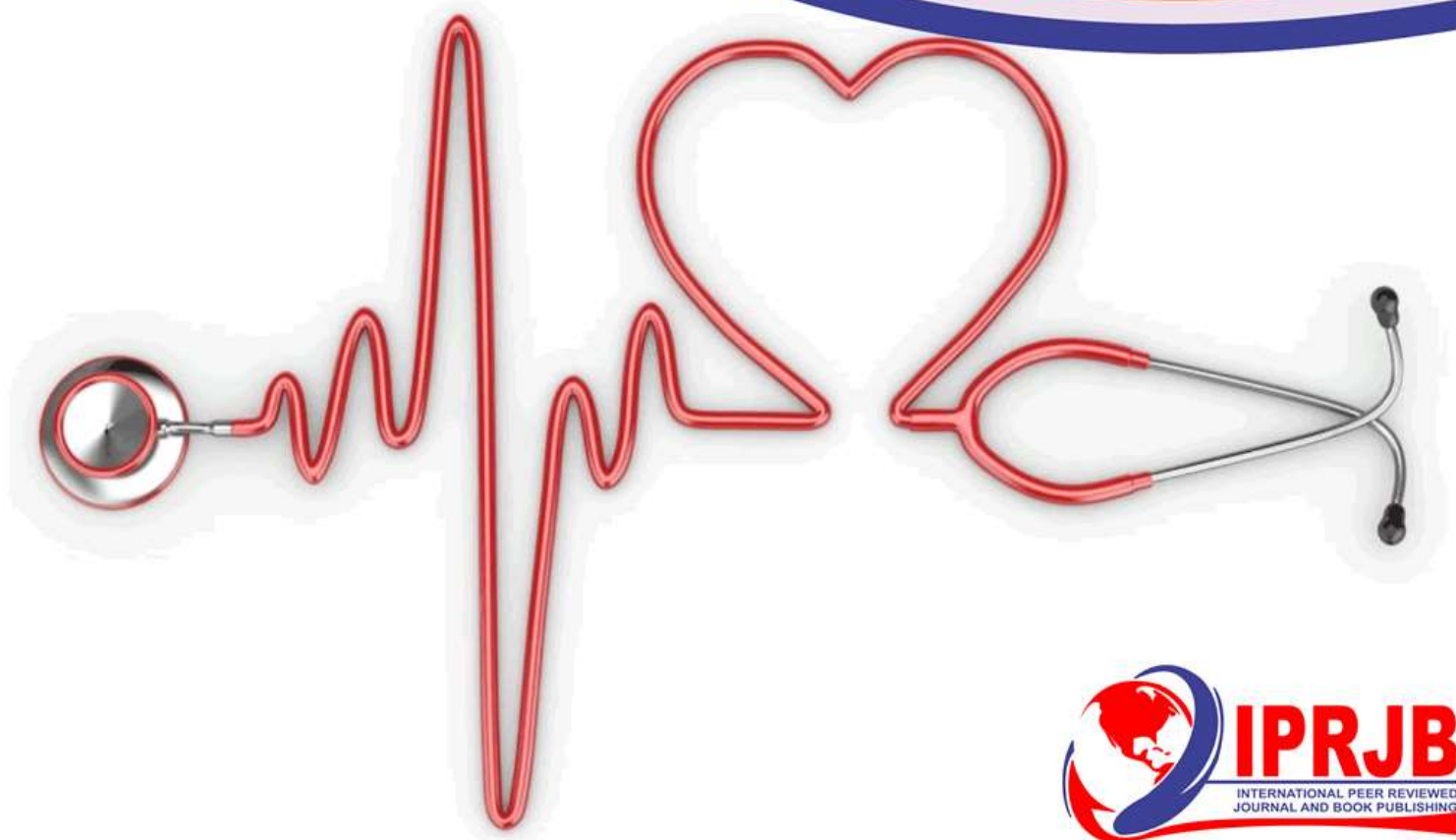


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**Opinion Leaders' Characteristics and Prevention of Sexually Transmitted Infections
among Youth in Institutions of Higher Learning in Machakos County, Kenya**

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Abstract

Purpose: While modern medicine is a relief to health worldwide, Sexually Transmitted Infections (STIs) have continued to ravage the world population, and especially the youth. This paper is based on a study that sought to determine the role of opinion leaders' characteristics in the prevention of STIs among youth in institutions of higher learning in Machakos County Kenya. The study was informed by the realization that despite the many preventive initiatives by the relevant stakeholders, the numbers of reported cases of STIs among students in institutions of higher learning continue to rise. The main objective of the study was therefore to investigate the role of opinion leaders and their characteristics and their influence in the prevention of STIs among students.

Methodology: The study was done using the mixed methods approach. The study collected data from 385 respondents for quantitative data among undergraduate students in three institutions of higher learning in Machakos County, while qualitative data was obtained through 26 in-depth interviews with key informants from the institutions.

