

Original Article

The Use of Facebook by LVCT Health to Disseminate HIV-Related Information to Young People in Homa Bay Town

Denise Akun¹, Geoffrey Korir²

^{1,2}*Media and Communication Technology, Maseno University, Kenya.*

¹*Corresponding Author : akundenise4@gmail.com*

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Abstract - *Homa Bay Town continues to bear a heavy burden of HIV and AIDS among its young residents. A recent survey indicates that Homa Bay County has an HIV prevalence rate of 19.1 percent, significantly higher than the national average of 4.5 percent. While most research focuses on community and health facility interventions, few studies have examined how organizations leverage Facebook to reduce the HIV burden. This paper, therefore, explores how LVCT Health uses its Facebook page to disseminate HIV-related information to young people in Homa Bay town. To achieve this objective, the study adopts a case study design within a qualitative research approach. Purposive sampling was used to identify participants, including 24 young residents of Homa Bay, 4 digital opinion leaders, and 4 staff members from the communications and HIV program teams at LVCT Health. Empirical data were collected through focus group discussions and in-depth interviews, and were analyzed thematically. The findings are presented in a narrative format. Based on these findings, the paper contributes to extant literature by demonstrating how organizations can leverage Facebook as a digital infrastructure to improve access to HIV information in high-prevalence regions.*

Keywords - Engagement, Facebook interventions, HIV services, Opinion leaders, Reach.

1. Introduction

In 2022, approximately 1.4 million people were living with HIV in Kenya, with around 34,000 new infections recorded that year (NACC, 2023). Glaringly, young people aged between 15 and 24 accounted for approximately 40% of these new infections, suggesting that focused interventions were needed for this population segment. Based on this statistic and, indeed, on another recent one by the NACC in 2023 showing an estimated general HIV prevalence of 4.2%, Kenya has since introduced digital health intervention strategies to increase awareness and uptake of HIV services.

This investment is potentially crucial, especially within the shores of Lake Victoria and specifically Homa Bay Town in Homa Bay County, which is one of the most affected regions in Kenya with an HIV prevalence rate that is four times greater than the national average (MoH, 2023). Unfortunately, these statistics gravitate towards an upward trajectory given that HIV testing, care, and treatment services project a low uptake in the region. Several reasons have been propounded as possible contributors to the poor uptake, but stigma, misinformation, and limited youth involvement emerge as the frontrunners, as seen from the several intervention programs initiated in the region. There is an

observation that many young people are scared to seek out information about HIV testing and treatment services offline within a traditional healthcare setting (MoH 2023).

Given this observation, it is crucial to find out how these young people perceive new media platforms as alternative routes or rather a panacea for accessing such health-related information, given the growing use of social media by the youth in the region.

2. Literature Review

Many accounts of the reviewed literature suggest that in this contemporary moment, social media is gradually gaining prominence as a digital platform for health communication to reach all sorts of audiences and encourage healthy behaviors. Specifically, within most HIV programs, Facebook appears to be the most favored platform for outreach on HIV services. Moorhead et al. (2013) highlight how certain Facebook features, such as live videos, provide a platform akin to a message board for discussion groups to exchange vital insights around health programs and, in this way, raise awareness and drive engagement among young people. Indeed, new research modalities are showing that social media interventions substantially increase public awareness of HIV.



Huang et al. (2017), for example, discovered that urban youth in the United States (US) used Facebook-based campaigns, which eventually led to increased awareness and testing rates. In another study in Europe, Jones et al. (2019) demonstrated such awareness by deriving a cause-and-effect mechanism on how social media interventions were designed to decrease stigma surrounding HIV and increase awareness among those who are mostly at risk.

In Africa, where HIV prevalence is still high, digital platforms like Facebook have been instrumental in disseminating information regarding HIV services to young people. Commentators argue that well-designed digital campaigns have been effective in increasing knowledge and changing preventive behavior in the region. For instance, in South Africa, there were interactive Facebook posts that increased knowledge on HIV by 40% among adolescents (George et. al., 2018). By the same token, in Nigeria, Adebayo et al. (2020) demonstrated how the youth-led Facebook messaging countered misinformation and promoted HIV testing through viral initiatives on the platform.

In Kenya, it is possible to recognize a notably high social media penetration, where, compared to other social media platforms, Facebook is emerging as an ideal tool for HIV awareness and delivery of services. For example, the recent Kenya National Bureau of Statistics (2021) shows that among the 75% of the urban youth using various social media platforms, a majority find Facebook as the most appropriate platform for health messaging. This finding is reinforced by a study that was conducted by Otieno et al. in 2019, which showed that in Nairobi, a Facebook-based HIV awareness campaign targeting youth aged between 18 and 24 increased awareness by 26%, which resulted in a 30% utilization of the service.

Indeed, this is a demonstration that a number of health organizations are considering the power of digital campaigns and are now using digital forums for interventions. For example, the National AIDS and STI Control Programme (NASCOP) and LVCT Health are using Facebook as a bulletin board system, and this presents researchers with a veritable goldmine necessary to establish how these health organizations, through their virtual records, are creating and sharing HIV related content with multiple young people.

It is in this vein that this study focused on LVCT Health's Facebook page, which is called One2One and works as a digital platform that promotes education on HIV services in Homa Bay. In addressing this study's objective, it was essential to find out how and whether this page provides key health information and encourages service utilization. Such an inquiry was conducted practically against the backdrop of the established written texts describing LVCT Health as an HIV service delivery program that leverages digital outreach through targeted posts and live conversations with healthcare

providers to increase engagement with the young people who access the information. Such texts also express that those users who share testimonials in the comment sections indicate that the platform supports knowledge-sharing and encourages health-seeking behaviors (Ndeti, 2020). Indeed, it was important to verify this statement by way of empirical research in Homa Bay town and also find out the accuracy of the assertion that combining social media efforts with traditional interventions can improve service uptake and engagement (Mugambi et al., 2021).

3. Research Methods

Given that this study was purely qualitative, a case study research design was utilized. Examining LVCT Health's one2one™ Facebook page helped to understand its influence on young people's HIV service access in Homa Bay Town. This design also helped to understand the role Facebook plays in digital health interventions by influencing youth awareness, attitudes, and health-seeking behavior.

