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Abstract

Cultural appropriateness and contextual relevance are key considerations for designing effective interventions to reduce HIV-related stigma. In this article, we outline a comprehensive approach used in the development and implementation of a population health intervention that harnesses traditional knowledge rooted in culture to reduce HIV-related stigma among schoolchildren in Omoro District, Northern Uganda. The intervention was grounded in the values of the Luo people as a vehicle to reduce stigma and enhance HIV outcomes for young people, including those affected by or living with HIV. The development and implementation of the HIV-related stigma intervention incorporated community-based participatory research principles to ensure the intervention was culturally appropriate and relevant. Various stakeholders shared ideas about how to use traditional knowledge alongside contemporary biomedical approaches, with the goal of addressing stigma in the school community. Particular attention is paid to the role of Elders in curriculum development and classroom implementation. This paper contributes practical insights into designing and implementing culturally responsive stigma reduction interventions, showing how collaboration across generations and knowledge systems can be mobilized to address complex health challenges.

Keywords: HIV-related stigma reduction, intergenerational learning, traditional knowledge, school-based population health intervention, community-based participatory research

Conception et mise en œuvre d'une intervention ancrée dans les connaissances culturelles pour réduire la stigmatisation liée au VIH chez les écoliers ougandais

Résumé

L'adéquation culturelle et la pertinence contextuelle sont des éléments clés pour concevoir des interventions efficaces visant à réduire la stigmatisation liée au VIH. Cet article présente une approche globale utilisée pour développer et mettre en œuvre une intervention de santé publique qui exploite les connaissances traditionnelles ancrées dans la culture afin de réduire la stigmatisation liée au VIH chez les écoliers du district d'Omoro, dans le nord de l'Ouganda. L'intervention s'appuyait sur les valeurs du peuple Luo comme vecteur de réduction de la stigmatisation et d'amélioration des résultats pour les jeunes, notamment ceux touchés par le VIH ou vivant avec le virus. Le développement et la mise en œuvre de cette intervention ont intégré les principes de la recherche participative communautaire afin de garantir son adéquation et sa pertinence culturelles. Différents acteurs ont partagé leurs idées sur la manière d'utiliser les connaissances traditionnelles en complément des approches biomédicales contemporaines, dans le but de lutter contre la stigmatisation au sein de la communauté scolaire. Une attention particulière est accordée au rôle des aînés dans l'élaboration du programme et dans sa mise en œuvre en classe. Cet article apporte des éclairages pratiques sur la conception et sur la mise en œuvre d'interventions de réduction de la stigmatisation adaptées au contexte culturel, montrant comment la collaboration entre les générations et les systèmes de connaissance peut être mobilisée pour relever des défis sanitaires complexes.

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1.0 Introduction

In sub-Saharan Africa (SSA), HIV-related stigma continues to be a disconcerting challenge. Stigma associated with HIV manifests in a variety of forms in communities and schools for children who are living with HIV or who have family members living with HIV. In Uganda, HIV-related stigma is an ongoing challenge despite much progress in awareness creation, management, and treatment of the virus. The country continues to experience stigma and discrimination fueled by complex social, cultural, and economic factors. Young people in particular are confronted with an increased burden of stigma and discrimination related to HIV, while young people living with HIV face an additional burden (Fournier et al., 2014; Kimera et al., 2021; Small et al., 2022). According to Goffman (2009), stigma is an attitude or belief that makes people avoid, reject, or fear another person who is perceived to be different and can lead to mistreatment or reduced access to opportunity.

The global HIV response has placed a strong emphasis on behavioral interventions to address the HIV crisis and related stigmas in Uganda (Hartog et al., 2020). Recent work, however, has found that while awareness of HIV is generally high in countries with significant HIV burden, stigma surrounding the disease continues to be a significant barrier for people living with HIV or affected by HIV (Julaihi, 2025). Despite increased awareness regarding transmission routes and the effectiveness of antiretroviral therapy (ART) in preventing new HIV infections, structural factors that are deeply rooted in the social and cultural fabric of society continue to shape attitudes and behaviors that perpetuate HIV-related stigma. Stigma influences not only how people view those living with HIV but also how individuals engage in prevention and treatment practices. Population health interventions focused on these structural factors are needed to improve understanding of effective ways to reduce health disparities and to improve the health and well-being of young people (Hawe & Potvin, 2009).

Efforts by health agencies, schools, religious organizations, traditional healers, and non-governmental organizations (NGOs) to work with communities in response to HIV have reinforced support for people living with HIV (Wu & Li, 2013). In the African context, these efforts have reinforced the critical linkages to extended families. Traditionally rooted knowledge interventions are imperative due to their consideration of the family as a unit of involvement (Bally et al., 2023), stimulating culturally acceptable practices that foster community responsibility for care and support. Interventions that use traditional knowledge care systems have gained prominence where victims of stigma are connected to their communities (Bunn et al., 2020; Sengendo & Sekatawa, 1999). In this context, we conceptualize cultural knowledge as the collective wisdom, practices, and values transmitted across generations that guide social norms, relationships, and moral obligations within communities. Among the Luo people of Northern Uganda, cultural knowledge is embodied in oral traditions, storytelling, music, dance, and intergenerational mentorship, and is carried by Elders who hold cultural authority.

Cultural appropriateness and contextual relevance are key considerations for designing effective interventions, with a focus on integration of local language,

customs, and cultural morals that help to improve resonance with intended recipients. Accordingly, a few studies have demonstrated the value of "arts-based interventions" or traditional knowledge systems rooted in culture that may include various modalities, including painting, drawing, storytelling, and dance, among others. For instance, Daniels et al. (2021) found that such an intervention decreased HIV-related stigma in a South African community. Similarly, Croston and Rutter (2020) underscored the methods for raising HIV awareness through the creation of a cultural framework designed for young people living with HIV. Finally, a study in Kenya found that cultural adaptation was crucial for the execution of a theatre-based HIV-related stigma reduction (Nyblade et al. 2019). Participatory techniques are commonly used in interventions-based on traditional knowledge systems rooted in culture, where community members are actively involved in each stage of design, implementation, and assessment. Building trust, attending to local needs and priorities, and encouraging ownership and sustainability of stigma reduction interventions depend on community engagement (Coemans & Hannes, 2017; Rankin et al., 2018).

