

Leveraging LVCT Health's Facebook Page to Enhance Youth Feedback on HIV Information in Homa Bay Town, Kenya

Denise Akun

Media and Communication Technology, Maseno University, Kenya

Geoffrey Korir

Media and Communication Technology, Maseno University, Kenya

ABSTRACT – Recent empirical studies demonstrate how Homa Bay Town in Kenya experiences a disproportionate burden of HIV and AIDS among its youthful population. Within these studies' findings, it is possible to recognize that Homa Bay's HIV prevalence rate exceeds that of the country's national average. While existing research emphasizes broad-based interventions, limited attention has been given to understand how social media interventions, particularly through Facebook, are generating feedback on HIV-related issues. This study, therefore, investigates how LVCT Health, through its Facebook page, garners feedback from young people in Homa Bay Town regarding the HIV-related information it disseminates. The study addresses this objective by adopting a qualitative case study design, employing purposive sampling to select participants comprising 24 young residents and 4 LVCT Health personnel from the communication department. Data collection methods included focus group discussions and in-depth interviews, with thematic analysis employed to interpret the findings, which are presented narratively.

Keywords – FEEDBACK; INTERACTIVE FEATURES; OPINION INFLUENCER; OPINION LEADERS; YOUNG PEOPLE

I. Introduction

Given the pressing need to address the HIV epidemic among adolescents and young people in Homa Bay County and the growing presence of Facebook in the lives of young people in Homa Bay Town, there is a critical need to establish how Facebook can effectively garner feedback on HIV-related information and serve as an effective platform for promoting HIV service uptake in Homa Bay Town. As a resource, this paper aims to potentially inform targeted interventions and public health strategies that can enhance the health outcomes and well-being of adolescents and young people in Homa Bay County concerning HIV and AIDS.

More specifically, this paper demonstrates how unfettered access to HIV-related information can significantly help in generating feedback regarding new HIV infections among young people in Homa Bay Town, which is one of the regions with the highest HIV prevalence rates in Kenya. This paper reinforces the need for dismantling the impediments that young people have continued to face in sending relevant information, such as stigma, limited access to HIV information, and inadequate access to youth-friendly health services. The paper demonstrates how the emergence of new

media and digital connectivity can be built on to address such barriers, given that they have become central to youth communication. The paper also demonstrates the need for health agencies to recognize this centrality by adopting Facebook as a channel they can widely use for both social engagement and information exchange among the young people, making it a strategic platform for health communication. The paper further demonstrates how health agencies can use Facebook to improve access to HIV-related information and public health engagement, all of which can contribute to positive behavior change, especially when campaigns are audience-centered and theory-informed.

Finally, by exploring the role of Facebook as a platform used to provide access to HIV-related information in Homa Bay Town, this study presents evidentially based recommendations for improving access to relevant information among young people. The recommendations proffered encourage the new generation of researchers to build on this study's findings by conducting various research on public health interventions that align with the Sustainable Development Goals, particularly the third goal, which aims to ensure healthy lives and promote well-being for all at all ages, and the tenth goal, which focuses

on reducing inequalities within and among countries. Indeed, such studies would have the potential to affirm and reaffirm the essentiality of promoting inclusion and equitable access to HIV-related services, which coalesces into the global agenda for inclusive health and social development.

II. Theoretical Basis for Analysis

The Multi-Step Flow Theory of Communication provides essential terms of reference needed to address this study's objective. The Multi-Step Flow Theory was first proposed by Paul Lazarsfeld, Bernard L. Berelson, and Hazel Gaudet in 1944 and later modified and extended by Elihu Katz and Lazarsfeld in 1955. It is important to distinguish the multistep flow theory from the two-step theory, given their potential to be used, albeit erroneously, interchangeably. The two-step theory involves a direct flow of information from a media source to opinion leaders, who then influence followers (Lazarsfeld, Berelson, & Gaudet, 1940). In contrast, the multistep theory suggests that multiple intermediaries are involved in the communication process, with information passing through several layers before reaching the targeted audience (Nishioka, Weidenmüller, & Yoshida, 1988). In this sense, therefore, the multistep theory acknowledges a broader network of influences. It also shows that individuals not only consume media content directly but also indirectly through interpersonal communication. It also amplifies how as opinion influencers, opinion leaders strive to be both senders and receivers (Katz & Lazarsfeld, 1955).