3.1. Study Area

The study was conducted in Homa Bay Town, which is among the regions with high HIV prevalence rates in Kenya, thus an important focus site for intervention. The study area has a large youthful population that uses digital platforms such as Facebook for health information, making this a good study area to investigate the role of social media in HIV service utilization. Homa Bay County is one of the most affected counties in Kenya, with an HIV prevalence rate four times greater than the national average (MoH, 2023). Homa Bay Town, therefore, was ideal for this study based on high disease burden among the youth, expanding internet penetration, and emerging digital health opportunities (Stats Kenya, 2023; Science Africa, 2024; LVCT Health, 2023).

3.2. The Study Population

This study focused on young people aged 18–35 residing in Homa Bay Town. The population of young people provided a great opportunity to identify those who participated in this study because it is this group where many people are affected by HIV, based on both the county and national averages (Kenya AIDS Response Progress Report, 2020). Other key players in the study population included LVCT Health staff members from both the communication department and the program team.

3.3. Sampling Procedure and Sample Size

This study employed purposive sampling to first select 24 young people aged between 18 and 35 years in Homa Bay Town who were drawn from the over 20,000 individuals who follow the LVCT Health one2one™ Facebook page.

Secondly, this sampling technique was used to identify 4 LVCT Health staff members from the communication and program teams. In total, the sample size added up to 28 participants.

It is important to note that the admission criterion used to identify the 24 participants for the FGDs was informed by the principles of homogeneity and heterogeneity to arrive at rich and diverse views. These principles ensured that age, gender, education, and occupation were factored into the constitution of the two groups for discussion. Given that each group consisted of 12 members, we struck a balance by ensuring that people of different ages between 18 and 35 were selected. In addition, we ensured that the level of education was considered, where secondary and tertiary levels played a role in the selection.

We also ensured that gender played a role in ensuring a balance was met between males and females, as well as occupation, where those working and not working were considered. These categories were essential given that scholarship has drawn a direct correlation between members of those groups and social media use.

3.4. Data Collection Techniques

This study employed in-depth interviews and Focus Group Discussions (FGDs). To start with, in-depth interviews were conducted with 4 LVCT Health staff members from the communication and programs departments. Additionally, two focus group discussions were conducted, in which 24 participants took part. Each group consisted of 12 members, with one group having people aged between 18 and 24 years, while the other had people aged between 18 and 35. The number of focus group discussions that were conducted was determined by the saturation level, and they established the challenges, enablers, and perceptions of young people towards Facebook as a tool used to increase access to information regarding HIV services. To address the objective, the study used interviews with LVCT Health staff and FGDs with young people to understand how HIV-related information flows through LVCT Health's Facebook page. This helped in revealing how messages are created, shared, and received by the youthful target audience in Homa Bay Town.

3.5. Reliability and Validity

A pilot study was conducted in Kisumu Central subcounty, a location similar to Homa Bay Town, regarding demographics and HIV prevalence, to ensure that the research process was trustworthy. In other words, Kisumu Central was well-suited given that it shares similar attributes with Homa Bay Town by way of its high prevalence rate of HIV infections, which is equally more prevalent amongst adolescents and youth. In addition, young people in Kisumu Central engage with digital media like Facebook as their way of socializing with peers and accessing HIV-related information.

The pilot study was specifically conducted on the Program for Appropriate Technology in Health (PATH) Kenya, which is also similar to this study's case in terms of its central mission and vision. This health organization's mission

and vision revolve around implementing various health programs in Kenya. In Western Kenya, more particularly, the organization implements a USAID-funded project known as USAID Nuru Ya Mtoto, which, similar to LVCT Health, implements HIV interventions and leverages social media, including Facebook, to provide young people in Kisumu Central with access to HIV information. The organization regularly posts informative content, engages youth through interactive sessions and polls, and uses analytics to tailor and improve outreach efficacy.

The pilot study involved administering the research tools to participants who shared the same attributes as those who would participate in the actual study. In this way, key informant interviews were conducted with staff from PATH Kenya's HIV service delivery and program team and the communications departments, where focus group discussions were held with young people aged between 18 and 35 who subscribe to PATH Kenya's Facebook page. The findings from the pilot study revealed that the research tools had to be strengthened to bring about more clarity. Therefore, questions for both the interviews and focus group discussions were reworded to enhance clarity, improve comprehension, and ensure consistent interpretation across various respondents, which enhanced both reliability and validity. Interview flow and language were also adjusted to reflect cultural nuances, thus helping to reduce ambiguity and respondent fatigue during the actual study.

Overall, it is important to note that this research achieved trustworthiness through dependability, credibility, and transferability (Lincoln & Guba, 1985). This study maintained a consistent research process, ensuring that dependability and transferability were catered for, where member checking was also conducted to validate the findings before the final report was written. The principle of confirmability was achieved, given that, as researchers, we were not subjected to any kind of institutional or individual bias.

3.6. Data Analysis and Presentation

Qualitative data were analyzed thematically, where key stages were followed. To begin with, we transcribed verbal discussions and converted them into text for a more detailed refamiliarization with the data. Coding was thereafter conducted to capture core ideas and themes. Next, these themes were reviewed and refined for better insights and relevance. Finally, a report was written to present the findings, which included direct quotes, narratives, and voices of the participants.

3.7. Ethical Considerations

A research permit was obtained from the National Commission for Science, Technology & Innovation (NACOSTI), in accordance with the requirements for conducting research in Kenya.

In adherence to ethical research practices and considerations, informed consent was obtained from all participants before data collection commenced. Each participant was clearly informed about the purpose of the study, ensuring that they fully understood the nature of their engagement and participation. The nature of their participation was purely voluntary, and the participants were informed about their right to withdraw at any point without any negative consequences. Notably, none of the participants withdrew from the study.

The principle of beneficence was equally upheld throughout the research process. This was to ensure that no harm would befall the participants and that their involvement in the study contributed positively to the understanding and improvement of access to HIV-related information through Facebook and other digital health outreach strategies, reaching young people in Homa Bay Town.

Anonymity and confidentiality of the participants in this study were strictly maintained. No identifying information was collected, and pseudonyms were used in any excerpts or direct quotes included in the findings. All the data collected during the research process was stored securely, and only the researchers had access to it.

