decades ago, NCASC et al. (2004) assessed the effectiveness of print media, radio, television, and billboards in HIV and AIDS communication in Sunsari, Parsa, Banke, Surkhet, and Kailali and indicated some weaknesses in the means of communication and messages from the audiences' points of view. Even after such a long period of time, there does not seem to be any study focused on the effectiveness of HIV and AIDS-related information, education and communication (IEC) programs from audiences' perspectives in the national and local context. All the IEC materials and messages that experts and service providers consider to be of highly effective may not always be effective to the same extent from the audiences' perspectives. Therefore, the communication program can be made effective only by identifying how the targeted audiences experience the effectiveness of the available

IEC materials and messages. In this context, the present study was carried out in the Banke district of Nepal to explore key populations' experiences on the effectiveness of HIV and AIDS-related messages they have been exposed to in terms of changing their knowledge, perception and behaviour. Exploration of the effectiveness of messages from audience perspectives would have significant implications for practitioners, policymakers, and all other stakeholders to increase the effectiveness of HIV and AIDS-related communication interventions in the national and local context.

Methodology

The shared experiences of the key populations regarding the effectiveness of HIV and AIDS-related information were explored using a descriptive phenomenological approach. The sexual minority people and female sex workers residing in the Banke district of Nepal, who were exposed to HIV and AIDS-related messages and were between the ages of 20 and 40 years, participated in this study. In the Banke district, there are an estimated 824 female sex workers, 1709 men who have sex with men and male sex workers, and 639 transgender people (NCASC, 2017b). Four in-depth group interviews and two focus group discussions (FGDs) were conducted with the help of the selected trained assistants' familiar with the respective groups of participants.

Nine people from those key populations, five sexual minorities (men who have sex with men and transgender people), and four female sex workers were involved in interviews, which were selected through snowball sampling. According to Starks and Trinidad (2007), typical sample sizes for phenomenological studies vary from one to ten people; hence this number of participants was sufficient to reach the saturation point. After nine participants, no new information emerged as responses became repetitive. Thus, data collection was discontinued, and the information from these nine participants was deemed sufficient for analysis. I reached out to the initial participants for the interview with the help of the program coordinators, focal persons, and peer educators of NSARC and Western Star Nepal. Based on the information provided by those initial participants, other new participants were accessed for further interviews. The interviews were conducted in two drop-in-centers of NSARC and Western Star Nepal, and in a participant's residence using a semi-structured interview guide. Both drop-in-centres were located in Nepalgunj Sub-Metropolitan City, where participants felt safer, more confidential, friendly and easily accessible for the interview and FGD. The interview guide consisted of 11

major open-ended questions, which were modified as per the need of each interview context. During the interviews, some probing and supplementary questions were also asked to get in-depth responses related to the phenomena. As recommended by Cresswell (2014), interviews were conducted in three phases: initial screening interview, main interview, and follow-up interview. Screening the participants, rapport building, informing them about the study, and obtaining informed consent were completed in the first phase. Participants were asked how much the educational materials they had been exposed to during their recent counseling and training sessions by various institutions had helped them to change their knowledge, perceptions and behavior regarding HIV and AIDS. Each main interview was digitally audio-recorded and was completed approximately within one to two hours. The audio record was transcribed immediately after each interview and a follow-up interview was carried out with the related participants to ensure its accuracy.