Even though this theory was proposed in 1955, it finds articulation within the scholarship of new media communication today, especially where organizations can adopt social media platforms or pages as a media source, and where opinion leaders can receive information from these organizations' pages and send an interpreted and synthesized messages to an audience that follows them. In this context, therefore, this theory comes in handy in interrogating the LVCT Health Facebook page as an original media channel or source and identified digital opinion leaders who disseminate interpreted messages received from the LVCT Health's page to their followers.

In more specific terms, the theory helps in making sense of how healthcare providers and peer educators take the role of opinion leaders to engage and spread messages received from LVCT Health's Facebook page to drive young people to seek HIV services. The theory further provides a framework for understanding how young people who access this information act as opinion receivers, opinion seekers, and information receivers. This interpretation is fundamental in establishing how young people in Homa Bay town receive key HIV services-related messages, talk about these messages, and

engage with the opinion leaders by way of sending feedback regarding these messages.

This analysis is crucial because the multistep theory of communication is practically interactive meaning that its insistence on feedback generation provides a perfect backdrop for understanding how LVCT Health's Facebook channel enables digital engagement around the HIV service access and utilization, which is important in strengthening trust in health interventions among young people in Homa Bay Town.

Even as we seek to establish how the theory resonates with the empirical findings discussed in strict conformity with the analytical structure above, it is also important to establish how these findings speak to the theory's main limitation. This theoretical limitation is largely founded on how the theory ignores the direct effects of media and assumes a coherent chain of information, which may not be a comprehensive depiction of social media interaction in practice (Katz & Lazarsfeld, 1955).

III. Synthesis of Related Literature

Facebook has interactive features that provide users with a great platform for discussion, information sharing, and engagement. These features have the potential to influence and encourage young people to send their feedback on information concerning HIV prevention, testing, and treatment services (Sitar, N. A., 2024). Indeed, previous empirical studies have highlighted the potential and effectiveness of Facebook-based feedback messaging in influencing health-seeking behavior. For instance, Smith et al. (2016) found that by adopting Facebook's interactive features, Facebook-based HIV support groups in the United Kingdom (UK) managed to improve awareness and increase service utilization by providing a space for young people to access reliable information and peer support. Similarly, Jones and Miller (2018) demonstrated that U.S. social media campaigns successfully increased engagement with HIV-related services by leveraging targeted messaging and interactive discussions. Indeed, as a summary of an extended repertoire of research in the area, these findings demonstrate how organizations in the global north are tapping into Facebook's potential as a digital intervention tool that can be used to increase feedback generation and promote HIV service uptake among young people.

In the global south, some studies in Uganda and Zambia, for instance, have highlighted how health organizations are leveraging Facebook's potential to encourage young people to seek HIV-related information by way of presenting feedback. For instance, Nsubuga et al. (2020) found that Ugandan youth who were engaging in Facebook-based HIV forums were more likely to access HIV testing, care, and treatment services

compared to those relying only on traditional media. Similarly, Tembo and Chanda (2019) demonstrated that interactive Facebook awareness campaigns in Zambia led to increased health-seeking behavior, with more young people actively seeking HIV-related information and services. Given such findings, one can easily conclude that Facebook has a great potential of promoting engagement and improving access and service uptake of HIV services among young people in the global south and Africa more specifically.

It would be interesting to establish whether this conclusion can be arrived at in a much-localized context in Kenya. Such exploration would materialize especially because in Kenya, it is possible to establish that there have been several interactive Facebook campaigns that have been geared towards generating feedback and, in turn, improving health-seeking behaviors. Wekesa (2018), for instance, reveals how initiatives such as live chats, peer counseling, webinars, and storytelling on digital platforms managed by NASCOP have sought to improve how young people between the ages of 18 to 30 years engage with HIV services. On their part, Otieno et al. (2021) found that young Kenyans who followed HIV-related Facebook pages within the broader East African region were nearly twice as likely to seek testing, treatment, and preventive services and lead healthier lives.