Findings: The study revealed that opinion leaders' characteristics have an influence on response to prevention of STIs among youth.

Unique Contribution to Theory, Practice and Policy: The study recommended that opinion leaders utilize their characteristics and amplify their efforts in helping the young people learn about sexual health and STI prevention.

Keywords: *Opinion Leaders' Characteristics, Sexually Transmitted Infections, Youth, Prevention*

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INTRODUCTION

Sexually Transmitted Infections (STIs) have been related to sexual activities since ancient times. In the late 1800s and the beginning of the 1900s, advancements in chemistry and microbiology brought breakthrough in identifying and treating STIs (Burg, 2012). However, even with the advent of modern medicine, STIs still devastate the world population. According to estimates by the World Health Organization, in 2016 there were 376 million new cases of four STIs; chlamydia, gonorrhea, syphilis, and trichomoniasis, that are curable. The youth aged 15-24 world over constitute the highest reported STI cases, especially in resource-deprived nations (Yuh, et al., 2020). In addition, in Sub-Saharan Africa, the yearly incidence of STIs is ranked higher in comparison with other regions of the world (Gerbase & Mertens, 1998).

Untreated STIs bear consequences including reproductive disorders, liver failure, infections among infants, cancer, diseases related with the nervous system and the facilitated transmission of Human Immunodeficiency Virus (HIV) (Chesson, Mayaud, & Aral, 2017; Regional Committee for Africa, 2017). While the youth, based on new reported infections, are mostly unaware of dangers of unprotected sex, HIV and other STIs are becoming a silent epidemic (Devex Partnerships, 2022). Despite the negative impact of STIs on the psychological and physical health of individuals, and the economic burden upon resource-poor countries, STIs are treatable and preventable.

Intervention strategies against STIs have shown varying results with some achieving reduced incidence of infection (Mayaud, et al., 1997), while others have even used cash payments given to participants to encourage them to get basic healthcare and to persuade them to engage in safe sex (Stoner, Kilburn, Godfrey-Faussett, Ghys, & Pettifor, 2021). Others have seen no impact in HIV acquisition rates and only moderate impact on some STI rates (Wawer, et al., 1999).

Furthermore, studies concerning use of health communication to promote prevention of HIV and STIs have also centered around media as an avenue of relaying messages to audiences. For example, (Rodríguez, 2020) found that young people do not acquire quality information and do not differentiate reliable sources in media to make informed decisions on behavior regarding sexual health. The study also highlighted that audiences do not react effectively to terminologies used in media, therefore the campaigns are unnoticed. In addition, the messages are generalized and thus do not result in behavioral changes.

In their research on ‘Female Adolescent Communication about Sexually Transmitted Diseases’, Rouner and Lindsey (2009) found that participants had difficulty acquiring information about STIs from mediated sources. This was due to either high consideration or mistrust of new information technologies. The study also highlighted limited use of interpersonal communication sources concerning STIs. Thus, research on health communication and prevention of STIs seems centered around mediated communication which has proved ineffective. As an aspect of health communication, this study sought to investigate how characteristics of opinion leaders who engage in interpersonal communication with young people can be used to promote prevention of STIs among the youth.

Katz, Lazarsfeld and Roper (2017) describe opinion leaders as individuals with the ability to influence other persons in their immediate environment. They are likely to influence the opinions,

attitudes and beliefs of others in society. Traditionally, they are characterized by a higher social status, agreeability and many social contacts (Park, 2013). Those influenced by opinion leaders seek opinions as a way to reduce risk in decision making (Engel, Blackwell, & Kollat, 1978).

Katz (1957) provided a report on his hypothesis of the two-step flow of communication. In the report that analysed studies that had been done on the two-step flow of communication theory, the characteristics of opinion leaders were delineated. The analysis noted that opinion leaders and the people they influence are very much alike and are usually members of the same primary groups of family, friends and even co-workers. This refers to the characteristics of familiarity of opinion leaders to the people whose opinion they influence and similarity between both opinion leaders and the influenced.

Familiarity and similarity as important characteristics that foster effectiveness of passing messages to respondents are also posited by (McCracken 1989; Ohanian, 1990). McCracken developed the meaning transfer model which opines that celebrities, who are usually opinion leaders, can be used to endorse products by transferring meaning from the product to the consumer, thus influencing them to purchase. McCracken's model further stresses that familiarity is seen as knowledge of the source of the message, in this case the opinion leader, through exposure while similarity is the supposed resemblance between the source of the message and the receiver. Thus, sources that are known to and perceived as similar to the receiver of the message are attractive and persuasive.

