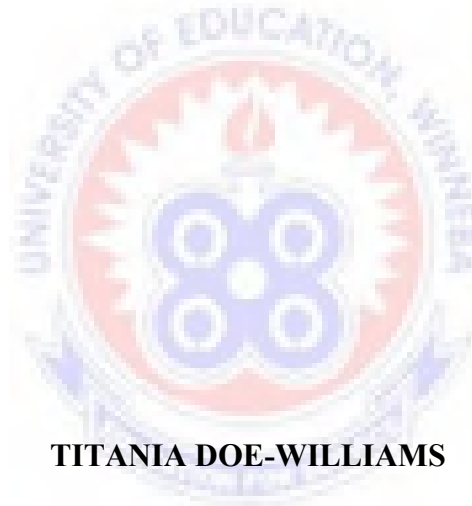


UNIVERSITY OF EDUCATION, WINNEBA
COLLEGE OF TECHNOLOGY EDUCATION, KUMASI

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APPRENTICES IN SMALL AND MEDIUM-SIZED DRESSMAKING
ENTERPRISES (SMES) IN KUMASI METROPOLIS

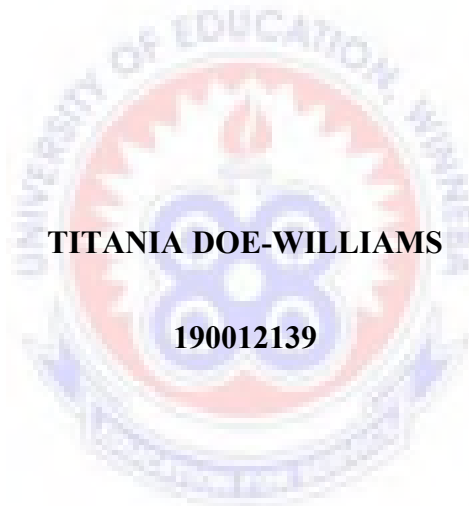


TITANIA DOE-WILLIAMS

MAY 2020

**UNIVERSITY OF EDUCATION, WINNEBA
COLLEGE OF TECHNOLOGY EDUCATION, KUMASI**

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TITANIA DOE-WILLIAMS

190012139

**A Thesis Submitted to Department of FASHION DESIGN AND TEXTILES, Faculty of
VOCATIONAL EDUCATION, School of Research and Graduate Studies, University of
Education, Winneba, in partial fulfilment of the requirements for the awarded of
MASTER OF TECHNOLOGY IN FASHION DESIGN AND TEXTILES**

MAY 2020

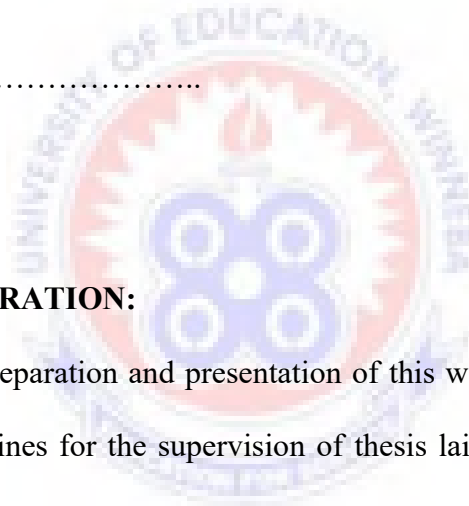
DECLARATION

STUDENT'S DECLARATION

I, TITANIA DOE-WILLIAMS, hereby declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole for another degree elsewhere.

SIGNATURE

DATE:.....



SUPERVISOR'S DECLARATION:

I hereby declare that the preparation and presentation of this work was supervised by me in accordance with the guidelines for the supervision of thesis laid down by the University of Education, Winneba.

SUPERVISOR: NINETTE AFI PONGO (PhD)

SIGNATURE

DATE:.....

DEDICATION

This thesis is dedicated to my sweet husband, Mr Lawrence Gobah and my lovely children; Klenam A. A. Gobah and Kekeli Y. T. Gobah may the Lord grant you long life and good health.



ACKNOWLEDGEMENT

I express my sincere thanks to the Almighty God for the knowledge he has endowed me with and the endurance to complete this project. I am grateful to Dr. Ninette Afi Pongo (PhD) (Fashion and Textiles Department).

Finally, my sincere gratitude goes to my partents, Mr Cornelius Doe-Williams and Mrs Lucy Klutsey Doe-Williams for their moral support and encouragement.



TABLE OF CONTENTS

CONTENTS	PAGE
DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
ABSTRACT.....	x
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the study.....	1
1.2 Statement of the Problem	5
1.3 Purpose of the study	6
1.5 Research Questions	7
1.6 Significance of the study	7
1.7 Scope of the Study.....	8
1.8 Limitations of the Study	8
1.9 Organization of the study	9
CHAPTER TWO: LITERATURE REVIEW	10
2.1 Introduction	10
2.2 Health and Safety	10
2.3 Definitions of Occupational Health and Safety.....	11
2.4 A Brief History of Occupational Health and Safety.....	14
2.5.1 The 1992 Constitution	17
2.5.2 Labour Act, 2003	17
2.5.3 Factories Offices and Shops Act (1970).....	17

2.5.3.1 Perspective of Safety and Health under the Factories, Offices, and Shops Act 1970	18
2.6 Occupational/Training Health and Safety	20
2.6.1 Workplace safety	21
2.7 Apprenticeship Programmes in Ghana.....	22
2.8 Small and Medium-Size Enterprises	25
2.8.1 Small and medium-sized (SME) dressmaking enterprises in Ghana	26
2.9 Common Dressmaking Workshop/Workplace Hazards.....	28
2.10 The need for Health and Safety practices in dressmaking apprenticeship training.....	30
2.11 Safety Measures	31
2.12 Importance of Training Apprentices on Health and Safety.....	32
2.13 Theoretical Review.....	33
2.13.1 Theoretical Models of Health Behaviour	33
2.13.2 Value-Expectancy Models.....	33
CHAPTER THREE: METHODOLOGY.....	39
3.1 Introduction	39
3.2 Research Design	39
3.2.1 Research approach.....	41
3.3 Population of the study.....	42
3.4 Sampling Technique and Sample Size	42
3.5 Data Collection Methods.....	43
3.5.1 Questionnaires	43
3.6 Ethical Considerations.....	44
3.7 Data Analysis	45

CHAPTER FOUR: ANALYSIS OF RESULTS.....	46
4.1 Introduction	46
4.2 Analysis of questionnaire	46
CHAPTER FIVE.....	60
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	60
5.1 Introduction	60
5.2 Summary of findings	60
5.3 Conclusion.....	62
5.3.1 Extent of fashion apprentice’s familiarity with OHS	62
5.3.2 Types of health and safety hazards encountered during sewing	62
5.3.3 Policies and systems in place to make workshop safe.....	63
5.3.4 Ergonomic and psychosocial conditions in dressmaking shops.....	63
5.3.5 Safety practices required in SME dressmaking enterprises.....	63
5.4 Recommendations	63
5.5 Suggestions for Further Studies	65
REFERENCES.....	66
APPENDIX I.....	81
QUESTIONNAIRE FOR APPENTICES.....	81

LIST OF TABLES

Table	Page
Table 4.1 Age distribution of respondents.....	47
Table 4.2 Educational qualification of respondents.....	47
Table 4.3 Marital status.....	48
Table 4.4 Working experience.....	48
Table 4.5 Descriptive Statistics on Apprentices Familiarity with Occupational Health and Safety.....	49
Table 4.6 Descriptive statistics on Physical Hazards at the workshop.....	51
Table 4.7 Descriptive statistics on Psychological Issues of respondents.....	52
Table 4.8 Descriptive statistics on Neuro-Circulatory Disorders.....	53
Table 4.9 Descriptive statistics on the kinds of policies and systems in place to make the Workshop Safe.....	54
Table 4.10 Descriptive statistics Ergonomic and Psychosocial Conditions at the Dressmaking Shops.....	56
Table 4.11 Descriptive statistics on safety practices required in the fashion workshops.....	58

LIST OF FIGURES

Figure	Page
Figure 2.1 The Health Belief Model.....	35
Figure 2.2 Theory of Reasoned Action & Planned behaviour.....	36
Figure 2.3 The PMT model.....	38
Figure 4.2 Gender of respondents.....	46



ABSTRACT

The purpose of the study was to investigate the health and safety practices of fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana. The study employed the exploratory research design in the conduct of the study. Using the purposive sampling technique, a total of 94 apprentices were sampled to participate in the study. Using the quantitative approach to research questionnaires were adopted as the main instrument of data collection. The study found that apprentices in the Kumasi metropolis are familiar with occupational health and safety practices and also, they are exposed to cut and injuries from sharp edges, knife blades, scissors and pins, slips, trips, and falls, dangerous machinery and electrical shocks, stitching or running over the fingers with the sewing machines. The study additionally discovered that various policies and systems are implemented to ensure work safety for workers and also that the policies relate to reception of workplace health and safety training. The study therefore recommended that health and safety compliance must be enforced to basic Occupational Health and Safety (OHS) regulatory requirements pertaining to the provision of first aid kits and first aider, protective clothing and equipment and training in and supervision of their use.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

As long as humans have existed, they have had to work, and throughout recorded history, there have been references to work under a variety of conditions. Daily, man is involved in different kinds of researches to discover the best ways to handle the issues and accidents in life that have kept on changing and affecting our training, work and health. A search for a solution to these accidents that occurs at most training and workplaces seem very endless; nevertheless, people have been able to improve their lot in life as a result of definite discoveries made into safe ways of working. According to ILO (2013b), work kills more people than wars. Many individuals have been maimed, disabled in one way or the other all due to accidents at the workplace or during training.

For a long time, we've been concerned about the consequences of occupational safety practices. Thousands of working hours are lost each year as a result of workplace injuries, resulting in a decrease in productivity for companies (Akhter et al. 2019; Hämäläinen et al. 2017). According to Ghana's Labor Act 651 of 2003, which governs jobs and labor issues, every employer must create and maintain, as far as reasonably possible, a healthy working atmosphere free of risk to employees' health (Annan et al. 2015; Alhasan & Partanen, 2001). Sharp edges, dropping objects, flying sparks, chemicals, noise, and a variety of other potentially hazardous circumstances all occur in every workplace, according to the Occupational Safety and Health Administration (OSHA) (2003).

As a result, the Occupational Safety and Health Administration (OSHA) mandates employers to protect their workers from workplace risks that may result in injury. Occupational safety and health have been a concern for the International Labour Organization (ILO), the World

Health Organization (WHO), and other organizations. As a result, different workplaces have adopted various methods for enacting legislation, overseeing, and implementing workplace safety and health regulations. 'The human, social, and economic costs of workplace accidents, injuries, and diseases, as well as major industrial disasters, have long been a cause for concern at all levels, from the individual workplace to the national and international,' according to Alli (2008). (p. 1). The works of Paracelsus, who lived in the 15th century, were the first to directly address issues of training, occupational safety, and health.

Many workplace safety and health dilemmas, according to Reese (2017), have only recently been recognized, although the duty to protect employees and apprentices has long been recognized. Alli (2008) stresses that, in order to keep up with technical and economic transformations, policies and techniques to avoid, monitor, mitigate, or eradicate workplace hazards and risks have been established and implemented continuously over time. Occupational hazards, however, continue to be too common, with a high cost in terms of human distress and financial burden.

According to Pongo & Obinnin (2015), a dressmaking workshop must have a strong safety program and follow appropriate safety protocols at all times in order to remain viable in the long run. Occupational injuries occur more often in the workplace, according to Adotey et al. (2016), and workers must maintain a secure and healthy working environment. Apprentices have a right to expect a healthy learning and working environment. Some workplaces, like some occupations, are safer than others. As a result, all trainers and staff must prioritize workplace safety as a top priority (Adotey et al. 2016).

It's important to note, however, that protection is a subjective concept. It would be incredibly difficult and costly to eliminate all danger, if it were even feasible. A healthy situation is one in which the risks of injury or damage to property are minimal and manageable (Alli 2008).

In light of this, the ILO's approach to workplace safety and health emphasizes the importance of fostering a preventative safety culture (ILO, 2006). Staff in Ghana have a common right to a healthy working climate, which is supplemented by health and safety legislation. The Occupational Health and Safety Administration's main goal is to protect workers' health and safety, as well as the health and safety of everyone else who works with machinery (Eyiah et al. 2019; Amponsah-Tawiah, 2013).

Since the human factor is so important in safety performance, more attention needs to be paid to the behavioral causes of health and safety, which play a significant role in the occurrence of accidents in many organizations, including the dressmaking workshop (Adotey et al. 2016), necessitating the current study – the health and safety practices of fashion apprentices.

It's important to remember that developing good health and safety practices necessitates constant attention to three main domains: the working environment, the person, and the behaviour that can have serious implications for workshop health and safety (Reese, 2017; Kheni et al. 2008). A safe personal approach, which emphasizes hazard identification and elimination in the workshop, and a safe location approach, which emphasizes hazard identification and elimination in the workshop, are the two key types of safety management techniques (Esterhuyzen & Louw, 2019). Fashion apprentices' sense of well-being can be improved by building a positive working atmosphere in small and medium-sized dressmaking businesses.

The Department of Factories Inspectorate in Ghana is responsible for ensuring that shops adhere to defined safety and health standards. Design apprentices shops in the Kumasi municipality, which are spread throughout as a cluster of fashion/dressmaking centers, are one point of interest related to occupational safety and health. These apprentices' activities or training expose them to a wide range of occupational health and safety hazards, some of

which are noticeable and others that aren't seen until it's too late. Security precautions and health recommendations outlined by the factories inspectorate and other organisations are the realistic responses to these risks and occupational health.

Despite these guidelines, some apprentices continue to engage in unsafe practices, such as putting dressmakers' pins and sewing needles in their mouths, carrying machines around, running machine needles over their fingers, working without protective equipment, soiling their hands with oil, eating without washing their hands, and playing in stores with hazardous materials.

When one observes apprentices abusing safety procedures, one wonders whether they are mindful of workplace safety procedures and healthy practices. Because of the broad daylight disabuse of workshop safety practices by apprentices, it's difficult to tell if the agencies in charge of inspecting the safety and health situations of these apprentices in Kumasi are doing their jobs or not. It is critical that apprentices remember Marden's (1988) message that "it is better to be safe than sorry in the workshop."

