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Stories that Heal

Reimagining Health through African Literature and Tradition

Anuluwapo Omowale Oladimeji | ORCID: 0009-0001-8715-5915
Future Skills Academy, Auckland International, Auckland, New Zealand
anu.oladimeji@futureskills.co.nz

Jude Oluwapelumi Alao | ORCID: 0000-0002-8575-2070
School of Community and Public Health, Auckland University
of Technology, Auckland, New Zealand
alao.jude@autuni.ac.nz

Received 12 June 2025 | Accepted 26 November 2025 |
Published online 18 December 2025

Abstract

Health promotion in sub-Saharan Africa often has poor results because many interventions neglect local cultural frameworks. This paper reviews how African literature and storytelling, spanning oral traditions, novels, poetry and drama, can strengthen culturally grounded health communication. Interpreting narratives through the health belief model (HBM) and social cognitive theory (SCT), it examines how stories frame risk, model health behaviours and build collective efficacy. Drawing on works by Achebe, Ngũgĩ, p'Bitek, Soyinka and Bâ, alongside case studies of HIV, malaria and Ebola interventions, the analysis shows that storytelling can reduce stigma, enhance trust and inspire behavioural change. The paper recommends creating frameworks for integrating storytelling into health promotion, training health workers in narrative competence, and expanding research on its behavioural impact. African literature emerges as both an analytical and practical resource for culturally responsive, sustainable, public health strategies.

Keywords

African literature – cultural narratives – health promotion – public health interventions – storytelling

1 Introduction

Health promotion in sub-Saharan Africa is persistently challenged, despite biomedical advances. A high burden of infectious disease (malaria, HIV/AIDS, Ebola and recent mpox outbreaks) intersects with structural barriers, misinformation and variable trust in formal health systems, producing gaps that standard, one-size-fits-all interventions often fail to close (AfricaCDC, 2024; WHO, 2024a, 2024b; Buseh et al. 2015). Crucially, many interventions underperform because they do not engage adequately with the cultural worlds in which health beliefs and practices are embedded.

It is essential to acknowledge that African societies have long had organised mechanisms for disease prevention and the social regulation of health. Historical and ethnographic studies document pre-existing systems of sanitation, market and household hygiene regulation, and extensive herbal pharmacopoeias, practices and institutions that colonial administrations later co-opted or transformed rather than invented (Feierman, 1985). In some regions, colonial and Indigenous sanitary roles even merged: for example, the so-called *wole-wole* (house-search or sanitary inspectors) operated in Yorubaland as local agents of household sanitation during the colonial period, reflecting earlier communal expectations about household hygiene and public order (Alade, 2025). These continuities demonstrate that local awareness of sanitation and communal health predates modern public health programmes and remains a vital resource for culturally grounded interventions.

This review examines how African literature and storytelling, encompassing oral tradition, novels, poetry and drama, can strengthen health promotion by translating abstract public health messages into culturally resonant narratives. Storytelling shapes perceptions of risk and remedy, models social behaviour, and can reduce stigma in ways that conventional campaigns rarely accomplish (Carvalho and Vilaça, 2024; Mutua and Nakidde, 2024). Rather than proposing that literature substitutes biomedical practice, this paper argues that culturally grounded narratives can complement and enhance the uptake of biomedical interventions when used strategically and ethically.

Methodologically, the study employs a narrative and thematic approach, along with an interpretive reading of texts informed by two behaviour-change

frameworks: the health belief model (HBM) and social cognitive theory (SCT). These frameworks were applied to decode how stories dramatise perceived susceptibility and severity, reveal benefits and barriers, and supply social models that build self-efficacy. To address limitations in the existing literature, this review broadens the textual sample beyond canonical novels to include drama, poetry and gendered perspectives (for example, Achebe's *Things Fall Apart*, Ngũgĩ's *A Grain of Wheat*, Okot p'Bitek's *Song of Lawino*, Soyinka's *Death and the King's Horseman* and Mariama Bâ's *So Long a Letter*), and pairs close readings with applied examples of community theatre, broadcast drama and digital storytelling.

Linking literary analysis to public health practice, the paper aims to (1) illuminate how narratives shape health imaginaries and behaviours; (2) evaluate storytelling's role in stigma reduction, crisis communication and resilience-building; and (3) propose practical, culturally sensitive ways to integrate literature and storytelling into health promotion frameworks. The sections that follow present the theoretical framing, methodological approach, close readings and case studies, and a set of recommendations for policy and practice.

2 Methodology

This paper employed a narrative review methodology to explore the potential of African literature and storytelling in enhancing health promotion strategies in sub-Saharan Africa. A narrative review synthesises the existing body of literature and provides a thematic analysis of key works, offering a comprehensive understanding of the subject matter without the exhaustive search protocols of a systematic review. The focus of this review was to draw connections between African literary traditions and their applications in public health interventions, particularly in addressing health crises such as HIV/AIDS, malaria and mental health issues.

2.1 Selection of Literary Works

The African literary works reviewed in this study were selected using specific inclusion criteria. They were chosen for their thematic relevance to health-related issues in sub-Saharan Africa, encompassing topics such as traditional medicine, health stigma, disease prevention and cultural resilience. Unlike systematic reviews, which aim for exhaustive inclusivity, this narrative review strategically selected works that have had significant cultural and academic impact and are recognised for their engagement with health themes.

The works include diverse literary forms, including novels, oral tradition, poetry and drama, to reflect the range of storytelling approaches across African societies. The selected authors, such as Chinua Achebe, Ngũgĩ wa Thiong'o, Chimamanda Ngozi Adichie and Okot p'Bitek, are widely regarded for their contribution to African literature and their exploration of health-related themes within their works. Additionally, local and regional authors whose works have influenced public health discourse were considered.

2.2 *Thematic Analysis*

The selected literary works were analysed using thematic analysis, a method which allows for the identification, analysis and reporting of patterns within texts. This method was used to highlight the recurring themes relevant to health promotion, such as the intersection of traditional and modern medicine, the role of stigma in health behaviour, and the influence of cultural narratives on public health. Health-related interpretations emerged inductively from textual patterns rather than being retrospectively imposed.

