SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AMONG DRESSMAKERS AND HAIRDRESSERS IN THE ASSIN SOUTH DISTRICT

SAMUEL ASIEDU OWUSU
INTRODUCTION (1)

- Ghana’s young population require favourable conditions for growth and development.

- Poor S & R practices could jeopardise their future.

- SRHE initially focused on adult population.

- SRHE is now a component of school curriculum.

- Some people earn a living from informal economic activities.

- Dressmaking and Hairdressing are examples of informal economic activities.
SOME QUESTIONS

- How does work environment exposes D & H to risky sexual behaviours?
- Do D&H receive structured SRHE?
- How are SRHE issues discussed at workplaces?
- Any institutional support for SRHE for D&H?
OBJECTIVES OF THE STUDY

- Identify existing SRHE programmes for D&H;
- Determine the sources of information on SRH available to D&H;
- Assess communication pattern(s) on SRH amongst D&H at workplaces;
- Evaluate institutional support on SRHE for D&H, and
- Make recommendations.
THE STUDY AREA
LITERATURE REVIEW

- 2000 Adolescent Reproductive Health Policy.
- SRHE programmes in Ghana.
- Institutional support for SRHE programmes.
- The informal economy and SRHE.
CONCEPTUAL FRAMEWORK

Figure 3: Assessment of sexual and reproductive health education model
(Adapted from Hardee et al, 2004)
## SUMMARY OF METHODOLOGY

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SAMPLING PROCEDURE</th>
<th>INSTRUMENTS</th>
<th>TOTAL</th>
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<tr>
<td><strong>Individual Respondents</strong></td>
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<td></td>
</tr>
<tr>
<td>• Dressmakers</td>
<td>Snowball, Simple Random &amp; Purposive</td>
<td>Interview Schedule</td>
<td>52</td>
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<tr>
<td>• Hairdressers</td>
<td>Snowball, Simple Random &amp; Purposive</td>
<td>Interview Schedule</td>
<td>67</td>
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<td><strong>SUB-TOTAL</strong></td>
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<td><strong>Key Informants</strong></td>
<td>Purposive Sampling</td>
<td>IDI Guide</td>
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<td><strong>FGD</strong></td>
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<td>• Dressmakers</td>
<td>Purposive Sampling</td>
<td>FGD Guide</td>
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<td>• Hairdressers</td>
<td>Purposive Sampling</td>
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<td><strong>GRAND TOTAL</strong></td>
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</table>
FINDINGS (1)

- 86.6% of respondents were females.
- 99.1% were aged between 15–30 years.
- 77.8% had completed J.S.S.
- Apprenticeship fees ranged between GH¢10 to GH¢150.
- About 70% of respondents were never married.
FINDINGS (2)

- 75.7% have ever had sexual intercourse.

- 77.9% had sexual intercourse when aged 16–20.

- “Boy/Girlfriend” dominated sexual partners (61%).
FINDINGS (3)

- 93.3% were aware of Contraceptive methods.

- 52.4% had never used any modern contraceptive method.

- Friends/peers were the main source(s) of SRH information (30%).
### Findings (4)

#### Knowledge of SRHE Programmes

<table>
<thead>
<tr>
<th>SRHE Programmes</th>
<th>Dressmakers (%)</th>
<th>Hairdressers (%)</th>
<th>Total (%)</th>
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<td>4</td>
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<tr>
<td>Aware so</td>
<td>3.8</td>
<td>10.4</td>
<td>7.6</td>
<td>9</td>
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<tr>
<td>Odo ahomaso</td>
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<td>3.0</td>
<td>9.2</td>
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<td>Woba ada anaa</td>
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<td>20.9</td>
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<tr>
<td>He Ha Ho</td>
<td>7.7</td>
<td>0.0</td>
<td>3.4</td>
<td>4</td>
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<tr>
<td>Complete Woman</td>
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<td>25.4</td>
<td>19.3</td>
<td>23</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>119</strong></td>
</tr>
</tbody>
</table>

N = 119
FINDINGS (5)

- 63.9% had never engaged in SRH discussions at workplace.

Reasons cited for non-discussion were:

- Ignorance
- Non-priority
- Shyness
- Alone in shop
- Already Know SRH issues
FGD with hairdressers, a 25 year old senior apprentice said:

“We are more concerned with our work... We do not think about discussing sexual and reproductive health issues at the workplace. Besides, I will feel shy to participate in sexual or reproductive discussions. Our madam will not even allow us to talk about such issues here.”
A 26 year dressmaker apprentice had this to say of her master:

“Our mistress is very shy on sexual and reproductive health issues. She encourages us to concentrate on the vocation so that we can graduate in time. We do not discuss sexual and reproductive health issues to her hearing. She may think that we are spoilt girls. I wish we could discuss such issues in our shops but our master will not allow us.”
FINDINGS (8)

- 88.2% had access to “communal” Radio/Television in the house.
- 45.3% did not have Radio/TV in their shops/salons.
- A 22 year old hairdresser FG discussant said: “We do not have money to buy TV, DVD or VCD players and install them in this salon.... Apart from the cost of purchasing these equipments, we must also consider the electricity bill at the end of every month. I think it is not necessary to have them here.”
FINDINGS (9)

- 63.8% did not deliberately listen/view SRH issues.
- 45.7% were interested in music on Radio.
- 37.7% were interested in movies on TV.
- Reasons for dislike for SRHE on Radio/TV included inconvenient time, lack of interest, ignorance, asleep and busy at other things.
FINDINGS (10)

- 34.5% will first consult a Doctor/Nurse when faced with SRH problems.

- 94.1% wanted SRHE issues be part of vocation.

- 96.4% wanted programme for more than 10 minutes/week.

- Areas of interest were STI/STD, contraception, family planning, sexuality and relationships.

- No structured SRHE existed for D &H in study area.
Findings have revealed that:

- Some general policy issues exist for informal economy workers.
- No coordinated and targeted SRHE for D&H at study area.
- D&H sometimes de-link vocation from SRH.
- No defined roles on SRHE for supervisors.
D&H are exposed to unhealthy sexual practices.

D&H do not deliberate pay attention to SRHE programmes.

Little or no institutional support on SRHE for D&H.

Uninformed “mothers” are being raised.

Child health seemed threatened due to uninformed mothers.
RECOMMENDATIONS

- Supervisors should be trained in SRH.

- Structured SRHE programmes for informal economy workers.

- College of Health Sciences could collaborate with other institutions in training and research.

- A national survey on SRHE in the informal economy.
THANK YOU