The fact that the majority of apprentices do not follow basic safety practices raises the question of whether shop managers or owners teach and arrange forums to discuss workshop safety and healthy practices with their apprentices, or whether the apprentices simply fail to follow basic safety practices. All fashion apprentices in small and medium-sized dressmaking businesses should be provided with health and safety exercises, whether formal or informal (Hoan et al. 2018; Burjel et al. 2004). The current study aims to determine the levels of health and safety practices of fashion apprentices in small and medium-sized dressmaking enterprises in the Kumasi Metropolis in Ghana's Ashanti Region, as well as adherence to OSHA regulations.

1.2 Statement of the Problem

To date, the effectiveness of the Ghanaian government's efforts to promote health and safety legislation in the fashion industry remains largely unknown. Workshops like the fashion and textiles sector are one industry in Ghana where health and safety are a major concern (Amponsah-Tawiah, 2013; MOH 2010). Employee health and safety, according to Alli (2008), is invaluable, and putting a price on it is both impractical and immoral. Reducing workplace hazards and injuries would not only boost and save the lives of apprentices, but it would also save hundreds of millions of Ghana Cedis paid to victims of work-related accidents each year (Amponsah-Tawiah & Dartey-Baah, 2011; Muchiri, 2003 Stranks, 2002).

Managers at the top of companies are aloof and have no knowledge of health and safety problems. As a result, it's difficult for them to contribute to the shop floor's health and safety needs (Madsen et al. 2019; Annan et al. 2015). The rise in workplace accidents and illnesses is concerning, considering the negative effects on employees' well-being and the high cost to businesses and the economy. Occupational injuries and diseases are mainly caused by decisions made about jobs, work organization, and occupational materials and technologies (Giovannone, 2016; Puplampu & Quartey, 2012).

OHSA also has flaws and challenges of its own, such as unrealistically stringent occupational requirements and inspectors' restricted ability to discuss gradual enforcement programs with non-compliant employers. The lack of a safety culture among fashion apprentices, as well as their inability to accept responsibility for their own safety, lead to high accident rates (Friendv & Kohn, 2018; Howard, 2017). There are thousands of sewing centers in the Kumasi Metropolis alone, and the number is increasing every day. As a result, many people, especially young people who begin as apprentices, will be able to find work.

Apprentices, and, more interestingly, their coaches, are found to be completely negligent in terms of safety procedures. The lack of safe workshop practices among apprentices, as well as the contamination of the atmosphere as a result of these wastes, prompted the researcher to evaluate the levels of awareness and the effects of workshop protection and good environmental practices among fashion apprentices' shops. Furthermore, the study was prompted by the lack of sufficient studies on apprentices' compliance with safety regulations in the fashion workshop. Previous research focused on safety in general, but not on the health and safety practices of fashion apprentices working in small and medium-sized dressmaking businesses in Ghana's Ashanti Region.

1.3 Purpose of the study

The current study's main goal is to look into the health and safety practices of fashion apprentices working in small and medium-sized (SME) dressmaking businesses.

1.4 Research Objectives

The research was guided by the following objectives:

- i. To identify the extent of fashion apprentices familiarity with occupational health and safety in SME dressmaking enterprises
- ii. To determine the types of health and safety hazards encountered during sewing in SME dressmaking enterprises
- iii. To examine kinds of policies and systems in place to make the workshop safe in for apprentices in SME dressmaking enterprises
- iv. To assess ergonomic and psychosocial conditions at the dressmaking workshops in SME dressmaking enterprises
- v. To ascertain the safety practices required in the SME dressmaking enterprises

1.5 Research Questions

- i. To what extent are fashion apprentice's familiarity with occupational health and safety in SME dressmaking enterprises?
- ii. What are the kinds of health and safety hazards encountered during sewing in SME dressmaking enterprises?
- iii. What are the types of policies and systems in place to make the workshop safe in for apprentices in SME dressmaking enterprises?
- iv. What are the ergonomic and psychosocial conditions at the dressmaking workshops in SME dressmaking enterprises?
- v. What are the safety practices required in the SME dressmaking enterprises?

1.6 Significance of the study

Kumasi's population, like its SME dressmaking businesses, is rapidly expanding. A sewing centre, as well as apprentices, appears nearly every month. Apprentices, shop managers, shop owners, agencies, educational institutions, society, and the country as a whole will benefit and benefit from a study of this nature, since healthy working people develop a healthy strong economy and country. The findings of this study are expected to contribute to the existing body of information about fashion apprentice safety and health. The survey's findings would also demonstrate to fashion apprentices the value of following safety precautions. The results would also show shop managers the negative impact of injuries and health risks on their workshops' efficiency and profitability.

The study's findings would pave the way for further studies on protection and sustainable environmental practices in the Kumasi Metropolis, among other things. The results would also serve as a warning to retailers and fashion designers to take effective steps to ensure worker safety, allowing them to increase manufacturing hours and escape legal action for

violations of environmental laws, among other things. Finally, if the study's findings, suggestions, and recommendations are studied and enforced, they will go a long way toward improving training and workplace safety in the Kumasi Metropolis and other SMEs in the dressmaking industry.

1.7 Scope of the Study

Workplace safety is a multidisciplinary field concerned with ensuring the safety, health, and well-being of people engaged in work, training, and jobs. It has been ignored for a long time. Is it because managers do not promote work/training protection, or because employees simply want to neglect it? As a result, the study considers the level of awareness about safety and healthy environmental practices, their impact on fashion apprentices, and how best these workshop safety practices can be implemented to reduce workshop accidents, especially in the Kumasi Metropolis' fashion apprentices' workshops.

1.8 Limitations of the Study

Limitations, according to Best & Kahn (2009), are factors outside the researcher's control that can limit the study's findings and their applicability in other circumstances. Due to financial constraints and time constraints, the research will be limited to fashion/dressmaking apprentices, shop managers, and shop owners in the Kumasi Metropolis. It would have been perfect for including all fashion/dressmaking apprentices, shop managers, and shop owners across the country, however. Furthermore, leaving out other stakeholders like OHS&A regulators does not provide a more complete picture of the study subject. The research will use a descriptive-survey design, which has the drawback of having findings that can change over time. As a consequence, findings for the group surveyed should not be taken as constants over time, as attitudes, behaviour, or characteristics may alter.

1.9 Organization of the study

The study will be organized into five chapters. Chapter one consisted of the background of the study, statement of the study, the purpose of the study, objectives of the study, and the definitions of the operational terms, among others. Chapter two will comprise the review of related literature. Chapter three will describe the research methodology employed. These will include research design, target population, sample size, and sampling procedures, research instruments, and data collection procedures as well as data analysis techniques. Chapter four will deal with the analysis and interpretation of the findings of the study, and chapter five will consist of the summary, conclusions, recommendations and suggestions for further research.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A Literature Review is a methodical and compressive analysis of books, scholarly articles and other sources pertinent to a particular subject providing a foundation of information on a topic (Arshed & Danson, 2015; Oliver, 2012). It further educates in the subject area and helps to appreciate the literature before developing an argument or justification. A literature review is thus an essential chapter in any dissertation, including the current study, where its objective is to afford the framework to and justification for the research to be undertaken (Bruce, 1994). This chapter thus reviews related literature relative to the health and safety practices of fashion apprentices in small scale and medium-sized (SME) dressmaking enterprises since a On a global, national, and local level, a healthy workforce is critical for long-term social and economic growth.

2.2 Health and Safety

The classic approach to maintaining occupational health and safety has relied primarily on legislation and workplace inspections to ensure compliance with health and safety requirements (Hudson & Ramsay, 2019; Giovannone, 2016; Stranks, 2002; Torp et al. 2000). Although this approach has been successful in controlling many specific occupational hazards since the Industrial Revolution, it has not been as effective in recent decades, especially in developing countries such as Ghana, for a variety of reasons.

As a result of the growth of private industry, which has resulted in a proliferation of small and medium-sized workshops, manufacturing now takes place in many workers' homes, posing serious health risks such as dangerous dust, chemicals, noise, and heat (Ahmad et al.

2016; Kheni et al. .2008). Due to the large number and broad distribution of such workplaces, inspection is nearly impossible. Second, occupational health conditions have steadily grown in number and severity, leading to or exacerbating diseases as a result of exposure to a variety of risk factors, including the work environment.

2.3 Definitions of Occupational Health and Safety

Occupational health is mostly concerned with work-related health issues, while health and safety is concerned with possible safety risks. The World Health Organization (WHO) describes health as a state of total physical, emotional, and social well-being, not just the absence of disease and infirmity (WHO, 2001). Safety, on the other hand, is described as "the condition of being secure and protected from danger or injury" by the Oxford dictionary. Safety at work refers to the absence of or protection from hazards (Tremblay, & Badri, 2018; Ahmad et al. 2016; Pupulampu & Quartey, 2012).

The International Labour Organization (ILO) asserted that occupational health and safety is a diverse discipline encompassing many specialized fields. In the broadest context, it should strive for:

- The promotion and preservation of the top level of physical, emotional, and social well-being of employees in all professions; the prevention of adverse effects on health caused by their working conditions; and the safety of workers in their jobs from threats arising from factors detrimental to health.
- The placement and care of employees in an occupational atmosphere that meets their physical and mental needs.

- The adaptation of work to humans. In other terms, occupational health and safety include employees' social, physical well-being and psychological or the "whole individual."

Given that the first is usually harder to address, health problems in the workplace attract less consideration than safety issues. However, safety should also be considered in the field of health, because, by definition, a healthy workplace is also a safe working place (Andersen et al. 2019; Ncube & Kanda, 2018). The opposite may not be accurate, however, since a "clean" place of work is not necessarily a "healthy place of work." The key point is that issues with health and safety must be addressed in all places of work. The above definition of occupational health and safety, in its largest context, encompasses both health and safety (Nagaraj & Jeyapaul, 2018; Bianchini et al. 2014).

One of the most important areas of human interest is occupational health and safety. Its goal is to adapt the working environment to employees in order to promote and maintain the highest level of physical, emotional, and social well-being possible for workers in all occupations (Alli, 2008; Alhasan & Partanen 2001). The global problem of workplace health and safety is now taking a new direction. The key contributory factors to this idiosyncrasy seem to be the developing countries' rapid industrial and agricultural growth, as well as the advent of new products and production processes from these areas (Ncube & Kanda, 2018; Nuwayhid, 2004).

More emphasis on ergonomics and occupational psychosocial factors would be required in developing countries such as Ghana. This would clearly be a new challenge for most African countries' occupational health and safety practices, as the tools and expertise to deal with such issues are not yet as advanced as in developed countries (Ahmad et al. 2016; Kheni et al. 2008). In developing countries, the value of occupational health services can be seen both

locally and nationally. Locally, occupational health has a positive impact on reducing morbidity and work-related injuries.

Workers, employers, governments, and the general public all benefit when working conditions are healthy and safe. Despite the fact that it appears simple and obvious, this concept has yet to gain widespread acceptance (Tomei et al. 2010). Millions of people around the globe are employed in working conditions that are hazardous to their health. Work-related injuries and diseases kill an estimated 2 million people each year around the world, which is more than the global annual number of malaria deaths. Work-related diseases amount to approximately 160 million new cases annually, along with cardiovascular, infectious, musculoskeletal, reproductive, and mental health conditions and neurological disorders (Verbeek & Ivanov, 2013).

Overwork and psychological stress are becoming increasingly common complaints among workers. These psychological factors have been linked to insomnia, depression, fatigue, and burn-out syndromes, as well as increased cardiovascular disease risks. Access to occupational health care is limited to a few economies in the developing world, with between 5-10% of their workforce, and between 20-50% of people in developed countries have sufficient coverage. Even in advanced economies, many work sites are not inspected for occupational health and safety on a regular basis (Prüss-Ustün et al. 2016; Verbeek & Ivanov, 2013). WHO concept of workplace safety and health includes, among other things, enhancing workers' physical, emotional, and social well-being; as well as maintaining their capacity to do their job.

The International Labour Organization and the World Health Organization identify occupational health as the highest levels of physical, emotional, and social well-being for all occupational members. When it comes to occupational health, WHO says it's everyone's

health and, if possible, everyone's responsibility. Staff “health-conscious” engineers, health educators, health professionals, chemists, and toxicologists who are concerned with workers' well-being apply occupational health strategies.

According to statements by occupational health institutes collaborating the most critical challenges for occupational health for the future will be:

- ❖ “Occupational health problems linked to new information technologies and automation”
- ❖ New chemical substances and physical energies
- ❖ Health hazards associated with new biotechnologies
- ❖ Transfer of hazardous technologies
- ❖ Ageing working populations
- ❖ Unique issues of vulnerable and underserved groups including migrants and the unemployed
- ❖ Problems related to the growing mobility of worker populations and the occurrence of new occupational diseases of various origins (OSHA, 2014, 2013).”

2.4 A Brief History of Occupational Health and Safety

There have been references to apprentices working and being trained under a number of conditions in recorded history (Loomis, 2019). The Old Testament and a portion of the New Testament contain guidelines for healthy agricultural practices and how to handle one's employees or those who work for one's employer. Slaves were used by both the Romans and the Greeks. Slaves were captured in combat and used for domestic labour as well as work in particularly harsh conditions such as mining, farming, and household chores. Also, some early preventive steps, such as breathing into inflated pig bladders to avoid dusty

environments, are mentioned in ancient writings (Cooper, 2016; Encyclopedia of Public Health, 2008).

Many of the basic problems of workplace safety and health, according to Kovarik (2005), have only been identified in the last 150 years, and the responsibility to protect staff and apprentices has long been recognized. The European Industrial Revolution in the early 18th century resulted in large numbers of people settling in large towns to be educated and work in factories. As the number of people settling in large towns grew, the dangers of factory work became recognized, and rules were put in place on who could work and under what conditions. In the 15th century, Paracelsus wrote the first written discussions explicitly focused on issues of training and occupational safety and health (Loomis, 2019; Eves, 2014; Kletz, 1999).