In his analysis, Katz (1957) also opines that while opinion leaders may have more interest in the particular sphere in which they are influential, there is a high possibility that those who are influenced are not that far behind the opinion leader in their level of interest. In diffusion of innovation, the innovators who are first to adopt a behavior change innovation, and the early adopters who have a desire to be trend setters and are role models respected by peers, are seen as opinion leaders for the other adopter categories (Kaminski, 2011). In addition, despite the opinion leaders having more exposure to the source of information, for example, the media, other people have more influence on the opinion leader than does the communication media or source of information. This means that opinion leaders are also influenced by other opinion leaders, hence giving credence to the study.

Furthermore, Katz (1957) opined that opinion leaders are characterized by factors that align to certain domains, that is, competence and interest in the domain, which (Winter & Neubaum, 2016) refer to as "what one knows". This can also be called expertise on a subject matter. For instance, health providers are seen to have expertise on health matters because they have studied and have relevant experience in health practice, thus they would be seen as reliable opinion leaders on matters health. Hovland, Janis and Kelley (1953), while analyzing the factors that lead to the credibility of a communicator, underlined two factors namely: expertise and trustworthiness. According to their postulation, expertise refers to "the extent to which a communicator is perceived to be a source of valid assertions," while trustworthiness is "the degree of confidence in the communicator's intent to communicate the assertions he considers most valid."

Another characteristic of influencers, according to Ohanian (1990) is likability, which is an individual's affection for the source of a message due to their physical appearance and behavior. Influencers who are likable and are admired by the public, for example, movie stars, politicians,

musicians and other public figures are likely to have positive influence on their admirers. Young people, owing to their numbers, are usually the largest audience of influencers. In fact, researchers from Leicester and Coventry universities, while studying the influence of celebrities on young people and their social networks in the United Kingdom, uncovered that celebrities may be becoming more influential to young people than their parents, teachers and even school friends (Cassidy, 2004). Also, in their study of characteristics of successful opinion leaders, (Chen, Glass, & McCartney, 2015) found that successful opinion leaders are usually those with great appeal. Appeal is represented by the confidence of followers towards the opinion leader.

Studies have shown the effectiveness of opinion leaders in influencing behavior change in the health sector. Flodgren, O'Brien, Parmelli and Grimshaw (2019) studied effects of local opinion leaders on professional practice and healthcare outcomes, by analyzing 24 studies involving more than 337 hospitals, 3,005 healthcare professionals and 29,167 patients, a majority of them done in North America. Their objective was to reveal how effective local opinion leaders were when used to improve the compliance of healthcare professionals with evidence-based practice and patient outcomes. According to their analysis, local opinion leaders can be effective in promoting evidence-based practice, thus optimizing patient outcomes. They defined local opinion leaders as individuals who are perceived as credible and trustworthy.

Using postal questionnaire surveys, Grimshaw et al. (2006) sought to establish whether opinion leaders are effective as healthcare agents. The study done in Scotland aimed to test the feasibility of identifying opinion leaders and what their characteristics are. Findings posit that opinion leaders are more likely to have developed local social networks, are more likely to have experience and seniority in their spheres of influence, and are more likely to have professional and academic qualifications. Moreover, their investigation suggested that opinion leaders are not a one-size-fits-all, but rather appear to be monomorphic. This means that different opinion leaders are usually influential for different issues.

Attesting to the characteristics of familiarity and similarity of opinion leaders, the study by Howard, et al. (2000) examined the support of opinion leaders for tobacco control policies and how involved they are in tobacco control activities. The opinion leaders, randomly selected from different fields including health and education, were surveyed via telephone. The research indicated that most opinion leaders involved in tobacco control activities and who supported tobacco control policies had a high probability of having a friend or family member with a smoking-related illness. Another study by Guldbrandsson, Nordvik and Bremberg (2012) supports the assertion that opinion leaders can be effectively used to spread relevant knowledge in the health sector, for example, new health promoting methods. The study, which sought to identify potential opinion leaders in child health promotion, began by asking respondents to identify persons they felt confident to contact so as to discuss matters in child health promotion.

Statement of the Problem

The impact of STIs to society is devastating. Left untreated, they may lead to serious ill health and can be fatal (Waugh, 2011). The youth are disproportionately impacted by STIs partly due to ignorance as they are unaware of the consequences of their sexual reproductive behavior and the relationship with the infections imposed (Devex Partnerships, 2022). While knowledge of STIs

and preventive measures is important, more attention has been given to HIV/AIDS and other infectious diseases than to other STIs whose negative effects can be as catastrophic. This is perplexing taking into account the destructive effects of these STIs on the health, social and economic status of individuals (Waugh, 2011). In addition, health communication interventions against STIs have largely centered on mediated communication. This has involved using campaigns in media like print, television, radio and digital media to promote preventive healthcare against STIs (Rodriguez, 2020; Friedman, Kachur, Noar, & McFarlane, 2016; Rouner & Lindsey, 2020). While these mediated campaigns can produce positive changes in health-related behaviors especially among the youth, the effectiveness of these campaigns is usually lessened by other content on these platforms competing for the attention of audiences (Wakefield, Loken, & Hornik, 2010). Therefore, interpersonal communication between opinion leaders and the youth, to aid in STI prevention was investigated, with focus on the characteristics of opinion leaders.