Each text was reviewed to identify key health-related themes and cultural references. Attention was paid to how these works addressed health crises and how they integrated local cultural knowledge into the narratives. Relevant sections of the texts were coded for recurring themes. This process involved identifying references to health behaviours, traditional healing practices and the portrayal of health crises like HIV/AIDS and malaria. The codes were then grouped into broader themes, such as “traditional medicine vs. modern health-care”, “health stigma” and “community resilience”. The identified themes were analysed within the frameworks of SCT and the HBM, established public health theories that provide a theoretical foundation for understanding how storytelling in African literature can influence health behaviours. For example, the HBM's focus on perceived susceptibility, severity and barriers was applied to the analysis of how literature addresses health risks, and SCT's emphasis on social learning and self-efficacy was used to explore how narratives can shape health behaviours in communities.

2.3 *Databases and Sources*

A comprehensive search of academic databases (JSTOR, PubMed and Google Scholar) was conducted to identify literary works and scholarly articles that connect with public health discussions. Additionally, regional African literary archives were consulted to ensure the inclusion of widely recognised and lesser-known works that have contributed to the health discourse in African contexts. The use of these databases ensured that the review was well-rounded, covering literary studies and public health research.

3 Linking Storytelling to Behaviour Change Theories

The analysis of African literature and health communication in this paper is grounded in an interpretive application of the HBM and SCT. Rather than treating these frameworks as predictive or diagnostic instruments, they are used as analytical lenses and conceptual bridges that help decode how narratives function as mechanisms for modelling health beliefs and behaviours within specific cultural contexts. Applied interpretively, the HBM and SCT reveal the psychological and social architectures embedded in stories, including how threats are framed, how solutions are presented and how communities learn what constitutes appropriate action.

HBM maps onto the narrative tasks that stories perform. A story can make a health threat visceral (perceived susceptibility or severity), dramatise the benefits of a response and personify barriers, cultural, logistical or economic, that impede action. Narrative elements such as illness episodes, ritual consultations or a character's fall and recovery can function as "cues to action", showing audiences what a path from risk to recovery might look like. In Achebe's work, for example, illness episodes and communal healing rites render the stakes of disease visible and situate health decisions within social obligations; in other texts, the cost of seeking care (distance, stigma, distrust) is dramatised so that the audience sees both the barriers and possible solutions.

SCT explains how stories accomplish social transmission. Narratives are engines of observational learning: audiences see relatable characters or respected community figures model behaviours (seeking care, using a net, accepting vaccination) and, through the story's emotional arc, gain vicarious experience that builds self-efficacy. Performative forms, such as griots, theatre troupes and radio dramas, intensify this modelling because they allow communal witnessing and reinforcement: the protagonist's choices are publicly observed, judged and either rewarded or sanctioned by the group. In *Death and the King's Horseman*, ritual performance models communal obligations and the consequences when those obligations are disrupted; participatory theatre during epidemics similarly models hygiene or quarantine practices in culturally familiar terms.

The HBM and SCT describe a dual process by which storytelling promotes behaviour change: the HBM explains how narratives frame the problem and make the benefits and costs of action intelligible; SCT explains how those framed solutions are learned, practised and socially reinforced. Storytelling, therefore, does more than convey information; it creates a simulated social world in which health beliefs are formed, contested, and normalised (Table 1). This integrated perspective explains why culturally rooted narratives can lead

TABLE 1 How storytelling engages HBM and SCT constructs

Theoretical construct	Role in storytelling	Illustrative literary/ performative example
HBM: Perceived susceptibility and severity	Narrative makes the threat visceral and personal (moves risk from statistic to lived experience)	A family's grief over a malaria death dramatises severity and motivates prevention
HBM: Perceived benefits and barriers	Dramatises positive outcomes of action and personifies obstacles (cost, distance, stigma)	A character's struggle to reach a distant clinic embodies geographic and economic barriers
HBM: Cues to action	Story events or rituals prompt specific behaviours (testing, bed-net use)	A healer's prescription or a community elder's appeal triggers communal action
SCT: Observational learning	Provides relatable models whom audiences observe adopting health behaviours	A peer getting tested in a drama prompts youth in the audience to follow
SCT: Self-efficacy	Shows characters overcoming obstacles, building audience belief in their own ability	A mother successfully administering oral rehydration therapy models life-saving skills
SCT: Social reinforcement	Depicts community approval or disapproval, reinforcing social norms	Elders praising a family for using bed nets reinforces adoption as desirable

to uptake and sustained behaviour change: they align cognitive appraisal (the HBM) with social learning and agency (SCT).

By applying the HBM and SCT interpretively, we can deconstruct how African literature and performance function as culturally resonant repositories of health models, places where risk, remedy and social sanction are worked out in ways that are meaningful to specific communities. This theoretical synergy guides the close readings and case studies that follow, and points towards practical applications (community theatre, culturally adapted media, collaboration with cultural custodians) that leverage cognitive appraisal and social learning for health promotion.

4 Enhancing Health Promotion through African Literature

4.1 *Novels*

Chinua Achebe's *Things Fall Apart* portrays not only the practices of traditional medicine in precolonial Igbo society but also the underlying health imaginary, the culturally shared way of conceiving what counts as illness, its causes and proper remedies. In this health imaginary, spiritual, social and physical dimensions of well-being are inseparable: illness is often understood through clan obligations, ritual balance and communal responsibility, and healers function as custodians of that integrated worldview (Achebe, 1958). Achebe dramatises this when characters turn to diviners, herbalists and collective rituals to diagnose and treat ailments, showing how communal participation gives meaning to both suffering and cure. The protagonist Okonkwo's experience of cultural dissonance under colonial pressure, therefore, does more than depict changing practices; it reveals how imposed biomedical paradigms can fracture a community's interpretive framework for health and well-being. Read through the HBM, these scenes illustrate how cultural misalignment produces perceived barriers that erode trust, lower the perceived benefits of new interventions and undermine self-efficacy in seeking care.

Ngũgĩ wa Thiong'o's *The River Between* highlights the sociopolitical dimensions of health by depicting circumcision rituals (wa Thiong'o, 1965). These rites symbolise cultural identity and public health debates, illustrating the delicate balance between tradition and modern health policies. The narrative reflects SCT, in that the protagonist learns from observing the consequences of health-related actions within his community. The tension between Indigenous rituals and modern health recommendations underscores the challenge of aligning community behaviour with biomedical practices, which is central to SCT in understanding social influences on health decisions.