Bernardino Ramazzini, known as the "Father of Training and Occupational Medicine," wrote the book "De Morbis Artificum Diatriba" in the early 18th century, which investigated the diseases and problems of fifty-two (52) occupations (Encyclopedia, Public Health, 2008). A British physician named Charles Turner Thackeray published "The Effects of the Principle Arts, Trades, and Professions" in 1831. Around the same time, parliamentary committees started looking into England's egregious training and working conditions. "The sanitary state of the laboring population of New York City," wrote New York physician John Griscom in 1842. (Burnham, 2009). Occupational lung cancer, Bussinosis, black lung disease, and silicosis were among the most common occupational diseases among these writers.

During the twentieth century, most countries issued legislation and raised awareness of training/occupational health and safety practices. Dr Alice Hamilton led attempts to improve workplace hygiene in the United States of America (USA), according to Hofmann & Burke, (2017). However, according to Foulke, Jr. (2007), millions of men and women on both sides

of the Atlantic aspire to work each day without fear of injury or sickness so that they can return home to their families and friends safe and healthy at the end of each workday.

Currently, the International Labour Organization (ILO) and other organisations use laws and treaties to ensure workplace protection. The fifth EU-US joint conference on occupational health and safety was held in Portugal on November 7, 2007, to find realistic solutions to training and workplace challenges (Foulke, 2007). According to an ILO report from 2005, 20 years after one of the worst industrial disasters in history, the Bhopal tragedy, which killed 2500 people and injured another 200,000 in a matter of hours, the situation has not changed, and April 28 has been designated as the "world day for workplace safety and health."

2.5 Occupational Health and Safety Legislation in Ghana

Annan et al. (2015) pointed out that Ghana has two major statutes that have shaped the way services are delivered over time. The Labour and Mining sectors have been driven by the Factories, Offices and Shops Act 1970, Act 328, and the Mining Regulations 1970, LI 665, respectively. Workers' occupational health and safety was administered by the ministry of manpower and jobs.

This is handled by the Labour Department and the Department of Factories Inspectorate. The Workmen's Compensation Law of 1987, the Environmental Protection Agency Act 490 of 1994, and the Ghana Health Service and Teaching Hospitals Act 526 of 1999 are some of the other laws that have an effect on OHS. Occupational Safety, Health, and the Environment are addressed in Section XV of the Labour Act 651, 2003. This is based on the tenets of the International Labour Organization's Conventions Nos. 155 and 161, which the country has yet to ratify.

2.5.1 The 1992 Constitution

Ghana's constitution guarantees all the right to work in satisfactory, clean, and healthy conditions, as well as the right to earn fair pay for equal work, regardless of race or gender. Workers are also guaranteed rest, recreation, and a fair cap on working hours and paid vacation time, as well as compensation for public holidays. The right of workers to organize or enter a trade union of their choosing for the promotion and defence of their economic and social interests is also protected by the Constitution; however, forced labour is prohibited.

2.5.2 Labour Act, 2003

The Employment Act is the 651st Act of Parliament adopted by the Republic of Ghana to bring legislation on labour, workers, trade unions and labour relations together. It also establishes a National Labour Commission for labour disputes to be resolved, labour complaints to be investigated and successful labour cooperation between stakeholders promoted. The Labour has main provisions to establish public and private labour institutes, protect labour relations, general working conditions, employment of disabled persons, the employment of young people, women's employment, equal and unfair termination of employment, the protection of wages, temporary workers, workers' unions and organizations.

2.5.3 Factories Offices and Shops Act (1970)

In 1970, the Factories, Offices, and Shops Act (Act 328) was passed to reduce the risk of injuries and protect the health of all workers. The Act aims to give every employee access to the Act, its updates, and the Chief Inspector's address. It also explains what to do if an accident occurs. 'Where an accident in any factory, office, or shop: a) results in the death of a person employed therein, or b) prevents any other person from earning full wages at work at which he was employed for more than three days, the occupier shall forthwith send written notice of the accident, in the prescribed particulars, to the Chief Inspector or the inspector for

the district in which the accident occurred. As a result, the Act requires all factories to be registered, as well as occupational health and safety, accident reporting, and workplace sanctions.

2.5.3.1 Perspective of Safety and Health under the Factories, Offices, and Shops Act

1970

The Factories, Offices, and Shops Act 1970, also known as Ghana's Constitution Act 328, was enacted on May 12, 1970, to provide for the registration of factories, as well as the health, welfare, and protection of persons working in factories, offices, shops, and other locations, as well as matters related thereto, including fashion workshops and apprentices. The following provisions apply to the health, welfare, and protection of workers in factories, offices, and retail establishments under the Act.

❖ *Health and Welfare*

- a. The head of the inspectorate of factories, offices and shops of the district should be notified of any incidents leading to death or disability.
- b. The Chief Regional Inspector should be notified of any hazardous events such as explosion, fire and collapse of the house.
- c. All industrial diseases shall be reported to the district inspector.
- d. The cleaning of dirt and waste, including painting of walls and partitions, should apply to all factories, offices and shops.
- e. When working therein, no space constituting a factory or shop should be overcrowded in such a way that the risk of injury to the health of people working there is present.

- f. In order to ensure and keep fresh air circulating in each work room and to ensure sufficient room ventilation, adequate and appropriate provisions must be taken in all factories, offices and shops.
- g. In all factories, offices and shops there should be adequate and adequate washing facilities conveniently accessible to the use of all employees and be maintained in a clean and organized way.
- h. The sufficient supply of wholesome drinking water at suitable points conveniently accessible to any person at a plant, office or shop should be given and maintained.
- i. In any space or shop that uses toxic or hazardous chemicals, no food or drink should be taken.
- j. Provided for employees whose work involves excessive exposure to wet or dangerous or offensive agents shall be appropriate protective garments and apparatus, including gloves, shoes, goggles and head covers.
- k. By effective and praxisable steps, noise and vibrations likely to affect people's health at any plant, office or shop should be so minimized as possible.
- l. Nobody should have to lift, transport or transfer a load that's too heavy to cause harm to him in the course of his job.
- m. For easy access in each warehouse, office and shop a first-aid box of the specified quality should be given and maintained.

❖ *Safety*

- i. Suitable means of fire control, which should be readily available for use, should be installed and maintained in any factory/office/shop.
- ii. In cases of fire for persons in each plant, office and store, certain suitable means of escape should be given.

- iii. Safe means of access to any place where every person has to work should be given and maintained as far as reasonably practicable, and such a place should be made available and kept secure for every person there working as far as reasonably practicable.
- iv. A protective fence should be provided to any dangerous part of the machinery unless it is in such a location that each person who works in the premises can be safe.
- v. No person should be engaged in a body injury machine or method unless he/she is adequately trained or supervised in work, on the machine or in the process.

2.6 Occupational/Training Health and Safety

Unhappy workers and apprentices can lead to more than reduced efficiency and information acquisition; in extreme situations, their attitudes and behaviour can lead to workplace abuse. The OSH is the multidisciplinary field dealing with the protection, health and well-being of people at work, at school and at work, as shown by the OSH. Observation of occupational safety and health (2014). Poor conditions for work and training in clothing companies could jeopardize apprentices' health and safety. Due to the similarity of many apprentices' working, educational, and living environments, poor conditions may have an effect on the world in which they live. As a consequence, these troubling health and safety issues must be addressed right away (Basak et al. 2019).

When workplace and workshop health and safety are discussed, everybody benefits, according to the Occupational Safety and Health Administration (2013). "A business or workshop must sustain a rigorous safety program and high safety performance even in tough times in order to remain viable in the long run. The safest and healthiest companies and

training courses are the ones that last the longest. Tremblay & Badri, 2018; Hussain et al., 2019).

2.6.1 Workplace safety

Safety is the state of being protected from social, financial, physical, spiritual, mental, political, psychological, educational, occupational, or other types or consequences of failure, injury, mistake, harm, accidents, or any other unfavourable occurrence. This can mean being shielded from the incident or from being exposed to something that is harmful to one's health or causes financial loss (Andersen et al. 1019; Bianchini et al. 2014).

According to Hofmann & Burke (2017), safety can be described as a guarantee or a standard of insurance relating to an object's or organization's quality and non-harmful operation. It's used to make sure an object or agency does exactly what it's supposed to. It's important to keep in mind that protection is a subjective concept. It would be incredibly difficult and costly to eliminate all danger, if it were even feasible. A safe situation is one in which the risk of injury or damage to property is minimal and manageable. Nzuve & Ayubu (2012); Hämäläinen et al. 2017; Hämäläinen et al. 2017).

As previously stated, the first significant change in the British economy from small-scale artisan and agrarian development to large-scale manufacturing and the emergence of Britain as a leading industrial nation occurred during the Industrial Revolution. Manufacturing brought with it a unique collection of issues, such as potentially unsafe factory conditions, long working hours, the use of hazardous equipment and chemicals, and the use of child labour to meet demand (Loomis, 2019; Sámano-Ros et al., 2019; Tappura, 2017).

Progressive theorists gradually started to question the risks and dangers that workers were exposed to in the pursuit of high manufacturing production. The first Factory Act was passed in 1833, and it acted as the foundation for many subsequent amendments and changes, highlighting the importance of worker safety (Cooper, 2016). During the 1960s, Britain began a period of progressive de-industrialization, with many heavy industry and manufacturing companies closing their doors (manufacturing as a share of real GDP has fallen from 30 percent in 1970 to 12 percent in 2010).

By 2016, the service sector accounted for 78 percent of the UK's GDP, and this post-industrial transition has brought with it a new range of occupational health problems. Mental health issues and musculoskeletal disorders (MSDs) are common occupational health issues in the service sector, and a sedentary lifestyle is blamed for a slew of issues including bad posture and lack of physical activity, which can lead to obesity, heart disease, and diabetes. A increase in demand for flexible working, fueled by digitization of communications and the opportunity for people to work virtually and from home, has created numerous opportunities for employers to tap into expertise and for more people to join the workforce who would otherwise be excluded.

2.7 Apprenticeship Programmes in Ghana

An apprenticeship program is a type of training program in which an apprentice receives structured instruction as well as on-the-job training in a specific trade (COTVET 2009). Apprenticeship has a long tradition, as Baker (2015) pointed out. The idea of apprenticeship, according to the author, has been around since colonial times. Apprenticeship is a learning system that promotes earning while learning through doing. It has a long history, but it was first introduced in the late Middle Ages and regulated by craft guilds and town governments (Chan, 2019; Cedefop 2014). A master craftsman was permitted to employ young people as

low-cost labour in return for lodging, food, and informal training in a specific trade. After completing their contract, which was usually seven (7) years, the majority of them became master craftsmen.

Female apprentices employed as seamstresses, tailors, bakers, carpenters, and other crafts, despite the fact that male apprentices made up the bulk of the workforce. Quality apprenticeships, according to Steedman (2014), enable youth to transcend the work-inexperience trap that obstructs their transition from education to jobs by fostering robust social dialogue and public-private partnerships. Apprenticeship, according to Steedman, has a positive relationship with low youth unemployment because it includes skill growth that benefits both the worker and the wider economy. Apprenticeship will accommodate a wide range of experiences because it perfectly represents the diverse skills needed in today's economy.

Apprenticeship, according to Richard (2014), is a work that requires extensive and ongoing training that leads to the achievement of an apprenticeship level and the development of transferable skills. Apprenticeship is a work in a professional occupation; apprenticeship requires extensive and ongoing training; apprenticeship leads to sufficient competency in a profession; and apprenticeship advances transferable skills to develop employment.

Apprenticeship in the informal sector is a common occurrence, according to Steedman (2014). Poor communities have established informal apprenticeship programs that are largely work-based in order to pass on skills from one generation to the next. A young apprentice learns from an accomplished master craftsman through observation and imitation, gaining trade skills and being inducted into the company's community and networks. Despite the fact that apprenticeship contracts are often oral, they are rooted in societal practices, norms, and traditions.

In today's world, informal apprenticeship is a widespread training method in countries with strong informal economies. While there are many variations in terms of activities, the basic aspect remains the same: a training arrangement between a young learner and an experienced craftsperson to transmit trade skills. Despite the system's strength in providing local markets with appropriate skills, informal apprenticeship has some flaws. Long working hours, hazardous working conditions, little or no pensions or salaries, little or no social security in the event of sickness or injury, and obvious gender imbalances are only a few of the deplorable aspects of apprenticeships (Steedman 2014).

Informal apprenticeship training accounts for 80 – 90% of all basic skills training in Ghana, with public training agencies accounting for 5 – 10% and non-profit and for-profit NGO providers accounting for 10 – 15%. The NVTI, formed in 1970, was charged with organizing every aspect of vocational training, including apprenticeship, throughout the country. The NVTI was founded in 1970. Nevertheless, NVTI's Learning Department concentrated its core programs on the training of 'formal' learners (GoG, 1970; NVTI 2002). Young people who have been trained informally currently have three (3) qualifications options, which do not exclude each other and can acquire all of them from any of the apprentices. The most popular form of qualification is a signed testimony from the master craft of an apprentice.

This credential is typically not recognized outside of the apprentice's immediate field of study. Second, some of the more well-known Informal Sector Associations (ISAs) (for example, the Haans and Serrière state that members in Ghana can obtain certificates as little as two years of on-the-the-job training in tailoring and beauty from the Ghana Association of Tailors and Hairdressers and Beauticians (Haan & Serri 2002). Finally, informal apprentices are qualified to take the NVTI proficiency exam. The proficiency exam is a non-printed, practical competency-based skill examination. In this way, illiterate trainees, including informal apprentices, will receive a nationally recognized credential.

2.8 Small and Medium-Size Enterprises

Small and medium-sized enterprises (SMEs) are a platform for citizen empowerment and economic development all over the world. Most countries' rapid economic growth is linked to SMEs. SMEs continue to play a significant role in the economy of developed countries such as the United States (North & Varvakis, 2016; Soomro & Aziz, 2015; Jasra et al. 2011). According to available data, SMEs play a critical and strategic role in economic growth and development in all countries (Abor & Quartey 2010), accounting for up to 90% of businesses in most countries. Small and medium-sized businesses (SMEs) are the driving force behind a large number of developments and contribute to the growth of the national economy through job creation, investment, and exports.