Additionally, the study upheld academic integrity by avoiding all forms of plagiarism. Proper citation and referencing of existing literature and tools used in the study were done throughout, in accordance with academic writing standards. These ethical considerations were central to ensuring the study was respectful, credible, and conducted with the highest level of professional integrity.

4. Results and Discussion

4.1. Introduction

This section focuses on the study's discussion of key findings gathered from in-depth interviews with LVCT Health's one2one™ digital health team, which comprises the technical team in their HIV programming department. This section also presents findings obtained from Focus Group Discussions (FGDs) conducted with the young people who had subscribed to the LVCT Health one2one™ Facebook page and resided in Homa Bay Town.

4.2. Socio-Demographic Characteristics of the Participants

As already mentioned, this study drew insights from a diverse group of participants categorized into two main groups: first, the LVCT Health staff members managing the one2one™ digital health platform, including Facebook, which is a communication channel central to this study's interrogation and second, young people who participated in focus group discussions. The subsections below outline in more detail the socio-demographic characteristics of the participants from these respective groups.

4.2.1. LVCT Health Staff Members within the Communication and Program Teams

This first category comprised four professionals employed by LVCT Health as experts directly involved in the implementation and oversight of the one2one™ digital health strategy, which includes the use of Facebook as a communication-based platform to disseminate HIV related information. The participants in this group had a background in communication and HIV programming. At the time of conducting this study's empirical component, the participants from this group were full-time employees of the organization and were actively engaged in digital health programming targeting youth within Homa Bay town.

4.2.2. Young People in Homa Bay Town subscribed to the one2one™ Facebook Page

A total of 24 young people aged between 18 and 35 participated in focus group discussions held in Homa Bay Town. The principles of heterogeneity and homogeneity were applied in the selection criteria for FGDs' participation.

One entirely heterogeneous group had a total of 12 participants, of which 5 were males and 7 were females. The participants included a diverse mix of in-school and out-of-school youth, where the in-school participants included those pursuing their studies at Tom Mboya University and across other technical colleges in the region. It is worth mentioning in more specific terms that the educational background of the participants in this group ranged from those who had just completed their secondary education and college diploma to those who were still pursuing their degree-level training. Some of the participants who were out of school were running small businesses, while the rest engaged in casual work. Incidentally, all of the out of school participants were beneficiaries of the US President's Emergency Plan For AIDS Relief (PEPFAR), Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) programs, which was designed to reduce new HIV infections among adolescent girls and young women in high HIV burden regions, not only in Kenya but across the sub-Saharan Africa.

In conclusion, it is safe to say that the principle of heterogeneity in the constitution of this group was achieved, looking at the variances in occupation, where some participants reported being engaged in informal trade and entrepreneurship, while others were full-time students enrolled in various vocational training programs. This principle also came about in terms of digital interaction, where the participants exuded a mix of passive and active Facebook users.

The second group that constituted the next focus group discussion was strictly homogeneous, comprising 12 participants exhibiting the same characteristics. These traits were found first in terms of gender, where all female participants were between 19 and 24 years old. Secondly, they

had all completed their secondary education, and all of them had at some point been enrolled or engaged in the DREAMS program. The participants also reported that they were actively involved in informal entrepreneurship as an income-generating activity, where some of them sold clothes while others engaged in food and beverage businesses.

Regarding digital engagement, participants demonstrated the same levels of familiarity and interaction with Facebook, only viewing posts without necessarily reacting to them, indicating that they were passive users. In conclusion, taking the participants of these two groups together, it is possible to recognize that they comprised a mix of active and passive Facebook users. The active Facebook users were frequent browsers who liked and commented on these posts. The passive users did not like or comment on these posts and, in some cases, consumed content indirectly, for example, through posts shared on Facebook or forwarded posts from Facebook that are shared as links via other new media platforms such as WhatsApp and X (formerly Twitter). All participants knew about the LVCT Health one2one™ Facebook page, with some reporting as having directly followed or engaged with its Facebook posts, while others spoke about indirect exposure by way of accessing these posts through shared links.

4.3. Dissemination of HIV-Related Information through LVCT Health's Facebook Page

The empirical findings addressing this study's objective confirmed that, in terms of new media's popularity, Facebook emerged as the most preferred and widely accessed social media platform among the young people in Homa Bay town, and this was the case particularly when it came to accessing health-related information. In comparison to other new media platforms such as TikTok and Instagram, the respondents explained that Facebook was the most preferred communication channel because it was more functional in sharing both short and lengthy educational posts, and also because its features were user-friendly, making it easier to navigate.

The respondents affirmed that Facebook enables users not only to consume information but also to participate in ongoing conversations on critical health topics. This finding on Facebook's popularity directly corresponds with what was established in the review of literature in Section Two, where it was established from Moorhead et al. (2013)'s findings that Facebook was the most favorable platform among the young people, especially because of its affordance for outreach on HIV services.

In the context of such popularity, it was interesting to note from this study's empirical findings that even though other platforms, such as Instagram and TikTok were, to a greater degree, mostly associated with entertainment and image-based content, Facebook was still popular because of its flexibility

and its ability to accommodate lengthy posts that would potentially be beneficial in providing essential insights on HIV, facilitating threaded conversations, and accommodating various media types in the form of images, videos, live streams, infographics, and polls. This determination also corresponds with the observation by Moorhead et al. (2013) regarding how Facebook's core features, such as live videos, provide a platform for conversations where users get to exchange views around health programs and, in this way, raise awareness and drive engagement among young people.

In-depth interviews with the selected LVCT Health staff members revealed that, as an organization, LVCT Health was cognizant of the core features of Facebook. Based on this realization, they decided to open their Facebook page to aid in disseminating HIV-related information to the young people. The interviews revealed that the LVCT Health one2one™ Facebook page was opened to offer a multi-layered environment that would support both passive consumption and active engagement by the subscribers. One participant expressed in this regard that:

"Facebook is a place I pass most of my time. The LVCT Health's one2one™ page is frequently updated and not hard to find, and they consistently provide tips on HIV prevention or what to do if you think you are exposed or at risk of HIV."