Theory-informed health promotion strategies that have taken aim at stigma have used dialogical theory and community-based participatory approaches (CBPR) (Airhihenbuwa et al., 2014; Kemp et al., 2019; Mitchell et al., 2005). These methods have in common a view of health promotion and intervention as a cooperative effort including researchers, healthcare providers, and community members Lewin, 1946; Wallerstein & Duran, 2017. Axford et al. (2023) argued that it is essential to meaningfully involve adolescents to ensure that intervention medium and content are practical, interesting, pertinent, and sensitive to their needs and priorities. Additionally, in an exploration by Chinyowa (2015) of participation as a form of repressive myth, themes of power were highlighted in entrenched cultural traditional knowledge systems.

When interventions fail to place participants at the centre of the intervention process, they prioritize their own goals and silence, rather than support their empowerment. Health promotion interventions based in traditional knowledge systems offer opportunities for researchers to develop and assess innovative, theory-informed work, provided that care and attention are given to the communities with which engagement is sought (Bunn et al., 2020). Hence, community involvement in their design aids in the identification of strengths and limitations and the development of suitable solutions.

Despite evidence of the efficacy of traditionally rooted knowledge system interventions and community engagement in lowering HIV-related stigma in African contexts, a scarcity of research remains to support interventions that target stigma experienced by young people in SSA (Earnshaw et al., 2018). Furthermore, published methods for developing such interventions are limited. Our work aims to address this gap by placing ourselves within the movement of decolonizing methodology (Fraser & Al Sayah, 2011) that refrains from imposing Western frameworks on arts-based interventions carried out in different contexts.

In this article, we outline our comprehensive approach used in the development and implementation of a population health intervention that harnesses traditional knowledge rooted in culture to reduce HIV-related stigma among young people in Northern Uganda. The process we describe incorporated CBPR principles to ensure the intervention was culturally grounded in contemporary biomedical and traditional knowledge of the Luo people. The intervention was designed as part of a stepped-wedge cluster-randomized trial in Omoro District, Northern Uganda, that utilized traditional cultural knowledge shared by Elders through stories, songs, dance, and games. The overall purpose of the main study was to

develop, implement and evaluate a population health intervention rooted in local cultural knowledge to reduce stigma and improve HIV prevention outcomes among HIV+ and HIV-affected young people. We aimed to generate evidence-based knowledge for policymakers, educational professionals, and public health practitioners to integrate traditionally rooted participatory interventions to address HIV-related stigma in school curricula in Northern Uganda. Additional details about the study are published elsewhere (Mendelsohn et al., 2022; Fournier et al., 2025).

2.0 Context of Northern Uganda

Northern Uganda was plagued by the violent armed conflict between the rebels of the Lord Resistance Army (LRA) and the national army, the Uganda People Defence Forces (UPDF), from 1986 to 2006 (Akena, 2014). The war displaced nearly 2 million people internally and left widespread physical, emotional, and psychological scars and varied manifestations of multidimensional poverty in the region (Doom & Vlassenroot, 1999). Since the rebels used the child abduction method to replenish their ranks, the former child soldiers and abductees who escaped rebel captivity are confronted with varying stigma, affecting their reintegration into the community. The war also led to the disruption of intergenerational connection and severely diminished the influence of community Elders. Revitalizing traditional social organization and leadership of community Elders is underway in Northern Uganda.

In this setting, the role of Elders (also known as knowledge keepers who serve as repositories of traditional knowledge) has historically been disregarded in population health interventions seeking to reduce HIV-related stigma. Elders play a central role in organizing society, moderating social behaviors, and establishing standards that have a significant binding influence on the community (Akena, 2016). This is particularly true in the cultures of Northern Uganda (Murithi, 2002). The vital roles Elders play in different community interventions with the aim of strengthening cultural survival, revival, and social cohesion across Africa have been discussed in other studies (Dweba & Mearns, 2011; Murithi, 2002).

3.0 Theoretical Framework

Our population health intervention's development, implementation, and analysis were informed by the Health Stigma and Discrimination framework (Stangl et al., 2019). This framework offers a theory of HIV-related stigma processes by identifying key domains of health-related stigmatization across the socio-ecological spectrum (Aggleton et al., 2023; Stangl et al., 2019). We adapted the framework to the local context through a consultation process with study participants. Adaptation included the application of the framework's constructs to minimize the harmful effects of stigma during data collection and analysis. In the process of adoption, we drew on diverse voices across generations (for example, elders, adults and youth). We also depicted voices across genders, such as male and female participants. In doing this, we intended to ensure that the stigma and discrimination framework was reflective of intergenerational traditions and the lived experiences of children/adolescents affected by HIV-related stigma.

4.0 Ethical Considerations

The Uganda National Council of Science and Technology (HS510ES), the AIDS Support Organization (TASOREC/011/2020-UG-REC-009), the Thompson Rivers University Ethics Committee (102240), and the University of

Saskatchewan Behavioral Research Ethics Board (Beh-REB1701) provided ethical approval. Participation in the study was entirely voluntary, and there were no cash incentives. Participating Elders, however, received a small honorarium at the end of each school term. Additionally, all participating schools received a one-time payment at the end of the study to purchase supplies, resources, etc. After the study, certificates of participation were distributed to teachers, Elders, and the local research assistants (RAs). Confidentiality was maintained throughout the study. Our ethical partnership with research participants was a continuous, participatory ethical engagement comprising an inclusive, collaborative, dialogical, and relational ethics approach (Torre et al., 2015). Mutual respect was a key feature of this process, and it helped the research team recognize patterns and new challenges that adversely impacted study processes and data collection by providing the opportunity for discussion and adjustments.

5.0 Stakeholder Engagement

Stakeholder engagement was essential during the development, implementation, and evaluation of the intervention, and helped foster a collaborative and partnership-oriented mindset among families, schools, and the community. As the intervention aimed to be acceptable and culturally appropriate, important stakeholders such as CAC members, Elders' forums, educators, medical specialists, community leaders, parents, and students were variously consulted and engaged. Stakeholder participation ensured that the intervention development complemented the study's objectives and priorities, and provided consistency during implementation by establishing a shared goal of reducing HIV-related stigma in the community. The following describes the consulted stakeholders from the beginning of the project.