It is important to note that while the above studies and other previous ones have highlighted Facebook's potential in encouraging young people to seek and offer feedback on any HIV-related issue, there are a number of limitations that could impact its effectiveness. For example, Mwangi (2019) highlights issues such as cyberbullying, misinformation, and digital or socioeconomic barriers as the main factors that could impede access to credible health information. Also, closely tied to these limitations, a researcher needs to understand that reliance on online platforms alone may not be sufficient to drive service uptake. Indeed, a number of commentators including public health experts recommend integrating Facebook-based interventions with traditional strategies, such as peer education and engagement with healthcare providers, to maximize success.

This understanding is borrowed in this study's interrogation in Homa Bay Town where, as a part of the study's proposed ecosystem, the role of the digital healthcare opinion leaders is explored. Such exploration, as already established in some sections of literature, will be founded on their connection with LVCT Health's one2one™ Facebook page, which will act as a media source that connects young people to HIV services by providing HIV-related information and expecting feedback on such information. Perhaps, in this way, the researchers will provide a grounding, reinforcing the need to integrate digital

efforts with traditional healthcare outreach to optimize success.

IV. Synthesis and Interpretation of Empirical Data

In addressing this study's objective, the empirical findings from interviews and FGDs suggest that Facebook plays a central role as a feedback-enabling platform for LVCT Health's HIV communication efforts among young people in Homa Bay Town. Participants consistently described Facebook as a dependable platform for content dissemination because of various reasons including its dynamic nature, interactivity, information reciprocity, multidirectionality, and mediated communication. This study revealed that feedback on LVCT's Facebook page was not limited to reactionary responses to a post but emerged as a co-creative process where young users engage, question, personalize, and even redistribute HIV related messages.

LVCT Health's one2one™ Facebook page leverages the platform's feedback mechanisms, such as comments, reactions, inbox messages, polls, story features, and Facebook Live to establish a continuous and dialogic feedback loop. These mechanisms facilitate both explicit feedback, like direct inquiries on health services available for young people or suggestions on preferred topics to be featured on subsequent posts. Other feedback mechanisms to posts also included reactions to messages, such as likes, shares, and emojis, which reflect levels of resonance and emotional engagement. One male focus group member aged 19 years noted:

"I usually comment on their posts, but when I see a peer educator responding, I trust the message more. It feels like it's coming from one of us."

Additionally, LVCT Health links its Facebook posts to external channels such as the toll-free hotline (1196), which is another way of providing multiple feedback pathways, all facilitated through messages or posts on the Facebook channel. This process aligns closely with the multistep theory of communication, which posits that information flows from media to opinion leaders, who then interpret and relay it to others within their social networks. It is possible to recognize from the LVCT Health one2one™ Facebook platform, which serves as a media source, that peer educators, youth champions and vocal online followers who all serve as opinion leaders do not only pass on information but also gather feedback from the online community who in this case act as opinion seekers and opinion receivers.

Participants also emphasized that Facebook's informality and perceived anonymity makes it easier for young people who are majorly the users to give feedback, especially around sensitive

topics like sexuality, PrEP or ART use, HIV status, or condom negotiation. Many young people in this study stated that they were more likely to express themselves and provide feedback via comment threads or inbox messages than in clinical or formal settings. One FGD female participant aged 21 years noted:

"Sometimes I comment to say thanks or ask a question, but if it is something private, like about my partner or my HIV status, I inbox them through Facebook Messenger. They always respond, even late at night."

Facebook Messenger is a free feature on Facebook that allows users to privately share messages in different formats including texts, videos, images, and so on. Here, LVCT Health utilizes the Facebook Messenger to serve a dual role, both as a private feedback channel and a referral pathway for their users. LVCT Health's digital health team has embraced Facebook Messenger as a feedback channel and often uses this space to direct users, who are the young people, to professional services, including the toll-free one2one™ helpline or in-person health facilities and thereby transforming feedback into service uptake. Indeed, this empirical finding resonates with the review of literature in Section Three, where Jones and Miller (2018) demonstrated that social media campaigns in the United States effectively enhanced engagement with HIV-related services by employing targeted messaging and interactive discussions. Collectively, these findings, along with a broader body of research, illustrated how organizations in the Global North were harnessing Facebook's potential as a digital intervention tool to generate user feedback and promote the uptake of HIV services among young people.