According to Oforegbunam & Okorafor (2010), policy debates in developing countries continue to focus on the role of small and medium-sized enterprises (SMEs) in the development process. Small and medium-sized enterprises (SMEs) are the most common form of business in Africa, accounting for nearly 90% of all businesses in both rural and urban areas (Ocloo et al. 2014; Muritala et al. 2012). SMEs provide a significant source of jobs for people and help countries grow by encouraging communities to develop entrepreneurial and business skills (Iweka et al. 2016; Chittithaworn et al. 2011).

SMEs have long been regarded as critical propellers for achieving national development goals such as poverty alleviation and economic growth in Sub-Saharan Africa (Etuk et al. 2015; Ayozie, 2011). In South Africa, for example, SMEs account for roughly 46% of total economic activities and 84 percent of private jobs (Fatoki, 2011). SMEs make up about 80% of the formal business sector and 95% of the overall business sector, according to estimates. In Ghana, successive governments have attempted to reduce poverty and stimulate economic growth by growing foreign direct investment, diversifying the economy, enacting policy

mechanisms that promote small business ownership, and, at the very least, launching jobs and entrepreneurship programs (Ocloo et al. 2014).

SMEs' capacity to counter extreme poverty, generate desperately needed employment, halt the ongoing de-industrialization process, and prevent further ethnic turmoil linked to bleak economic prospects and social breakdown has been heavily emphasized (Eniola & Entebang, 2015; Al-najjar, 2014). Ghana is still a country with a lot of potential but also a lot of inertia when it comes to growth. The nation is endowed with a vast amount of untapped human and natural resources. SMEs are important for economic growth and development because they promote entrepreneurship, create jobs, and reduce poverty (Abor & Quartey 2010); however, due to the various risks that SMEs face, their sustainability in Ghana is threatened.

2.8.1 Small and medium-sized (SME) dressmaking enterprises in Ghana

The textile industry is a multibillion-dollar industry that spans the globe. According to Martin (2013), the industry has acted as a "stepping stone to growth" in most countries. According to Martin, the garment industry currently plays a critical role in many LDCs and developing countries, such as Ghana. For example, advances in trade on the African continent have given the African garment industry more opportunities to capture value, raise revenue, and boost business operations (WIPO 2015.)

The garment industry, as Tillman (2010) points out, has an undeniable allure and a complex 'DNA that has visually defined periods of time over the centuries.' (Page 5) The industry is regarded as a global leader, and the novelty and inspiration shown on the catwalks have been compared to Research and Development in other prominent industries – the lack of which would result in a dormant industry. The garment industry is one of several bright spots in Ghana's revolutionary, creative economy as it continues to grow and develop.

The industry is now having tremendous commercial repercussions on the economy, thanks to many high-value jobs. As a result, the industry plays an important role in many people's economic, political, cultural, and social lives. It exists at the intersection of fine art and mass culture, as well as in material and visual culture. Ghana's garment industry has progressed significantly over the years (Adotey et al. 2016; Pongo & Obinnim, 2015). Many old things have been replaced by new trends. Customers are also searching for fashion designers who can create custom designs for them. As a result, the majority of garment designers have been put out of business. Ghana's textile industry is just getting started right now. The development of African prints and the marketing of new products through fashion shows has begun to strengthen the sector's dominance and, as a result, has increased consumer awareness.

As previously mentioned, Ghana's garment industry is a vital sector that contributes to economic growth and poverty alleviation by providing jobs and revenue. According to Boateng (2001), garment manufacturing accounts for roughly 60% of informal sector jobs in Ghana's urban areas. Ghanaian industry manufacturers primarily learn their trades through apprenticeship programs. Garment manufacturing has long been a major source of income for women all over the world. In Ghana, the majority of young girls are taught needlework and handicrafts at home or through the educational system.

As a result, there is still a ready supply of semi-skilled or skilled labour. This reality is rarely acknowledged in Ghanaian culture. According to Akhter et al. (2019), garment production is often classified as a low-wage or unskilled job. The skill's practicality causes it to be regarded as posing a minor challenge to the learners' intellect. As a result, no special training is required of trainers. As a result, the general perception is that a dressmaker's education equates to academic failure. Burjel et al. (2004), on the other hand, believe that sewing improves one's artistic capacity by requiring one to use one's creativity to come up with the

best solutions to design and sewing problems. As a result, new ideas emerge, which can develop over time as a result of many experiments. Eventually, it will be possible to design and sew garments that are appealing to both the wearer and the observers.

Dressmaking was one of the most popular occupations for women in Ghana, according to Pongo & Obinnim (2015). As a result, dressmaking was and continues to be an important manufacturing operation for Ghanaian women. According to Obinnim and Pongo (2015), informal training programs for learning practical skills such as carpentry, goldsmithery, fabric weaving, cloth dyeing, and dressmaking have served local communities in Ghana and other West African countries for generations by involving people, including school leavers and school dropouts, in skill training.

Many of them were able to find long-term work or self-employment through these trades. Apprenticeships of different lengths are used to carry out such training programs. They produce the majority of master craftsmen and artisans, particularly at a time when even a university diploma is no longer a guarantee of employment in many places (Obinnim et al. 2019). The majority of these informal sector training businesses are run by a single individual.

2.9 Common Dressmaking Workshop/Workplace Hazards

A hazard is something that, if not regulated, can cause damage (Esterhuyzen et al. 2019; Encyclopedia of public health, 2008). Injury, according to the International Labour Organization (ILO), is the acute or permanent impairment to a worker's physical, emotional, or social well-being. It's convenient to believe that, in contrast to construction and heavy industrial jobs, the textile industry poses few threats to the health and safety of light-duty workers. Manual management and long working hours requiring physical and dexterity-based skills, on the other hand, can be just as dangerous as working at a mine's coal face.

Apprentices in fashion workshops are inherently vulnerable to damage and risk (Adotey et al. 2016; Pongo & Obinnim, 2015).

Physical hazards such as slips and slides, falls, dangerous equipment, electrical shocks, stitching or running over the fingers with sewing machines, piercing the fingers with dressmakers' pins, eye strain, and poor posture are examples of common workshop hazards. Fashion apprentices are required to work in fixed positions, either standing or sitting, and their posture is often harmed as a result of the fittings in use being "improved" and rarely built for human comfort; workbenches that are too high, lack legroom, and seats that are not ergonomic are just a few examples (Akhter et al. 2019; Adotey et al. 2016; Tomei et al. 2010).

Lifting heavy equipment, stiffness in the neck and back, dropping small items from the hands that can easily injure the feet, and a variety of other activities are only a few examples. Work-related stress is often high since it is necessary to focus during the working day, outside abuse, bullying (verbal and emotional), and overwork, both of which can lead to unintended injuries. Repetitive strain injury (RSI) is a problem in the apparel industry as well (Hamja et al. 2019; Burnham, 2009; Barbeau et al. 2004).

Small vibrating instruments are often used; these cause not only additional arm fatigue (aching), but also neuro-circulatory disorders (numbness, tingling, loss of sensation in the fingers) and identify diseases in the tendons and joints (tendinitis, epicondylitis) as a result of repetitive movements that cause minor traumas. Fatigue and poor posture during pregnancy raise the number of miscarriages, premature babies, and low birth rates (Nagaraj & Jeyapaul, 2018; Hoan et al. 2018; Choi et al. 2012). These are frequently occupational diseases that are incapacitating in a person's private or social life but are underappreciated and misunderstood as work-related.

2.10 The need for Health and Safety practices in dressmaking apprenticeship training

It would be easy to believe, as Pongo and Obinnim (2015) pointed out, that sewing workshops pose very few threats to apprentices' health and safety. Manual management and long working hours requiring physical and dexterity-based skills, on the other hand, can be just as dangerous as working at a mine's coal face. Manual handling and long working hours using physical and dexterity-based skills can pose many risks to apprentices in Ghana's dressmaking apprenticeship training programs.

According to the International Labour Organization (ILO), an estimated 2.3 million people are injured or killed at work each year, with 270 people dying as a result of non-fatal workplace injuries. Every year, 160 million different types of workplace illnesses are registered. According to Ward et al. (2008) and Snyder-Halpern and Verran (1987), sleep helps the body to relax and regenerate itself by rebuilding worn-out cells and tissues. Muscles and joints can ache, and the area around the eyes can become puffy and dark if you don't get enough sleep, they said. Lack of sleep or exhaustion may lead to a fall or accident with sharp instruments in the workshop, resulting in a wound, cut, or bruise, putting apprentices' lives in danger.

Dressmaking workshops in unsuitable domestic settings, according to Bettenson (1998), can be dangerous. Physical dangers to apprentices in any of these workshops include slides, trips, falls, and electric shocks, as well as sewing over the fingers with machines, piecing fingers with pins, eye strain, and bad posture (Pongo & Obinnim 2015). Apprentices' health and safety are likely to be harmed by poor working and educational conditions in dressmaking shops.

Small enterprise-based garment centres, according to Laungaramsri (2005), seldom have adequate protective equipment. Repeated pressure, dust from fabric parts, and, in the case of

exposure to hazardous chemicals added to the fabric, are all potential health hazards in dressmaking shops. Since some apprentices' working, educational, and living environments are all the same, bad conditions may have a negative impact on the atmosphere they live in. As a result, these alarming health and safety issues must be addressed immediately (Wong et al. 2019; Wight, 2018; Nzuve & Ayubu, 2019).

Dressmaking apprentices face a wide range of health and safety risks, some of which are obvious and others that are often overlooked until it is too late. The factories inspectorate and other groups have outlined safety protocols and health recommendations as potential responses to these risks. Despite these rules, the majority of dressmaking apprentices participate in certain risky behaviours, such as putting needles and pins in their mouths, running sewing machine needles over fingertips, sewing without protective equipment, and so on (Sámano-Ros et al. 2019).

2.11 Safety Measures

Employees who operate for a period of time without disclosing accidents are rewarded in certain workplaces, and this has helped to reduce the number of injuries in these workplaces significantly (Tappura, 2017). Maintaining a safe and healthy environment is both a human resource issue and a legal requirement, which is why safeguards are in place to prevent any imbalances (Reese, 2015). Activities and steps taken to increase safety and minimize risk to human health are referred to as safety measures (Nagaraj & Jeyapaul, 2018; Wurzelbacher & Jin, 2011).

Training apprentices on safety practice by collecting them from time to time to instil different self-defence practices in them. Instruction guides showing how to use or exercise a system, educational videos showing how machinery and other equipment can be used appropriately, expert conduct exams to minimize physical pain, and healthy working procedures and

practices to prevent injury (Andersen et al. 2019; Steel et al. 2018; Champion, & Skinner, 2008).

Furthermore, adequate equipment should be used as much as possible, such as appropriate backrest chairs and sewing machines for the right sewing table stage. There should have sufficient space for the lower limbs to move freely to prevent electric shocks and slides and sandals must always be worn, especially if working on the electronic machine (Hussain et al. 2019; Micheli et al. 2018). It is important to alternate between sitting and standing or vice versa for at least an hour in order to avoid spinal injury. The pressure surface height should be right. Scissors can also be prevented for long periods of time (Gerhardt et al. 2019).

2.12 Importance of Training Apprentices on Health and Safety

Since most employees spend at least eight (8) hours a day at work, whether in training shops, offices, or factories, work plays a central role in people's lives. As a result, workplaces should be safe and secure. However, this is not the case for many working people. Jobs all over the world are exposed to a variety of health risks on a daily basis. Training and work-related injuries and illnesses, according to Alli (2008), are very expensive and can have a variety of significant direct and indirect effects on the lives of employers, apprentices, and their families.

The costs of training, as well as the costs of workplace injuries and sickness, are calculated to be immense for employers. Overall, the costs of most schooling, as well as work-related injuries and illnesses, are extremely high for apprentices, employers, and their families. Trainees and staff often encounter work-related health problems and are unaware that the issues are related to their education and work, particularly when an occupational illness, such as asbestosis, is still in its early stages (OSHA, 2012).

It is therefore critical that apprentices, in particular, receive training in health and safety. The benefits of this training are too significant not to be overlooked. An integrated training program at every mode training shop can help trainees to recognize early signs or symptoms of any potential work diseases or injuries prior to permanence, evaluate their training environment and emphasize that, in addition to the more evident benefits of training, such as development of skills, recognition of dangers, shop owners make changes (OSHA, 2014).

2.13 Theoretical Review

2.13.1 Theoretical Models of Health Behaviour

A variety of models were created to explain why people take part in various health and medically beneficial behaviours. These models have been used to research a broad variety of preventive activities and lifestyles. While the link is unmistakable between such models and self-protective actions in the workplace, little attention has been paid to how to adapt them to the behaviours employed to protect against occupational hazards. These models played a leading role in the health behaviour literature over the last 30 years (Glauz et al. 1990, Weinstein, 1993).

2.13.2 Value-Expectancy Models

People estimate the seriousness of risks, determine the costs and benefits of different actions, and then select a course of action that maximizes the anticipated result, according to value-expectancy models (Branscum et al. 2017). The Health Belief Model (Becker, 1974), the Theory of Reasoned Action (Ajzen & Fishbein, 1980), and the Security Motivation Theory are three influential examples of value-expectancy models (Rogers, 1983).

The three models vary in several ways, but they all place a strong emphasis on the individual's threat-related values or expectations. Weinstein (1993) opined that value-expectancy models share four characteristics:

- i. that motivation for self- protective behaviour arises from the anticipation of negative consequences and the desire to minimize these outcomes,
- ii. that the impact of an anticipated negative outcome on motivation depends on beliefs about the likelihood that this outcome will occur
- iii. that motivation to act arises from the expectation that the action will reduce the likelihood or severity of harm
- iv. that the expected benefits of a particular activity must be weighed against the anticipated costs of taking action.

2.13.1.1 Health Belief Model

The Health Belief Model (HBM) is a psychological and intrapersonal health behaviour model. One of the earliest and most popular health promotion models, the model has been established. The HBM is concerned with a person's perceptions of the danger of a health problem, as well as the evaluation of a prescribed behaviour for avoiding or handling the problem (Kamran et al. 2014). The model suggests that for people to adopt prescribed physical activity behaviours, the danger of illness must outweigh the benefits of action (Green & Murphy, 2014; Mikhail, 1981). Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels, social psychologists, founded the HBM in 1952.