5.1 Community Advisory Committee (CAC)

The CAC was formed early in 2021. The 14-member CAC comprised individuals with various leadership roles, such as village health teams, education specialists, sub-county chiefs, ecumenical community, etc. Consisting of retired as well as active civil servants, the CAC members were selected based on their roles and influence in the community. Throughout the research process, the research team received advice from the CAC on how to develop, implement, improve, and assess the intervention. They played a key role in guiding the curriculum construction using traditional knowledge. Reframing the study emphasis and research questions to be respectful of the local traditions of the Luo (Acoli and Lango) people was made possible in large part by consultations with community Elders and the CACs. We were conscious that the study questions and how they were posed held the possibility of violating cultural norms if not well-crafted with cultural relevance and guidance.

5.2 District Education Officer (DEO)

From 2018 onwards, the research team made extensive consultations with the Omoro DEO. DEOs are government officers in charge of monitoring the quality of schools in their respective districts. The consultative meetings with the DEO focused on the entry protocol to the selected schools intended for the study/intervention, enlistment of prospective pupils, teachers and schools with ethical and cultural sensitivity, as well as the timing and duration of the classroom intervention with the pupils and the course subjects in which the intervention would be integrated. The consultation resulted in selecting two subjects for the intervention: science for primary schools and biology for secondary schools. To confirm official government support, it was planned that

the DEO would formally open and close the training sessions for headteachers, teachers, and Elders before the intervention.

5.3 District Health Officer (DHO)

Within the first year of planning, the research team engaged with the DHO of Omoro District. A DHO is a government officer in charge of overseeing and monitoring health service delivery throughout the district health centres in their respective districts. The consultative meetings with the DHO focused on community and health centre support for HIV prevention, testing, and treatment. The DHO supported the research team in collecting HIV medical information from Omoro District Health Centers to assess secondary clinical outcomes, including HIV testing frequency, HIV status, and linkage to care of study participants. The DHO was present at all training workshops for headteachers, teachers, and Elders to speak on HIV, stigma, and services/supports available through health centres and clinics.

5.4 Elders (Knowledge Keepers)

The intervention curriculum design and implementation required the insightful knowledge offered by Elders, who are the custodians of traditional knowledge. Community Elders were the initial group to be consulted in August 2021. During these initial consultations, the importance of intergenerational learning or the role that Elders play in children's education became apparent. In addition, Elders reviewed the needs assessment formative interview questions to ensure they were culturally suitable and provided important traditional teachings about stigma in general. The teachings were later incorporated into the curriculum with a specific focus on HIV-related stigma. Elders were also present in every phase of intervention development, with support from a local community-based organization, the African Coalition of Language and Indigenous Advocates (ACOLI-A). The chairman of ACOLI-A (i.e., a knowledge holder who communicated with Elder facilitators during implementation) developed the traditional knowledge content of all intervention teaching modules by gathering information from ACOLI-A's repository of Acoli traditional knowledge and consulting with ACOLI-A Elders. Several Elders were present in the CAC, offering knowledge and expertise in traditional knowledge sharing.

5.5 Teachers and Headteachers

The teachers and headteachers were among the key stakeholders consulted prior to the study commencement. Their consultation centered on intervention content, the grade level, and suitable delivery time, as well as the pedagogical strategies for the intervention content during the training workshops. These educators later played a key role in putting the intervention curriculum into practice.

6.0 Intervention Development

The intervention consists of two phases: (1) a stigma and traditional curriculum facilitated by teachers and Elders in a classroom setting; (2) participatory theatre games facilitated by trained Research Assistants (RAs). The intervention, including classroom and theatre games, was organized into 3 learning modules (i.e., Module 1, Module 2, Module 3) corresponding to each school term. The development of the intervention involved several steps to ensure it was relevant both locally and within broader contexts (see Figure 1).

Figure 1: HIV-related stigma intervention development process
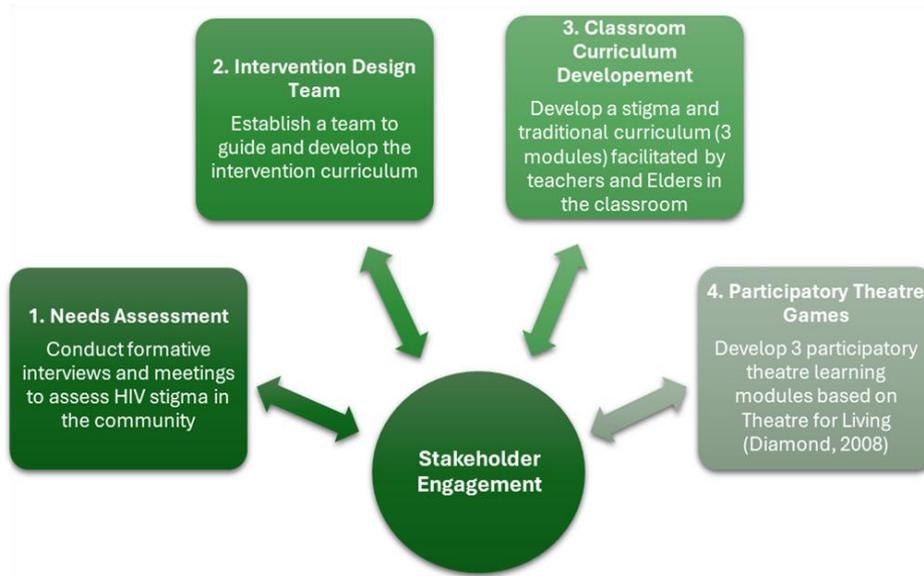
6.1 Needs Assessment

A comprehensive needs assessment was conducted with individuals from Omoro District communities to obtain information that identified dominant attitudes, cultural norms, and practices that fuel HIV-related stigma. The needs assessment included formative interviews with 26 students, 17 teachers, and 11 Elders (n=54), and meetings with the CAC. In addition, meetings with knowledge holders were conducted to discuss traditional contents in partnership with ACOLI-A.