The in-depth interviews confirmed and reaffirmed that, as a local health organization at the forefront of HIV prevention and behavior change communication in Homa Bay town, LVCT Health recognized this media behaviour and sought to leverage the one2one™ Facebook page as a digital hub for HIV education and youth engagement. By leveraging Facebook for such engagement with young people, it becomes easier to situate LVCT Health's Facebook page as a media source based on the understanding of multistep theory. In this theory, as illustrated by Singh (2016), the media source is a crucial component in the multistep flow of communication, given that it is the source of information that will be disseminated to the intended audience. Indeed, this study's interviews revealed that the LVCT Facebook page functioned as a content delivery platform. It provided an avenue for engagement, conversations, and emotional support, enabling young people to share their lived experiences, contribute to posts, ask questions anonymously, and access confidential HIV-related advice. The following sub-sections from 4.3.1 to 4.3.6 present a more detailed thematic finding of the specific roles played by the LVCT Health's Facebook page in its dissemination of HIV-related information to young people in Homa Bay town.

4.3.1. LVCT Health's Facebook Page as a User-Driven New Media Channel

The study's empirical findings indicate that one of the strengths and distinctive features of the LVCT Health

one2one™ Facebook page was founded on its potential to facilitate user-centric, or in other words, peer-to-peer driven interaction. This feature significantly enhanced both the relevance and consumption of HIV-related content or posts, making it more relatable and better received among young people in Homa Bay Town. This element of interactivity did not emerge as a passive by-product of being online, but as a result of intentional and consistent behavior among users who used the LVCT Health one2one™ Facebook platform to not only access information, but also to engage with other users in meaningful and personal conversations around varied HIV related issues.

Across all the focus group discussions, participants revealed that they were drawn to the LVCT Health one2one™ page because it created a trustworthy and relatable environment for discussing topics that were often considered a taboo in their communities and other offline interactions, especially regarding the disclosure of an individual's HIV status, sexuality, contraceptive use, intimate relationships, and HIV positive living. Additionally, closely tied to this finding from the focus group discussions, the LVCT Health one2one™ digital health team mentioned that they had created moderation systems assigning the page admin the task of monitoring the comment section, ensuring conversations were respectful and devoid of offensive language and comments that could be triggering. In this way, the LVCT Health one2one™ Facebook page served as a kind of digital support group where users could anonymously or semi-anonymously share their feelings or thoughts and gain extensive insights from the experiences of their peers without any fear of judgment. One 20-year-old FGD female participant shared in this regard that:

"I follow the one2one page because people converse openly in the comments. I learn from the information they post and also from what others go through and how they handle things. Another thing is that the language used is usually easy to relate with and understand, it's a mix of slang, English, and Kiswahili."

This is indicative of a broader pattern where young subscribers not only consume content from LVCT Health Facebook posts or messages, but also actively construct meaning through unfettered interactions, by liking, commenting, sharing, tagging other users, and responding directly to other users' comments. Several FGD participants noted that they deliberately read through comment sections and treated them as a resourceful source of peer-based knowledge, encouragement, and sometimes derived humor or comic relief. In this sense, the content is socially situated and enriched through user engagement on the Facebook comment section. Such peer-driven interaction also aligns with the multistep theory of information that demonstrates how users, who in this case are the opinion receivers, opinion seekers, and

information receivers, rely on socially embedded commentary on the comment section or reposts to process and personalize Facebook content. This indicates that instead of depending solely on direct communication from the original source, which, in this case, is the LVCT Health's one2one™ Facebook page, the users, as explained by Singh (2016), rely on or receive processed and interpreted versions of information from other users who can be likened to the opinion leaders.

The participants in the focus group discussions further explained that on the LVCT Health one2one™ page, young people could potentially decide to emulate peers who openly share their stories regarding HIV testing, HIV status disclosure, ART adherence, and celebratory milestones such as the achievement of undetectable viral loads. These testimonials serve as both educational and inspirational content, often exhibiting more emotional weight than habitual messages from the LVCT Health one2one™ page itself. One 21-year-old male participant noted in this regard that:

"There's a guy who once shared a post about how he found out he was HIV positive and how it affected him at first, but then he started treatment. That made me feel like I am not alone and there are people my age already affected by HIV, which, through information sharing, can be prevented."

The interaction on the LVCT Health's page also encourages participation among the subscribers, which emphasizes that effective communication in HIV related interventions can only be realized through a two-way collaborative approach that is founded on the lived experiences of the target audience. This resonates with the articulation of the multistep theory of communication that speaks about the two-way exchange and transfer of information and influence from Opinion Receivers to Opinion Leaders through the new media (Singh, 2016). Indeed, the respondents, including the young people and the LVCT Health content developers, agree with this theory's tenet in their explanation that young users are not just mere consumers of top-down messages, as they are co-creators of meaning, validating each other's perspectives, correcting misinformation, and often providing emotional support in real time. One participant noted in this context that:

"Sometimes the comment section is way better than the post itself. You find users providing tips or saying where to go if you need help."

This kind of user engagement is very fundamental, especially in Homa Bay's socio-cultural environment, where conversations regarding sex, relationships, and HIV are usually impeded by stigma, discrimination, religious ideologies, fear, and judgmental opinions. Facebook, as a platform that can allow anonymous and asynchronous

contributions and afford users the opportunity of not being present in real time, confronts the aforementioned impediments. For this reason, the LVCT Facebook page allows its users to participate and interact at their own pace, from the privacy of their mobile devices, and anonymously or with pseudonyms without revealing their identity. The resultant effect is the achievement of a more vibrant and decentralized conversation with empowered young people who learn from each other in more relatable, candid, and culturally resonant ways, which would have otherwise been impossible to realize in a more formal or communal setting.

The empirical findings demonstrate further that the peer-driven conversations seen from the LVCT Health one2one™ Facebook page act as informal pathways for social validation and emotional reassurance, particularly for young people who are dealing with difficult decisions such as deciding to take a HIV test, disclosing their status to their partners, and those who would like to initiate PrEP, PEP or lifesaving ART. The in-depth interviews revealed that when young people see their peers going through similar situations and getting support from both the Facebook page administrators and other page subscribers, they are more likely to gain confidence to make their own health decisions and seek services from their preferred health facilities. One 19-year-old female respondent shared in this context that:

"There was a point in time when I was afraid of going for a HIV test. Then I saw someone comment on the LVCT's page that they went with a friend, and it encouraged me to do the same. I therefore ended up going for the test, and now I know my HIV status."