The focus group discussions were conducted using a focus group discussion guide to further ensure the trustworthiness of the data obtained from the interviews and to gain more in-depth data on the participants' experiences of the phenomenon. The FGD guide consisted of 13 major questions, which were modified after completion of the first FGD. The first focus group discussion with five female sex workers was conducted in the drop-in-center of NSARC with the support of a female recorder and a female assistant, and the second focus group discussion was conducted with six sexual minorities in a home of a participant with the support of a male recorder and a sexual minority assistant. Short teaching sessions with the demonstration of some prevalent HIV and AIDS-related means of communication were conducted to obtain participants' more lived experiences during these discussions. The first FGD was started with a short teaching session of 20 minutes, where a counselor of NSARC provided detail information to the participants about PrEP using a poster and a pamphlet. Then the changes in participants' knowledge, perception and behavioural commitment they experienced were discussed. Again, after a short video show of about 16 minutes, which was focused on providing life skills about safer sex practices, including condom negotiation, discussion was resumed to explore participants' experiences of the effectiveness of the messages they were exposed to. In the second FGD, a short teaching session of about 30 minutes was run with the help of a trained sexual minority peer educator displaying a flip chart and six posters about HIV and AIDS. Participants' experiences in terms of increasing their awareness, changing their perceptions and their commitment developed after

exposure to the messages were discussed. These focus group discussions took two to two and half hours, and were audio recorded, and transcribed immediately after completion of each discussion.

I employed Colaizzi's seven-step method of descriptive phenomenological data analysis (as cited in Morrow et al., 2015): transcribe and familiarize, extract significant statements, formulate meanings, cluster themes, create exhaustive descriptions, produce fundamental structure, and validate findings. Three major themes and eleven subthemes were identified during data analysis. As explained by Lincoln et al. (2018) and Meyers (2019), I utilized methods such as pilot testing of the interview guide, bracketing my preoccupying assumptions and experiences, thick description, following transcription protocol, and member checking to reduce my bias and increase the credibility of data collected. The interview guide was piloted with three sexual minorities who were previously exposed to HIV and AIDS-related means of communication in the study area and obtained data were also combined with other data as mentioned by van Teijlingen and Hundley (2002, as cited in Wella, 2015). Ethical consideration was strictly maintained in this study. I provided a detailed information sheet about my study to each participant and took written informed consent before starting the interview. Anonymity and confidentiality were strictly maintained, and participation was voluntary. In this article, participants' pseudonyms are used to represent their identities.

Results and Discussion

Three thematic domains were framed, aligning with the aim of the research: increase in awareness, a change in perception, and change in behaviour and commitment for change. Under these domains, eleven subthemes were generated from the participants' verbatims during interviews and focus group discussions. The first theme incorporates subthemes related to knowledge about HIV and AIDS, safer sex practices, and available HIV and AIDS care. The second theme comprises subthemes of risk perception, reducing embarrassment, increase in self-esteem, and attitude toward PLHIV. The third theme includes subthemes related to behaviour change and behavioural commitment regarding safer sex practices, adoption of HIV and AIDS care, information seeking and peer support.

Increase in Awareness

The participants expressed their experiences of what they learn about HIV and AIDS, safer sex practices, and available HIV and AIDS care after exposure to the

HIV and AIDS-related messages. The significant verbatim descriptions, which represent their common experiences, are analysed under subsequent themes.

Knowledge About HIV and AIDS

Participants shared what they knew after exposure to the messages. In an FGD with sexual minorities, Rohan (pseudonym), a man who has sex with men (MSM), aged 38 expressed, “We knew that AIDS is a communicable disease.” Furthermore, in an interview, Junu (pseudonym), a female sex worker (FSW), aged 34 differentiated between HIV positive and AIDS as, “AIDS is called to the final stage and HIV positive is the first stage.” Another interview participant, Pyari (pseudonym), a transgender (TG), aged 28 added, “After having AIDS, the body will be getting weak, lean, and thin. Body weight decreases after HIV infection and weakening the body.” Similarly, Tinku (pseudonym), a MSM, aged 31, shared his experience, “After seeing these materials, I knew how HIV is transmitted or not transmitted. I also knew that one can always survive and work like normal people by taking the ARV [antiretroviral drugs].”