Content for the intervention was developed and shaped by discoveries from the needs assessment. Major findings were grouped thematically by the research team and played a major role in determining intervention content. The five main themes were: (1) prevalence of stigma against people living with HIV; (2) fear of disclosure by HIV-positive people; (3) fear of getting tested for HIV; (4) suicidal thoughts among people living with HIV (PLHIV); and (5) gossip and discrimination against PLHIV. The most common occurrences of stigma that were of concern in the community included: instances of public announcements in public gatherings "it's time for taking ART" with the aim of hurting people living with HIV; sharing information about the health status of someone suspected to be HIV positive; parents prohibiting their children from playing with peers who are suspected to be living with HIV or whose parents are suspected to be living with HIV; and stopping children living with HIV from going to school, with some participants suggesting that these children are sometimes likened to individuals on death row. These insights into the realities of living with HIV in the community established direction for topics to be considered for the intervention. While the participant interviews and CAC meetings produced rich data containing insights into HIV-related stigma occurrences in the larger research context, the parameters of this article focus on the creation, development, and application of the intervention curriculum. The process revealed possibilities for Elders to reclaim their role as knowledge keepers and providers.

6.2 Intervention Design Team

An intervention design team was established and maintained throughout the entire intervention period. The team consisted of local education specialists, a traditional knowledge holder, the principal investigator from the research team, and a theatre methods specialist. Initially, it was unclear regarding the amount and form of traditional knowledge to be effectively integrated into the classroom curriculum and theatre games alongside stigma-related content and who was best positioned to teach it. The design team consulted with CAC members and community Elders throughout the development process on how to develop, implement, improve, and assess the intervention. The content and approach were iteratively modified in response to feedback from CAC members and Elders. Moreover, insights and perspectives from the needs assessment supported choices made in development.

6.3 Stigma and Traditional Curriculum (Classroom)

The HIV-related stigma curriculum drew references from related work completed in other African countries (Frontline AIDS, 2019; International HIV/AIDS Alliance, 2006; Fournier et al., 2025; Nyblade et al., 2003) and was influenced by our needs assessment and the five main themes discussed in the previous section. The curriculum was developed to engage students in problem-based discussions initiated with pictures from an HIV stigma toolkit (Frontline AIDS, 2019), as well as integrating local traditional knowledge and cultural values. Concepts from the theoretical framework (Stangl et al., 2019), and findings from our formative interviews were used to articulate the local drivers, facilitators, and manifestations of stigma. Articulating a "problem" and discussing solutions was done by way of scaffolding learning through practice that was emphasized via role play, discussion, and issue analysis and continued with the theatre games. The classroom curriculum included activities such as games, dances, theatre, music, myths, poems, storytelling, folklore, teachings, and riddles drawn from local traditional knowledge of stigma, focusing on the values within the Luo peoples. The intervention design team ensured that all cultural activities were age-appropriate, interesting, and participatory for school-aged pupils and students.

Classroom modules were designed as 20-minute sessions offered four times per week. Modules 1 and 2 contained five weeks of classroom content. Module 3 contained four weeks of classroom content due to the shorter time frame in Term 3. Over the course of the study, four schools had all three modules, four other schools had two modules, followed by four different schools participating in one module (see Figure 2).

Figure 2: Stepped-wedge design of intervention implementation.

Clusters	Blocks	School break Nine weeks	Term 1 Eight weeks of intervention	Term 2 Eight weeks of intervention	Term 3 Five weeks of intervention
Primary school 01					
Primary school 02	1	Control	Intervention (Module 1)	Intervention (Module 2)	Intervention (Module 3)
Secondary school 07					
Secondary school 08					
Primary school 03					
Primary school 04	2	Control	Control	Intervention (Module 1)	Intervention (Module 2)
Secondary school 09					
Secondary school 10					
Primary school 05					
Primary school 06	3	Control	Control	Control	Intervention (Module 1)
Secondary school 11					
Secondary school 12					

6.4 Participatory Theatre Games

Three participatory theatre learning modules were created to follow the classroom traditional curriculum, drawing on David Diamond's theatre practice known as Theatre for Living (Diamond & Capra, 2008). The planned class activities that occurred outside of the school walls in the open play spaces emphasized active learning and learner-centered methods based on theatre games, image theatre, and forum theatre. These activities aligned with the traditional and cultural values and knowledge of the Acoli and Lango communities in exploring stigma as it relates to HIV. Modules 1 and 2 were designed as 20-minute sessions offered four times per week of theatre activities for 3 weeks. Module 3 was designed as 20-minute sessions offered four times per week of theatre activities for 1 week due to a shorter time frame in Term 3.

The participatory theatre modules were developed by a research team member who is a specialist in participatory theatre methods in collaboration with Elders and were delivered by trained local RAs. The RAs received in-person training based on Theatre for Living (Diamond & Capra, 2018) games and activities. The games and activities were adapted in Uganda for consistency with the topics covered in the modules in consultation with the local research team, which

included an education specialist, our knowledge holder, and the RAs who facilitated curricular activities in local languages.

7.0 Intervention Implementation

Implementation occurred during the 2023 school year and included training, classroom implementation and theatre games (see Figure 3).