Clearly, such revelations are a highlight of how a peer-driven platform like the LVCT Health one2one™ Facebook page can influence young people's health-seeking behaviours through a number of social functions such as behavioral modeling, peer affirmation, and digital solidarity.

Indeed, it is worth mentioning that the structure of Facebook as a social media platform widely used by young people reinforces the above-mentioned social functions. As surfaced earlier, unlike more visual platforms like Instagram, TikTok, and Snapchat, Facebook, to a greater extent, provides a platform for threaded conversations, archived comments, and the ability to return to previous discussions through the understanding of shifted time. All of these affordances support a long-term engagement and retention of information, given that users are able to read through previous posts on different HIV related thematic areas. Most young people who participated in FGDs also mentioned that Facebook supports group-based belonging, with many of them noting that they were able to recognize familiar users who actively and frequently reacted to posts or avatars on the LVCT Health's Facebook page. The empirical findings indicate that this element of group belonging strengthens the feeling and sense

of connection between frequent commenters on the page, even without knowing them in person.

The participants were cautious about speaking about how crucial it was for the administrators of the LVCT's Facebook page to carefully moderate the peer-driven nature of their page, which is a core feature of a number of new media platforms. It is based on this line of reasoning that the selected LVCT Health's respondents revealed that the LVCT Health's one2one™ digital team had invested in mentoring and training the local youth champions and digital moderators across the country and in Homa Bay Town in particular to ensure that interactions remained respectful, accurate, and free of any kind of stigma.

The participants added that these youth champions and moderators had, in a number of cases, intervened in instances where misinformation was posted and when conversations threatened to become or actually became harmful and triggering. Indeed, this need for countering misinformation resonates well with what was established in Section Two, where in Nigeria, for example, Adebayo et al. (2020) spoke about how various actors countered misinformation on Facebook and helped in relaying accurate information regarding HIV testing. In this context, therefore, striking a balance between emergent peer-to-peer interaction and professional oversight is crucial in the credibility and success of Facebook messaging.

4.3.2. Utilization of Facebook's Core Feature by LVCT Health's Page in HIV Education

Given the findings from the in-depth interviews with the LVCT Health staff and the focus group discussions with the young people, the LVCT Health's one2one™ Facebook page emerges as one of the most fluid and strategic digital health platforms that are currently being used to disseminate HIV-related information to young people in Homa Bay town. The interviewed staff running LVCT Health's one2one™ Facebook stated that the information they usually convey on their page is well-organized, cutting across various thematic areas, and often visually engaging. It is possible to deduce that all of these achievements are essential in capturing and retaining young people's interest and, in this way, ensuring retention of HIV-related information. The findings further suggest that the LVCT Health digital content team has adopted a multimodal communication approach, which directly corresponds with best practices existing in digital health communication. This approach is deliberately intended to improve young people's engagement and accessibility of information by leveraging the core features of digital media platforms, namely, hypertextuality, multimedia, immediacy, and scannability. This is in line with an observation from Rainie, Smith, and Duggan (2013) regarding the importance of multimedia, hypertextuality, and scannability features in ensuring effective mass campaigns on Facebook.

In more specific terms, the empirical findings revealed that features like hypertextuality were evident in the frequent use of links embedded within LVCT Health's one2one™ Facebook posts, which redirected subscribers to additional information touching on various topics revolving around HIV testing and other services. These links include resources from counseling portals, government health websites, and downloadable educational materials from non-governmental agencies. It was also established that these links were essential in creating interconnected learning experiences that went beyond static posts. On the other hand, the element of multimediality was implemented by integrating videos, infographics, photo stories, digital posters, and animation formats in disseminating information, which were particularly appealing to young audiences.

Immediacy is also another core Facebook feature that was utilized by the LVCT Health one2one™ platform in its dissemination of HIV-related information. The LVCT Health one2one™ digital content team intimated that they were keen on conveying timely updates, especially regarding ongoing HIV campaigns, national HIV awareness days, community outreach activities, innovations, and newly emergent issues in young people's sexual and reproductive health. The empirical findings finally showed that the principle of scannability was also incorporated in the visual design and brevity of the LVCT Health one2one™ Facebook posts. This feature allowed the young subscribers to quickly skim through and comprehend messages through short captions, emojis, bold graphics, and highlighted texts, even during casual scrolling.

The empirical findings suggest that this approach of utilizing core Facebook features was not incidental. According to Ashley, a member of the LVCT Health one2one™ digital health team:

"We create our posts to be engaging with young people and categorize them as either informative or educational. Informative posts guide users on what to do when they're unsure about their HIV status, and educative ones help them to understand how HIV spreads, and how to stay safe."

These two content categories, informational and educational, form the backbone of the communication framework for the LVCT Health one2one™ Facebook messaging. The LVCT Health team further explained that they deliberately tweaked their informational content in order to provide practical guidance on HIV testing directives, for instance, the steps to follow in booking a tele-counselling session with the LVCT healthcare providers or ways of initiating PrEP by way of referrals in the nearest health centre. On the other hand, the educational posts delved deeper into awareness creation and behavior change. Through educational content, the team typically unpacks medical facts, dispelling common myths and misconceptions that hinder access to HIV

service uptake, and they are also able to promote a culture of responsibility and openness regarding HIV and other health issues among young people in Homa Bay town.

The in-depth interview sessions revealed that the LVCT Health one2one™ page consistently addresses a wide array of thematic areas, relevant to its target audience, who are the young people. Key themes that are often featured in the platform include: HIV prevention strategies, such as consistent and correct condom use and uptake of Pre-Exposure Prophylaxis (PrEP); HIV testing options and the critical role it plays in the early diagnosis and management of HIV; Adherence to lifesaving Antiretroviral Therapy (ART) and the importance of ongoing support systems available for young people.

In semi-urban settings like Homa Bay Town, myths and misconceptions continue to surround HIV and remain a barrier to HIV service uptake, especially among young people. The LVCT Health one2one™ page also addresses Gender-Based Violence (GBV) and its intersection with sexual health and HIV risk; Menstrual hygiene education, tailored particularly for adolescent girls and young women; Mental health and psychosocial support, especially for young people living with or affected by HIV; and finally consent, body autonomy, and healthy relationships, all aimed at cultivating informed and respectful sexual behaviors among young people.