An interview participant, Prema (pseudonym), a TG, aged 39 mentioned, "HIV is transmitted through sexual contact, sharing syringes and needles, and shaving blades.” Chadani (pseudonym), another TG, aged 28 further added, “HIV is transmitted mainly through any type of blood contact with each other.” After watching the video, in an FGD, Chanda (pseudonym), a FSW, aged 21 recalled an event of the video, “The woman [client] asked if she would recover [from sexually transmitted disease]. The doctor said it would be; why not recover after treatment; you don’t have to worry.” Her statement indicates that the video show was effective to increase her knowledge. These representative descriptions indicate that the messages were effective in increasing participants' knowledge about what HIV and AIDS are and how HIV is transmitted. They were also effective in increasing participants' knowledge about the risk of STD in HIV transmission, and benefits of its treatment and the benefits of ARV.

Knowledge of Safer Sex Practices

Participants expressed their knowledge on safer sex practices which they had acquired previously, and acquired during FGD and interview from various means of communication. Junu, a FSW, aged 34, stated in an interview, “After seeing these materials, we knew, doing [sexual intercourse] indiscriminately with multiple

partners, and doing without a condom are unsafe sexual behaviors." Chadani, a TG, also shared, "I learned from the flipchart that sex without a condom, mouth sex, and hand sex are unsafe." In an FGD with sexual minorities, Lotan (pseudonym), a MSM, aged 37 expressed his knowledge about the consequences of unsafe sexual behavior, "We got the knowledge that HIV, syphilis, and gonorrhea will be transmitted through unsafe sexual behavior." An interview participant, Prema, a TG, aged 39, expressed her knowledge of the benefits of safer sex, "Safer sex means, after wearing a condom we feel safe now. It protects us from getting pregnant and also protects us from HIV and sexually transmitted diseases." Pyari, a TG, aged 28, added, "We knew there is a lubricant for anal sex, which only should be used, and it makes us safe by protecting from tearing [of anus]."

In an FGD of FSWs, after a short video show, Juli (pseudonym), aged 31 described her learning experience, "Now if someone offers us more money for sex without wearing a condom, we know how to deal with it." She added, "From the video, we learned that those who have syphilis and other sores may have a greater risk of HIV transmission. Now I have learned how to persuade people who don't want to wear a condom." Chanda, another FSW, aged 21 shared, "We also understand how to persuade the partners and how to counsel each other in our circles to wear a condom." These representative descriptions revealed that most of the participants' knowledge of safer sex practices was increased after exposure to HIV and AIDS-related messages. They experienced an increase in their knowledge about unsafe sexual behaviors, their consequences, and the benefits of safer sex practices. They also learned the techniques of persuading a partner reluctant to wear a condom.

Knowledge of Available HIV and AIDS Care

Participants shared their learning experiences about the availability of HIV and AIDS care, which they gained after exposure to various means of communication. An interview participant, Chadani, a TG, aged 28, stated, "I knew that NSARC [Nepal STD and AIDS Research Centre] and Western Star has been providing such services. It may provide ART and ARV. Counseling and training are also provided there." In another interview, Reshma (pseudonym), a FSW, aged 25, shared, "We know that even if we get the disease, we can get free medicine here [in NSARC]. Previously, I thought that even if there is medicine, it may be outside, maybe far away, and maybe very expensive." Similarly, Junu, another FSW, aged 34 stated,

"The symbol of the green leaf on the leaflet is the logo of the organization, where testing for HIV and STD, and medicines are freely available." Chadani, a TG, aged 28 added, “I knew that we should get tested for sexually transmitted diseases every three months and HIV every six months.”

Another interview participant, Geeta (pseudonym), a FSW, aged 35 stated, "After reading this poster, I knew that PrEP [pre-exposure prophylaxis] is freely available for us, which protect from HIV infection." The PrEP is a prophylactic medicine recommended for persons who inject drugs, who have sexually transmitted diseases, who do not use a condom, and who have sex with HIV positive, and sex workers, and it protects them from the risk of HIV infection. These verbatim descriptions represent most of the participants' experiences, which revealed that, after exposure to the messages, they acquired knowledge about the free availability of HIV and AIDS care, including counseling, training, testing, ARV, and PrEP in the organizations having the logo of Green leaf, such as NSARC and Western Star Nepal.

