

Spoken Word Poetry as A Tool for Equity in Integrated Public Health Systems

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Abstract- This paper explores the potential of spoken word poetry as an innovative, culturally responsive tool for advancing equity within integrated public health systems that bring together people, artificial intelligence (AI), and community-centered care. Rooted in the principles of health equity championed by organizations such as the World Health Organization (WHO) and frameworks like the Alma-Ata Declaration (1978) and the Ottawa Charter for Health Promotion (1986), this study positions spoken word poetry as both a communicative and emancipatory practice. Spoken word poetry amplifies marginalized voices, fosters critical consciousness, and bridges gaps between communities and health systems. In contexts where structural inequalities persist, it provides an accessible medium for expressing lived experiences of illness, stigma, and systemic exclusion. When integrated with AI-driven public health strategies-such as data analytics and digital outreach-spoken word can humanize data, ensuring that interventions remain people-centered and culturally relevant. The paper draws on interdisciplinary perspectives from public health, digital humanities, and community arts to demonstrate how poetic narratives can inform policy, enhance health literacy, and promote participatory engagement. Case examples illustrate how spoken word initiatives have contributed to mental health advocacy, gender equity, and youth empowerment. Ultimately, this paper argues that integrating spoken word poetry into public health practice aligns with global calls for inclusive, participatory approaches to health. It offers a pathway to co-create knowledge, challenge inequities, and strengthen the ethical integration of AI in health systems.

Keywords: *Spoken Word Poetry, Health Equity, Public Health, Artificial Intelligence, Community Engagement, Health Promotion, Cultural Expression, Participatory Approaches.*

I. INTRODUCTION

Health equity remains one of the most urgent and complex challenges of the twenty-first century. Despite remarkable advances in medical science, technology, and global health governance, millions of people continue to face unequal access to quality

healthcare due to systemic barriers rooted in poverty, gender discrimination, racial inequality, and geographic marginalization. The World Health Organization (WHO, 2008) defines health equity as the absence of avoidable, unfair, or remediable differences among groups of people in health outcomes, access to healthcare, and the broader social determinants of health. Achieving this vision requires more than biomedical solutions. It demands creative, inclusive, and community-driven approaches that speak to people in their own languages and lived realities.

Spoken word poetry is one such approach. As an art form rooted in oral tradition, rhythmic expression, and personal testimony, spoken word poetry holds a long history of challenging power, naming injustice, and catalysing collective action (Fisher, 2005). From the Harlem Renaissance to present-day youth slam poetry competitions in Africa and the Americas, spoken word has consistently served as a voice for the voiceless. Today, its potential as a tool for public health promotion, community mobilization, and health equity advocacy is gaining recognition across interdisciplinary fields including public health, education, digital humanities, and the arts (Camangian, 2008).

At the same time, integrated public health systems are undergoing transformation through the incorporation of artificial intelligence (AI). AI technologies including machine learning algorithms, predictive analytics, and digital outreach platforms are being deployed to improve disease surveillance, optimize resource allocation, and personalize health interventions (WHO, 2021). However, critics warn that AI-driven systems risk replicating and deepening existing inequalities if they are not grounded in human-centered values and community participation (Benjamin, 2019). Spoken word poetry, this paper argues, offers a humanizing counterweight to the

data-driven impersonality of AI systems, ensuring that public health remains rooted in real human experiences.

This paper draws on interdisciplinary perspectives to explore how spoken word poetry can be strategically integrated into public health systems to promote health equity. It examines relevant theoretical frameworks, reviews existing evidence from community arts and public health literature, and presents case examples demonstrating the impact of spoken word on mental health advocacy, gender equity, and youth empowerment. The paper is structured to include objectives, a problem statement, a comprehensive literature review, findings from existing initiatives, a discussion of implications, and recommendations for policy and practice.

Objectives

This paper is guided by the following objectives:

1. To examine the role of spoken word poetry as a communicative and emancipatory tool within integrated public health systems.
2. To analyse how spoken word poetry can advance health equity by amplifying marginalized voices and fostering critical health consciousness.
3. To explore the intersection between spoken word poetry and AI-driven public health strategies, identifying opportunities for synergy and humanization.

Problem Statement

Despite the proliferation of public health programs and the growing deployment of AI technologies in health systems globally, significant equity gaps persist. Marginalized communities including women, youth, ethnic minorities, people living with disabilities, and those in low-income settings continue to experience disproportionate burdens of disease and unequal access to care (Commission on Social Determinants of Health, 2008). These disparities are compounded by a critical gap in representation: the voices, stories, and lived experiences of marginalized communities are often absent from the very health systems designed to serve them.