The LVCT Health digital team works jointly with a representative of young people to ensure each post is meticulously tailored to resonate with the youth population. Considering LVCT Health uses its digital health strategy to increase access to young people, it continues to demonstrate a high level of sensitivity to cultural and linguistic diversity, and often incorporates youth-friendly language, commonly used slang, locally understood symbols, and emojis to increase relatability with its audience. In some instances, captions and video narrations also include snippets of local languages, such as Dholuo and Kiswahili. This is incorporated deliberately to ensure that messages are well received by young people from various socio-cultural backgrounds in the region. It was established that this contextual approach improves young people's engagement and enhances comprehension among users who may not be fluent in English or formal Swahili and need to understand the content.

The LVCT Health digital team also considers current social trends and cultural references to enable them to frame their messages in ways that appeal to young people's lived experiences. For example, content posted during a global commemorative day like World AIDS Day, major public events, music festivals, or exam periods is frequently crafted to reflect the activities, emotions, and concerns that young people might be experiencing at those particular times. This approach ensures that health messaging remains relevant, timely, and empathetic.

In essence, the LVCT Health oneZone™ Facebook page serves more than just a repository or repertoire of HIV-related content. It functions primarily as a digitally enabled learning environment, where young people can access, engage with, and reflect on critical HIV-related information that could potentially shape their understanding of health, relationships, and the need to ensure personal safety. Through its careful integration of content formats, thematic breadth, and audience-specific messaging, LVCT Health's oneZone™ Facebook page fosters a responsive and youth-centric digital health information infrastructure.

4.3.3. LVCT Health's Role in Providing Awareness About the Ongoing Innovations in HIV Care

Another significant finding of this study is the role the LVCT Health oneZone™ Facebook page plays in introducing young people to innovative HIV-related interventions, which, to some extent, they might not have otherwise encountered through the conventional health communication platforms. Many participants reported that they first learned about HIV consumables such as HIV self-testing kits, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and campaigns such as the U=U (Undetectable = Untransmittable), through the content shared on the LVCT Health's oneZone™ Facebook platform. It is possible to recognize from the empirical findings that these topics, although medically significant and central to modern HIV prevention and management, are often inadequately covered in HIV program interventions, school curricula, community forums, or even in conventional health facility settings, especially in formats that are understandable, relatable, and accessible to the young people. It can be argued that consistent sharing of this kind of information in such formats could potentially increase service uptake and lower the rate of new infections among young people in high disease-burden regions like Homa Bay Town.

The LVCT Health oneZone™ Facebook platform bridges this information gap by consistently providing clear, engaging, and non-judgmental educational and informative content tailored for young people who are its target audience. As one 23-year-old female participant explained during a focus group discussion:

“Sometimes I feel shy asking about things like oral HIV testing. But on the oneZone Facebook page, I see pictures and explanations that make everything easy to understand.”

This sentiment was also echoed across some of the in-depth interviews conducted in this study, which highlighted how digital communication via LVCT Health's Facebook page reduced the psychological and social barriers typically associated with discussing sexual and reproductive health matters. Clearly, this finding resonates with the findings of George et al. (2018), as encountered in Section Two, where

they established that by lowering such impediments, interactive Facebook posts went on to increase knowledge on HIV by 40% among adolescents in South Africa. Indeed, aspects like anonymity and privacy offered by the LVCT Health oneZone™ platform make it safer for young people to engage with the relevant materials on HIV related concerns, ask questions, and find help without fear of stigma, judgment, or embarrassment.

Moreover, the platform does not merely inform but also actively empowers young people to acquire healthy seeking behaviours and take up HIV services. The integration of visual demonstrations, such as step-by-step guides on how to use an HIV self-test kit, alongside Frequently Asked Questions (FAQs), infographics debunking myths and misconceptions, and anonymous Questions and Answers (Q&A) segments has largely contributed to building young people's confidence in managing their own health. These multimedia tools are essential because they help to demystify complex HIV related interventions, making them more approachable and less intimidating to young people who are the consumers of these messages.

Several participants also indicated that seeing peer testimonials or posts from local health providers about using ART, PrEP, or accessing PEP made them feel that these interventions were desirable and acceptable within their social circles. This finding resonates with the understanding of the multistep theory of communication, which states that digital communication empowers opinion receivers by allowing them to transfer information and influence (Singh, 2016).

The platform's responsiveness by page administrators and their youth-centered tone further encourages proactive behavior among its audience, who are mainly young people. Rather than being passive recipients of HIV related information, these young people feel motivated to take up initiative, whether by means of walking into a health facility to request HIV prevention services like PrEP, to purchasing a HIV self-test kit or condoms at a local pharmacy, and/or even just sharing what they have learned with peers in offline settings.

In this way, the LVCT Health oneZone™ Facebook page serves as a learning resource for young people keen to access HIV information and as a confidence-building tool. The LVCT Health oneZone™ Facebook page continues to effectively contribute to normalizing ongoing conversations around HIV prevention strategies, reducing misinformation that may hinder access and uptake of services, and increasing health literacy among young people in Homa Bay Town. Importantly, it works jointly with local implementing partners like Vuka Forces and Activate Action to transform HIV-related education from a top-down, clinical monologue into an interactive and user-centric dialogue, thereby increasing uptake of HIV services and improving health outcomes.

4.3.4. Confronting HIV-Related Stigma using Narrations

This study established that stigma remains as one of the most pervasive impediments to HIV testing, disclosure, and HIV treatment adherence, particularly among the young people who continue to bear a disproportionate burden of new HIV infections in Homa Bay Town and its environs. A number of impediments, including cultural misconceptions, fear of social exclusion or judgment, and misinformation, continue to exacerbate the silencing of conversations around HIV, especially across various digital platforms. In the context of these impeding factors, this study's empirical findings established that LVCT Health has taken quite a proactive approach to counteract stigma by leveraging person-centred narrative and testimonial content on its one2one™ Facebook platform. These narratives and testimonials are from individuals who are living with HIV or are somehow affected by HIV. This approach is seen to create a safe, relatable, and emotionally resonant space for young people to engage.