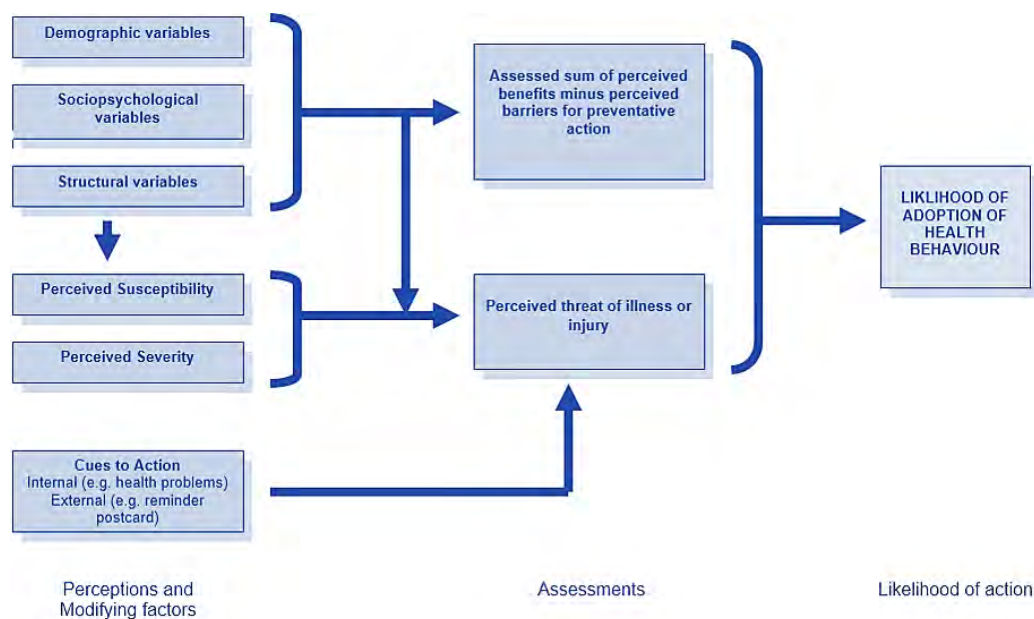


Figure 2.1 The Health Belief Model: Source: Becker & Rosenstock (1974)

This model is often used to investigate and promote the use of health care and the promotion of healthy habits (Green & Murphy, 2014). A “value-expectancy” model is what the HBM is called (Gabriel et al. 2019; Champion & Skinner, 2008; Rosenstock, 1974). It focuses on the behaviours and belief patterns of individuals and groups in an effort to understand and predict health behaviour. Perceived susceptibility, intensity, advantages, obstacles, cues to action, and modifying factors are the six dimensions of the model. Although the HBM has been criticized for overemphasizing the logical order and rationality of one's health behaviours (McLean et al. 2019; Maiman & Becker, 1974), it is regarded as one of the most influential models in the history of health promotion practice and has shown utility in predicting health behaviours among people with or at risk of cardiovascular disease.

2.13.1.2 Theory of Reasoned Action

The Theory of Reasoned Action (TRA) is a well-known model in the field of social psychology. It's about the factors that influence consciously chosen behaviours. It was created by Ajzen & Fishbein in 1975. (1980). In addition, the Theory of Reasoned Action is a continuation of previous theories. According to the Theory of Reasoned Action, a person's

Behavioural Intention (BI) to act is dictated by their attitude toward performing the behaviour (ATB) and Subjective Norms (SN). Three (3) important constructs, namely behaviour goals, attitude, and subjective norm, can be seen. Subjective norms are about desires, while attitude is about values, according to this theory. Ajzen and Fishbein identify Subjective Norm (SN) (1980).

TRA is also commonly recognized as a general model that does not explicitly state the values that are operational for a specific behaviour; it assumes that a person's behaviour is dictated by their intention to perform a specific action. As a result, the theory's creators, Fishbein and Ajzen (1975) and Ajzen and Fishbein (1980), advocated for using salient modal beliefs for the population, which are derived from the beliefs that are most commonly taken from a representative sample of the population. The TRA has also been successfully used to predict the output of behaviour and intentions on a variety of occasions. In a study by Fredricks & Dossett, for example, TRA was used to predict schooling (1983).

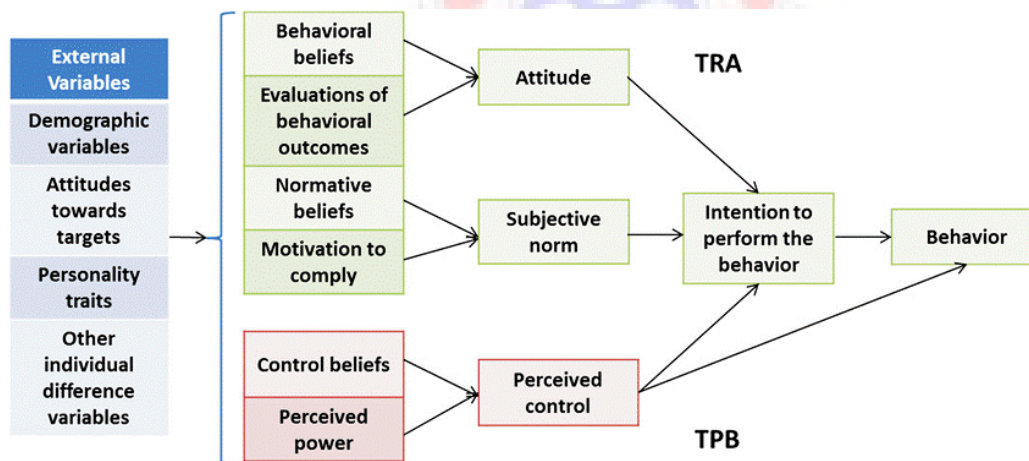


Figure 2.2 Theory of Reasoned Action & Planned behaviour: Source: Fishbein & Aizen1(980)

2.13.1.3 Protection Motivation Theory

Protection Motivation Theory (PMT) is a theoretical model that explains the factors and mechanisms that influence people's decisions on whether or not to participate in behaviours that protect them from threats. Ronald Rogers first suggested the theory in 1975, and Rogers later revised and expanded on it in 1983. Person and social influences, as well as complex cognitive mechanisms, all play a role in the decision to engage in defensive behaviour, according to PMT. According to Rogers (1975), “the attitudinal adjustment is a feature of the amount of defence motivation aroused by the cognitive assessment process, rather than being mediated by or a result of an emotional state of fear” (p. 100).

In contrast to popular belief, the use of security or guardianship interventions is based on a more nuanced psychological or rational choice model of decision-making. PMT has almost exclusively been used in health-related studies to date. The application of PMT, on the other hand, has the potential to improve our understanding of the use of home guardianship by offering a theoretical model that integrates not only the fear of home victimization, but also other personal and environmental signals that motivate home guardianship (Kothe et al. 2019; Floyd et al. 2000).

Evolution of the Protection Motivation Theory model

Ronald Rogers published the first iteration of the PMT and the associated model in 1975. This model consists of three primary components: a fear appeal, a cognitive mediating process, and an attitude change. The fear appeal consists of three types of information regarding potential threats:

- ❖ the magnitude of the threat’s possible effects
- ❖ the probability that such a threat will affect the individual
- ❖ the efficacy of a recommended response in protecting an individual from a potential threat.

The cognitive mediating mechanism then analyses the knowledge provided by the fear appeal and determines how these aspects will affect them (Norman et al. 2005; Tunner et al. 1989).

This assessment determines a person's willingness to use a recommended protective response in the face of a possible danger, which leads to the final part of the PMT model: intent to use a recommended protective response. A person should be motivated to engage in a protective reaction to a potential threat if the perceived seriousness, potential for exposure to the threat, and/or perceived efficacy of a suggested protective response are all high enough. While Ronald Rogers' 1983 iteration of the PMT model builds on the earlier theory to address a wider range of considerations, the 1975 iteration of the PMT model provides a model to understand the dynamic variables and processes involved in utilizing defensive behaviours (Milne et al. 2000).

Rogers revised his original theory in 1983 to explain and expand on the processes involved in the decision to use guardianship interventions, resulting in the new PMT model, which is the subject of this research. Figure 2.3 depicts a rundown of the essential elements of the 1983 model.

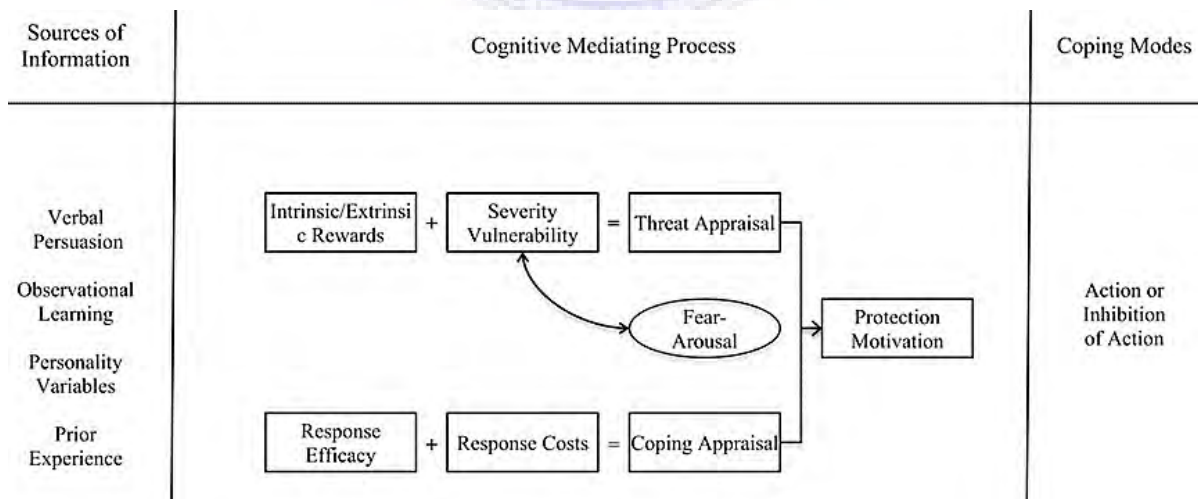


Figure 2.3 The PMT model Source: Rogers (1983)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides the methodological considerations of this study. It outlines and describes the processes used in data collection and analysis and addresses ethical concerns relative to data collection in Ghana. The chapter also defines the approach adopted and conditions under which the various phases of investigations will be conducted.

3.2 Research Design

The blueprint for data collection, analysis and interpretation is the research design, which is a conceptual structure within which a study is performed (Cohen et al. 2011). Saunders et al. (2012) emphasized that the selection of any research design is based on numerous constituents with the ultimate being the attributes of the variables or population being used or investigated. In this study, both the exploratory and descriptive research design will be adopted due to the nature of the study. Exploratory research, according to Saunders et al., (2012), provides insights into and comprehension of an issue or situation and is usually employed when a problem has not been explicitly defined.

According to Jonker and Pennink, (2010) and Tashakkori & Teddlie (2010), exploratory research helps to determine the best research design, data collection technique, as well as the selection of participants. It also assists in determining the best research method, data collection method, and the selection of samples. The current research is expected to provide insights into, and comprehension of the health and safety practices of fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana.

The descriptive research design, on the other hand, specifies the nature of a given phenomenon (Williams, 2011). Thus, it is generally concerned with the present status of a given phenomenon. Descriptive research (Saunders et al., 2012) also refers to research studies that have as their primary objective the exact representation of the characteristics of people, situations or groups. This approach will be employed to describe variables rather than to test a predicted relationship between variables. Again, since different research designs attempt to answer different types of research problems, Creswell, & Clark (2011) asserts that the choice of research design must be grounded on the nature of the research, its setting, the possible limitations and its underlying paradigm that informs the study.

Furthermore, the descriptive survey design is considered suitable for the study as it is versatile and practical; in that, it identifies present conditions and points to current needs (Creswell 2014). Other specific reasons for using descriptive research design will be that, it determines and reports the way things are; involves the collection of data in order to test research questions concerning the current status of the subjects of the study and Makes it feasible to perceive, define as well as document aspects of a given situation as it naturally occurs (Creswell, & Plano Clark, 2011). Moreover, descriptive research answers the questions on what, when, who, where, and how.

This study also adopted the case study strategy. Robson (2011) defines a case study as a strategy for doing research that involves an empirical investigation of an extraordinary contemporary phenomenon within its real-life context using multiple sources of evidence. Yin (2014) highlights the significance of context, adding that, in a case study, the barriers between the phenomenon being researched and the context within which it is being studied are not apparent. The case study strategy gives a rich understanding of the framework of the research and the processes being enacted (Flyvbjerg, 2011). The case study strategy also has

the powerful ability to generate answers to the question ‘why?’ as well as the ‘what?’ and ‘how?’ questions, for this reason, the case study strategy is frequently adopted in explanatory and exploratory research (Schwartz-Shea & Yanow, 2012).

Yin (2014) distinguishes between four case study strategies based on two distinct dimensions: single case v. multiple cases and holistic case v. embedded case. This study employs a case study strategy using fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana as a case. Thomas, (2011) argue that a case study strategy can be an excellent way of exploring existing theory and that, a well-constructed case study approach can enable one challenge existing theory and provide a source of unique research questions.

3.2.1 Research approach

Research approach is defined by Creswell (2014), as a description of the techniques or methods used to give direction and to systematize a study to fulfil the objectives of the study. A research approach involves asking questions like what type of research will it be and what techniques or methods will be appropriate in achieving the research objectives (Sekaran & Bougie, 2010). The study will be conducted using a quantitative research approach. The study considers a quantitative approach appropriate since it allows the study to collect primary data in a research study area where the collection of primary data could prove very challenging due to the nature of the study (health and safety practices of fashion apprentices). A quantitative approach would also allow the study to present the collected data more accurately. May (2011) assert that a quantitative approach allows for a study to analyse data using statistical methods that brings clarity to the presentation of the findings.

3.3 Population of the study

A population can be described as the complete set of subjects that can be studied (Saunders et al. 2012). The target population for this study included all fashion in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana.

3.4 Sampling Technique and Sample Size

According to Gentles et al., (2015) sampling cannot be avoided in research as it is impracticable to survey the entire targeted population due to budget and time constraints; thus, samples are drawn to represent a population adequately. A population can be described as the complete set of subjects that can be studied. Bryman (2012) defines a sample as a relatively small number of units used to make generalizations about the whole. Its primary objective is to provide accurate estimates of an unknown parameter. It is made up of single members or units.