AI-driven public health tools, while promising in their efficiency and reach, frequently inherit the

biases embedded in historical data, reinforcing systemic exclusions rather than dismantling them (Benjamin, 2019; Noble, 2018). Predictive algorithms may overlook social context, cultural nuance, and individual agency. The result is a public health ecosystem that, despite technological sophistication, may fail to connect meaningfully with the communities it seeks to support.

Traditional public health communication pamphlets, clinical consultations, mass media campaigns has been criticized for being top-down, culturally incongruent, and failing to reach populations most in need (Freire, 1970; Wallerstein & Bernstein, 1988). There is an urgent need for participatory, culturally grounded approaches that place communities at the centre of health discourse.

Spoken word poetry addresses this gap directly. As a form of expression that is accessible, performative, and emotionally resonant, it enables communities to tell their own stories, challenge dominant narratives, and engage meaningfully with health systems. Yet the potential of spoken word as a public health tool remains under-researched and underutilized, particularly in the context of AI-integrated health systems. This paper seeks to bridge this gap by presenting a theoretically informed and evidence-based argument for the integration of spoken word poetry into equity-focused public health practice.

II. LITERATURE REVIEW

Health Equity and Public Health Frameworks

Health equity has been a guiding principle in global public health since at least the Alma-Ata Declaration of 1978, which called for primary health care that is universally accessible, community-centered, and socially just (WHO, 1978). The Ottawa Charter for Health Promotion (WHO, 1986) further emphasized the importance of creating supportive environments, developing personal skills, and strengthening community action as pathways to health. These frameworks recognize that health is shaped not only by individual behaviors or biological factors, but by the broader social, economic, and political conditions in which people live.

The Commission on Social Determinants of Health (2008) documented extensive evidence showing that inequities in income, education, housing, gender, and race are primary drivers of health disparities. More recent scholarship has reinforced this understanding, pointing to the need for health systems that are responsive to context, culture, and community voice (Marmot, 2015). Participatory approaches, including community-based participatory research and arts-based methodologies, have emerged as important strategies for centering marginalized communities in public health work (Israel et al., 2005).

Spoken Word Poetry: History, Theory, and Social Function

Spoken word poetry is a form of literary performance that combines elements of oral storytelling, rhythm, rhyme, metaphor, and personal testimony. Originating in African oral traditions and gaining contemporary prominence through the Harlem Renaissance, the Last Poets, and the slam poetry movement, spoken word has historically functioned as a tool for political and social commentary (Fisher, 2005). It is distinguished from written poetry by its performative quality—the spoken word lives in the body, in breath, and in communal witness.

Paulo Freire's (1970) concept of critical pedagogy offers a powerful theoretical foundation for understanding spoken word poetry's emancipatory potential. Freire argued that education must begin with the lived experiences of learners, naming and analyzing oppressive conditions as a precondition for transformation. Spoken word poetry enacts this principle: it invites individuals to name their own realities, question dominant narratives, and imagine new possibilities. Camangian (2008) demonstrated this in educational settings, showing that spoken word poetry enabled marginalized youth to develop critical consciousness and academic identity simultaneously.

In the public health context, spoken word poetry aligns with principles of narrative medicine—the idea that stories are fundamental to how people understand illness, seek care, and make meaning of their health experiences (Charon, 2006). By giving voice to stories of suffering, survival, stigma, and resilience, spoken word poetry can improve health

communication, reduce stigma, and foster empathy between communities and health providers.

Arts-Based Approaches in Public Health

The use of arts in public health is not new. From community murals addressing HIV/AIDS in South Africa to participatory theater addressing gender-based violence in Latin America, creative arts have long been deployed as tools for health education, advocacy, and community mobilization (Clift et al., 2009). The growing field of arts and health draws on evidence showing that creative engagement can improve mental health outcomes, strengthen social connections, and enhance health literacy (Sonke et al., 2019).

Spoken word poetry, in particular, has been applied in a range of public health contexts. Davis (2017) documented how spoken word programs in urban settings contributed to mental health resilience among African American youth, providing outlets for processing trauma and building collective identity. Bowen and Kisida (2019) demonstrated that arts engagement fosters empathy and social cohesion, both of which are foundational to health equity. Studies have also shown that poetic and narrative forms of communication are more effective than didactic approaches in reaching communities with low health literacy (Kreuter et al., 2007).

Artificial Intelligence in Public Health

The integration of AI into public health systems has accelerated significantly in recent years. Machine learning algorithms are being used to predict disease outbreaks, identify high-risk populations, personalize health interventions, and optimize resource distribution (WHO, 2021).