Figure 3: HIV-related stigma intervention implementation process.
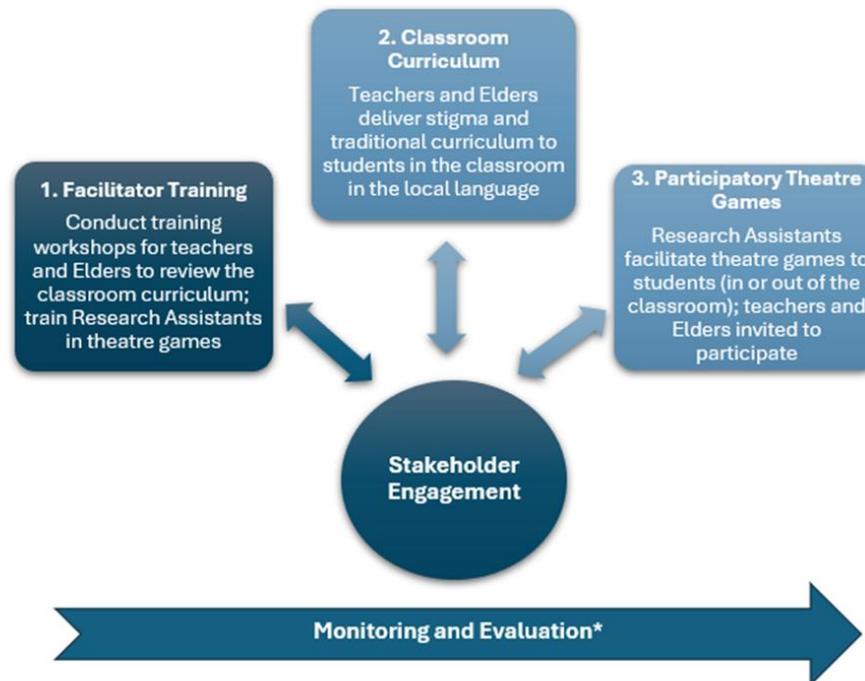
*A process evaluation was guided by Steckler and Linnan's (2002) (2002) framework.

7.1 Facilitator Training

A training workshop was held at the beginning of every school term for participating headteachers, teachers, and Elders. These workshops allowed headteachers, teachers, and Elders to meet with the research team, the DEO, and the DHO to review the curriculum and provided a forum to ask questions and discuss the curriculum modules. They focused on providing participants with the knowledge, skills, and tools required to collectively implement the curriculum in Acoli and Lango and incite conversations about HIV and stigma in the school and community. Feedback about the curriculum from the participants in the workshop was also incorporated into the modules, and a curriculum booklet was created for teachers and Elders to facilitate the implementation. Approval of the curriculum and subsequent booklet was conducted during the workshops, as all the decision-making stakeholders were part of the training.

Prior to the implementation of Module 1, the RAs were trained in participatory theatre methods and theatre games by the research team specialist, who spent five weeks in Uganda. They were instructed about the theatre games and coached in facilitating the games with learners. The in-person training provided almost all of the RAs the basic training in Theatre for Living games and activities through experiential learning. Due to attrition, a few RAs were replaced for the modules that came after the in-person training. The new RAs

received training from a designated RA, who received additional training and coaching through Zoom calls and emails in a "train the trainer" style. As well, direct training from the research team specialist to the RAs was also periodically done during team meetings (Friday afternoons) through Zoom. This direct training allowed for the RAs to provide feedback on the games and how they were received in the schools. The direct training was also a time to clarify and further instruct the RAs on the specific theatre activities.

7.2 Stigma and Traditional Curriculum (Classroom)

The module materials were taught in the classroom by the teachers and Elders based on the stepped-wedge design. Modules were scaffolded, such that students receiving the intervention across multiple terms received an expanded intervention curriculum (as opposed to a repetitive curriculum). RAs facilitated participatory theatre games in or outside of the classroom. This helped students apply the conceptual learning from classroom work to real-life situations by exploring topics through cultural expression. While engaging in theatre games crafted to support and explore related topics, the intent was for students to develop a novel way to think and talk about stigma. The presence of Elders alongside teachers in the classroom aroused excitement among the learners. This is consistent with Vygotsky's scaffolding hypothesis, which states that when students are trained by more experienced mentors, they obtain greater knowledge and abilities (Van Der Stuyf, 2002; Verenikina, 2008).

7.2.1. Integrating HIV/ stigma curriculum with Uganda's secondary and primary curriculum; Module 1 (Okeny et al., 2022):

Guide to This Booklet

Dear Teachers and Elders, Welcome to this teaching and learning guide! This booklet is designed as a guide to assist you while facilitating the 20-minute 4 days a week, with the selected learners participating in the project intervention within your schools. However, if you feel the content needs to be changed, please address your suggestions with the research assistants for the project assigned to your school. Emphasized in this curriculum is a participatory learner centered methodology which includes the traditional and cultural values and knowledge of the Acholi and Lango community for addressing societal differences and various forms of stigma as it relates to HIV. (p. 2).

In Table 1, we provide an extract from the above curriculum of how a traditional knowledge lesson was delivered by an Elder (intergenerational teaching/learning) in a conventional classroom. The Elders' involvement with teaching became an opportunity to present their knowledge, reclaiming a position of their relevance in the teaching traditions of the community and being visible within a public institution of the broader society.

Table 1. *Day One: Week one: Subtheme 1. 1.1: A Program Preview (p. 3-7) - Lesson from Module 1 Classroom Curriculum (Week 1, Day 1)*

	Suggested activities / content	**Resources**	**Time**
Introduction Overview of the program	Welcome participants and introduce the program (stigma including other differences and stereotypes that occur in our societies with emphasis on the traditional/cultural values). Outline the burden of stigma to justify the intervention. Both the teacher and Elder will share briefly how they will be useful in the intervention (their roles). **Suggested content** Dear students/pupils, Welcome to this educational interaction, which will address issues of HIV stigma and other forms of differences that exist in our societies. As you may all know, stigma is still a major challenge in our society. Many, if not all, of us are or were once victims of stigma and other forms of differences, directly or indirectly. In this program, your teachers and some Elders will guide you to share experiences of HIV stigma in our society and the school. Your roles are briefly outlined below: • Attend and participate in all sessions of the intervention. • Come up with your storyline depicting different themes on HIV and stigma in your community. The stories can be based on experiences or imagination.	Markers Flip charts Masking tape	5 min.
Setting ground rules	**Optional** Our ground rules as participants • The teacher gives the opportunity to learners to set their own rules.	Markers Flip charts Masking tape	10 min.