Through firsthand accounts, peer-driven stories, and motivational posts, LVCT Health humanizes the HIV experience. Apart from these stories being very informational, they are also very effective, given that they capture the lived realities of young people who are navigating life with HIV. Many of the posts often feature young individuals who share their varied experiences, right from diagnosis to battling with stigma in their communities to accepting and adhering to lifesaving ART. One male participant remarked in this regard that:

“Seeing real stories on the page made me realize that being HIV positive is not the end. I even started sharing these posts from LVCT Health's one2one Facebook page with my friends because I think it's time we break the stigma and encourage young people to embrace frequent HIV testing.”

Such statements underscore how first-account narrative-driven content can instigate peer-to-peer dialogue and facilitate a ripple effect of awareness and empathy among young people. Importantly, the study observed that these stories were usually accompanied by visually engaging formats such as short videos, reels, captioned photographs, and live sessions that featured youth ambassadors, peer educators, and healthcare providers. This multimedia or multimodal strategy helped increase visibility and emotional impact among the young people subscribed to the LVCT Health's Facebook page.

Furthermore, focus group discussions revealed that participants perceived these stories as more trustworthy than generic public health messaging often displayed in traditional settings like health facilities. Several participants noted during the discussions that seeing “people like them” share their real-life experiences made HIV-related issues feel more normal and less of a taboo, driving the need to hold more

conversations on HIV related topics. It is therefore safe to say that the normalization of disclosure through these stories has been greatly instrumental in reducing stigma, which has been identified in literature as one of the major deterrents to treatment and social participation (UNAIDS, 2022).

Also, these narratives often serve as calls to action, encouraging young people to recognize the importance of seeking HIV testing, PrEP services, initiating ART or adhering to treatment, joining support groups, or engaging with health providers via the inbox feature on Facebook Messenger. This dual function, destigmatization and service linkage, makes narratives and testimonial content a very strategic pillar in LVCT Health's broader digital health communication framework.

4.3.5. Augmenting Digital Credibility and Trust through LVCT Health Messaging

During the in-depth interviews and FGDs, credibility emerged as a central and recurring tenet for understanding why young people in Homa Bay Town preferred the LVCT Health one2one™ Facebook page over other online or offline sources that were providing HIV-related information. Across multiple interviews and discussions, participants emphasized that LVCT Health one2one™ was perceived to be professional, accurate, and reliable in terms of delivering content. This uniqueness distinguished the LVCT Health one2one™ platform from other digital health communication channels.

Unlike other unverified content found on random websites, blogs, or forwarded messages and links on platforms like WhatsApp, which are often associated with misinformation, myths, or sensationalized narratives, most participants consistently cited the LVCT Health one2one™ Facebook page as a more trusted reference point, especially for HIV related information or access to HIV related services. Its posts were noted to be scientifically justified, culturally sensitive, and youth-appropriate. For many participants, the page serves as an information hub and a standard of credibility within peer networks. During the Rogers interview, underscoring the ripple effect the page had among peer educators and youth champions, they remarked that:

“We use the page as a reference point when young people question us. It's trusted because they know it's run by professionals, and LVCT Health has, over the years, led in HIV programming in Kenya, especially areas like Homa Bay with high prevalence.”

This sense of trust is reinforced by several deliberate communication strategies LVCT Health has implemented. First, the consistent branding of the page, which includes its name “one2one™” accompanied by the trademark symbol, and one2one symbolizing peer-to-peer engagement or youth-

friendly conversations, ensures credibility. It is essential to note, also, that the one2one™ logo appears deliberately in communication materials such as videos, images, and infographics to uniquely mark items developed by the institution. Their visual style also instills a sense of institutional legitimacy to ensure that young people are cognisant that the page one2one™ is affiliated with a reputable health organization known as LVCT Health, which enhances its perceived authority.

Second, the presence and interactivity of qualified health professionals and educators who actively engage in the comments section and inbox further enhance credibility. This is fundamental, taking into cognizance that the multistep theory of communication, as explained in the context of new media, speaks of such people as the opinion leaders whose roles are those of multiple intermediaries involved in the communication process where information passes through several layers before reaching the intended audience (Nishioka, Weidenmüller, & Yoshida, 1988). In the context of the above-mentioned active engagement in the comment section, participants noted that responses to their queries were clear, respectful, and timely, frequently accompanied by references to health facilities or available resources. The use of tone in interactions also emerged as another key factor. Unlike other health communication efforts that sometimes come across as judgmental or moralistic, the LVCT Health one2one™ page maintains a non-judgmental and empathetic tone, which makes users feel safe and respected. This upholds their professionalism and dedication to providing access to information by breaking barriers that impede access.

Third, most of the content posted reflects a scientific and evidence-based approach. The LVCT Health one2one™ digital team often posts information with verified statistical data, aligning with the current national HIV guidelines, and the most current and up-to-date information on HIV treatment options and preventive tools, such as the use of condoms, PrEP, and PEP. Importantly, the page is also invested in directly countering misinformation or disinformation by addressing common myths and misconceptions, especially around HIV transmission, treatment side effects, and stigma, by using palatable language and relatable infographics.

Moreover, the platform avoids conveying fear appeal or fear-based messages in its posts, which has traditionally been used in creating HIV awareness campaigns. The decision to avoid using such an approach is because they view it as more counterproductive. Therefore, in lieu of pursuing this approach, LVCT Health uses a strength-based and empowering communication approach. Rather than focusing on fear, shame, judgment, or guilt, the messaging emphasizes the need to access services and gives hope by encouraging healthy living among people either living with or at risk of HIV. For example, LVCT Health campaigns majorly highlight the benefits of knowing one's HIV status, the ease of

accessing HIV prevention services, accessibility to care and treatment in case an individual is diagnosed with HIV, and the possibility of living positively with HIV. The framing of these messages or posts encourages subscribers to take ownership of their health choices and promotes a more optimistic approach to HIV prevention and care.