As revealed earlier in this paper, the LVCT Health one2one™ Facebook page uses a strategically curated multimedia approach that includes short videos, animated clips, reels, infographics, and visual narratives and testimonials to demystify HIV-related topics. This multimodality approach enhances comprehension among young people and encourages interaction, particularly among users who are subscribed to the LVCT Health one2one™ Facebook page. One FGD Participant, Female, aged 23 years, noted that:

"There was this video on how to use PrEP... it was short, had subtitles, and even showed young people like us. I watched it twice and then shared it with my friend."

Many of the posts from LVCT Health are deliberately designed to elicit feedback. They feature open-ended questions, polls, or calls to action, e.g., "Tag a friend," "Drop

your opinion below," or "DM us for more info", which in a sense, stimulate user contributions. LVCT Health deliberately incorporate messages that encourage participatory communication, where the young people who are the audience are not passive recipients but also have an opportunity to act as co-authors of messages only after making meaning from the initial posts and thereafter sharing their views or thoughts. This resonates with the articulation of the multistep theory of communication showing the two-way exchange and transfer of information and influence from Opinion Receivers to Opinion Leaders through the new media (Singh, 2016).

A standout feature of LVCT Health's strategy is its integration of peer educators as digital opinion leaders. In Homa Bay Town alone, LVCT Health works with local partners, that is Vuka Forces and Activate Action, to realize their digital health interventions. The LVCT Health digital team has trained individuals from these partner organizations and embedded them within the communities they serve. These individuals act as opinion leaders and they interact with content in visible ways including liking, commenting, replying, reposting and occasionally creating their own user-generated posts that echo official messaging as shared on the LVCT Health one2one™ Facebook page. Their participation normalizes public engagement, reduces perceived risk, and enhances credibility. One interviewee from Vuka Forces noted in this regard that:

"When a youth like me responds to a question, it encourages others to also speak up. We make the space less scary."

This use of opinion leaders is a concrete application of the multistep two-step flow model. By using individuals who occupy both institutional and community spaces, LVCT Health is able to amplify messages reaching a broader audience and also allows them to collect a nuanced, trust-based feedback. The opinion leaders from the local organizations, that is the Vuka Forces and Activate Action, also act as filters and interpreters, helping the organization understand localized feedback nuances, especially when youth hesitate to speak directly to the administrators of the LVCT Health's Facebook page.

In this study, the feedback from young people manifests in two primary ways. One of them is public feedback to posts shared on the Facebook platform. The feedback is in the reactionary form of likes, shares, emojis, and comment threads. These are often conversational, affirming, or inquisitive, with subscribers to the page expressing appreciation or probing deeper into the posted message. The second way is through the private feedback, which is usually conveyed through Facebook inbox messages, typically used for personal, sensitive, or urgent concerns. This includes

discussions about sexually transmitted infections (STIs), gender-based violence, partner dynamics, or sexuality-related anxieties.

This combination of both public and private feedback mechanisms gives LVCT Health rich insights, which can then be triangulated for planning and adaptation of HIV-related information. Additionally, these feedback mechanisms, especially those gained privately are treated holistically where some lead to referrals to health facility for further intervention or attention, hence increasing service uptake.

Despite these gains, several challenges impeding the full feedback potential of the LVCT's Facebook page are cited. Misinformation and conflicting opinions in the comment section are surfaced and are seen by the participants as contributing factors that derail discussions and cause confusion. While the LVCT Health has invested in training the administrators of its page to correct such issues, real-time management is not always feasible due to high volumes of online activities.

Connectivity and data access barriers still persist, especially for rural or low-income youth. Some of the participants noted having to wait for Wi-Fi access or having to borrow smartphones to engage and thus limiting real-time interaction. This empirical finding can be situated within the observations and proposals made by Kamau (2021) regarding the need for stakeholders to come together and ensure that Facebook is no longer subjected to extreme costs around data accessibility, which poses a massive challenge to users (Kamau, 2021).

In addition, fear of online judgment or stigma continues to derail feedback elicitation. Some users reported witnessing or fearing cyberbullying, especially around topics like same-sex relationships or HIV status.