Chimamanda Ngozi Adichie's *Half of a Yellow Sun* explores the health crises that accompany conflict, such as malnutrition and disease outbreaks (Adichie, 2006). Adichie's narrative emphasises the human cost of inadequate health-care infrastructure during political upheaval, reinforcing the HBM in showing that perceived severity and susceptibility to health risks, such as insufficient nutrition and disease transmission, drive health-seeking behaviour in dire circumstances. The novel emphasises the importance of robust health systems that can address immediate and long-term challenges.

4.2 *Oral Tradition*

The Maasai story of *Enkai and the Cattle* teaches the importance of stewardship, hygiene and the communal nature of health (Sally, 2025). It underscores the

collective responsibility for well-being, aligning with health promotion strategies that emphasise community engagement. According to SCT, the communal responsibility expressed in the story highlights social learning, where individuals adopt healthy behaviours in response to group dynamics and collective actions.

Igbo proverbs, such as “A tree does not make a forest”, emphasise the role of the community in health promotion, highlighting the interconnectedness of individuals within society. Folk narratives have been adapted also to combat stigma and encourage health-seeking behaviours, such as HIV testing. In these stories, the virus is anthropomorphised as a trickster figure, conveying the message that knowledge and collective action are essential to overcoming health crises. This aligns with SCT, where behaviour change is influenced by observing the collective response to health issues and reinforcing adaptive health behaviours through shared community values.

4.3 *Poetry and Drama*

Okot p'Bitek's *Song of Lawino* critiques the erosion of traditional health practices, juxtaposing Indigenous knowledge systems with the alienation imposed by Western medicine (p'Bitek, 1966). Through poetic language, p'Bitek conveys the emotional and cultural impact of this displacement, advocating for the preservation of cultural identity in health practices. This critique can be viewed through the lens of SCT, showing that individuals' self-efficacy is influenced by the cultural legitimacy of the health practices they observe. Emphasising cultural resilience, the poem advocates for the integration of traditional practices into modern health systems.

Wole Soyinka's *Death and the King's Horseman*, set in a Yoruba community, explores the interconnection between physical, spiritual and communal well-being, illustrating how cultural practices shape health outcomes (Soyinka, 1975). Presenting a holistic view of health, Soyinka's work aligns with contemporary calls for culturally integrated healthcare systems. His portrayal reflects the HBM, where the integration of culturally respected practices may reduce perceived barriers and increase the likelihood of adopting health-promoting behaviours within communities.

4.4 *Case Studies and Key Health Themes in African Literature*

4.4.1 Traditional vs. Modern Medicine

The tension between traditional and modern medicine is a recurring theme, often framed by colonial disruption (Figure 1). Chinua Achebe's *Things Fall Apart* provides a foundational understanding of this conflict. His portrayal of Ezinma's illness, and Okonkwo's search for help from a diviner and tradi-

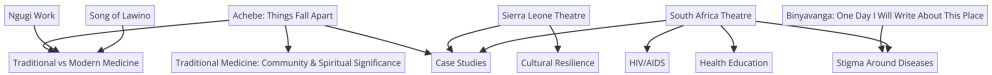


FIGURE 1 Connections between literary works and health themes in African literature
SOURCE: OLADIMEJI ET AL (2025)

tional healers, depicts health in precolonial Igbo society as a balance between the physical and spiritual realms. The communal participation in these rituals illustrates that well-being extends beyond the individual to the social body (Achebe, 1958). This scene embodies SCT, where health behaviour is modelled through respected figures, whose practices reinforce collective norms. Achebe's narrative warns against the erosion of these Indigenous systems, suggesting that alienation from cultural health frameworks can weaken community self-efficacy.

Similarly, Okot p'Bitek's *Song of Lawino* critiques the abandonment of traditional practices under the influence of colonialism. Lawino's lament "The ways of your ancestors are good; their customs are not bad" underscores the link between cultural integrity and well-being, positioning cultural loss as a form of illness (p'Bitek, 1966). This literary tension reflects the HBM, in that perceived barriers, such as mistrust of modern medicine, reduce the likelihood of individuals adopting recommended health behaviours. Contemporary debates about integrating traditional medicine into biomedical frameworks mirror the challenges faced by African communities in navigating these two systems (Mutola, Pemunta and Ngo, 2021; Curtis et al, 2019).

4.4.2 Health Stigma

African literature has been instrumental in addressing the stigma that surrounds diseases like HIV/AIDS, and mental health, by humanising affected individuals. Binyavanga Wainaina's *One Day I Will Write About This Place* delves into the societal silence that surrounds illness, revealing its isolating effects (Wainaina, 2011). This approach directly engages with SCT, where individuals' health behaviours are shaped by observing and interacting with others who experience stigma.

Beyond written texts, performative storytelling has proven to be an effective tool. Community theatre in South Africa has used dramatisations to confront HIV/AIDS-related discrimination (Uwah and Cheteni, 2024), demonstrating how narrative can improve empathy and reduce prejudice. In Kenya, participatory storytelling initiatives have addressed mental health stigma by encouraging individuals to share their personal experiences through stories and songs, thereby fostering a shared understanding and reducing discriminatory attitudes (Mental 360, 2024).

4.4.3 Cultural Resilience

Literature and storytelling often highlight cultural resilience during health crises, using familiar forms to convey critical information. During the 2014–2016 Ebola outbreak, Sierra Leonean community theatre groups adapted traditional tales to educate the public about transmission and prevention (Bedson et al, 2020). These performances incorporated familiar cultural symbols to overcome mistrust, demonstrating the power of culturally adapted interventions.

The concept of cultural resilience resonates strongly in Ngũgĩ wa Thiong'o's *A Grain of Wheat*, which portrays the psychological and communal wounds of colonialism. The characters' trauma manifests as bodily afflictions, symbolising the interconnectedness of emotional and physical health. By presenting confession and collective healing as routes to restoration, Ngũgĩ emphasises the therapeutic power of communal truth-telling (Ngũgĩ, 1967). Within the HBM, this aligns with perceptions of benefit and collective efficacy, illustrating how shared narratives can motivate behavioural and emotional healing during a crisis.