Objective of the Study

The main objective of the study was to determine the role of opinion leaders' characteristics in the prevention of sexually transmitted infections among youth in institutions of higher learning in Machakos County, Kenya.

Research Hypothesis

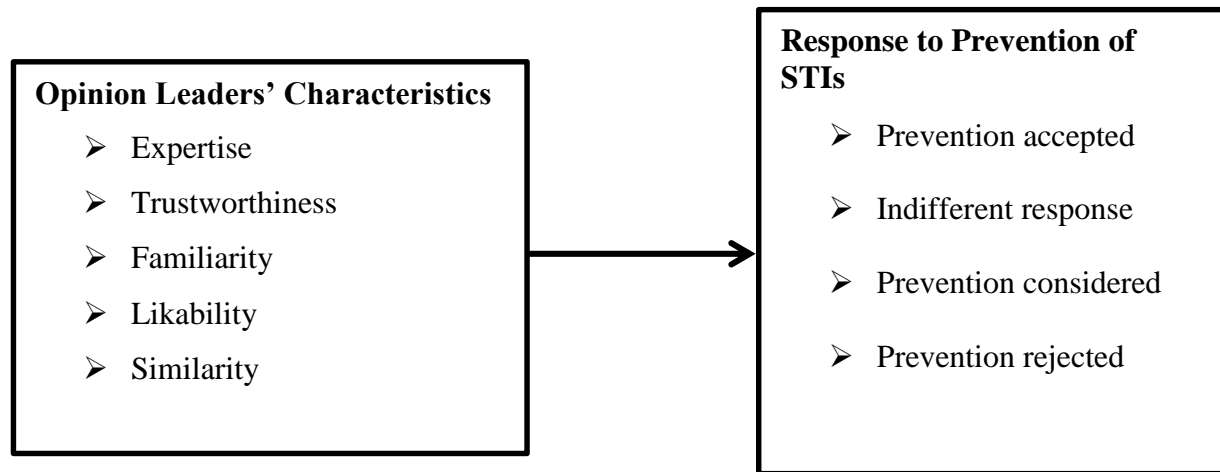
H₀: There is no significant effect of opinion leaders' characteristics in communicating preventive measures of STIs among youth in institutions of higher learning in Machakos County, Kenya

Theoretical Review

The study utilized the two-step flow of communication theory developed by Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in 1948 in an unrelated study of Ohio voters' decision-making processes during the 1940 presidential election, published in 'The People's Choice'. The theory proposes that interpersonal communication has a greater effect in shaping individual's opinions compared to mass media. In their study, Lazarsfeld and his colleagues were surprised to discover that voters who made up their minds late in the campaign ascribed their decisions to personal influence from daily associates. These voter types reported that they heard about the presidential candidates more from family members and other daily social contacts than from the news media (Douai, 2011). Lazarsfeld's finding led to the hypothesis: "Ideas often flow from radio and print to the opinion leaders and from them to the less active sections of the population," (Katz, The Two-Step Flow of Communication: An Up-To-Date Report on an Hypothesis, 1957) and (Ban, 1964). This suggests that a majority of people acquire information from opinion leaders through interpersonal communication as opposed to directly from mass media. A 'multi-step' approach has been proposed to replace the 'two-step' flow, especially in the current era of digital media where most people have access to information through personal devices like smartphones (Mohamad, Ahmad, Salleh, & Sulaiman, 2017). Studies have shown that opinion leaders are effective in enhancing behavior change in health communication (Ju, Ohs, Park, & Hinsley, 2021) (Zhu, Guan, & Donovan, 2020). The theory aided in understanding the characteristics of opinion leaders that help them influence young people about STI prevention.

Conceptual Framework

The researcher derived the conceptual framework from the theory that inspired the study and in reference to the objective set out to answer the problem statement as demonstrated in Figure 1 below:



Independent Variable

Dependent Variable

Figure 1: Conceptual Framework

According to the conceptual framework, the independent variable of the study was opinion leaders' characteristics while the dependent variable was response by the youth to prevention of STIs.

METHODOLOGY

The study utilized a mixed methods approach to collect quantitative and qualitative data. Combining both qualitative and quantitative research helps draw on the strengths of each (Creswell, Klases, Clark, & Smith, 2011), and hence relevant and suitable for the study.

The population of the study was undergraduate students sampled from institutions of higher learning in Machakos County, specifically: Machakos University, Kenya Medical Training College (Machakos Campus), and Machakos Institute of Technology. The quantitative sample size was 385 male and female students aged 18-25 years, sampled through probability sampling involving stratified sampling and simple random sampling. The target population also consisted of opinion leaders who included: peers, lecturers/tutors, religious leaders and healthcare providers, who were purposefully selected and interviewed. The qualitative data was collected from 26 key informants. The study used structured questionnaires to collect quantitative data, while an interview guide was used to gather qualitative data.