Change in Perception

In this study, the change in perception refers to the change in participants' prior thinking, feeling, beliefs, and values concerning HIV and AIDS after exposure to the messages. Significant verbatim descriptions related to the changes in participants’ perception after exposure to the HIV and AIDS-related messages are analyzed under the following themes.

Risk Perception

Risk perception refers to the perception of the risk of contracting HIV infection by the participants due to their risk behaviours. Participants shared that their risk perceptions increased after exposure to HIV and AIDS-related messages. In an interview, Pyari, a TG, aged 28 disclosed, “We have a lot of masturbation, oral sex, and anal sex. Our friends have sex with everyone and need a lot of partners, and that happens with different people. We knew that our such behaviours are risky for HIV.” Similarly, Chadani, another TG, aged 28 shared, “After knowing these things [about HIV and AIDS], now, sometimes having sex with someone makes me feel scared all day long.” In an FGD with FSWs, Juli, aged 31, disclosed, "People who have understood about HIV are even more scared. It is even more fearful after understanding, you know."

After an interview, FSWs, Reshma, aged 25, and Junu, aged 34 shared their risk perceptions, sadly that due to their life situation and occupation, they were at high risk of HIV infection and it could be changed (Field Note, Feb 17, 2021). Prema, a TG, aged 39 expressed, “Yes, I feel [the risk of contracting HIV]. We are behaving as ignorant even after knowing [about HIV and AIDS].” Chadani, another TG, aged 28 also accepted; “This seems to be our negligence. Now there is the facility; we don’t even go to test.” She further stated, "A person who tries to do without a condom, I feel he may have HIV and he may transmit it to me." After exposure to the video in an FGD with FSWs, Juli, aged 31 shared, “I feel always scared to have sex without condom, because there may be an infection in our genitalia which may increase risk [of contracting HIV]."

These representative descriptions revealed that exposure to the messages has increased most of the participants' risk perceptions. They perceived that they were at risk of HIV infection due to their risk behaviors, which triggered them to change their behaviors.

Reducing Embarrassment

Participants also shared their feelings of a reduction in their hesitation and shyness while seeking and adopting HIV and AIDS-related information. An interview participant, Reshma, a FSW, aged 25, disclosed, “Before, I was shy to talk about HIV and condoms, and to buy condoms in shops and ask for condoms at health centers. Now, when I came here [NSARC], I felt better.” Similarly, Junu, another FSW, aged 34, also added, "Now, I don't feel embarrassed while watching the television and listening to the radio about HIV and AIDs along with my family members." In an FGD of FSWs, Chanda, aged 21, stated, “Before, I was afraid to come here for a blood test. But after understanding everything, it doesn't seem like that today.” These descriptions represent most of the participants' experiences, who perceived that exposure to HIV and AIDS-related messages reduced their embarrassment in sharing HIV and AIDS related information and in seeking and adopting related care.

Increase in Self-esteem

In this study, self-esteem reflects participants' self-confidence and positive perceptions of self developed after exposure to HIV and AIDS-related messages. Participants common experiences about their increased self-esteem are analyzed

here. In an interview, Reshma, a FSW, aged 25 expressed, “I felt good after the training. I was scared a little before that, what might happen if I got HIV and AIDS, what’s hatred they might do with me!” She further disclosed the reasons that increased her confidence, “I learned many things. I knew a lot of things after I visited here. All treatments and cares are free here.” Chadani, a TG, aged 28 also shared with laughing, “My mind used to say that, shit, if I am at risk, I will suicide taking poison. Nowadays, it doesn’t matter to me because the medicine is available now and it may save me for a few more days.” Geeta, a FSW, aged 35 also expressed her confidence, "I don’t feel I may take poison. The medicine is available. We can live like normal people if we take that medicine." After getting information about HIV and AIDS, most of the participants perceived that their fear regarding HIV and AIDS was reduced, and their self-confidence was boosted up.