4.4.4 Narrative Healing and Gender

A gendered perspective on health emerges in narratives that frame storytelling itself as an act of therapy and a means of reclaiming agency. Mariama Bâ's *So Long a Letter* is a prime example, in which Ramatoulaye's introspection following her husband's death reveals the emotional toll of polygamy and social expectation. Her reflections on maternal care, childbirth and widowhood shed light on how social constraints shape women's health (Bâ, 1979). Narrating her recovery through writing frames storytelling as a therapeutic act, an instrument for reclaiming psychological well-being.

Wole Soyinka's *Death and the King's Horseman* explores a different, yet equally profound, connection between narrative and healing. The ritual suicide at the play's centre is not merely an act of death but a symbolic restoration of communal balance. Soyinka's emphasis on ritual obligation reflects a holistic conception of health that includes moral equilibrium and ancestral continuity (Soyinka, 1975). The disruption of this process by colonial misunderstanding leads to spiritual and communal disorder, illustrating how cultural dissonance can undermine a community's health. Within SCT, this represents a breakdown in social modelling, where imposed values interrupt Indigenous systems of learning and health regulation.

5 Literature as a Tool for Health Promotion

Building on the themes explored through literature, this section examines the applied use of storytelling as a mechanism for health promotion. Storytelling is now recognised as an essential tool for influencing behaviour, addressing cultural nuances and combatting stigma, particularly in contexts where traditional health communication falls short (Figure 2).

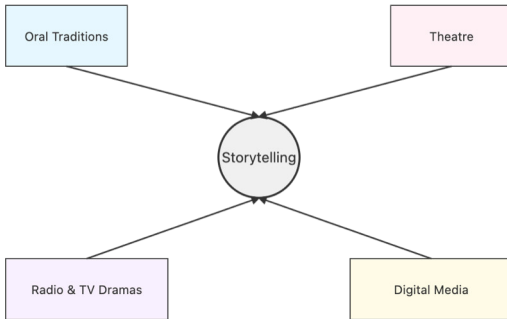


FIGURE 2 Examples of storytelling methods
SOURCE: OLADIMEJI ET AL. (2025)

The impact of storytelling on behaviour change lies in its ability to enhance connection and relatability. Narratives engage audiences emotionally, encouraging them to empathise with characters and internalise the lessons conveyed. This process, known as “narrative transportation”, occurs when audiences become so immersed in a story that they are mentally transported into its world, increasing the likelihood of adopting the behaviours modelled (Green, 2021). Studies show that storytelling stimulates brain areas associated with sensory and emotional experiences, creating vivid, memorable imprints that enhance recall (Zak, 2014).

Culturally tailored storytelling is essential to this process, because it bridges gaps between traditional and biomedical health paradigms. Beyond emotional engagement, storytelling functions as a vital mechanism for cultural translation, converting abstract biomedical concepts into frameworks that are intuitively understood within local worldviews. African oral traditions, with their use of parables, proverbs and allegories, are particularly effective in conveying health messages in a resonant manner. For instance, the integration of a Yoruba proverb like “Health is wealth” into a campaign emphasises preventive care within a familiar cultural frame. The realisations from novels like *Things Fall Apart* can help public health strategies align with local beliefs about the communal and spiritual dimensions of health.

Applied examples demonstrate this effectiveness. In South Africa, the Soul City multimedia initiative used television and radio dramas to depict characters living with HIV, which led to significant increases in testing and reduced stigma (Soul City Institute, 2023). Similarly, during the Ebola outbreak, community theatre groups adapted traditional tales to educate audiences, which improved adherence to health measures by aligning messages with cultural values such as family protection (Bedson et al, 2020).

The role of digital media in facilitating this storytelling cannot be overstated. Platforms like social media, podcasts and digital radio have expanded the reach of health campaigns, particularly in remote areas. For example, during the COVID-19 pandemic, health workers used WhatsApp to share personal stories of resilience, promoting vaccination and public health measures (Rinke De Wit et al, 2022). Digital storytelling thus breaks down geographical and social barriers, providing a broader scope for influencing health behaviours and promoting collective action.

The framework of culturally resonant storytelling also holds potential for addressing the growing burden of non-communicable diseases (NCDs) in Africa. The same narrative strategies used to combat HIV stigma can be applied to destigmatise mental health conditions and encourage treatment-seeking. Similarly, stories that model dietary choices, physical activity and adherence to medication for conditions such as hypertension or diabetes can be woven into existing oral and literary traditions. Proactively applying these lessons to NCD prevention and management could help mitigate future public health crises, demonstrating that narrative-based health promotion is a versatile tool for addressing a broad spectrum of health challenges.

6 Applications in Infectious Disease Management

6.1 *Storytelling in Crisis Communication*

When health crises arise, storytelling becomes a vital tool for effective communication. During the Ebola outbreak in West Africa, community theatre performances used allegories to convey the importance of hygiene and quarantine, thereby fostering communal responsibility and resilience (Laverack and Manoncourt, 2016; WHO, 2014). During the COVID-19 pandemic, digital storytelling through platforms such as WhatsApp and community radio stations disseminated accurate information, combatting misinformation and promoting preventive measures (Rinke De Wit et al, 2022). In rural Uganda, community-based storytelling has been used to address malaria, with narratives emphasising the importance of using insecticide-treated bed nets (Taremwa et al,

2020). These stories have led to increased internet usage and a decrease in malaria cases. In the Democratic Republic of Congo (DRC), storytelling has been utilised to promote vaccination campaigns (Hrynck, Muzalia and James, 2024; Merten et al, 2013), with narratives highlighting the benefits of immunisation and addressing common misconceptions. This approach has contributed to higher vaccination rates in targeted communities. Additionally, community radio stations in Kenya played a significant role in combatting vaccine misinformation by disseminating accurate information and sharing personal stories, thereby countering vaccine hesitancy (Shiundu, 2021).

6.2 *Digital Storytelling and Community Ownership*

The rise of digital media has revolutionised the way storytelling is implemented in health promotion. Platforms such as podcasts, social media and short videos have become dynamic spaces for sharing health narratives that reach wider audiences and engage younger demographics (Bhanye, Shayamunda and Tavi-rai, 2023). Digital storytelling allows communities not only to consume information but also to co-create and circulate their own narratives, reflecting lived realities in ways that resonate culturally and emotionally.