In addition, the researcher got ethical approval to conduct the study from the JKUAT Ethics Review Board, which is approved by the National Commission for Science, Technology and Innovation (NACOSTI).

RESULTS AND DISCUSSION

The study's main objective was to examine opinion leaders' characteristics and response to prevention of STIs among youth in institutions of higher learning in Machakos County and the results are represented in Table 1 as follows:

Table 1: Opinion Leaders' Characteristics and Response to Prevention of STIs among Youth

S/no	Opinion leader influence	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	I believe an opinion leader who has knowledge of sexual health is more credible and will positively influence me to prevent STIs	46.5	44.2	8.1	0.8	0.5
2	I will be influenced in knowing how to prevent STIs by an opinion leader who is a skilled professional in health matters	43.9	48.1	6.2	1.3	0.5
3	I will be convinced about the information on preventing STIs if I think the opinion leader is honest in their claims	38.7	44.7	11.9	3.1	1.6
4	I will consider accepting views of preventing STIs from an opinion leader who is trustworthy and dependable	42.1	46.2	9.4	1.8	0.5
5	I will be influenced in knowing how to prevent STIs by an opinion leader who is popular	28.3	37.1	19	10.4	5.2
6	I will be convinced about preventive measures of STIs by an opinion leader with a likable personality	30.6	44.4	14.8	6.0	4.2
7	I will accept the information on preventing STIs if I think the opinion leader is relatable	30.4	42.9	16.4	7.8	2.6
8	If I don't know the opinion leader, I will not be convinced by their views about preventing STIs	15.1	23.6	16.9	29.4	15.1
9	I would prefer information about preventive measures against STIs from an opinion leader with whom I share similarities like age, education level and gender	25.5	31.7	20.8	12.2	9.9

(Strongly Agree – 1, Agree – 2, Neutral – 3, Disagree – 4, Strongly Disagree – 5; Mean – 2.0975, Standard Deviation - .61356)

As seen in Table 1 above, the statements were presented using a 5-point Likert Scale. The mean was 2.0975. This means that most respondents agreed with the statements concerning the effect of opinion leaders' characteristics in communicating preventive measures of STIs among the youth. The standard deviation was 0.61356, which is close to zero, indicating that the data was clustered around the mean.

Correlation Analysis for Opinion Leaders' Characteristics and Response to Prevention of STIs

The researcher conducted correlation analysis to determine how opinion leaders' characteristics interrelated with response to prevention of STIs by the youth as shown in Table 2 below.

Table 2: Correlation Analysis for Opinion Leaders’ Characteristics and Response to Prevention of STIs

		Response to Prevention of STIs	Opinion Leaders’ Characteristics
Response to Prevention of STIs	Pearson Correlation	1	.192**
	Sig. (2-tailed)		.000
	N	385	385
Opinion Leaders’ Characteristics	Pearson Correlation	.192**	1
	Sig. (2-tailed)	.000	
	N	385	385

** . Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficient was ($r=0.192$, $p=0.000$), as seen in Table 2, implying that opinion leaders’ characteristics have a statistically significant strong positive correlation with young people’s response to prevention of STIs. This indicates a positive linear relationship between opinion leaders’ characteristics and response to prevention of STIs among the youth sampled from institutions of higher learning. Guldbrandsson, Nordvik and Bremberg (2012) support the assertion that opinion leaders can be effectively used to spread relevant knowledge in the health sector, for example, new health promoting methods.

Regression Analysis for Opinion Leaders’ Characteristics

Regression analysis was conducted to determine the regression model for opinion leaders’ characteristics and response to prevention of STIs by the youth. The model was used to test whether opinion leaders’ characteristics significantly predicted response to prevention of STIs as depicted in Table 3 below.

Table 3: Regression Analysis Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.192 ^a	.037	.034	.20636

a. Predictors: (Constant), Opinion Leaders’ Characteristics

As seen in Table 3, the findings indicate that the adjusted R^2 is 0.034, stipulating that there is a relationship between opinion leaders’ characteristics and response to prevention of STIs, with the implication that 3.4% of the variation of response to prevention of STIs by young people can be explained by opinion leaders’ characteristics. The remaining 96.6% of variation in response to prevention of STIs by young people would be due to other factors not found in the model.

In addition, regression analysis coefficients were used to determine whether the model was significant as demonstrated in Table 4 below:

Table 4: Regression Analysis Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.120	.038		29.859	.000
	Opinion Leaders' Characteristics	.066	.017	.192	3.822	.000

a. Dependent Variable: Response to Prevention of STIs

As per the regression analysis coefficients in Table 4, the regression model is statistically significant since $p=0.000 < 0.05$, implying that opinion leaders' characteristics significantly predict response to prevention of STIs among the youth. The model can be defined as $Y=1.120+0.066X_3$ where Y =response to prevention of STIs by young people and X_3 =opinion leaders' characteristics. The unstandardized coefficient for opinion leaders' characteristics was 1.120. This suggests that a unit increase in opinion leaders' characteristics increases the response to prevention of STIs by 0.066, holding all other variables constant.