Also, sampling is a practical way to collect data when the population is colossal, thus doing a study of all its elements impossible. It may be the only efficient method of data collection. Its main advantage is that it is less costly and less time-consuming (Teddlie & Yu, 2007). Usually, probability sampling methods are used in quantitative research because it randomly draws representatives from the broader population and, accordingly, permits the researcher to make generalizations from the findings of the study (Singh, 2007). It also has less risk of bias than a non-probability sample. However, non-probability sampling is considered to be the most appropriate sampling strategy for qualitative research, which is usually done on a smaller scale (Battaglia, 2008).

For the purpose of this study, a purposive sampling method will be adopted. In purposive sampling, sampling is done with a purpose in mind. The rationale for choosing this strategy is

to enable the researcher to use his judgment to determine cases that will best facilitate the answering of research questions and meet the objectives of the study (Zhi, 2014). Furthermore, purposive sampling is appropriate when the study aims to glean knowledge from targeted respondents deemed to have specific knowledge in the field of study.

Purposively selecting a case is a deliberate decision by the researcher; thus, the researcher decides what needs to be acknowledged and sets out to determine participants that can and are willing to provide the information by virtue of their knowledge or experience (Zhi, 2014). This method of sampling is often employed when working with case study research and when one wishes to select samples that are particularly useful (Gentles et al. 2015). Hence, the sample size for this study was one hundred and twenty (120) apprentices were drawn purposively from the total population. The different perspectives provided by these cases will be deemed significant to capture the health and safety practices of fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana.

3.5 Data Collection Methods

This study will adopt the quantitative approach of data collection; thus; self-administered questionnaire will be used in the collection of data.

3.5.1 Questionnaires

The questionnaire is used as a general term to include all techniques of data gathering in which each person is required to respond to the same set of question in a predetermined order (Sarlis, & Gallhofer, 2014). Questionnaires usually are one of the particular forms of primary data collection on which it relies for precision in the data. It is a standard technique used for gathering primary data most research studies. A valid questionnaire will enable accurate data

to be collected, and one that is reliable will mean that these data are collected consistently (Sreejesh, et al. 2014).

Again, the use of the questionnaire was to ensure consistency, uniformity and stability in response. Its usage will make the respondents complete answering the questionnaire at their own convenience and will also ensure the respondents greater anonymity. Both closed-ended and open-ended questions will be asked. The open-ended questions will allow participants to express their views freely on issues raised (Punch, 2013). The response format is based on a 5-point Likert-scale rating pattern with weightings of Strongly Agree (SA) = 5, Agree (A) = 4, Not Sure (NS) = 3, Disagree =2, Strongly Disagree (SD) = 1. The average of these points is $3.0 (5+4 + 3 + 2 + 1) = 3.0$ thus $15/5$. This will be used in the data analysis. The questionnaire will be self-administered. Data will be processed using SPSS.

Descriptive data interpretation (mean and standard deviation) will be employed to answer the research questions. A mean of 3.1 and above indicates agreement with the item statement while a mean of 2.99 and below indicates disagreement (Pallant, 2011). Data will also be analyzed by running frequencies, and the statistical analytical methods will be cross-tabulations and the non-parametric statistical chi-square test of association between variables.

3.6 Ethical Considerations

Ethics in science is concerned with what is right and wrong to do while conducting research (Dich et al. 2013) and is an essential component of any research project. When human beings are the research subjects (Hammond, & Wellington, 2013), as is the case in this report, the question of ethics in research becomes much more relevant. According to Dich et al. (2013), research ethics encompasses the entire research process, from the nature of the problem being investigated to the reporting of the theoretical framework, the context in which the research is conducted, the data collection instruments used, the data collection methods used, the

research subjects, the data analysis procedures used, and the way in which the data is analysed.

As Dich et al. (2013) point out, research must be done ethically, so the research issue must be formulated critically within the theoretical context in order to maintain confidence in the research process. In addition, study participants' rights and privacy must be preserved and secured. Again, the researcher must be sensitive to the research subjects' cultural and social differences, and all research results must be correctly recorded, with full disclosure of the research methods and the research process' limitations (Saunders et al., 2012).

Apart from having to set aside roughly 25 minutes to complete the questionnaire, participants were not subject to any risks or discomfort. The participants had the option of accepting or declining the invitation to participate in the study. Participants were told of the study's aim and intent, what participating in the survey entailed, how the research findings would be disseminated and used, what their rights as participants were, and where they could obtain more information on their research rights in order to make an informed decision on whether or not to participate in the study. As a result, the participants gave their informed consent to the researcher. Participation was entirely at the discretion of the participants.

3.7 Data Analysis

There is no single objective approach or the most appropriate framework for evaluating quantitative data in the literature on methodology. The term "analysis" applies to and necessitates a final decision (Saunders et al. 2012). As a result, the data collected will be evaluated using quantitative methods in order to give the analysis a fair sense. The answers, on the other hand, will be collected, edited, coded, and tallied. Individual respondents' scores will be averaged through all items to arrive at a final raw score. To investigate the problems, manageable percentages will be used, as well as frequency tables.

CHAPTER FOUR

ANALYSIS OF RESULTS

4.1 Introduction

The purpose of the study was to investigate the health and safety practices of fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana. A total of 120 questionnaires were distributed to respondents and out of which 94 representing 78% of the distributed questionnaires were retrieved and found valid for further analysis. The difference was as a result of some of the questionnaire retrieved were soiled beyond recognition of its contents. Some were found to be partially responded to making it difficult to include it in the data for analysis.

4.2 Analysis of questionnaire

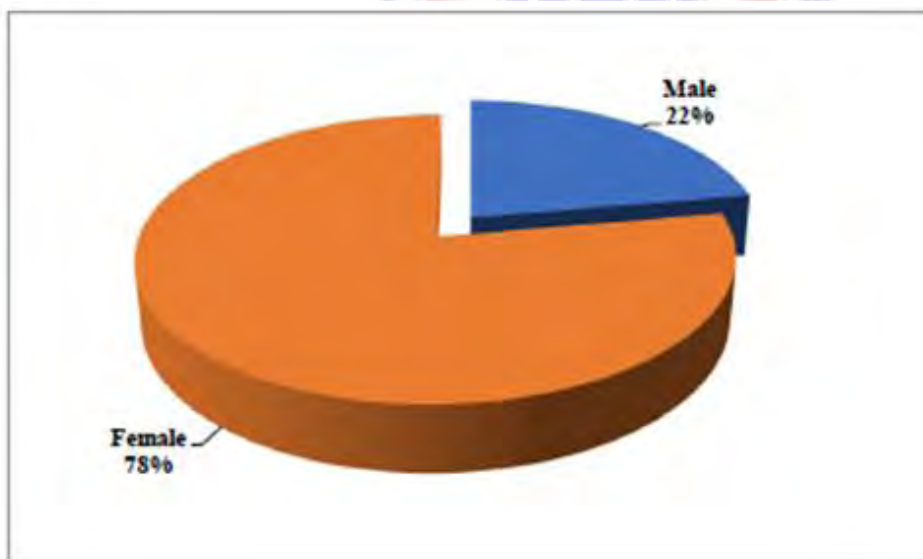


Figure 4.4 Gender of respondents

Figure 4.1, presents the gender distribution of the respondents used for the study. From the chart it could be observed that more than half of the respondents 78% were females with the remaining 22% being male suggesting majority of the respondents were female. This is not surprising considering the fact that the fashion industry is mainly female dominated.

Table 4.1 Age distribution of respondents

Age range	Frequency (<i>n</i>)	Percent (%)
< 20 years	14	14.9
21 - 25 years	32	34.0
26 - 30 years	33	35.1
31 - 35 years	15	16.0
Total	94	100.0

Source: Fieldwork (2020)

Table 4.1 shows the age of respondents used for the study. Out of 94 respondents, the majority, 33 representing 35.1% were between the ages of 26 – 30 years, 32 representing 34% were between 21-25 years, 15 representing 16% were between 31 – 35 years with 14 representing 14.9% being less than 20 years. The age distribution means majority of the respondents were below 35 years of age. This is indicative of the youthfulness of the sample used for the study.

Table 4.2 Educational qualification of respondents

Educational Qualification	Frequency (<i>n</i>)	Percent (%)
JHS	37	39.4
SHS	28	29.8
Technical/Vocational School	29	30.9
Total	94	100.0

Source: Fieldwork (2020)

Table 4.2 shows the educational qualification of respondents. Out of 94 respondents 37 representing 39.4% had JHS qualification, 29 representing 30.9% had Technical/Vocational

School qualification with 28 representing 29.8% possessing SHS qualification. The above discussions mean majority of the respondents had their qualification beyond JHS level. The results point out that the respondents have appreciable educational qualification to be able to read, understand and also contribute meaningfully in the study.

Table 4.3 Marital status

Marital Status	Frequency (<i>n</i>)	Percent (%)
Single	64	68.1
Married	30	31.9
Total	94	100.0

Source: Fieldwork (2020)

The marriage status of an individual to a larger extent influences their behavioural patterns. Hence it was imperative the researcher sought to find out the marital status of the respondents. From Table 4.3, 64 respondents representing 68.1% were single while 30 representing 31.9% being married. It is not uncommon to experience this condition among fashion workers. Considering their age distribution, it could be implied that it is normal that most were not married at the time of the study.

Table 4.4 Working experience

Years of working	Frequency (<i>n</i>)	Percent (%)
< 1 year	28	29.8
2 - 5 years	47	50.0
5 - 10 years	11	11.7
> 10 years	8	8.5
Total	94	100.0

Source: Fieldwork (2020)

Table 4.4 shows the working experience of respondents. Exactly half of the respondents had 2-5 years working experience, 28 representing 29.8% had less than a year experience, 11 representing 11.7% had 5-10 years' experience with eight representing 8.5% having more than 10 years' experience. This means majority of the respondents had more than five years working experience.

Table 4.5 Descriptive Statistics on Apprentices Familiarity with Occupational Health and Safety

Statements	N	Min	Max	Mean	±SD
I am clear about my rights and responsibilities in relation to workshop health and safety	94	1	5	4.02	1.117
I am clear about my trainers' rights and responsibilities in relation to workshop health and safety	94	1	5	4.15	1.136
I know how to perform my job in a safe manner	94	1	5	4.27	.997
If I became aware of a health or safety hazard at the workshop, I know who at my workshop I would report it to	94	1	5	4.36	.960
I have the knowledge to assist in responding to any health and safety concerns at the workshop	94	2	5	4.51	.786
I know what the necessary precautions I must take while learning to sew	94	1	5	4.40	.908
I know the safety measures provided by the factory's inspectorate	94	1	5	4.55	.850
I have seen people coming to check the safety and healthy practices at the workshop	94	1	5	4.05	1.009
We have first aid supplies box in the workshop	94	1	5	4.52	.839
I am sanctioned when I do not observe safety rules	94	1	5	4.37	.829
I am taught safety measures in the sewing workshop	94	1	5	4.27	.845
I observe them if I are taught when working	94	1	5	4.27	1.039
I am aware my master/manager is responsible for my safety in the workshop during sewing	94	1	5	4.36	.815
I know the safety measures provided by the factory's inspectorate	94	2	5	4.50	.758
Composite scores	94			4.33	0.921

Source: Fieldwork (2020)

Table 4.5 shows respondents' views on apprentices' familiarity with occupational health and safety. This was gathered on a five-point Likert scale of 1=Not at all, 2=small extent, 3=moderate extent, 4=large extent, 5=very large extent. Higher mean scores are indicative of higher levels of familiarity with the health and safety practices.

From the table the majority of the respondents agreed to a large extent that they are clear about their rights and responsibilities in relation to workshop health and safety ($M=4.02$, $\pm SD=1.117$), trainers rights and responsibilities in relation to workshop health and safety ($M=4.15$, $\pm SD=1.136$), know how to perform job in a safe manner ($M=4.27$, $\pm SD=.997$), know who to report awareness of health or safety hazard ($M=4.36$, $\pm SD=.960$), have the knowledge to assist in responding to any health and safety concerns at the workshop ($M=4.51$, $\pm SD=.786$) and they know the safety measures provided by the factories inspectorate ($M=4.55$, $\pm SD=.850$)

Moreover, majority of the respondents also agreed to a large extent that they have seen people coming to check the safety and health practices at the workshop ($M=4.05$, $\pm SD=1.009$), have first aid supplies box in the workshop ($M=4.52$, $\pm SD=.839$), are sanctioned when they do not observe safety rules ($M=4.37$, $\pm SD=.829$), are taught safety measures in the sewing workshop ($M=4.27$, $\pm SD=.845$) and observe them if they are taught when working ($M=4.27$, $\pm SD=1.039$). Finally, most of the respondents agreed to a large extent they are aware their master/manager is responsible for safety in the workshop and they know the safety measures provided by the factory's inspectorate ($M=4.50$, $\pm SD=.758$).

The above discussions imply most of the Apprentices were familiar with occupational health and safety as the study has established that they know their rights and responsibilities in relation to workshop health and safety, they know how to perform their jobs in a safe manner, they have the knowledge to assist in responding to any health and safety concerns at the

workshop, they know the necessary precautions they must take while learning to sew, they know the safety measures provided by the factories inspectorate, have seen people coming to check the safety and healthy practices at the workshop, they know there should be first aid supplies box in the workshop and that sanctions be applied when they do not observe safety rules, and also they are taught safety measures in the sewing workshop. They are also aware their master/managers are responsible for their safety in the workshop during sewing and likewise they know the safety measures provided by the factory's inspectorate.

Table 4.6 Descriptive statistics on Physical Hazards at the workshop

Statements	N	Min	Max	Mean	±SD
Cut and injuries from sharp edges, knife blades, scissors and pins	94	1	5	4.38	.996
Slips, trips, and falls	94	2	5	4.39	.845
Dangerous machinery and electrical shocks	94	2	5	4.28	.860
Stitching or running over the fingers with the sewing machines, and piercing the fingers with dressmakers' pins	94	1	5	4.15	1.107
Eye strain, bad posture, and working in fixed positions, either standing or sitting	94	2	5	4.22	.929
Workbenches at the wrong height, lack of legroom and seats which are not ergonomic	94	1	5	3.99	1.187
Lifting of heavy machinery	94	2	5	4.50	.758
Stiffness in the neck and back	94	1	5	4.29	1.001
Accidental dropping of small objects from the hands which can easily hurt the feet, and many more.	94	2	5	4.49	.772
Composite scores	94			4.30	0.939

Source: Fieldwork (2020)

Table 4.6 shows respondents' assertions on physical hazards. This was gathered on the five-point Likert scale of 1- strongly disagree, 2-disagree, 3-not sure, 4-agree, 5-strongly agree.