	Below are some suggested ground rules:		
	• We will not talk about personal stories and ideas that are discussed in the group to people outside the group.		
	• We will speak one at a time and listen to each other.		
	• We begin by going around the group and giving everyone a chance to say something about themselves.		
	• We will help noisy people to quiet down and quiet people to speak.		
	• We will never pressure anyone to take part in an activity or share personal information.		
	• We will respect each other's rights to their own opinions and values.		
	• We will not judge or ridicule people.		
	• We will take responsibility for challenging harmful prejudice and oppression in ourselves and others.		
	We all have the right to change our minds and make mistakes.		
Elder's introduction	Elder introduces themselves in the context of family and clan and gives an overview of the Acoli relationship structure and the role each relative plays in instilling cultural values in the child.		
Questions/clarification and responses	Give room for participants to ask questions/clarifications. Respond to what you know. Otherwise refer to other project staff for further clarifications. Thank participants for being in the intervention.	Markers Flip charts Masking tape	5 min.
Preview	Tomorrow we will be discussing the various forms of differences that exist in our society, namely the school, neighbors, within our homes and families, and other social gatherings. Note that stigma is one of those many differences.		

An extract from the booklet is provided in Table 1. Lesson from Module 1 Classroom Curriculum (Week 1, Day 1), Traditional Knowledge.

Week one: Day one: Subtheme 1. 1.1: A Program Preview:

> Elder introduces self: Good afternoon, students. My name is... I am a resident of... village,... sub-county. I was born around 1924. That means I am now around 78 years old. I belong to the... Clan of the Acoli/Lango culture, which is part of the group of Luo people. The Luo are a part of the Western Nilotic people, and they include in South Sudan the Jur-Luo, the Chollo, the Anywaa/Anywak, the Acoli and the Pari. In Uganda they include the Acoli, Alur and Jo p'Adhola, in DR Congo, the Alur; and in Kenya and Tanzania, the Luo. We also have Luo-speaking nations, including the Langi, Kumam, Ithur and others in Uganda.

> Today, I am going to help your teacher introduce the content we will learn over the next several weeks. You may wonder why I began by introducing myself, including the name of my clan. In African culture, education is the knowledge/skills you get from the community and that includes your family and the different communities you interface with, such as village mates, fellow children, etc.

> Throughout this class, we shall learn about the cultural values that help form our character as responsible members of society, the effects of stigma towards disadvantaged people, and how to reduce it in our schools/community.

> Among the Luo people, as in most African and other communities, children are educated in the context of society. Therefore, it is important to know how to identify yourself first within your society. You are a single individual who must develop a unique character throughout your growth and development using knowledge and guidance from the community.

> Among the Acoli people, a child becomes a member of the most important family unit called "Kaaka" (the clan) in different ways. The most prevalent of these is by birth to a male member of the clan. A child born to a female member of the clan can also become a member of the clan if it (the child) is not claimed by the biological father clan and is presented by the mother or the clan to be adopted into the clan ("Okeyo ma ki camo," translated as "assimilated nephew"). Other ways are abduction during a war ("Angeca or Alima") and presentation to the "Abila" for adoption for various other reasons.

> It is important to know where you fit in the context of your father and mother's clans, as these are the communities primarily responsible for your traditional education and character development using traditional and cultural values.

> Different relatives play different roles in bringing up a child. The closest relatives to you are your mother ("mego"), father ("Wego/Babu"), brothers ("Omego"), and sisters ("Lamego," collectively referred to as "Lumego"). You also have extended family members on your father's side, such as cousins ("Omaro/Lamaro"), aunts ("Wayo"), uncles ("Wego/Babu"), grandfathers ("Kwaro"), grandmothers ("Dayo"), etc. All these relatives help to teach you the positive values you should embrace.

From the preceding classroom session, the Elder sets the stage for the introductory lesson with proper grounding in traditional customs. The intention was for students to understand the importance of intergenerational education and the deep knowledge of traditions in identifying the concepts associated with stigma and strategies to reduce its impact on society, which feeds into the earlier-articulated stigma and discrimination concept (Aggleton et al., 2023). By introducing the clan where they originate, the Elder underscored the profound significance of the adage attributed to an African proverb that "it takes a village to raise a child." The proverb refers to the idea that for children to grow in a safe environment where they can reach their full potential and contribute to societal transformation, an entire community of people must provide for and relate constructively with that child. This holds true in Northern Uganda.

The profound significance of the clan to an Acoli or a Lango child is reiterated in the Elder's introductory lesson. The mention of a clan signifies the recognition of the most important societal unit and, therefore, an entity where children are schooled into the customs and culture of their people. In African traditional settings, clans are essential to governance, decision-making, and resource distribution because they frequently base decisions about leadership and resource distribution on a clan's kinship. Furthermore, clans provide a sense of connection, solidarity, and belonging, especially in trying times such as the HIV pandemic and the stigmas associated with it (Ankrah, 1993), which bolsters (Bodeker et al., 2006) views that maintained the significance of collaboration between tradition and modernity in the fight against HIV-related stigma. It further contributes to understanding various forms of stigma across the social ecological spectrum (Aggleton et al., 2023). As shown in Table 2, the lesson's main goal was to help students comprehend how cultural values foster and maintain social cohesion in society, hence enforcing care.

Our Elders created sets of knowledges in the forms of tradition and culture using different media that embody essential teachings for a child's holistic development. They include *ododo* [folktales], *caro-lok* [proverbs], *koc* [riddles], *pwony* [teachings], *cik-Acoli* [rules and regulations], *tic-Acoli* [amends/appeasement to the gods], *goga* [enacted teachings including drama], *tuku* [plays], *myel* [dance], *wer* [music], and others.

At the beginning of the first module, Elders introduced these teachings by saying:

> We shall slowly introduce these teachings drawn from our traditions and culture before colonization. You will be encouraged to ask other members of your communities to discuss them with you outside the class and brainstorm whenever we reconvene in class. The objective is for us to learn the different traditional values our forefathers left with us and use them to be kind to others, to be helpful and understanding of people who are different from us and to grow up to be responsible members of our society.