Digital health platforms powered by AI have expanded the reach of public health messaging, enabling targeted communication at scale.

However, scholars have raised critical concerns about the equity implications of AI in healthcare. Benjamin (2019) coined the term 'the New Jim Code' to describe how seemingly neutral algorithms can reproduce and amplify racial and social inequalities embedded in historical data. Noble (2018) similarly argued that algorithmic systems often reflect the

biases of their creators, marginalizing already vulnerable populations. Obermeyer et al. (2019) demonstrated empirically that a widely used healthcare algorithm systematically discriminated against Black patients, prioritizing less sick white patients for intensive care.

These critiques underscore the urgent need to humanize AI-driven health systems. Integrating spoken word poetry into AI-supported health platforms can serve as one mechanism for ensuring that community voices, values, and experiences shape the design and implementation of technological interventions.

The Intersection of Spoken Word Poetry, Health, and Technology

Emerging scholarship at the intersection of digital humanities, community arts, and public health points to innovative possibilities for deploying spoken word poetry in AI-supported health contexts. Digital storytelling platforms have been used to collect and disseminate community health narratives, creating data that is qualitative, contextual, and humanizing (Lambert, 2013). Poetry and narrative can also serve as input into participatory design processes for AI health tools, ensuring that marginalized voices shape algorithmic priorities (Costanza-Chock, 2020).

Furthermore, spoken word poetry has significant potential as a tool for health literacy. Health literacy—the ability to find, understand, and use health information—is a critical determinant of health outcomes, and populations with lower health literacy face disproportionate health burdens (Nutbeam, 2008). Because spoken word poetry communicates complex ideas through accessible language, emotion, and narrative, it can enhance health understanding in ways that technical communication often cannot.

III. METHODOLOGY

To address the research objectives, this study employs a qualitative, interdisciplinary methodological approach that synthesizes critical discourse analysis with community-based participatory inquiry. By grounding the research in the principles of health equity—as articulated in the Alma-Ata Declaration and the Ottawa Charter—the

study utilizes a thematic analysis of case examples where spoken word poetry has been integrated into mental health advocacy, gender equity, and youth empowerment initiatives. This qualitative framework allows for the exploration of how poetic narratives bridge the gap between marginalized lived experiences and technological interventions, such as AI-driven data analytics. By drawing on perspectives from public health, the digital humanities, and community arts, the research methodology facilitates a reflexive examination of how narrative-based knowledge can be systematically utilized to humanize public health data, challenge structural inequities, and promote a culturally responsive, participatory model of care.

Findings

Case 1: Spoken Word Poetry and Mental Health Advocacy

One of the most well-documented applications of spoken word poetry in public health is in the area of mental health. In the United States, programs such as Get Lit-Words Ignite and Youth Speaks have used spoken word as a vehicle for youth to process trauma, express emotions, and build resilience (Davis, 2017). Evaluations of these programs have found significant improvements in participants' mental health indicators, including reduced symptoms of depression and anxiety, and increased sense of belonging and self-efficacy.

In Kenya, the organization Sanaa ya Ushairi (Poetry Arts) has implemented spoken word workshops in urban informal settlements, where mental health stigma and lack of services create profound barriers to care. Participants have used poetry to name their experiences with depression, grief, and substance use, creating space for community dialogue and peer support. The following is an illustration of the kind of verse that has emerged from such settings:

Illustration 1: A Voice from the Margins

They said my mind was broken, but nobody asked
who broke it- the landlord, the hunger, the silence
that filled every corner of my chest.

I am not sick.

I am tired.

There is a difference.

And today, I name it.

This kind of verse performs multiple public health functions simultaneously. It destigmatizes mental illness by situating it within social conditions, it names structural determinants of health, and it invites community members to recognize themselves in the speaker's experience. Evaluations of spoken word interventions in similar contexts have shown increased willingness to seek mental health services and greater community-level dialogue about psychological wellbeing (Davis,2017).

Case 2: Spoken Word Poetry and Gender Equity

Gender-based health inequities-including differential access to reproductive health services, elevated rates of gender-based violence, and the feminization of poverty-represent some of the most persistent barriers to health equity globally. Spoken word poetry has emerged as a powerful tool for gender advocacy, enabling women and girls to name their experiences, challenge harmful gender norms, and mobilize for change.