Majority of the respondents agreed to the following physical hazards as being present in workplaces; Cut and injuries from sharp edges, knife blades, scissors and pins (M=4.38, ±SD=.996), Slips, trips, and falls (M=4.39, ±SD=.845), dangerous machinery and electrical

shocks (M=4.28, \pm SD=.860), Stitching or running over the fingers with the sewing machines, and piercing the fingers with dressmakers' pins (M=4.15, \pm SD=1.107) and Eye strain, bad posture, and working in fixed positions, either standing or sitting (M=4.22, \pm SD=.929).

Moreover, most of the respondents agreed to injuries related Workbenches at the wrong height, lack of legroom and seats which are not ergonomic (M=3.99, \pm SD=1.187), lifting of heavy machinery (M=4.50, \pm SD=.758), stiffness in the neck and back (M=4.29, \pm SD=1.001), and Accidental dropping of small objects from the hands which can easily hurt the feet, and many more (M=4.49, \pm SD=.772).

Reference to the composite score (M=4.30, \pm SD=.939) is indicative of the fact that respondents are aware cut and injuries from sharp edges, knife blades, scissors and pins, slips, trips, and falls, dangerous machinery and electrical shocks, stitching or running over the fingers with the sewing machines, and piercing the fingers with dressmakers' pins, eye strain, bad posture, and working in fixed positions, either standing or sitting, workbenches at the wrong height, lack of legroom and seats which are not ergonomic, lifting of heavy machinery, stiffness in the neck and back, as well as accidental dropping of small objects from the hands which can easily hurt the feet, and many more.

Table 4.7 Descriptive statistics on Psychological Issues of respondents

Statement	N	Min	Max	Mean	\pmSD
Work-related stress levels which are high because it is necessary to concentrate throughout the working day	94	1	5	4.14	.911
Overwork which can lead to accidental injuries.	94	1	5	4.27	.870
The incidence of repetitive strain injury	94	1	5	4.38	.905
Small vibrating tools used and these not only cause further fatigue to the arms, kept in a semi- raised position for long periods (aching)	94	1	5	3.49	1.405
Composite score	94			4.12	0.988

Source: Fieldwork (2020)

Table 4.7 shows the descriptive statistics on psychological issues related to sewing firms. This was gathered on the five-point Likert scale of 1-strongly disagree, 2-disagree, 3-not sure, 4-agree, 5-strongly agree.

From the table most of the respondents agreed to Work-related stress levels which are high because it is necessary to concentrate throughout the working day ($M=4.14$, $\pm SD=.911$), Overwork which can lead to accidental injuries ($M=4.27$, $\pm SD=.870$), and the incidence of repetitive strain injury ($M=4.38$, $\pm SD=.905$).

That notwithstanding majority also agreed to small vibrating tools used and these so not only cause further fatigue to the arms, kept in a semi- raised position for long periods (aching) ($M=3.49$, $\pm SD=1.405$). It is noted that various psychological issues relating work-related stress, violence from outside, overwork and repetitive strain injury were present in most firms.

Table 4.8 Descriptive statistics on Neuro-Circulatory Disorders

Statement	N	Min	Max	Mean	$\pm SD$
Numbness, tingling and loss of sensitivity in the fingers	94	2	5	4.30	.902
Diseases in the tendons and joints due to repetitive movements which cause repeated minor traumas.	94	1	5	4.35	.912
During pregnancy, fatigue and bad posture lead to an increase in the number of miscarriages, premature babies and low birth rates	94	1	5	4.28	1.062
Composite scores	94			4.31	0.959

Source: Fieldwork (2020)

Table 4.8 shows the descriptive statistics on Neuro-Circulatory Disorders related to sewing firms. Again, this was gathered on the five-point Likert scale of 1-strongly disagree, 2-disagree, 3-not sure, 4-agree, 5-strongly agree. From the results it could be observed that

most of the respondents agree to Numbness, tingling and loss of sensitivity in the fingers (M=4.30, \pm SD=.902), diseases in the tendons and joints due to repetitive movements which cause repeated minor traumas (M=4.35, \pm SD=.912) and a number of miscarriages, premature babies and low birth rates due to fatigue and bad posture during pregnancy.

The composite scores (M=4.31, \pm SD=.959) shows that the majority of the responses were towards the agreement end of the scale hence can be concluded that sewing poses significant neurological problems for dressmakers.

Table 4.9 Descriptive statistics on the kinds of policies and systems in place to make the Workshop Safe

Statement	N	Min	Max	Mean	\pmSD
Everyone receives the necessary workplace health and safety training when starting a job, changing jobs or using new techniques in the workshop	94	1	5	4.40	.943
There is regular communication between apprentices and trainers about safety issues	94	1	5	4.50	.813
Systems are in place to identify, prevent and deal with hazards at workshop	94	2	5	4.43	.823
Incidents and accidents are investigated quickly in order to improve workshop health and safety	94	1	5	4.33	.822
Workshop health and safety is considered to be at least as important as learning/sewing	94	1	5	4.46	.785
Communication about workshop health and safety procedures is done in a way that I can understand	94	1	5	4.04	1.046
There is an active and effective health and safety group	94	1	5	4.19	.998
Composite score	94			4.34	0.89

Source: Fieldwork (2020)

Table 4.8 shows the descriptive statistics on the kinds of policies and systems in place to make the workshop safe. The responses were measured using the five-point Likert scale of 1-strongly disagree, 2-disagree, 3-not sure, 4-agree, 5-strongly agree.

From the table most of the respondents agreed that everyone receives the necessary workplace health and safety training when starting a job, changing jobs or using new

techniques in the workshop ($M=4.40$, $\pm SD=.943$), there is regular communication between apprentices and trainers about safety issues ($M=4.50$, $\pm SD=.813$), systems are in place to identify, prevent and deal with hazards at workshop ($M=4.43$, $\pm SD=.823$), and incidents and accidents are investigated quickly in order to improve workshop health and safety ($M=4.33$, $\pm SD=.822$).

In addition, majority also agreed that workshops health and safety is considered to be at least as important as learning/sewing ($M=4.46$, $\pm SD=.785$), Communication about workshop health and safety procedures is done in a way that I can understand ($M=4.04$, $\pm SD=1.046$) and there is an active and effective health and safety group ($M=4.19$, $\pm SD=.998$).

The above discussions imply that various policies and systems are implemented to ensure work safety for workers. These policies relate to reception of workplace health and safety training, regular communications between apprentices and trainers about safety, systems to deal with hazards, and the existence of active and effective health and safety group.

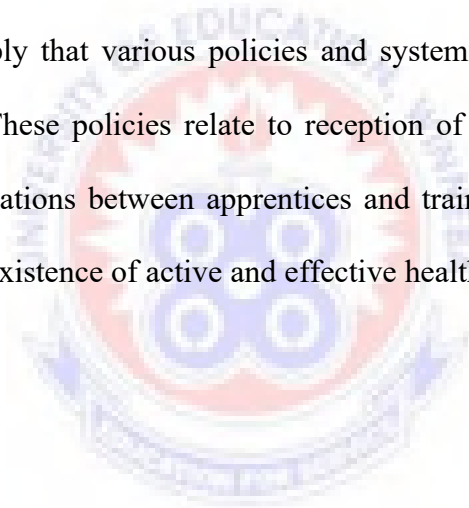


Table 4.10 Descriptive statistics Ergonomic and Psychosocial Conditions at the Dressmaking Shops

Statement	N	Min	Max	Mean	±SD
Height of equipment and work surfaces are raised to prevent bending postures by apprentices	94	1	5	4.17	1.044
Foot stands/platforms are provided for apprentices whose work requires high hand positions	94	1	5	4.18	.994
Work tables of suitable height are provided for apprentices who need it to avoid too high or low hand positions	94	1	5	4.44	.922
Chairs of correct height or height adjustable seat is provided for apprentices	94	1	5	2.43	1.387
Seats are provided have cushion for comfort and support	94	1	5	2.36	1.413
Chairs are provided for apprentices to have backrest of proper size to support lower back	94	1	5	2.81	1.461
Frequently used materials and tools are placed within easy reach of apprentices	94	1	5	2.71	1.528
Machines and tools are maintained and repaired correctly, and no worn-out tools are used by apprentices	94	1	5	2.66	1.258
Workstations are frequently changed for apprentices to allow them the opportunity to get ahead of schedules and take short breaks	94	1	5	2.68	1.272
Arrangement of apprentices' workstations enables them to communicate with each other while working to avoid isolation	94	1	5	2.71	1.267
Too long daily working hours are prevented	94	1	5	2.83	1.325
Short breaks in addition to long breaks for meals are granted	94	1	5	2.55	1.449
A comfortable area is provided for apprentices to eat and rest if the need arises	94	1	5	2.61	1.385
Adequate toilet facilities are provided for apprentices close to the dressmaking shop	94	1	5	2.91	1.591
Restroom facilities are regularly cleaned and are in good sanitary condition	94	1	5	2.69	1.496
Choose tools of appropriate size and shape for comfortable and safe use	94	1	5	3.01	1.283
Composite score	94			2.98	1.317

Source: Fieldwork (2020)

Table 4.8 shows the responses of respondents related to ergonomic and psychosocial conditions at the dressmaking shops. The responses were measured using the five-point Likert scale of 1- strongly disagree, 2-disagree, 3-not sure, 4-agree, 5-strongly agree.

Majority of the respondents agreed that the height of equipment and work surfaces are raised to prevent bending postures by apprentices ($M=4.17, \pm SD=1.044$), Foot stands/platforms are provided for apprentices whose work requires high hand positions ($M=4.18, \pm SD=.994$), and work tables of suitable height are provided for apprentices who need it to avoid too high or low hand positions ($M=4.44, \pm SD=.922$).

On the contrary, most of the respondents disagreed that chairs of correct height or height adjustable seat is provided for apprentices ($M=2.43, \pm SD=1.387$) and Seats are provided have cushion for comfort and support ($M=2.36, \pm SD=1.413$).

Respondents were however not sure that chairs are provided for apprentices to have backrest of proper size to support lower back ($M=2.81, \pm SD=1.461$), frequently used materials and tools are placed within easy reach of apprentices ($M=2.71, \pm SD=1.528$), machines and tools are maintained and repaired correctly, and no worn-out tools are used by apprentices ($M=2.66, \pm SD=1.258$), workstations are frequently changed for apprentices to allow them the opportunity to get ahead of schedules and take short breaks ($M=2.68, \pm SD=1.272$) and the arrangement of apprentices' workstations enables them to communicate with each other while working to avoid isolation ($M=2.71, \pm SD=1.267$).

That notwithstanding, most of the respondents were also not sure that too long daily working hours are prevented ($M=2.83, \pm SD=1.325$), short breaks in addition to long breaks for meals are granted ($M=2.55, \pm SD=1.449$), comfortable areas are provided for apprentices to eat and rest if the need arises ($M=2.61, \pm SD=1.385$), adequate toilet facilities are provided for apprentices close to the dressmaking shop ($M=2.91, \pm SD=1.591$), restroom facilities are

regularly cleaned and are in good sanitary condition ($M=2.69$, $\pm SD=1.496$) and tools of appropriate size and shape for comfortable and safe use are chosen.

The above discussions indicate that ergonomic and psychological conditions such as height of equipment, provision of foot stands/platforms and work tables of suitable height are provided for dressmakers in workshops. The issue of seating and provision of chairs were however not up to scratch for workers.

Table 4.11 Descriptive statistics on safety practices required in the fashion workshops

Statements	N	Min	Max	Mean	$\pm SD$
Provision of first aid kit in the workshop	94	1	5	4.00	.973
Installation of safety devices like fire Extinguishers, alarm, fan, etc.	94	2	5	4.04	1.004
Establishing guidelines, rules and regulations on the use of workshop and its equipment	94	1	5	3.98	1.145
Training apprentices on the use of workshop equipment	94	1	5	3.76	1.267
Supervising apprentices thoroughly during practical lessons	94	2	5	3.93	.986
Provision of safety notices and signs like emergency exit	94	1	5	3.71	1.206
Keeping records of accidents as they occur in the workshop and their causes	94	2	5	3.88	1.066
Prompt reporting of any fault or damage of equipment	94	1	5	3.91	1.104
Following instruction for the use of any equipment	94	1	5	4.03	1.204
Having the correct knowledge of the use of any equipment in the workshop	94	1	5	4.04	1.163
Placing pins and needles on pin cushions during use	94	1	5	4.09	1.197
Storing pins and needles in containers when not in use and using thimble while hand sewing	94	1	5	3.81	1.346
Organizing training on safety for apprentices	94	1	5	4.07	1.109
Providing enough space in the workshop for apprentices	94	1	5	3.94	1.260
Providing adequate facilities	94	1	5	3.87	1.289
Composite score	94			3.94	1.155

Source: Fieldwork (2020)

Table 4.8 shows the responses of respondents related to the safety practices required in the fashion workshops. The responses were measured using the five-point Likert scale of 1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree.

From the table majority of the respondents agreed to the provision of first aid kit in the workshop ($M=4.00, \pm SD=.973$), installation of safety devices like fire Extinguishers, alarm, fan, etc. ($M=4.04, \pm SD=1.004$), establishment of guidelines, rules and regulations on the use of workshop and its equipment ($M=3.98, \pm SD=1.145$) and the training of apprentices on the use of workshop equipment ($M=3.76, \pm SD=1.267$).

Moreover, majority also agreed to supervising apprentices thoroughly during practical lessons ($3.93, \pm SD=.986$), provision of safety notices and signs like emergency exit ($M=3.71, \pm SD=1.206$), keeping records of accidents as they occur in the workshop and their causes ($M=3.88, \pm SD=1.066$), prompt reporting of any fault or damage of equipment ($M=3.91, \pm SD=1.104$) and following instruction for the use of any equipment ($M=4.03, \pm SD=1.204$).