The teacher and Elder facilitating the lessons used a unique pedagogical approach. By building on the first lesson, they highlighted how information is often transmitted from parents/caregivers at home and in the classroom. This strategy's objective was for the children to appreciate the variety of traditional values through demonstration of kindness to others and veneration for those who are perceived differently, such as PLHIV. As seen in the example of Elder's content in Table 2, the intervention emphasized cues from traditional knowledge to reduce HIV-related stigma. Demonstrated concepts from the traditional teachings of empowerment concerning oneself and the community, respect for oneself, and peershad a new emphasis and became linked to behavior and attitudes that resisted stigma. This integrated approach is intended to help students make connections between what the Elders were teaching about valuing themselves and others through a legacy of tradition to an awareness of those values and behaviors that aims to reduce HIV-related stigma among schoolchildren and the community. Additionally, Elders and RAs used the local Luo (Acoli and Lango) languages in all classroom and theatre-based activities, since language is intrinsically linked to cultural identity and knowledge creation (Kramsch, 2014).

Throughout the intervention, traditional knowledge and cultural values were imparted using orthodox and contemporary pedagogies. The local knowledges of the Luo people were the main source of inspiration for the traditional pedagogy. Traditional lessons derived from lived experiences served to stimulate children's critical thinking, discipline, and sometimes even instill fear, a longstanding traditional teaching method. The majority of the lessons were designed to prevent children from hurting themselves or bringing dishonor to their families and clans. Culturally, children are inherently exploratory and traditional wisdom and teachings shared by local Elders are meant to dissuade them from harmful acts by implying that their actions could result in the death of loved ones. For example, one of the traditional proverbs suggests, "Your mother will die if you throw a knife at your colleague." The Elder's interpretation suggests that the strong language about harm befalling one's mother is contrasted with the view that alternatively, if you warn a youngster not to throw a knife at someone else because it would hurt him/her, the child becomes inquisitive about how much damage they might cause and tries it out, contrasted with the insight of an Elder's understanding of the proverb. The Elders expanded the interpretation of the proverb that because children love certain family members so much, they will never even consider harming them. In traditional understanding, the mother, who provides for the child's daily needs, is the most significant family member for a child. Therefore, most of the teachings intended for children suggest that disobedience could result in harm to family members, an emphasis that is relatable in the Luo traditions.

Table 2: *Week 1, Day 2 - Subtheme 1.1.1: Appreciating our Cultural Values (p. 8–18)*

	Suggested activities/	Content	Resources	Time
Introduction Introduction to culture, tradition and values in the context of Acoli tribes.	An Elder: ▪ welcomes learners; ▪ brainstorms on the meaning of culture and traditions; ▪ using think pair, asks leaners to list some of the negative and positive values; ▪ brainstorms on the medium of imparting cultural values; ▪ asks learners whether they have received any of those cultural values and teachings either at home or school; and ▪ reminds learners of the relevance of our cultural values, heritage and teachings to shape their future.	Traditions are beliefs, customs or ways of doing things that have existed for long. Examples of Acoli / Lango cultural values: Negative values: ▪ *caro* [irresponsible] ▪ *cac* [condescension/ despising others] ▪ *yet* [insult] ▪ *kwele* [promiscuous] ▪ *abote* [discrimination within families] ▪ *lajok/latal* [weirdness/ witchcraft], etc. Positive values: ▪ *layom cwiny* [joivial person] ▪ *lamar dano* [loving person] ▪ *laworo* [respect] ▪ *lapit* [generous person] ▪ *lawat* [friedly person] ▪ *lakica* [kind person], etc. Mediums of imparting Acoli cultural values: ▪ *ododo* [folk tales] ▪ koc [riddles] ▪ cik Acoli [teachings and wisdom] ▪ caro lok [proverbs] Relevance of cultural values: ▪ To remedy the negative values children grow with.	Flip chart Masking tape Markers	10 min.

Table 2 continued				
Tasks	Ask learners to list the various forms and examples of differences that exist in: ▪ Schools ▪ Families ▪ Social gatherings	Differences in our societies: ▪ Stigma ▪ Differences based on ▪ Religion/creed ▪ Colour ▪ Culture ▪ Political affiliation ▪ Socioeconomic status ▪ Language	Flip chart Masking tape Markers	10 min.
Traditional customs	Ask learners to list the various traditional customs in Acoli that help to address differences in schools, families, community, etc.	Traditional customs: ▪ Shaking hands ▪ *ka iboko nying dano maber, ci inongo gi ka cam* [sharing meals and not gossiping/pointing fingers] ▪ *gung i nyim lodito ka gulwongi* [kneeling before Elders] ▪ *pe i bok nying lawoti* [not to gossip on others] ▪ *pe icim dano ki wi lebi* [not to point at others using non-verbal cues like tongue] ▪ *pe icim wi got ma pe idolo lwet cingi* [not to point at the mountain top with fingers unfolded], etc.	Flip chart Masking tape Markers	
Conclusion	An Elder wrap up on a high note with experience and lesson learnt related to the content of the day	Take home message ▪ Emphasize the need for children to embrace cultural teachings to change their life.	Flip chart Masking tape Markers	5 min.
Preview	Teacher cites the next lesson.	Tomorrow we shall look at the types of stigmas that occur at an individual, family, school and the community level	Flip chart Masking tape Markers	1 min.

7.3 Participatory Theatre Games

Following classroom content, trained RAs facilitated theatre games for students. Teachers and Elders were invited to attend and participate in the games. Theatre was used as discovery learning and not as a knowledge check or test of recalling previous teaching. The activities encouraged children to be creative, to make believe, and invited them into a space of exploration. They used imagination, creativity, and body movement to express their thoughts and feelings as communicated through body positions, facial expressions, voices, and gestures that created an environment for young people to build and examine ideas and relationships with each other. The trained facilitators had discussion points for referencing, related to the prior learning about stigma. Community Elders emphasized some of their earlier traditional teachings, stories, parables, riddles, or dances as the content related to the theatre games.

The participatory theatre provided a way for the children to generate new thoughts (creative thought) and move their bodies (physical movement). Using these new ways of thinking about emotions through movement and expression (embodiment), the students explored and applied the teachings of the previous five weeks of Module 1 about different kinds of stigma that relate to HIV in their lives and their community. The theatre games progressed in complexity to create image theatre and other forms of forum theatre aimed at building bridges for the students, facilitators, and Elders to discuss their emotions and knowledge about HIV-related stigma and to make connections to their own thoughts and choices about how they behave. Table 3 outlines an example of a 20-minute theatre session.