ANOVA for Opinion Leaders' Characteristics

The researcher used the Analysis of Variance (ANOVA) results to determine whether the model was significant and whether opinion leaders' characteristics had any influence on response to prevention of STIs. The results are depicted in Table 5 below:

Table 5: ANOVA for Opinion Leaders' Characteristics

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.622	1	.622	14.610	.000 ^b
	Residual	16.310	383	.043		
	Total	16.932	384			

a. Dependent Variable: Response to Prevention of STIs

b. Predictors: (Constant), Opinion Leaders' Characteristics

Results of Analysis of Variance for regression coefficients as shown in Table 1.4 were; $F(1,384)=14.610$, $P=0.000$, indicating that the model is significant since $P < 0.05$. Therefore, the regression model is significantly fit to predict response to prevention of STIs by young people, thus, it can be argued that opinion leaders' characteristics had an influence on response to prevention of STIs among the sampled students of institutions of higher learning. Thus, the null hypothesis that opinion leaders' characteristics have no significant effect in communicating preventive measures of STIs among youth in institutions of higher learning in Machakos County, Kenya, was rejected. Hence, it is true to conclude that opinion leaders' characteristics have an effect on response to prevention of STIs among the youth.

Moreover, as per the results in Table 1.0, majority of the respondents, 90.7%, agreed that an opinion leader who is knowledgeable about sexual health was more credible and more likely to positively influence them to prevent STIs than any other person whose credibility was in question.

Regarding expertise, most of the respondents at 92% said that they would be influenced in knowing how to prevent STIs by an opinion leader who was a skilled professional in health matters.

In the same breath, most key informants agreed that health professionals had extensive knowledge about sexual health and were likely to be effective opinion leaders to young people concerning STI prevention.

The key informants were captured under the labels H1, H2, H3, H4, H5 and H6 to indicate responses from healthcare providers; L1, L2, L3, L4, L5, L6, L7 and L8 for responses by lecturers and tutors; R1, R2, R3, R4, R5 and R6 to indicate responses by religious leaders; and S1, S2, S3, S4, S5 and S6 for responses by student leaders.

H3: Youth listen to us because they know health workers know more about the sexually transmitted diseases, because it's something we learn in school rather than a person, maybe like a pastor or a teacher. I have a credit score which is higher than all of those people because I've undergone training, I have handled patients with those issues...I have a bigger influence compared to maybe another person who is not a health worker.

L7: Expertise is critical because once you inform them that you're an expert in this field, it instills confidence in the young people, especially on what you have to say about sexual health. You are like an authority.

R2: It is good to have that knowledge because new diseases are coming up and the mode of infection is also very challenging.

S5: It's an advantage because nurses and doctors, have gone for further studies on these things and they have acquired knowledge concerning sexual matters, concerning anything with the body. They know you in out. So, it's an added advantage to them.

According to Katz (1957), opinion leaders are characterized by factors that align to certain domains, that is, competence and interest in the domain, which (Winter & Neubaum, 2016) refer to as “what one knows”. This can also be called expertise on a subject matter. For instance, health providers are seen to have expertise on health matters because they have studied and amassed experience in health practice, thus they would be seen as reliable opinion leaders on matters health, as indicated by majority of the respondents who regarded opinion leaders’ knowledge and expertise as important. In support of the importance of knowledge and expertise, Grimshaw et al. (2006) noted that opinion leaders who are effective healthcare agents are more likely to have professional and academic qualifications.

Guldbrandsson, Nordvik and Bremberg (2012) support the assertion that opinion leaders can be effectively used to spread relevant knowledge in the health sector, for example, new health promoting methods. Their study sought to identify potential opinion leaders in child health promotion. In the case of STI prevention which was the focus of this research, opinion leaders who have knowledge and expertise about STI prevention are likely to be professionals in the health sector.

While some interviewees agreed that being a health practitioner gives you an upper hand in educating young people about sexual health, they also highlighted the importance of other voices

which may compliment the expertise of health practitioners, as well as the method of communicating or delivery of information:

L2: I think mostly those ones who are not health professionals can complement those experts who cannot reach out everywhere. Most health professionals work in hospitals. They don't have time to do talks around university students.

R3: Certainly, the health professional has an advantage because he is trained in it, he has content. However, it is not enough to be a professional. How you go about it, the approach, the strategy is very critical, especially because sexual health is a sensitive area. So, the delivery, the method you use to disseminate the knowledge is equally important, as opposed to just having the content. That's why someone who is not even a health professional, who can read and equip himself or herself with the knowledge, but has effective way of delivering, can be more effective.