Attitude Toward PLHIV

Participants of this study also shared their experiences of change brought by the messages to their attitude toward PLHIV. In an interview, Pyari, a TG, aged 28, stated, “When we don’t know before, we look at it in a negative way. Now, we think that people with HIV should not be hated but should be loved.” Similarly, Chadani, another TG, aged 28 disclosed, “In the past, I felt very bad. Now I don’t feel bad. Many people with HIV are in contact with me. They are many here and there and I feel nothing bad to meet them.” In an FGD of FSW, Chanda, aged 21 shared, "Previously, when I saw HIV positive, I used to run far away. But now I know a lot. Today, I have many HIV positive friends." After watching the video in that FGD, Juli, another FSW, aged 31 stated, "Now, medicine [ARV] is available for them [PLHIV]. It helps them to live a normal life as well as to reduce the risk of transmission. Why be afraid of! There are also condoms and medicine [PrEP] to protect us." These representative descriptions revealed that, after exposure to HIV and AIDS-related messages, most of the participants had developed a positive attitude toward PLHIV.

Change in Behavior and Commitment for Change

Positive change in behavior experienced by the participants and their commitments for change after exposure to HIV and AIDS-related messages are analyzed under the subsequent themes.

Adoption of Safer Sex Practices and Commitment

Participants shared their experiences of adoption of safer sex practices and their commitment for adoption. An interview participant, Pyari, a TG, aged 28 disclosed, “We also go to safe way; not without condom now; that changes occurred.” Similarly, Ramesh (pseudonym), a MSM, aged 30 stated, “We use condoms and lubricants, a water gel for anal sex.” Sonia (pseudonym), a TG, aged 26 added, “Yes, things have changed a lot. Our behavior is safe since we knew. This is all due to training.” Further, Chadani, another TG, aged 28 affirmed, “We have been already using condoms and lubricant. Now the PrEP has not been used yet. I became clear [about PrEP] because you explained it to us.” Reshma, a FSW, aged 25, also shared, “I have been using a condom with each partner. But the condom can tear at anytime. That can happen sometimes. We may also feel better after taking that medicine [PrEP].” Likewise, Junu, another FSW, aged 34, further stated, "Some customers tell me they will pay me extra if they let me have sex without using a condom. Now, I always refuse their offers. I try to convince them by explaining the benefits of wearing condom."

In an FGD of FSWs, Lalita (pseudonym), aged 37, express her commitment, "If someone tells me to come to play (have sex), I will tell him to bring the materials [condoms] himself. I will ask him to bring this stuff [condom], otherwise not to do this matter [sex] with me." Another FGD participant, Juli, aged 31 recalled her experience, ‘Some customers bring it [condom] themselves; otherwise we will take it from the field ourselves. There is always two or three extra [condoms] with us.” She also disclosed, "I will never compromise [having sex without condom in payment of more money]. Instead, I will use different sex styles, as I learned from the video, to give pleasure and persuade those who refuse to wear a condom." In an FGD of FSW, Maina, aged 33, shared her experience with commitment, “After knowing all of these things, whatever may happen, I never do it without a condom.” In that FGD, after exposure to a short video, Chanda, aged 21, stated, “Now, I knew that we need to consult within our circles to avoid sex without condom. It has not happened yet. I also knew, we should be united like that [as shown in video]. We will do it.” In an FGD of sexual minorities, Uma (pseudonym), a TG, aged 35 expressed her commitment, “Now, after knowing it, we have to use condoms with all people, because we cannot identify who is positive.” Most of the participants, who were exposed to the messages, were frequently using condoms and lube, and persuading their partners to use a condom. After exposure to the short video show

and informative session during FGD, they further expressed their commitment to adopt and maintain safer sex behaviors, and to avoid sex without a condom with their customers.