When local leaders, cultural custodians and community members participate in crafting these stories, the resulting narratives carry greater authenticity and trust. This participatory process strengthens community ownership of health messages, ensuring that interventions are culturally relevant and socially embedded. It also enhances sustainability: when people see their voices and experiences represented, they are more likely to adopt and maintain the promoted health behaviours (Maxmen, 2015; WHO, 2014).

While these qualitative benefits demonstrate the social power of narrative, quantitative data further underscores storytelling's effectiveness in changing health behaviour. In South Africa, for example, the Soul City Institute integrated storytelling into television dramas and radio series to promote safe sexual practices and reduce HIV-related stigma (WHO, 2009). Evaluations revealed significant increases in HIV knowledge and testing among youth in the Northern Cape, as well as improved attitudes toward people living with HIV. Similarly, Uganda's Under the Net campaign used puppet theatre and community performances to teach malaria prevention through relatable characters and local idioms (Ministry of Health, Uganda 2020). These performances resulted in measurable increases in mosquito net use and a decline in malaria incidence.

7 Challenges and Ethical Considerations

Integrating storytelling with health promotion efforts holds immense potential, yet its application must navigate various challenges. The risk of misinterpreting literary themes, balancing traditional and biomedical medicine, and ensuring ethical practices in creating and disseminating health stories are all significant considerations. Underpinning these challenges are deep-seated structural inequities that can limit the reach and impact of even the most well-crafted narratives. Addressing these issues is essential to avoid unintended consequences and maximise the effectiveness of storytelling in public health.

Misinterpreting literary themes is one of the most prominent barriers when using storytelling for health promotion. Stories that use allegorical narratives to convey complex health messages can be misunderstood easily, especially if the audience is unfamiliar with the cultural context of the narrative. For instance, allegories that emphasise disease prevention have been interpreted too literally, leading to confusion and misinformation. Research has shown that cultural differences play a significant role in the poor success of health interventions, particularly when health professionals fail to understand or consider the cultural context in which they are implemented. This misunderstanding can undermine the effectiveness of health campaigns. For example, stories intended to encourage hygiene and quarantine during the Ebola outbreak in West Africa were sometimes misinterpreted (Nuriddin et al, 2018; Shultz et al, 2016). Allegories that personified the virus as a malevolent force to be defeated could have led inadvertently to fear and misunderstanding, further exacerbating stigma and impeding health measures. Such misinterpretations underscore the necessity for culturally sensitive messaging. This is especially important when addressing health crises like Ebola, where fear and stigma can hinder treatment efforts and worsen mental health outcomes. Therefore, public health campaigns must carefully craft messages that resonate with local cultural norms to avoid exacerbating the problem.

The tension between traditional and biomedical approaches to medicine is another major challenge in health storytelling. Traditional medicine holds deep cultural and spiritual significance in many African communities, and when public health interventions fail to respect or integrate these practices, resistance can occur. For instance, campaigns promoting modern HIV/AIDS treatments have sometimes faced pushback in communities where traditional healers are trusted and respected (Audet et al, 2015). One approach to overcoming this resistance is to integrate biomedical and traditional practices within a narrative framework rather than presenting them as mutually exclusive. Health campaigns can improve trust and cooperation between healthcare systems by

portraying biomedical treatments as complementary to conventional healing methods. Research has shown that this integration can improve health outcomes, particularly in mental health care, where combining traditional and biomedical approaches has been found to enhance patient engagement and treatment efficacy (Berhe, Gesesew and Ward, 2024). This approach respects cultural values while promoting scientifically validated health practices, creating a more inclusive and effective health communication strategy.

Ethical considerations are also central to the use of storytelling in public health. Ensuring cultural authenticity is crucial when creating health narratives. Stories must reflect accurately the values, beliefs and practices of the communities they are intended to serve. Missteps in cultural representation, such as imposing external narratives or disregarding local customs, can lead to disengagement and even resentment from the target audience. Successful health campaigns must involve regional stakeholders in creating stories to ensure that the narratives align with the community's cultural context. For example, traditional folktales used in public health campaigns can be powerful, but they must be adapted to reflect the community's linguistic preferences and cultural values. Research has demonstrated that culturally sensitive health campaigns are more likely to be embraced and be effective because they resonate more deeply with the audience and improve trust in the health messages being communicated (Gray et al, 2010; Kreuter et al, 2003).

While storytelling can be a highly effective tool for health communication, it must be handled with care, especially when addressing sensitive themes such as illness, death or stigma. Overly graphic or sensational portrayals of these themes can have unintended adverse effects, such as reinforcing stereotypes or further stigmatising individuals affected by these issues. For instance, during the HIV/AIDS crisis, some campaigns inadvertently reinforced stigma by portraying individuals living with HIV as helpless victims, which failed to empower them or their communities (Mahajan et al. 2008). Ethical storytelling should strike a balance by portraying the realities of illness and death respectfully and empoweringly. This includes obtaining informed consent from individuals whose personal stories are shared, ensuring that they are not exposed to harm or exploitation. Health campaigns must also be mindful of privacy concerns, particularly in the digital age, where personal stories can be disseminated quickly through social media or other digital platforms. Protecting individuals' autonomy and dignity is crucial throughout the process (HIV.gov, 2023; Guttman, 2017).

Another vital ethical issue that arises with the use of digital storytelling is the digital divide. Although platforms like WhatsApp and social media have made it easier to disseminate health messages, they risk excluding populations

who lack access to the necessary technology (Hampshire et al, 2021). This can disproportionately affect rural communities and marginalised groups who may not have access to smartphones or reliable internet. Technological exclusion is often a symptom of broader socioeconomic barriers that directly impact health behaviours. For example, a study on malaria in rural Nigeria found that educational attainment and socioeconomic status were significant predictors of prevention and treatment behaviours, underscoring how structural factors can limit the adoption of health interventions (Alao et al, 2025). Public health campaigns using digital media must ensure that they do not inadvertently leave these populations behind. One potential solution is to combine digital storytelling with traditional forms of communication, such as community radio, which can reach broader audiences and mitigate the risks of technological exclusion. Furthermore, local leaders and cultural custodians can play a vital role in bridging the gap between digital and traditional storytelling, ensuring that health messages are inclusive and culturally relevant.