Supporting the importance of an opinion leader having expertise in health matters, one of the health professionals noted that parents had at times delegated the task of sexual health education to the medical professionals.

H1: Many times, parents will bring their young ones, and they're just concerned that they might be having STI or UTI and they tell you what they would want you to advise the young ones. They want you to do the job of actually telling them about sexual education rather than them doing it... Now they want to delegate the duty of educating to the doctor.

As seen in Table 1.0, honesty of the opinion leader seemed an important characteristic for the young people, as 83.4% noted that they would be convinced about information on preventing STIs if they perceived the opinion leader as honest in their claims. Moreover, most of the respondents at 88.3% noted that they would consider accepting views of preventing STIs from an opinion leader who was trustworthy and dependable.

The researcher questioned interviewees on the importance of trust and confidentiality when communicating with young people about STI prevention. All key informants affirmed that trust and confidentiality were critical when communicating with young people about sexual health issues and STIs:

H1: Before a teenager can trust you with their sexual history, you'd really have done a lot of work... in our career, confidentiality is one of the ethics. So, whatever I said in the consultation room can never be spoken to anyone without your knowledge and your permission.

L6: Trust is important, especially to young people, because when you are not trustworthy, they tend to shy away from you, especially when they want to confide something in you.

R3: Where sexual health is concerned, trust and confidentiality are very key. They want to share with you in confidence. They wouldn't want you to betray their trust to hear what they have told you out there.

S4: If you want to approach me for advice and maybe I have trust issues, it will be difficult for you to tell me all your details, but if you have that trust, it will be very easy for you to know that your information is safe with me.

Trustworthiness is "the degree of confidence in the communicator's intent to communicate the assertions he considers most valid," and it may highly enhance the credibility of the opinion leader to the young people (Hovland, Janis and Kelley, 1953). In their study of effects of local opinion leaders on professional practice and healthcare outcomes, Flodgren, O'Brien, Parmelli and Grimshaw (2019) found that opinion leaders who are perceived as credible and trustworthy can be effective in promoting evidence-based practice, thus optimizing patient outcomes.

Some of the key informants highlighted that due to misinformation from the internet and other sources, young people may find it hard to trust the diagnosis of health professionals. In addition, building trust with the youth was based on practicing what the opinion leader talked about.

R4: When you want to tell them something, make sure that whatever you are telling them is reflecting on you. Meaning what you tell them is what you do. That's the only way you can build good trust with them.

Furthermore, some key informants highlighted that broken trust can have negative effects on young people's ability to talk about sexual health.

As per the results in Table 1.0, notably, 15.6% of respondents did not think popularity of the opinion leader would help influence on STI prevention, whereas 65.4% thought it would be an important factor. Interestingly, researchers from Leicester and Coventry universities uncovered that celebrities may be becoming more influential to young people than their parents, teachers and even school friends (Cassidy, 2004). Furthermore, successful opinion leaders are usually those with great appeal. Appeal is represented by the confidence of followers towards the opinion leader (Chen, Glass, & McCartney, 2015).

According to the findings, a bigger number of the respondents at 75% agreed that they would be convinced about preventive measures of STIs by an opinion leader with a likable personality. Ohanian (1990), opined that likability is an individual's affection for the source of a message due to their physical appearance and behavior. Relatability of the opinion leader also appeared as an important factor of consideration for most of the respondents at 73.3%.

When asked whether it was important for an opinion leader to be likable so as to influence young people on STI prevention, some of the interviewees, especially health professionals expressed that their expertise was more important than likability, while others said that trustworthiness was more important:

H1: I think it's more of the respect accorded to me as a physician, because many times when a doctor says, things are actually followed ...I would say it's not more of liking me.

R4: It's not about liking the individual who is addressing them. It's about the magnitude of what you are telling them. What we tell them is what is more important and helpful. It's not liking the opinion leader.

S6: When you're talking about STIs, you must not be liked... because if they like you, then it means you will be hiding things which may not be good for them...being liked is not that big factor so long as what you are telling is the truth.

Majority of the respondents agreed that likability would help an opinion leader influence the youth about STI prevention. Some gave examples of how to create the atmosphere of friendliness which enhances likability:

H4: You must create an environment in which they'll be able to tell you anything that they wish to tell you, be open to you. You have to create rapport and a good environment for them to be free to you.

L8: For people to listen to you, you have to be likable. Because if you don't like someone, will you listen to them? I think that's major...if you approach them in a friendly way it becomes quite easy to interact

R3: When you show them love, compassion, they are easily persuaded when they know that you are doing this in their best interest... And especially for the young people, they don't want to feel like they are just being lectured or judged. When you strike a rapport, you can easily influence them.

S5: Unless you are friendly to the guys you are expressing your points to, it will be a hard thing.

Interviewees also highlighted that likability can lead to trust between the opinion leader and the young person.