Adoption of HIV and AIDS Care and Commitment

Participants shared that after exposure to the messages, they had been adopting HIV and AIDS care and expressed their commitment to adopt it in the coming days. In an interview, Chadani, a TG, aged 28 reported, “It has been three to four months that I got tested for HIV.” Similarly, Prema, another TG, aged 39 shared, "I use to go for testing for sexually transmitted diseases every three months and HIV every six months at NSARC." In an FGD of FSWs, Priti (pseudonym), aged 22 reported, “We are coming to check HIV every six months. We get tested for sexually transmitted diseases every three months.” Similarly, Juli, aged 31 also disclosed, “I have been checking for sexually transmitted diseases every three months.” She further stated “I keep coming. I have just checked now.”

The participants also expressed their commitment to adopt available HIV and AIDS care. In an interview, Ramesh, a MSM, aged 30 stated, after knowing about these things [available care], I feel that I should have to test my blood. I like it.” Similarly, Prema, a TG, aged 39 expressed, “It is difficult, sir. But we have to follow for our health.” Chadani, a TG, aged 28 shared her commitment, “I haven’t tested for three to four months and now I have to test.” She further expressed, “Now I am going to check up tomorrow or the day after tomorrow.” Similarly, Reshma, a FSW, aged 25 also stated, “Now we have to check up and take medicine [PrEP].” In a FGD of FSWs, Priti, aged 22 said, “Yes, I think. I will take it [PrEP]." Similarly, Juli, aged 31 also expressed, “I take it [PrEP] now, because it will be better for me.” In that FGD, Chanda, aged 21 stated, "I have to take this medicine [PrEP]. I will take it after testing now.” These representative descriptions revealed that most of the participants were adopting the testing services for HIV and STD. After exposure to the messages during the interview and FGD, they also expressed their commitment to regular testing for HIV and STD and taking PrEP as recommended.

Information Seeking Behavior

In this study, information seeking behavior refers to participants' behaviours related to searching and getting information from different sources. In an FGD of FSW, priti, aged 22 shared her experience on information seeking, "Now, we

have more information about HIV and AIDS. We come and sit in the DIC [Drop-in Centre] and listen to the meeting. The madams [counselors] teach us very clearly." In an interview, Reshma, a FSW, aged 25 shared, "We learned where to contact, who to ask if we need to know anything about HIV AIDS. We also have the contact number of madam [community-based staff]." Pyari, a TG, aged 28 reported, "After training, now, we listen to radio programs like Sathisanga Manaka Kura [talks to friends] and Khulduli.com at night." Chadani, another TG, aged 28 added, "Now, we also watch YouTube, and search to Merosathi.net to get information." This description revealed that the exposure to HIV and AIDS-related messages has promoted information seeking behaviours among the participants.

Peer Support Behavior

In this study, peer support behavior refers to the act of providing all forms of support including information support by the participants to the members of their circles. Participants' shared their experiences that how the exposure to HIV and AIDS-related information promoted peer support behavior among them. In an interview, Pyari, a TG, aged 28 disclosed, "We often gather at friends' houses and in the park and share the information what we know." Sonia, another TG, aged 26 added, "I have brought some friends here [in NSARC] for counseling and testing." In an FGD with FSW, Kabita, aged 29 shared, "Sometimes we counsel other friends by going their home and sometimes taking them to the meeting here [in NSARC]." In that FGD, Juli, aged 31 disclosed, "We frequently meet in the parks and other private locations, and share our knowledge. We keep extra condoms and give the friends who need it in the field." These representative descriptions revealed that the participants shared information about HIV and related care to the members of their circles, provided extra condoms, and took them to the clinic for testing and counseling.