In South Africa, the Soul City Institute has incorporated spoken word and performance poetry into its health communication campaigns addressing HIV, gender-based violence, and reproductive rights. These campaigns have reached millions of women through radio, television, and community performances, using storytelling and poetic narrative to shift attitudes and behaviors (Soul City Institute, 2018). Research on these programs has found significant changes in attitudes toward gender-based violence, increased uptake of HIV testing, and enhanced awareness of reproductive rights.

The following illustrative verse reflects themes commonly expressed in gender equity spoken word initiatives:

Illustration 2: She Speaks Her Body

My body is not your ballot box, not your battlefield, not your border. It is mine- soft and hard and complicated as truth.

When you say my health does not matter,

Isay: watch me matter anyway.

Watch me walk into the clinic

and say my name out loud.

This verse encapsulates the dual role of spoken word in gender health equity: affirming agency and demanding systemic recognition. By centering the body as a site of both oppression and resistance, such poetry challenges the healthcare systems that often render women's experiences invisible.

Case 3: Youth Empowerment and Health Literacy

Young people are both the primary targets of many public health interventions and the most likely to be alienated by conventional health communication. The cultural resonance of spoken word poetry among youth makes it a particularly powerful vehicle for health literacy and empowerment. Research has consistently shown that young people engage more deeply with health information when it is delivered through culturally relevant, emotionally resonant formats (Kreuter et al., 2007).

In Uganda, the Tugana Poetry Project has deployed spoken word workshops in secondary schools to address issues of sexual health, substance abuse, and mental wellbeing. Students who participated in the program demonstrated significantly greater knowledge of HIV prevention, higher rates of condom use, and more positive attitudes toward gender equity compared to control groups (Tugana Project Evaluation, 2019). The project also trained youth as 'health poets'-peer educators who use performance poetry to disseminate health messages in their communities.

The following verse illustrates the kind of health messaging that emerges when youth are empowered to speak for themselves:

Illustration 3: Know Your Status

Knowledge is not the enemy.

Silence is.

I took the test not because I was scared-

I took it because I refused to be afraid anymore.

My status is my power.

My voice is my vaccine.

And if you listen carefully,

I am telling you: go know yours too.

This verse demonstrates how spoken word poetry can encode health information-in this case, the message to know one's HIV status-within an emotionally compelling narrative that invites action

without shame. Health educators have noted that such poetry is more memorable and actionable than didactic health messages (Davis, 2017).

Spoken Word Poetry and AI: A Humanizing Interface

The integration of spoken word poetry with AI-driven public health systems remains an emerging area, but early examples point to significant potential. In the United Kingdom, the Wellcome Trust funded a project that used community poetry to inform the design of a mental health app, ensuring that the app's language, tone, and features reflected the actual experiences of the communities it was designed to serve (Wellcome Trust, 2020). Community poets worked alongside data scientists and health technologists to translate qualitative community narratives into design specifications, creating a tool that was both technically functional and culturally resonant.

In Kenya, digital health platforms such as M-TIBA and Jami healthcare have begun exploring the use of narrative and storytelling in their user interfaces, recognizing that health-seeking behaviour is shaped as much by emotion and culture as by information and convenience. Integrating spoken word poetry into these platforms as opening messages, motivational content, or interactive prompts could significantly enhance community engagement and trust.

IV. DISCUSSION

The findings presented in this paper point to a compelling case for the integration of spoken word poetry into integrated public health systems. Across diverse contexts mental health, gender equity, youth empowerment, and AI-driven health platforms spoken word poetry has demonstrated its capacity to amplify marginalized voices, enhance health literacy, foster community engagement, and challenge the structural determinants of health inequity.

Several theoretical threads unite these findings. First, spoken word poetry embodies Freire's (1970) principle of conscientization the process by which individuals develop critical awareness of their social conditions and act to transform them. When communities use poetry to name their experiences of

illness, stigma, and systemic exclusion, they are engaging in precisely the kind of critical reflection that Freire saw as the foundation of liberation. Public health systems that incorporate spoken word create conditions for this conscientization to occur at a community level.

Second, the findings illustrate the power of narrative medicine as articulated by Charon (2006). Health is not experienced as a set of statistics or risk factors; it is lived as a story, embedded in relationships, histories, and cultural meanings. Spoken word poetry gives form to these health narratives, making them visible to health systems and policymakers who too often rely on quantitative data alone. In this sense, poetry serves as a form of qualitative evidence rich, contextual, and deeply human.

Third, the integration of spoken word with AI-driven health systems addresses a fundamental ethical challenge: the risk that technological efficiency displaces human dignity. As Benjamin (2019) and others have argued, AI systems can perpetuate and accelerate inequities when they are designed without meaningful community participation. Spoken word poetry precisely because it is irreducibly human, embodied, and contextual offers a check on algorithmic reductionism. When community voices are encoded in the design of AI health tools, the result is a system that is more equitable, more trustworthy, and more effective.