Results in Table 1.0 show that notably, 38.7% of the respondents highlighted that if they did not know the opinion leader, they would not be convinced by their views about preventing STIs. A larger number of the respondents at 44.5% noted that they would still be convinced about STI prevention by an opinion leader whom they did not know. According to Katz (1957), opinion leaders and the people they influence are very much alike and are usually members of the same primary groups of family, friends and even co-workers. According to McCracken's Meaning Transfer model, familiarity is seen as knowledge of the source of the message, in this case the opinion leader, through exposure, while similarity is the supposed resemblance between the source of the message and the receiver. Thus, sources that are known to and perceived as similar to the receiver of the message are attractive and persuasive (Ohanian, 1990; McCracken, 1989).

Similarity of an opinion leader was an important factor for over half of the respondents, at 57.2%, who agreed that they would prefer information about preventive measures against STIs from an opinion leader with whom they shared similarities like age, education level and gender.

The researcher questioned interviewees on their experience concerning familiarity and similarity with the young people they communicated with about STI prevention. Some of health professionals mentioned that some regular patients had developed familiarity and trust with the health professionals and thus requested for their services when they visited the health facilities or when they needed medical advice. Majority of the key informants highlighted the importance of familiarity as well as ways they used to create familiarity when interacting with young people about sexual health:

L1: I take that motherly side to see if they can be able to relate back home. Because here at school we are their mothers, their parents. So, if you show them that side of motherhood and motherliness, then they feel comfortable with that.

R3: *People you're familiar with open up very easily, as opposed to strangers. Sexual matters are sensitive.*

S3: *Those who are familiar with me, mostly those from school, now that I'm their vice chairperson, I find an easy time talking to them because we are at least of the same age bracket and at least we have familiarized ourselves and we have been interacting in class since I joined school.*

Interestingly, few interviewees highlighted that familiarity would negatively impact the ability of an opinion leader to influence the youth about STI prevention:

L7: *I would go for familiarity with some level of caution because as a human being, you have your own weaknesses here and there. Once this familiarity has reached to an extent that they realize some of your weaknesses now, you may lose the moral authority maybe to give advice on certain issues, especially matters of sexuality.*

Key informants also highlighted a number of similarities they shared with the youth they had interacted with concerning sexual health. They noted that these similarities including age, sharing social settings and hobbies, and gender may have helped them engage with the youth because of relatability:

H2: *We are all young people, probably we have the same experiences... they relate to me much better than they would relate to someone who is much older. They feel like I understand their situation and they feel like I will relate more to them than if they went to someone else.*

L1: *Some of them will think we are almost the same age mate. So, they feel comfortable to tell you their problems.*

R1: *One, I am still youthful as they are, though I can be a little bit aged. But from that point of view, I believe when we speak, there's that similarity that we can have because we are all speaking as youths. Secondly, also unmarried, like most of them are. So, it's also another similarity that you can also have. Thirdly, there can also be similarity in terms of our faith, because for cases whereby I'm interacting with members of the Christian union, we have common faith. We are Christians.*

S6: *The main similarity we share is that we are youth. We are all students. We stand the same risk of getting these things because our environment is the same. So, if I can be tempted to get STI or STD, then they also stand the same chance because we are in the same environment.*

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study concluded that opinion leaders' characteristics influence response to prevention of STIs among youth. Majority of the youth regard opinion leaders who are knowledgeable about sexual health as credible, thus opinion leaders who are skilled professionals in health matters would influence them concerning sexual health and STI prevention. Nevertheless, opinion leaders who are not in the medical field, for example teachers and lecturers, parents and religious leaders are also important in influencing the youth about STI prevention, since medical settings are only one of the avenues through which young people engage on sexual health. Other characteristics of opinion leaders that young people deem important for successful influence about STI prevention include: honesty, trustworthiness, shared similarities and being likable. Trust between the opinion

leader and the young person is important for effective interaction, and trust can be enhanced when an opinion leader shows that they have successfully practiced the measures of preventing STIs which they recommend. Some young people consider the popularity of opinion leaders as a characteristic that can be influential for sexual health. In addition, while familiarity of the opinion leader is considered important, young people would accept information from opinion leaders who were strangers but were knowledgeable and likable.

Recommendations

The study recommends that opinion leaders who are, health professionals, parents, religious leaders, teachers/lecturers/tutors, the youth themselves and celebrities amplify their efforts in helping the young people learn about sexual health and STI prevention. It is recommended that opinion leaders should campaign for STI prevention and champion conversations and interactions with the youth concerning sexual health and STIs. In addition, the study recommends that opinion leaders get training from relevant non-governmental organizations. Thus, opinion leaders can be equipped with interpersonal skills to enable them enhance characteristics that improve their effectiveness to influence young people concerning sexual health and prevention of STIs. Sexual health and STIs are a reality in the world, thus teaching the youth about these issues from a young age would be more beneficial than ignoring the topics until the consequences appear.

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