The present study revealed that the messages were effective from participants' perspectives to increase their awareness, change in perception and behavior and developing commitment for behavior change. In terms of increasing awareness, my study explored that participants experienced increase in their knowledge about HIV and AIDS, safer sex practices, and available HIV and AIDS care after exposure to the messages. The participants were well informed about the free availability of HIV and AIDS care including counseling, testing, ARV, and PrEP and about where they have to contact for these services. The messages of video show were also effective from participants' perspectives from which they learned the techniques of

persuading the partner reluctant to use a condom, and also knew benefits of HIV and STD testing and treatment. These findings align with some previous studies (Kakchapati et al., 2018; NCASC, 2018; Storm et al., 2020) which revealed that the IEC materials and its messages on HIV and AIDS contributed significantly to raising awareness of HIV and AIDS among the vulnerable groups. Similar to the finding of Kakchapati et al. (2018), such increase in participants' awareness can play a significant role to change their perceptions and enable them to adopt protective behaviors.

In terms of change in perception, present study uncovered the participants' experiences that their HIV and AIDS-related previous perceptions were changed after exposure to the messages. The messages were effective from participants' perspectives, which increased their risk perception, reduced embarrassment, increased self-esteem, and developed a positive attitude toward PLHIV. Similar to the finding of Paudel and Ayre (2015), present study revealed that the messages were effective to develop positive attitude toward PLHIV among the participants. On the other hand, findings of this study contradicts with some previous studies in Nepal (Dahal et al., 2013; Joshi et al., 2014; Paudel & Ayre, 2015), which had explored that despite the educational interventions and acceptable level of knowledge, the key populations' risk perception of contracting HIV was low. Further studies are needed to verify why the findings of present study are contradictory to those previous studies.

The present study further explored that the messages were effective from participants' perspectives to change their behavior and develop their commitment for behavior change. In terms of behavior change, the messages which the participants got facilitated them to adopt safer sex practices, utilize available services, and involve in information-seeking and in peer support behaviors related to HIV and AIDS. In addition, the messages provided during interview and FGD sessions played an effective role to develop commitments among the participants to testing regularly for HIV and STD, taking PrEP, adopting safer sex practices, and utilizing available HIV and AIDS care. The finding of my study aligns with some previous studies (Dahal et al., 2013; NCASC, 2017a; NCASC, 2018; Deuba et al., 2020; Storm et al., 2020), which revealed that HIV and AIDS-related educational interventions were successful in behavior change including visiting for HIV counseling and testing and in increasing the rate of condom use among the key populations. On the other hand, the findings of my study also contradict with the findings of some previous studies

(Paudel et al., 2016; Shrestha et al., 2017; Kakachapati et al., 2018; Wilson et al., 2021), which found that practice of consistent condom use and visiting facilities for HIV testing and counseling was not satisfactory among the key populations despite the comprehensive and targeted HIV prevention interventions in Nepal. The findings related to the participants' information seeking behaviors, developed after exposure to the messages, also contradict many other studies (Paudel & Ayre, 2015; NCASC, 2017a; Kakchapati et al., 2018; Storm et al., 2020), which revealed that HIV and AIDS-related information-seeking behaviors are not satisfactory among the key populations. These discussions indicate the need for further research to address such contradictions and to explore the reality in different contexts. While present study reveals peer support behaviors as another key finding in the Nepalese context, global evidence consistently shows their effective linkage to prevention and care, ART adherence, retention, psychosocial well-being, and quality of life among PLHIV (Kibibi, 2025; Thepsourinthone et al., 2025; Han et al., 2023; Øgård-Repål et al., 2023; Iryawan et al., 2022; Berg et al., 2021). The peer-led exchange observed in this study aligns with this international evidence, suggesting to integration of structured peer support mechanisms into national HIV control programmes to improve prevention, treatment, and long-term care.

Conclusion

The study revealed that the key populations perceived the HIV and AIDS-related messages as effective in bringing about a positive change in their knowledge, perception, behavior, and related commitments. By capturing participants' live experiences, this study highlights how context-specific communication strategies can influence the knowledge, perceptions, and behavior of the target group. Although it may not be relevant to draw conclusions about actual behavior change based on self-reported perceptions, the findings indicate that peer-led communication and messages may be valuable for community-based HIV prevention. Furthermore, mixed-methods research needs to be used to uncover the reality of whether HIV and AIDS-related messages in such populations have led to behavior change or not.

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