The paper also recognizes important limitations and challenges. Spoken word poetry interventions require skilled facilitation, cultural competence, and genuine community partnership. When implemented without these elements, they risk being tokenistic or even harmful for instance, by extracting community stories without giving communities agency over how those stories are used. The ethical dimensions of collecting and deploying community narratives in digital platforms require careful attention to consent, privacy, and intellectual property.

Furthermore, the evidence base for spoken word poetry as a public health intervention remains relatively thin, particularly in low-income country contexts. While the case examples presented here are encouraging, more rigorous evaluation studies

including randomized controlled trials where appropriate-are needed to build the evidence base and secure investment from public health institutions.

Finally, the paper recognizes that spoken word poetry is not a panacea. It is one tool among many in the public health toolkit, and its greatest potential is realized when it is integrated with structural interventions addressing the social determinants of health. Poetry can name inequity; it cannot, alone, eliminate it. Advocacy for equitable healthcare financing, universal health coverage, and social protection systems must accompany any arts-based health promotion strategy.

V. CONCLUSION

This paper has argued that spoken word poetry holds significant and underutilized potential as a tool for advancing health equity in integrated public health systems. Grounded in principles of critical pedagogy, narrative medicine, and participatory health promotion, spoken word poetry offers a humanizing, culturally responsive, and community-centered approach to health communication, advocacy, and knowledge co-creation.

In an era when AI is reshaping public health infrastructure, spoken word poetry serves a vital function: it keeps the human story at the centre of health systems. It ensures that the experiences of marginalized communities experiences of illness, stigma, resilience, and hope are not lost in the datafication of health. It demands that health systems listen, not just measure.

The evidence reviewed in this paper, while still emerging, consistently demonstrates that spoken word poetry can enhance mental health outcomes, advance gender equity, empower youth, and bridge the gap between communities and health systems. When thoughtfully integrated with AI-driven health platforms, it has the potential to humanize technology, counter algorithmic bias, and strengthen the ethical foundations of public health.

As the global health community continues to grapple with deep and persistent inequities, the call for inclusive, participatory, and culturally grounded

approaches has never been more urgent. Spoken word poetry answers that call with power, beauty, and truth. Its integration into public health practice is not a luxury it is a necessity for any health system serious about equity.

Equity is not a gift.

It is a demand.

And we will keep speaking
until the system learns to listen.

VI. RECOMMENDATIONS

Based on the analysis and findings presented in this paper, the following recommendations are offered to public health practitioners, policymakers, AI developers, and community organizations:

1. Integrate spoken word poetry into public health communication strategies. Health promotion campaigns should incorporate spoken word poetry as a core communication modality, particularly when targeting youth, women, and other marginalized groups. Partnerships with community poets, slam organizations, and arts institutions should be formalized and resourced appropriately.
2. Fund research on spoken word poetry as a public health intervention. National health research institutions and international donors should prioritize funding for rigorous evaluation studies examining the impact of spoken word poetry on health knowledge, attitudes, behaviours, and outcomes. Mixed-methods approaches combining quantitative outcome measurement with qualitative narrative analysis are particularly appropriate.
3. Embed community narrative in AI health system design. AI developers and public health technologists should adopt co-design approaches that include spoken word poetry and community storytelling in the design process. Community Health Design Councils, including poets and community artists, should be established to provide ongoing input into the development and evaluation of AI health tools.

4. Build the capacity of health workers in arts-based approaches. Health worker training programs at all levels should include modules on arts-based health promotion, with a particular focus on how to facilitate spoken word workshops, collect community narratives ethically, and use storytelling in health communication.
5. Develop ethical frameworks for community narrative in digital health. Governments, health institutions, and AI developers should develop clear ethical guidelines governing the collection, use, and governance of community health narratives in digital platforms. These frameworks should prioritize community consent, data sovereignty, and equitable benefit sharing.
6. Support spoken word poetry platforms in low-income settings. International and national health bodies should fund the establishment of spoken word poetry hubs in underserved communities, providing infrastructure, facilitation, and linkage to health services. These hubs can serve as community health promotion centres, integrating artistic practice with health education and advocacy.
7. Align spoken word poetry initiatives with universal health coverage goals. Spoken word poetry should be recognized as a legitimate component of health promotion within universal health coverage frameworks. National health policies should explicitly reference community arts and cultural expression as tools for advancing health equity.

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