As digital media continues to evolve, ethical storytelling in public health will need to adapt. The rise of artificial intelligence (AI) and virtual reality (VR) presents opportunities and challenges. These technologies could enable more immersive and culturally sensitive health interventions by creating interactive experiences that engage audiences in new ways. For example, VR could simulate health scenarios, allowing individuals to experience the consequences of their actions in a safe and controlled environment. However, these technologies also present new ethical dilemmas, such as concerns over data privacy, accessibility and the potential for manipulative storytelling. As AI and VR technologies are integrated into health communication, it will be essential to uphold ethical standards, particularly regarding informed consent, cultural sensitivity and inclusivity. By doing so, these technologies can enhance the role of storytelling in public health while also considering ethical implications.

8 Recommendations and Conclusion

A strategic, collaborative and evidence-based approach is essential to realise the potential of African literature and storytelling for public health. Integrating cultural narratives into health promotion, through co-created media, community theatre and curriculum-linked storytelling, can increase acceptability and sustain behaviour change when implemented alongside rigorous monitoring and local leadership. This approach is supported by evaluations of multimedia and participatory campaigns, which have reported improvements in knowl-

edge, uptake and stigma reduction (Banerjee, La Ferrara and Orozco, 2024; Soul City Institute, 2023; WHO, 2009).

Developing systematic, context-sensitive frameworks is critical to ensuring consistency, cultural sensitivity and scalability. Implementation frameworks should specify methods for identifying locally salient narratives, participatory adaptation processes and dissemination channels, such as radio, theatre or social media, as well as clear monitoring and evaluation indicators. These frameworks can draw on cultural tailoring literature and prior programme models (Soul City Institute, 2023; Kreuter et al, 2003), while remaining flexible enough to reflect linguistic and cultural diversity (McIvor, Napoleon and Dickie, 2013; Montenegro and Stephens, 2006). Where possible, pilot frameworks should be tested through realist or formative evaluation to understand the relationships between context, mechanism and outcome.

Training health workers and cultural intermediaries in storytelling practice is equally vital. Frontline health workers serve as a bridge between communities and healthcare systems, and their narrative competence can transform how health messages are received. Training modules could focus on story-crafting, the use of local idioms and the ethical application of stories. These programmes could also emphasise collaboration with cultural custodians to maintain authenticity and trust. Evidence from community-based programmes such as the Maternal and Newborn Health in Ethiopia initiative (MaNHEP) shows that embedding local customs and narratives into health promotion increases service utilisation and community confidence in healthcare providers (Guttman, 2017; Sibley et al, 2017).

Collaboration among writers, cultural custodians, public health professionals and policymakers can further enhance the impact of storytelling interventions. Partnerships that combine cultural authenticity with public health expertise have been successful during health crises. For instance, during the Ebola and mpox outbreaks, traditional storytellers collaborated with public health officials to develop culturally adapted prevention messages that enhanced adherence to health guidelines (AfricaCDC, 2024; Frankfurter et al, 2024; Bedson et al, 2020). Policymakers can reinforce such collaborations by providing grants, creative funding windows and policy incentives to support culturally grounded communication initiatives.

Investment in research to evaluate and refine storytelling interventions remains a priority. Mixed methods approaches that combine qualitative and quantitative data can provide a comprehensive understanding of how narrative interventions function. Existing evaluations of Soul City and MTV Shuga demonstrate measurable improvements in health knowledge, stigma reduction and HIV testing rates (Banerjee et al, 2024; WHO, 2009). Future research

should investigate the specific mechanisms through which storytelling shapes health behaviour, including narrative engagement, emotional resonance and social reinforcement, as well as its long-term sustainability in resource-limited settings. Ethical considerations must guide all stages of this research, including informed consent, participant representation and equitable access to digital storytelling platforms.

Digital storytelling, when paired with community-based channels such as theatre and radio, can scale culturally adapted narratives while maintaining inclusivity (Rinke De Wit et al, 2022; Penn GSE, 2020). These hybrid strategies combine the broad reach of digital media with the deep engagement of in-person storytelling, ensuring that interventions reach digitally connected and remote populations. Starting with small-scale pilot programmes that integrate evaluation from the outset allows for iterative learning and adaptation across diverse contexts, thereby strengthening evidence-based implementation (Mutola et al, 2021; Kreuter et al, 2003). Digital innovations, such as AI, VR and social platforms, offer new possibilities for immersive and tailored storytelling. However, these tools must be implemented ethically and inclusively to avoid reinforcing existing inequities. By embedding African literature and storytelling within evidence-based frameworks, public health practitioners can develop culturally resonant, scalable and sustainable strategies that uphold community values and improve health outcomes across the continent.

References

- Achebe, C. 1958. *Things Fall Apart*. New York: William Heinemann Ltd.
- Adichie, C.N. 2006. *Half of a Yellow Sun*. London: Fourth Estate.
- AfricaCDC. 2024. *Outbreak Report, 30 July 2024: Mpox Situation in Africa*. <https://africacdc.org/disease-outbreak/mpox-situation-in-africa>.
- Alade, A. 2025. "Native Administration Sanitary Inspectors and the British Colonial Hygiene Programme in Western Nigeria, c. 1930–1940s", *Social History of Medicine* 38 (2): 323–360. <https://doi.org/10.1093/shm/hkae070>.
- Alao, J.O., O.P. Olowoshile, T.A. James, C.C. Okezie, Z.P. Adebayo, S.C. Ogbonna and E.A. Oyelayo. 2025. "Socioeconomic and Educational Influences on Malaria Prevention and Treatment Behaviours in Rural Nigeria", *BMC Public Health* 25 (1): 3079. <https://doi.org/10.1186/s12889-025-24326-3>.
- Audet, C.M., E. Hamilton, L. Hughart and J. Salato. 2015. "Engagement of Traditional Healers and Birth Attendants as a Controversial Proposal to Extend the HIV Health Workforce", *Current HIV/AIDS Reports* 12 (2): 238–245. <https://doi.org/10.1007/s11904-015-0258-8>.

