SENSITIVE NARRATIVES

A Commentary on Local Trust and Social Integration in Health Care

Abstract

This commentary explores how local trust and social integration are vital for addressing sensitive health issues. Drawing on specific case studies, it emphasizes that trust must be earned through transparency, respect, and inclusion. Platforms like SIDINL empower communities to share personal narratives, such as youth mental health or male sexual violence, revealing otherwise hidden health needs.

Participatory, equity-focused approaches enhance engagement, service uptake, and data reliability. The commentary advocates for a continuum of trust-building from individual to systemic levels, showing that community-led storytelling and co-designed research are essential tools for culturally sensitive, effective global health interventions.

Edited by Nikolaos Toumaras.
Local Contributors: Eleni Michelaki, Theofanis Papathanasis, Martine Kamwanya.

SIDINL Newsletters, Athens, Greece, July 2025.
sidinlnewsletters@sidinl.com - http://sidinl.com/.

Commentary

Local community trust is essential for health service delivery and data collection, especially in sensitive health contexts. During epidemics in West Africa, maintaining and rebuilding public trust, via consistent communication, community engagement, and support for health workers, was crucial to sustaining essential services (Baldé et al., 2024). Truly participatory research demands rectifying power imbalances and building sustainable trust with communities, since trust functions as "moral currency" in global health partnerships, enabling equitable data sharing and local uptake of interventions (Brown et al., 2024). Community health programs increasingly recognize that trust cannot be assumed, it must be earned through transparency, cultural respect, and inclusion.

The role of micro-narratives and digital storytelling platforms is particularly highlighted in creating safe spaces for disclosing sensitive health topics and addressing inequities by amplifying the voices of vulnerable groups through technology (Briant et al., 2016). SIDINL (Specialized In-Depth Information & Newsletters) acts as a micro-storytelling platform, sharing life health stories like youth suicidal ideation, demonstrating how anonymized personal narratives reveal patterns of distress and coping that might remain hidden due to stigma (Gitonga and Muthoni, 2024). Similarly, male survivors of sexual violence face unique barriers to disclosure, including shame and gender norms, and SIDINL online groups demonstrate such under-reported experiences (Mokwena and Otieno, 2025). Integrated support services, where initial disclosure is not required for care, have greatly improved male survivors' willingness to seek help (Broban et al., 2020). These practices show the importance of safe, trust-filled spaces where individuals can share traumatic experiences without fear of judgment, enabling earlier help-seeking and tailored care.

To address sensitive health issues effectively, equity-centered, participatory implementation science approaches are finally promoted, and global health implementation research is being redefined to center equity at every stage, from theory and intervention design to outcome evaluation (The Lancet Global Health, 2025). Participatory approaches are especially pertinent in Sub-Saharan Africa, and community engagement is clearly emphasized by the World Health Organization, built on trust and cultural sensitivity for sustainable health improvements (Narasimhan et al., 2024). However, power asymmetries, diverse capacities within communities, and bridging indigenous knowledge with scientific paradigms all require careful navigation. Nonetheless, SIDINL groups show that when communities are empowered to share their stories and priorities, interventions achieve greater buy-in and effectiveness (Namutebi, 2024).

Such initiatives highlight that narrative platforms grounded in local trust can yield rich data, which traditional surveys missed. They function as "safe havens" for discussing sensitive health topics, bridging grassroots voices with broader health efforts. Generally, equitable participatory methods, such as community-led monitoring and co-designed programs, have shown promise in improving health service accountability and uptake (Riccardi et al., 2023). Ultimately, what is needed is a continuum of engagement (Table

1): from micro-level efforts, fostering personal trust between a community health worker and a client, to macro-level commitments, institutionalizing community representation, protecting data rights, and funding local narrative research.

Table 1. Levels of Trust in Participatory Implementation Science: A Social Integration Perspective from SIDINL.

Level of Trust Engagement	**Key Practices for Sensitive Health Topics**	**Example**
Micro (Individual Trust)	Confidential, culturally sensitive interactions; anonymous sharing platforms	Youth sharing suicidal ideation via SIDINL; male survivors of sexual violence narrating online anonymously
Meso (Community Trust)	Peer networks, local facilitators, group storytelling, participatory research workshops	SIDINL-supported storytelling circles in Uganda among widows; trust-based co-writing projects
Macro (Systemic Trust)	Ethical data governance, inclusive policy frameworks, decolonized implementation science	WHO-backed community engagement guidelines; funders recognizing such micro-narrative initiatives as valid data co-generation tools

Source: SIDINL.

References

Baldé, H., Geurts, B., Fischer, H. T., Menelik-Obbarius, S., Kaba, I., Merhi, V., ... & El-Bcheraoui, C. (2024). Responding to fluctuations in public and community trust and health seeking behaviour during the COVID-19 pandemic: a qualitative study of national decision-makers' perspectives in Guinea and Sierra Leone. *BMC Public Health*, *24*(1), 2710.

Briant, K. J., Halter, A., Marchello, N., Escareño, M., & Thompson, B. (2016). The power of digital storytelling as a culturally relevant health promotion tool. *Health promotion practice*, *17*(6), 793-801.

Broban, A., Van den Bergh, R., Russell, W., Benedetti, G., Caluwaerts, S., Owiti, P., ... & De Plecker, E. (2020). Assault and care characteristics of victims of sexual violence in eleven Médecins Sans Frontières programs in Africa. What about men and boys?. *PLoS One*, *15*(8), e0237060.

Brown, Q., Chabilall, J., Cengiz, N., & Moodley, K. (2024). Trust as moral currency: Perspectives of health researchers in sub-Saharan Africa on strategies to promote equitable data sharing. *PLOS Digital Health*, *3*(9), e0000551.

Gitonga, B., & Muthoni, S. (2024). Suicidal Ideation Among Kenyan Youth: A Qualitative Analysis of Online Life Stories. *OMEGA-Journal of Death and Dying*, 00302228241264040.

Mokwena, S., & Otieno, M. (2025). Barriers to Support-Seeking Among African Male Survivors of Sexual Trauma. *Sexuality & Culture*, 1-18.

Namutebi, J. B. (2024). Envisioning empowerment: Mapping the paths of widowhood in Northern Uganda. *The Humanitarian Leader*, *6*(1), paper-046.

Narasimhan, M., Gutiérrez, P. M., Osborne, Z., Habanyama, M., Worster, K., Martin, C., & Kaida, A. (2024). Community engagement in WHO guideline development. *Bulletin of the World Health Organization*, *102*(10), 760.

Riccardi, M. T., Pettinicchio, V., Di Pumpo, M., Altamura, G., Nurchis, M. C., Markovic, R., ... & Damiani, G. (2023). Community-based participatory research to engage disadvantaged communities: Levels of engagement reached and how to increase it. A systematic review. *Health Policy*, *137*, 104905.

The Lancet Global Health. (2025). Redefining implementation science for global health decolonisation. *The Lancet. Global health*, *13*(4), e599.