That notwithstanding most of the respondents agreed to having the correct knowledge of the use of any equipment in the workshop ($M=4.04, \pm SD=1.163$), placing pins and needles on pin cushions during use ($M=4.09, \pm SD=1.197$), storing pins and needles in containers when not in use and using thimble while hand sewing ($M=3.81, \pm SD=1.346$) and organizing training on safety for apprentices ($M=4.07, \pm SD=1.109$).

Finally, majority of the respondents agreed to providing enough space in the workshop for apprentices ($M=3.94, \pm SD=1.260$) and providing of adequate facilities ($M=3.87, \pm SD=1.289$) as important safety practices required at workshops.

From the responses it can be concluded that the provision of various safety practices in fashion workshops to ensure effective work output. The establishment of rules and regulations on the use of equipment remains important whereas all safety measures including first aid kits, installation of safety devices, safety notices, reportage of faults, training and other factors cannot be overlooked.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to assess the health and safety practices of fashion apprentices in small and medium sized (SME) dressmaking enterprises in the Kumasi metropolis. This chapter of the study report presents the summary of the findings, the conclusions as well as the recommendations. Additionally, the suggestions for future research are also included.

5.2 Summary of findings

The study found that apprentices in the Kumasi metropolis were familiar with occupational health and safety practices. The apprentices know their rights and responsibilities in relation to workshop health and safety, how to perform their jobs in a safe manner, assist in responding to health and safety concerns at the workshop, exercise precautions while learning to sew, recognize safety practices implemented by the factory's inspectorate, aware that there should be first aid supplies box in the workshop and that sanctions ought to be applied when they do not observe safety rules.

Furthermore, the study discovered that the apprentices are aware cut and injuries from sharp edges, knife blades, scissors and pins, slips, trips, and falls, dangerous machinery and electrical shocks, stitching or running over the fingers with the sewing machines, and piercing the fingers with dressmakers' pins, eye strain, bad posture, and working in fixed positions, either standing or sitting, workbenches at the wrong height, lack of legroom and seats which are not ergonomic, lifting of heavy machinery, stiffness in the neck and back, as well as accidental dropping of small objects from the hands which can easily hurt the feet, and many more.

The study also revealed the various psychological issues relative to work-related stress, violence from outside, overwork and repetitive strain injury were present in most firms and that apprentices in the Kumasi metropolis are exposed to significant neurological problems for dressmakers.

Moreover, the study found that the various policies and systems are implemented to ensure work safety for workers and also that the policies relate to reception of workplace health and safety training, regular communications between apprentices and trainers about safety, systems to deal with hazards, and the existence of active and effective health and safety group. It was discovered that ergonomic and psychological conditions such as height of equipment, provision of foot stands/platforms and work tables of suitable height are provided for dressmakers in workshops and that the provision of chairs for ergonomic seating was inadequate and in bad condition.

It in the end the study established that there is the provision of safety practices in fashion workshops to ensure effective work output. Additionally, rules and regulations on how to make use of sewing equipment remains important whereas all safety measures including first aid kits, installation of safety devices, safety notices, reportage of faults as well as adequate safety training should be organized periodically for apprentices.

The study's findings show that a major cause of health problems for apprentices in Ghana's small and medium-sized dressmaking businesses is a lack of compliance with OHS requirements. This gap also serves to confirm the findings of the literature review, indicating that improvements in practically all aspects of OHS in these workplaces are required, beginning with assistance to and training of workplaces in the benefits of OHS and the necessary OHS culture that will allow managers to accept the need for first aid kits, PPE, and training in their use; redes This will create a healthy and secure working atmosphere for

apprentices, improving their physical, emotional, and social well-being while also the efficiency and profitability.

5.3 Conclusion

From the findings the following conclusions were made

5.3.1 Extent of fashion apprentice's familiarity with OHS

Apprentices in the Kumasi metropolis are familiar with occupational health and safety practices. Also, apprentices know their rights and responsibilities in relation to workshop health and safety, how to perform their jobs in a safe manner, assist in responding to health and safety concerns at the workshop, exercise precautions while learning how to sew, aware that there should be first aid supplies box in the workshop and that sanctions ought to be applied when they do not observe safety rules.

5.3.2 Types of health and safety hazards encountered during sewing

Apprentices are exposed to cut and injuries from sharp edges, knife blades, scissors and pins, slips, trips, and falls, dangerous machinery and electrical shocks, stitching or running over the fingers with the sewing machines, piercing the fingers with dressmakers' pins, eye strain, bad posture, and working in fixed positions, either standing or sitting, workbenches at the wrong height, lack of legroom and seats which are not ergonomic.

Also, lifting of heavy machinery, stiffness in the neck and back, as well as accidental dropping of small objects from the hands which can easily hurt the feet, and many more various psychological issues relative to work-related stress, overwork and repetitive strain injury were present in most firms and that apprentices in the Kumasi metropolis are exposed to significant neurological problems for dressmakers.

5.3.3 Policies and systems in place to make workshop safe

The study concludes that various policies and systems are implemented to ensure work safety for workers and also that the policies relate to reception of workplace health and safety training, regular communications between apprentices and trainers about safety, systems to deal with hazards, and the existence of active and effective health and safety group.

5.3.4 Ergonomic and psychosocial conditions in dressmaking shops

The study concludes that ergonomic and psychological conditions such as height of equipment, provision of foot stands/platforms and work tables of suitable height are provided for dressmakers in workshops and that there is inadequate provision of chairs for ergonomic seating and those that are provided are in poor condition

5.3.5 Safety practices required in SME dressmaking enterprises

The study further concludes that the provisions for safety practices in fashion workshops is to ensure effective work output, rules and regulations are made on how to make use of sewing equipment and all safety measures including first aid kits, installation of safety devices, safety notices, reportage of faults as well as adequate safety training organised periodically for apprentices.

5.4 Recommendations

Given the findings of the study, to improve the safety and health situation in the Kumasi Metropolis SME dressmaking shops, the following are recommended;

1. Enforce compliance to basic OHS regulatory requirements pertaining to the provision of first aid kits and first aider, protective clothing and equipment and training in and supervision of their use.

2. A new, more inclusive OHS law is required, with provisions tailored to the characteristics and needs of SMEs, as well as incentives to encourage the incorporation of OHS culture in their business practices. Multi-faceted workplace approaches, such as integrating training with safety assessments, designing out risks, and incorporating rewards into training, have been shown to support SMEs.
3. The government and other stakeholders must devise a mechanism that integrates apprentices into the formal educational system in order to improve their academic performance. Authorities in charge of ensuring workshop safety must be proactive and provided sufficient resources to carry out their duties effectively and efficiently in apprentice shops across the country.
4. To minimize the magnitude of noise, apprentices' equipment must be serviced on a regular basis. If not tested, high noise levels in the workshop can lead to deafness over time.
5. In most situations, fashion apprentice work involves manual handling of heavy loads and unsuitable working positions as a result of badly built work stations, as well as machining with bent backs, a situation that should be investigated and changed.
6. It is necessary to note that investing in the safety of apprentices contributes positively not only to an exceptional training environment but also to a successful profession. Adequately managing workplace safety and health issues will go a long way to support our quest to improving the capacity of our apprenticeship training systems. These will assist in delivering quality workforce, thereby securing the capable workforce for national development.

5.5 Suggestions for Further Studies

In the sense of institutional and organizational features, there is a specific need to investigate the function and effect of regulation and regulatory inspection, as well as other means of influencing OSH structures in SMEs in general.

In order to improve the safety and health situation in general, further research into work-related health problems among other workforces in SME dressmaking shops in other regions of Ghana is needed.



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APPENDIX I

QUESTIONNAIRE FOR APPENTICES

This questionnaire is designed to collect relevant information about your views on **the health and safety practices of fashion apprentices in small and medium-sized (SME) dressmaking enterprises in the Kumasi Metropolis in the Ashanti Region in Ghana**. It is assumed that any information provided by you may help improve the guidance and counselling services in the institution. Do not write your names on this instrument to guarantee anonymity. Your response to the items of this questionnaire will remain confidential. We hope you will be able to take time and carefully complete this questionnaire. You can use a [✓] mark to indicate your responses for items with alternative responses. Please briefly state your responses for the open-ended items.

Thank you for your time

Section A: Demographics

Gender: Male [] Female []

Age: Below 20 [] 21-25 [] 26-30 [] 31-35 [] 36 & above []

Educational qualification: [] JHS [] SHS [] Technical/Vocational school

Others (specify).....

Marital Status. Single [] Married []

Number of years as apprentice: Less than 1 year [] 1-3 [] 3-5 other []

SECTION B: APPRENTICES FAMILIARITY WITH OCCUPATIONAL HEALTH AND SAFETY

<i>Indicate the extent to you agree with the following relative to your familiarity with safety measures</i>	<i>To a very large extent 5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>Not at All 1</i>
I am clear about my rights and responsibilities in relation to workshop health and safety					
I am clear about my trainers' rights and responsibilities in relation to workshop health and safety					
I know how to perform my job in a safe manner					
If I became aware of a health or safety hazard at the workshop, I know who at my workshop I would report it to					
I have the knowledge to assist in responding to any health and safety concerns at the workshop					
I know what the necessary precautions I must take while learning to sew					
I know the safety measures provided by the factories inspectorate					
I have seen people coming to check the safety and healthy practices at the workshop					
We have first aid supplies box in the workshop					
I am sanctioned when I do not observe safety rules					
I am taught safety measures in the sewing workshop					
I observe them if I are taught when working					
I am aware my master/manager is responsible for my safety in the workshop during sewing					
I know the safety measures provided by the factories inspectorate					

Key: 5=To a very large extent; 4= to some extent; 3= to a moderate extent; 2= to a small extent; 1=Not at all

SECTION C: KINDS OF HEALTH AND SAFETY HAZARDS ENCOUNTERED DURING SEWING

<i>Hazards Associated with Sewing</i>	<i>Strongly Agree</i> 5	4	3	2	<i>Strongly Disagree</i> 1
Physical Hazards					
Cut and injuries from sharp edges, knife blades, scissors and pins					
Slips, trips, and falls					
Dangerous machinery and electrical shocks					
Stitching or running over the fingers with the sewing machines, and piercing the fingers with dressmakers' pins					
Eye strain, bad posture, and working in fixed positions, either standing or sitting					
Workbenches at the wrong height, lack of legroom and seats which are not ergonomic					
Lifting of heavy machinery					
Stiffness in the neck and back					
Accidental dropping of small objects from the hands which can easily hurt the feet, and many more.					
Psychological Issues					
Work-related stress levels which are high because it is necessary to concentrate throughout the working day					
Violence from outside and bullying (both verbal and emotional)					
Overwork which can lead to accidental injuries.					
The incidence of repetitive strain injury					
Small vibrating tools used and these not only cause further fatigue to the arms, kept in a semi- raised position for long periods (aching)					
Neuro-Circulatory Disorders					
Numbness, tingling and loss of sensitivity in the fingers					
Diseases in the tendons and joints due to repetitive movements which cause repeated minor traumas.					
During pregnancy, fatigue and bad posture lead to an increase in the number of miscarriages, premature babies and low birth rates					

Key: 1=Strongly Disagree; 2= Disagree; 3=Not sure; 4=Agree; 5=Strongly Agree

SECTION D: KINDS OF POLICIES AND SYSTEMS IN PLACE TO MAKE THE WORKSHOP SAFE

<i>Workplace policies and procedures</i>	<i>To a very large Extent</i> 5	4	3	2	<i>Not at All</i> 1
Everyone receives the necessary workplace health and safety training when starting a job, changing jobs or using new techniques in the workshop					
There is regular communication between apprentices and trainers about safety issues					
Systems are in place to identify, prevent and deal with hazards at workshop					
Incidents and accidents are investigated quickly in order to improve workshop health and safety					
Workshop health and safety is considered to be at least as important as learning/sewing					
Communication about workshop health and safety procedures is done in a way that I can understand					
There is an active and effective health and safety group					

SECTION E: ERGONOMIC AND PSYCHOSOCIAL CONDITIONS AT THE DRESSMAKING SHOPS

<i>Ergonomic and Psychosocial Conditions</i>	<i>Strongly agree</i> 5	4	3	2	<i>Strongly Disagree</i> 1
Height of equipment and work surfaces are raised to prevent bending postures by apprentices					
Foot stands/platforms are provided for apprentices whose work requires high hand positions					
Work tables of suitable height are provided for apprentices who need it to avoid too high or low hand positions					
Chairs of correct height or height adjustable seat is provided for apprentices					
Seats are provided have cushion for comfort and support					
Chairs are provided for apprentices to have backrest of proper size to support lower back					
Frequently used materials and tools are placed within easy reach of apprentices					
Machines and tools are maintained and repaired correctly, and no worn-out tools are used by apprentices					
Workstations are frequently changed for apprentices to allow them the opportunity to get ahead of schedules and take short breaks					

Arrangement of apprentices' workstations enables them to communicate with each other while working to avoid isolation					
Too long daily working hours are prevented					
Short breaks in addition to long breaks for meals are granted					
A comfortable area is provided for apprentices to eat and rest if the need arises					
Adequate toilet facilities are provided for apprentices close to the dressmaking shop					
Restroom facilities are regularly cleaned and are in good sanitary condition					
Choose tools of appropriate size and shape for comfortable and safe use					

SECTION F: SAFETY PRACTICES REQUIRED IN THE FASHION WORKSHOPS

<i>Safety Practices</i>	<i>Strongly agree</i> 5	4	3	2	<i>Strongly Disagree</i> 1
Provision of first aid kit in the workshop					
Installation of safety devices like fire Extinguishers, alarm, fan, etc.					
Establishing guidelines, rules and regulations on the use of workshop and its equipment					
Training apprentices on the use of workshop equipment					
Supervising apprentices thoroughly during practical lessons					
Provision of safety notices and signs like emergency exit					
Keeping records of accidents as they occur in the workshop and their causes					
Prompt reporting of any fault or damage of equipment					
Following instruction for the use of any equipment					
Having the correct knowledge of the use of any equipment in the workshop					
Placing pins and needles on pin cushions during use					
Storing pins and needles in containers when not in use and using thimble while hand sewing					
Organizing training on safety for apprentices					
Providing enough space in the workshop for apprentices					
Providing adequate facilities					

THANK YOU FOR YOUR TIME