- Bâ, M. 1979. *Une Si Longue Lettre (So Long a Letter)*. Trans. M. Bodé-Thomas, with K.W. Harrow. Senegal: Waveland Press.
- Banerjee, A., E. La Ferrara and V. Orozco. 2024. "MTV Shuga: Changing Social Norms and Behaviors with Entertainment Education in Nigeria". <https://www.povertyactionlab.org/evaluation/mtv-shuga-changing-social-norms-and-behaviors-entertainment-education-nigeria>.
- Bedson, J., M.F. Jalloh, D. Pedi, S. Bah, K. Owen, A. Oniba, M. Sangarie et al. 2020. "Community Engagement in Outbreak Response: Lessons from the 2014–2016 Ebola Outbreak in Sierra Leone", *BMJ Global Health* 5 (8): e002145. <https://doi.org/10.1136/bmjgh-2019-002145>.
- Berhe, K.T., H.A. Gesesew and P.R. Ward. 2024. "Traditional Healing Practices, Factors Influencing to Access the Practices and Its Complementary Effect on Mental Health in Sub-Saharan Africa: A Systematic Review", *BMJ Open* 14 (9): e083004. <https://doi.org/10.1136/bmjopen-2023-083004>.
- Bhanye, J., R. Shayamunda and R.C. Tavirai. 2023. "Social Media in the African Context: A Review Study on Benefits and Pitfalls", in *The Palgrave Handbook of Global Social Problems*, 1–32. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-68127-2_366-1.
- Bitek, O. p'. 1966. *Song of Lawino*. Uganda.
- Buseh, A.G., P.E. Stevens, M. Bromberg and S.T. Kelber. 2015. "The Ebola Epidemic in West Africa: Challenges, Opportunities, and Policy Priority Areas", *Nursing Outlook* 63 (1): 30–40. <https://doi.org/10.1016/j.outlook.2014.12.013>.
- Carvalho, G.S. and T. Vilaça. 2024. "Editorial: Health Promotion in Schools, Universities, Workplaces, and Communities", *Frontiers in Public Health* 12 (December): 1528206. <https://doi.org/10.3389/fpubh.2024.1528206>.
- Curtis, E., R. Jones, D. Tipene-Leach, C. Walker, B. Loring, S.-J. Paine and P. Reid. 2019. "Why Cultural Safety Rather than Cultural Competency Is Required to Achieve Health Equity: A Literature Review and Recommended Definition", *International Journal for Equity in Health* 18 (1): 174. <https://doi.org/10.1186/s12939-019-1082-3>.
- Feierman, S. 1985. "Struggles for Control: The Social Roots of Health and Healing in Modern Africa", *African Studies Review* 28 (2–3): 73–147.
- Frankfurter, R., M. Malik, S.D. Kpakiwa, T. McGinnis, M.M. Malik, S. Chitre, M.B. Barrie et al. 2024. "Representations of an Ebola "Outbreak" through Story Technologies", *BMJ Global Health* 9 (2): e013210. <https://doi.org/10.1136/bmjgh-2023-013210>.
- Gray, N., C. Oré De Boehm, A. Farnsworth and D. Wolf. 2010. "Integration of Creative Expression into Community-Based Participatory Research and Health Promotion with Native Americans", *Family & Community Health* 33 (3): 186–192. <https://doi.org/10.1097/FCH.0b013e3181e4bbc6>.
- Green, M.C. 2021. "Transportation into Narrative Worlds", in Frank, L.B. and Falzone, P. eds. *Entertainment-Education Behind the Scenes*, Cham: Springer International Publishing, pp. 87–101. https://doi.org/10.1007/978-3-030-63614-2_6.

- Guttman, N. 2017. "Ethical Issues in Health Promotion and Communication Interventions", in *Oxford Research Encyclopedia of Communication*. Oxford: Oxford University Press. <https://doi.org/10.1093/acrefore/9780190228613.013.118>.
- Hampshire, K., T. Mwase-Vuma, K. Alemu, A. Abane, A. Munthali, T. Awoke, S. Mariwah et al. 2021. "Informal Mhealth at Scale in Africa: Opportunities and Challenges", *World Development* 140 (April): 105257. <https://doi.org/10.1016/j.worlddev.2020.105257>.
- HIV.gov. 2023. "Standing Up to Stigma". <https://www.hiv.gov/hiv-basics/overview/making-a-difference/standing-up-to-stigma>.
- Hrynick, T., G. Muzalia and M. James. 2024. *Key Considerations: Risk Communication and Community Engagement for Mpox Vaccination in Eastern DRC*. Institute of Development Studies. <https://doi.org/10.19088/SSHAP.2024.024>.
- Kreuter, M.W., S.N. Lukwago, D.C. Bucholtz, E.M. Clark and V. Sanders-Thompson. 2003. "Achieving Cultural Appropriateness in Health Promotion Programs: Targeted and Tailored Approaches", *Health Education & Behavior* 30 (2): 133–146. <https://doi.org/10.1177/1090198102251021>.
- Laverack, G. and E. Manoncourt. 2016. "Key Experiences of Community Engagement and Social Mobilization in the Ebola Response", *Global Health Promotion* 23 (1): 79–82. <https://doi.org/10.1177/1757975915606674>.
- Mahajan, A.P., J.N. Sayles, V.A. Patel, R.H. Remien, S.R. Sawires, D.J. Ortiz, G. Szekeres and T.J. Coates. 2008. "Stigma in the HIV/AIDS Epidemic: A Review of the Literature and Recommendations for the Way Forward", *AIDS* 22 (Suppl 2): S67–S79. <https://doi.org/10.1097/01.aids.0000327438.13291.62>.
- Maxmen, A. 2015. "How the Fight Against Ebola Tested a Culture's Traditions". <https://www.nationalgeographic.com/adventure/article/150130-ebola-virus-outbreak-epidemic-sierra-leone-funerals-1>.
- McIvor, O., A. Napoleon and K.M. Dickie. 2013. "Language and Culture as Protective Factors for At-Risk Communities", *International Journal of Indigenous Health* 5 (1): 6–25. <https://doi.org/10.18357/ijih51200912327>.
- Mental 360. 2024. *A 360 Approach to Mental Health Advocacy and Awareness in Kenya*. <https://mental360.or.ke/about-us/>.
- Merten, S., C. Schaetti, C. Manianga, B. Lapika, C.-L. Chaignat, R. Hutubessy and M.G. Weiss. 2013. "Local Perceptions of Cholera and Anticipated Vaccine Acceptance in Katanga Province, Democratic Republic of Congo", *BMC Public Health* 13 (1): 60. <https://doi.org/10.1186/1471-2458-13-60>.
- Ministry of Health Uganda. 2020. "Katoto Uses a Mosquito Net". Under the Net Campaign, YouTube. <https://www.youtube.com/watch?v=tzc83H-feeg>.
- Montenegro, R.A. and C. Stephens. 2006. "Indigenous Health in Latin America and the Caribbean", *The Lancet* 367 (9525): 1859–1869. [https://doi.org/10.1016/S0140-6736\(06\)68808-9](https://doi.org/10.1016/S0140-6736(06)68808-9).