In summary, the credibility of the LVCT Health one2one™ Facebook page is not accidental as it is a result of a more deliberate and strategic focus on providing professional oversight, enabling consistent branding, spurring audience participation, and increasing youth-friendly messaging. The perceived credibility of the LVCT Health's one2one™ Facebook page has won the trust of individual users and also positioned the platform as a central point where young people who are curious to know more about HIV in Homa Bay Town can access relevant information. For a majority of participants in this study, the one2one™ Facebook page functions both as a source of information and as a digital tool, which is reliable, relatable, and responsive to the evolving needs of the young people.

4.3.6. LVCT Health's Offline Amplification of its Facebook Messages

While the LVCT Health one2one™ Facebook page plays an instrumental role as a central digital platform for HIV related communication, the findings from this study reveal that this organization does not rely solely on digital tools to reach all young people in Homa Bay Town. This resonates with the assertion made by Kamau(2021) in Section Two that even though there is still much debate around the long-term effects of Facebook interventions by health organizations, combining traditional programming and social media approaches can lead to the largest reach and impact. In acknowledgment of this assertion and the persistent digital divide, including limited smartphone access, inconsistent internet connectivity, and low digital literacy levels among certain population segments, the LVCT Health HIV program is pursuing a blended communication approach that infuses both online and offline strategies. This adoption speaks to and reinforces the limitation of the multistep theory of communication, which is cited in literature, regarding its main limitation being largely founded on how it only speaks about a coherent chain of information, which may not be a comprehensive depiction of social media interaction in practice (Katz & Lazarsfeld, 1955).

In this case, therefore, the LVCT Health's blended approach ensures that HIV-related health information remains inclusive and accessible to both digitally connected users and young people who are digitally excluded. Specifically, information originally developed for Facebook, such as infographics, FAQs, campaign messages, or educational narratives, is also repurposed into various offline formats to ensure that HIV-related information also reaches young people who are digitally excluded. The communication

materials that are used to reach out to the digitally excluded include printed flyers, laminated discussion cards, posters, comic strips, and structured peer educator guides. The LVCT Health program team explained that such materials are actively used and distributed across diverse offline settings, including various health centres during outreaches, learning institutions, youth clubs, community dialogue forums, churches, and boda-boda stages, where the latter is more relevant for campaigns targeting male participation in HIV-related discussions.

As Rogers from Activate Action noted:

"We often take what's(content) on the one2one™ page and sometimes print and share it during our community engagement sessions. That way, even those without smartphones and internet connectivity can still benefit and access the much-needed information on HIV."

Indeed, this approach significantly broadens the reach and impact of LVCT Health's digital content, ensuring that even though information is initially posted on its Facebook page, vital information on topics such as HIV prevention, PrEP, PEP, self-testing, and healthy relationships goes beyond the digital realm. This investment ensures that such crucial information is consumed by young people who cannot access it from the LVCT Health's Facebook page. To achieve offline amplification, the LVCT Health works closely with peer educators, youth champions, and community health volunteers, all of whom act as intermediaries, translating and contextualizing digital content for in-person or one-to-one interaction during community sessions. These sessions often include structured discussions, role plays, and question-and-answer activities that seek to encourage participation, especially among young people who may be hesitant to engage in online discussions for various reasons, including a lack of digital connectivity.

In this way, the empirical findings point out that the blended approach becomes significant in addressing inequality, while at the same time supporting comprehension and behavior change by reinforcing messages across multiple touchpoints within the boundaries of digital and offline settings. For example, a young person living in Homa Bay Town may first encounter a campaign on PrEP through a poster or billboard at a youth-friendly health facility and later encounter more details in a facilitated peer discussion, even if they had not interacted with the original post on Facebook. This layered approach to messaging is crucial to ensure that the core message is amplified and adapted to local contexts, thereby enhancing both message retention and cultural relevance.

In addition, this approach deepens digital-to-community linkages and, for this reason, appears to have become

increasingly essential in public health. The amplification of HIV information in traditional settings is critically important because it recognizes that behavior change does not happen solely online, especially in contexts where personal interaction and trusted relationships remain crucial in shaping attitudes and decisions about the health of young people. LVCT Health has by far reinforced its authenticity by acknowledging the digital divide. It is for this reason, therefore, that even though the one2one™ digital strategies focus on digital health engagements, it has gone ahead to integrate this intervention with face-to-face engagements and thus increased access to HIV information among its target group. In many ways, this strategy embodies the principles of equity, adaptability, and sustainability when communicating across digital platforms. LVCT Health digital team acknowledges that while digital platforms like Facebook are powerful tools for reaching tech-savvy youth, sustainable impact requires a more inclusive and multi-channel engagement that accommodates varying levels of digital access and preferences.

Ultimately, the blended communication model continues to enhance the effectiveness of LVCT Health's one2one™ digital health efforts by ensuring that no young person is left behind due to structural or technological impediments. The blended communication model transforms the LVCT Health one2one™ initiative from being solely a digital campaign into a community-anchored initiative for youth-centered HIV communication that is dynamic, responsive, and deeply embedded in the lived realities of its target audience. In this vein, therefore, this empirical finding directly corresponds with an observation made in the review of literature in Section Two about the need to combine social media efforts with traditional interventions to improve service uptake and engagement (Mugambi et al., 2021).

In reinforcing this observation further, this study found that LVCT Health, through its vision of strategic campaigns and partnerships, has worked with youth-led organizations such as Activate Action and Vuka Forces to co-create and deliver strategic Facebook campaigns. These campaigns either encourage young couples to test together or are focused on promoting PrEP and PEP, or are aimed at involving young men in conversations about HIV and gender, or raising awareness around sexual and gender-based violence and psychosocial support. These campaigns were widely shared on the LVCT Health's one2one™ digital platform to maximize reach on Facebook. They were later boosted by digital ambassadors, youth champions and peer influencers trained by LVCT Health.

In summary, the empirical findings presented in this section strongly affirm that LVCT Health plays an essential role in the digital and offline amplification of information regarding HIV prevention, care and treatment. The organization serves multiple functions, such as an educational

platform for young people to receive information, reducing stigma, myth and misconceptions surrounding HIV, a peer engagement space, and a trusted referral point for young people to access HIV services. By combining HIV health information services with youth-centered communication strategies, the platform effectively meets the health

information needs of young people in Homa Bay Town. Its success lies in the fact that the platform features allow participation from the young people, local partners and health providers, especially in high-burden regions, and low-resource settings similar to Homa Bay Town.

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