"Sometimes, you are just afraid that you can get attacked or mocked if you comment on something personal. So, I just read and keep quiet." — FGD Participant, Male, 20 years

This finding corresponds with an observation that emerged in Section Three regarding a number of limitations that could impact feedback's effectiveness. At the time, Mwangi (2019) cited issues such as cyberbullying, misinformation, and digital or socioeconomic barriers as the main impeding factors.

In recognition of these limitations, it emerged from the findings that LVCT Health uses feedback gathered online to inform its offline outreach. Opinion leaders who moderate online spaces often carry insights into community forums, youth group meetings, and school-based sessions. Likewise, feedback from in-person sessions were also seen to shape the

direction and tone of subsequent Facebook content. This feedback loop between online and offline spaces ensures continuity on discussions, and that health messaging remain responsive to the needs of the young people in Homa Bay Town.

Overall, this study observed that Facebook platforms such as the LVCT Health one2one™ serves as a dual-purpose platform. On one hand, the channel is used for HIV information dissemination and on the other, a strategic tool for feedback collection and engagement among young people in Homa Bay Town. By investing on the principles of interactivity, youth-led communication, and peer mediation, LVCT Health is effectively channelling feedback in ways that are authentic, responsive, and socially embedded, and uses this feedback to address the needs and preferences of the young subscribers.

Anchored in the multistep theory of communication, the LVCT Health's approach reflects an understanding that credibility and feedback can be strengthened through trusted intermediaries, who are the young people that experience the same realities as their peers. Through this layered, participatory strategy, the LVCT Health is able to listen and understand the information needs of young people and also learn and adapt.

V. Conclusions and Recommendations

In addressing this paper's objective on establishing how LVCT Health uses its Facebook page to garner feedback from young people in Homa Bay town, the study revealed that LVCT Health one2one™ Facebook page serves as a two-way communication channel. Young people provide feedback and actively engage with the content through likes, shares, comments, and reactions, with many using the comment sections to ask questions, seek clarification, or share personal experiences. The LVCT Health one2one™ Facebook platform utilized the inbuilt Facebook private messaging feature, that is the Facebook Messenger, which was particularly vital for its privacy and safety, with respondents indicating that it provided a discreet avenue or pathway to discuss sensitive matters such as HIV status, mental health challenges, and service referrals to nearby health facilities. Beyond Facebook's built-in feedback tools, LVCT Health also links its Facebook posts to external channels such as the toll-free hotline (1196), providing multiple feedback pathways, all facilitated through Facebook channel. These tools collectively facilitate a continuous feedback loop, enabling LVCT Health digital team to assess content reception, understand emerging concerns, and tailor future messaging based on real-time user responses. Focus group discussants expressed appreciation for the responsiveness of LVCT Health one2one™ page

administrators, particularly through the Facebook Messenger feature, where responses were often timely and supportive.

One of the key conclusions drawn from this study is that LVCT Health has successfully harnessed Facebook's interactive features to move beyond unidirectional messaging to create a two-way communication channel. With this in mind, young people targeted with the content are not only passive recipients of information but also active participants in conversations. The use of comment sections, emoji reactions, direct messages via Facebook Messenger, and post shares and reposts provide avenues for users to engage, ask questions, and provide feedback. These interactions create a feedback loop that allows LVCT Health to reassess or refine its messaging based on real-time concerns and user responses, ultimately contributing to more targeted and impactful digital outreach on their one2one™ Facebook platform.

Based on the challenges and opportunities identified in the study, two recommendations are proffered. First, while Facebook has proven effective, LVCT Health and other health organizations should explore more ways to scale its reach to young people who face barriers such as limited internet access or lack of digital literacy, especially those in semi-rural areas. Offline outreach such as community-based intervention efforts should also be strategically paired with digital campaigns to ensure no youth is left behind.

Finally, health organizations looking to embrace new media such as Facebook, should conduct routine evaluations of its Facebook outreach campaigns to assess reach and engagement patterns, user feedback quality, and service linkage outcomes. Data from these evaluations is useful because it can potentially inform content strategy and help improve targeting and personalization of messages for different youth sub-groups.

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