- Mutola, S., N.V. Pemunta and N.V. Ngo. 2021. "Utilization of Traditional Medicine and Its Integration into the Healthcare System in Qokolweni, South Africa; Prospects for Enhanced Universal Health Coverage", *Complementary Therapies in Clinical Practice* 43 (May): 101386. <https://doi.org/10.1016/j.ctcp.2021.101386>.
- Mutua, M.N. and C. Nakidde. 2024. "How Can a Realist Evaluation Adhere to the Indigenous Research Principles? An Evaluation Protocol of a Health Research Capacity Strengthening Programme", *International Journal of Qualitative Methods* 23 (January): 16094069241301984. <https://doi.org/10.1177/16094069241301984>.
- Nuriddin, A., M.F. Jalloh, E. Meyer, R. Bunnell, F.A. Bio, M.B. Jalloh, P. Sengeh et al. 2018. "Trust, Fear, Stigma and Disruptions: Community Perceptions and Experiences during Periods of Low but Ongoing Transmission of Ebola Virus Disease in Sierra Leone, 2015", *BMJ Global Health* 3 (2): e000410. <https://doi.org/10.1136/bmjgh-2017-000410>.
- Penn GSE. 2020. "Theater Stopped Misinformation during the Ebola Crisis. The Arts Might Help Beat This Pandemic", *Penn Today* (USA). <https://penntoday.upenn.edu/news/theater-stopped-misinformation-during-ebola-crisis-arts-might-help-beat-pandemic>.
- Rinke De Wit, T.F., W. Janssens, M. Antwi, E. Milimo, N. Mutegi, H. Marwa, N. Ndili et al. 2022. "Digital Health Systems Strengthening in Africa for Rapid Response to COVID-19", *Frontiers in Health Services* 2 (November): 987828. <https://doi.org/10.3389/frhs.2022.987828>.
- Sally, N. 2025. *The Shifting Nature of Divine Intervention in The Maasai Cosmos*. <https://www.oriire.com/article/the-shifting-nature-of-divine-intervention-in-the-maasai-cosmos>.
- Shiundu, A. 2021. "Three Lessons from Fighting Covid-19 Vaccine Misinformation on Community Radio Stations in Kenya". <https://africacheck.org/fact-checks/medialiteracy/three-lessons-fighting-covid-19-vaccine-misinformation-community-radio>.
- Shultz, J.M., B.M. Althouse, F. Baingana, J.L. Cooper, M. Espinola, M.C. Greene, Z. Espinel, C.B. McCoy, L. Mazurik and A. Rechkemmer. 2016. "Fear Factor: The Unseen Perils of the Ebola Outbreak", *Bulletin of the Atomic Scientists* 72 (5): 304–310. <https://doi.org/10.1080/00963402.2016.1216515>.
- Sibley, L.M., Y. Amare, S.T. Abebe, M.L. Belew, K. Shiffra and D. Barry. 2017. "Appropriateness and Timeliness of Care-Seeking for Complications of Pregnancy and Childbirth in Rural Ethiopia: A Case Study of the Maternal and Newborn Health in Ethiopia Partnership", *Journal of Health, Population and Nutrition* 36 (S1): 50. <https://doi.org/10.1186/s41043-017-0120-2>.
- Soul City Institute. 2023. *Campaign against HIV/AIDS Scores Stunning Results*. <https://www.soulcity.org.za/news-events/news/campaign-against-hiv-aids-scores-stunning-results>.
- Soyinka, W. 1975. *Death and the King's Horseman*. London: Eyre Methuen.

- Taremwa, I.M., S. Ashaba, C. Ayebazibwe, I. Kemeza, H.O. Adrama, D. Omoding, J. Yatuha and R. Hilliard. 2020. "Mind the Gap: Scaling up the Utilization of Insecticide Treated Mosquito Nets Using a Knowledge Translation Model in Isingiro District, Rural South Western Uganda", *Health Psychology and Behavioral Medicine* 8 (1): 383–397. <https://doi.org/10.1080/21642850.2020.1814782>.
- Thiong'o, N. wa. 1965. *The River Between*. Repr. African Writers Series. Oxford: Heinemann.
- Thiong'o, N. wa. 1967. *A Grain of Wheat*. Rev. ed. Penguin Classics. Nairobi: Heinemann.
- Uwah, C. and P. Cheteni. 2024. "Revitalizing Folklore for HIV/AIDS Messaging in South Africa: The Impact of Theatrical Storytelling on Public Health Communication", *Cogent Arts & Humanities* 11 (1): 2431455. <https://doi.org/10.1080/23311983.2024.2431455>.
- Wainaina, B. 2011. *One Day I Will Write about This Place: A Memoir*. Minneapolis, MN: Graywolf Press.
- WHO. 2009. "Edutainment" in South Africa: A Force for Change in Health", *Bulletin of the World Health Organization* 87 (8): 578–579. <https://doi.org/10.2471/BLT.09.050809>.
- WHO. 2014. *Ebola: Traditional Chiefs Sent Messages to Their Communities in Liberia*. <https://www.afro.who.int/news/ebola-traditional-chiefs-sent-messages-their-communities-liberia>.
- WHO. 2024a. *HIV/AIDS*. <https://www.afro.who.int/health-topics/hiv/aids>.
- WHO. 2024b. *Malaria*. <https://www.who.int/news-room/fact-sheets/detail/malaria>.
- Zak, P.J. 2014. "Why Your Brain Loves Good Storytelling", *Harvard Business Review*. <https://hbr.org/2014/10/why-your-brain-loves-good-storytelling>.