8.0 Intervention Monitoring and Evaluation

The intervention's effectiveness was assessed through a comprehensive process and outcome evaluation (Fournier et al., 2025). The evaluation focused on understanding the impact of the arts-based intervention on stigma, HIV knowledge, attitudes, and related behaviors. The process evaluation focused on the implementation of the intervention and monitored whether the intervention was being delivered as planned, how it was being received by participants, and identified areas of strength and weakness in the intervention (Steckler & Linnan, 2002) Overall, findings from process evaluation demonstrated that the intervention was implemented as intended in all schools. Despite facing contextual challenges, such as compensation and time constraints, students, teachers and Elders experienced positive outcomes such as increased knowledge and understanding of HIV-related stigma and cultural knowledge. The complete results of the process and outcome evaluation, including detailed findings on stigma reduction, HIV knowledge, testing behavior, linkage to care, ART initiation, and adherence, will be published in subsequent reports. These results provided a more comprehensive understanding of the intervention's impact and its potential for scalability in other communities (Fournier et al., 2025).

It should be noted that in the year 2020, the Ugandan government introduced the Competency-Based Curriculum (CBC) in lower secondary schools. This education reform created a favorable environment for implementing our arts-based HIV-related stigma intervention. The focus of the CBC is on learners' participation and skills-building approaches. These components align closely with the intervention's use of storytelling, theatre, dance, games and folktales. By focusing on building skills such as critical thinking, communication, empathy and problem-solving, the CBC reinforced the intervention's goals of equipping young people with attitudes and behaviors to counter HIV-related stigma. Besides, secondary schools were already being encouraged to move away from rote learning and instead embrace interactive, experiential pedagogy.

This approach made the integration of Elders' teachings and participatory theatre activities more effective within the school system. As a result, the CBC not only reinforced the credibility of the intervention but also boosted its likely sustainability and future integration into the school curriculum.

Table 3: *Lesson from Module 1 Participatory Theatre Games (Week 6, Day 2) (Sommerfeldt, 2023, p. 4–5)*

Session	Focus	Activity 20 min.	Discussion points	Comments
6–2	Courtesy stigma	Knots Divide into groups of about 20-30 (younger children do better in a smaller group).	We are all connected in our village. Sometimes it feels confusing like when we were in the knot. And yet we figured out how to straighten out back into a circle together. When we are welcoming, it is like figuring out a way out of the knot. What can we do when we hear something untrue that is said around us? How does not spreading gossip help just like figuring out how to undo the knot in our game? Ask: *"After just playing this game, and reflecting on HIV and stigma, what are you feeling or thinking?"* (Symbolism about experiencing courtesy stigma)	Meaning Stigma by association with HIV+ person *"Cimo tok ikom ngat ma pe ki two jonyo ento tye ki wat ki lagoro onyo ngat ma tye ki two jonyo"* [Stigma by association, also referred to as "courtesy stigma," involves public disapproval evoked as a consequence of associating with stigmatized persons].

Instructions for today's game:

Remind the children, "The games we play today are helping us think about HIV and courtesy stigma."

Tips for this game: Make sure that all hands are attached to only one hand each—no loose hands and no grips that have 3 hands.

Today's game is called "Knots".

1. Everyone stand in a tight circle, shoulder to shoulder.

2. Raise your hands above your head, and step in further into a tight group breaking the circle, so the group is bunched up now, but still facing the centre.

3. Now reach across the centre and each hand take a hand and hold it. Don't take the same person's two hands. (make sure that every hand is holding a hand).

4. Without talking, and without letting go of the hands, move around and undo the knot. (If they end up in 2 circles of a chain, then disconnect the hands to make the big circle again.)

5. When the group finds itself back in a circle, do the activity again only this time, after everyone has done steps 2 and 3, they close their eyes and keeps them closed until they have undone the human knot and are back in a circle. Now open your eyes.

6. Proceed with the discussion.

9.0 Limitations

The design, development and implementation of the intervention were structured within the framework of the Luo ethnic groups' cultural ethos. Although this bolstered the contextual relevance of the intervention, it has the potential to limit the transferability of the study to other ethnic/cultural groups across Uganda.

There were also other contextual constraints, such as limited time for implementing the intervention at the different schools due to the COVID-19 pandemic. This factor likely affected the consistency and profundity of the intervention across the selected primary and secondary schools.

From the methodological perspective, much as the stepped wedge cluster randomized approach enhanced the thoroughness of our intervention, attribution of the observed changes, such as HIV-related stigma reduction, solely to the intervention is far-fetched. This is because other external factors, such as prior school-based initiatives, may have contributed to the immediate results observed at the end of the intervention.

Lastly, given that our study relied on self-reported data, there is a possibility that social desirability bias could have influenced participants into underreporting HIV-related stigma attitudes post the study.

10.0 Conclusion

The design, development and implementation of this curricular intervention, based in traditional knowledge systems rooted in culture, places particular emphasis on the integration of Elders as knowledge keepers of norms and values of the community. Although the COVID-19 pandemic delayed the study implementation for over two years, it remained relevant and contributed to the consideration of changes in behaviors and attitudes for some students. The integration of traditional folktales, which concluded the Elders' lessons were designed to encourage young people to empathize with the characters in the stories by placing themselves in their shoes. The development of the intervention curriculum was founded on intergenerational interaction led by Elders, observation and participation. In this work, the curriculum as an intervention was used to connect Luo children to African customs, culturally and socially acceptable ways of behaving, as well as with the behavior and skills necessary to combat various forms of stigma. In Uganda, intergenerational learning has often used storytelling and teachings to transmit education to the next generation, in both sacred and secular knowledge systems. Elders are well-regarded in the community as repositories of legacy and histories, and are tasked with the responsibility of passing on their knowledge and wisdom to the next generations. As such, the delivery of the curriculum with traditional knowledge, stories, teachings, and lessons by local Elders, reinforced by participatory theatre activities, culminated in an educational intervention that was well received by teachers and students alike. The mutual goal of reducing HIV-related stigma has another tool that can be used in school learning through a locally developed curriculum intervention.

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