



FABRIC AS A VOICE: TEXTILE DESIGN AS AN ADVOCACY TOOL FOR CRITICAL SOCIAL ISSUES

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ABSTRACT: *This article examines textile design as a medium of social advocacy, addressing critical issues affecting children such as depression, sexual harassment, sexual abuse, and teenage pregnancy. Textile art is presented as a communicative platform where narratives of trauma, resilience, and hope are visually and symbolically expressed. By embedding emotions and lived experiences into fabric, textiles become tools for awareness, education, and dialogue. Chosen for their everyday presence, fabrics act as silent communicators when worn, they provoke consciousness and public engagement with sensitive concerns. The study draws on reflective documentation of the creative process, supported by secondary literature, to demonstrate how textile design transforms clothing into vehicles for social change. Authoritative reports from international organizations such as the World Health Organization (WHO), the International Labour Organization (ILO), and UNICEF informed the conceptual and contextual framework of the designs. The world health organization (WHO) facilitated the data collection as they provides guidance for evidence based child maltreatment prevention; provides evidence based guidance to help frontline healthcare providers, recognize children who have suffered from violence and neglect and provide evidence based first line support. ILO informed the design as it has a zero tolerance stance towards any form of sexual exploitation and abuse (SEA) and is strongly committed to upholding the highest ethical values at all times. UNICEF works in over 190 countries and territories to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence which dictated the target of audience. The resulting textile works were exhibited in educational and community settings, where audiences engaged with the themes through its tactile nature, colour symbolism, pattern, and texture. Viewer responses indicated that the visual narratives encouraged reflection, empathy, and open discussion about sensitive social concerns affecting children and adolescents. Findings suggest that textile design is an effective medium for communicating complex social realities, fostering emotional connection, and supporting informal education and advocacy initiatives. The study concludes that textile art serves as a participatory tool for social change and recommends its integration into school curricula, community outreach programmes, and child rights advocacy campaigns.*

KEYWORDS: textile design; sexual harassment; child depression; sexual abuse; captivity; teenage pregnancy; social advocacy.



INTRODUCTION

Contemporary societies continue to grapple with persistent and deeply rooted social issues such as sexual harassment, sexual abuse, captivity, child depression, and teenage pregnancy. These challenges affect the psychological, emotional, and social well-being of individuals particularly children and adolescents leading to long-term consequences on their development, education, and overall quality of life. Despite ongoing efforts by governments, non-governmental organizations, and international bodies to address these concerns through policy formulation, legal frameworks, and awareness campaigns, the prevalence of these issues remains alarmingly high, especially in developing contexts. Conventional advocacy approaches often rely heavily on verbal communication, formal education, and media campaigns, which may not fully engage diverse audiences or effectively communicate the depth of victims' experiences. There is therefore a growing need for alternative, more inclusive and emotionally resonant forms of advocacy that can transcend language barriers and foster deeper public engagement (UNFPA, 2022).

Child depression is rising sharply in Ghana, with experts warning it is becoming a silent crisis among young people due to stigma, limited mental health services, and growing social pressures. Ghana has fewer than 20 psychiatrists for over 30 million people, leaving children and adolescents especially vulnerable (Kotey, 2026). Depression is one of the most common mental health conditions among Ghanaian youth, with suicide increasingly linked to untreated cases. In Healthcare gap, Ghana has only 18 psychiatrists nationwide, with very few services tailored to children. Mental health services remain underfunded compared to other health priorities (Kotey, 2026).

Mental health problems are a leading cause of disability adjusted life years in children and a barrier to reaching their full developmental potential. Specifically, children experiencing mental health difficulties, including Behavioural problems, as well as difficulties in emotion regulation and social interactions, are less able to cope with the everyday stresses of life. They are therefore at increased risk of poorer health, educational and social outcomes across the lifespan. Indeed, receiving a diagnosis or having elevated symptoms of mental disorders in childhood negatively impacts academic performance, interpersonal relationships and even physical health (Brooks, 2026).

Beyond these proximal negative consequences, mental health problems experienced in childhood are likely to persist into adolescence and adulthood without early identification and intervention. Understanding the burden, as well as the risk and protective factors of mental health difficulties in children, paves the way for developing interventions that will improve quality of life and promote healthy development. Although 90% of the world's children live in low- and middle-income countries, only about 10% of child mental health research is conducted in these settings, resulting in significant gaps in our understanding of the burden and risk and protective factors of mental health difficulties for most children (Brooks, 2026).

Child sexual abuse (CSA) remains a critical concern, particularly in middle and low income countries where it is disproportionately high. (Agyekum, 2025). Child sexual abuse (CSA) is a sin and a crime. It has devastating and has long term adverse effects on the child, family, community, and nation. According to the World Health Organisation (WHO), CSA is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot



give consent, or still that violates the laws or social taboos of society” (Ahun, 2026). Child Sexual Abuse (CSA) is a global public health concern. It is considered a crime in most countries in the world. CSA has a devastating and long-term adverse effect on the child, family, community, and the nation. Child sexual abuse involves any kind of sexual activity to which children are subjected, especially by someone who is responsible for them or has power or control over them, and who they should be able to trust. The statistics of CSA are alarming and vary across countries. In Ghana, there is evidence that CSA is on the increase, despite several efforts by Governmental and Civil Society Organizations to address this menace (Kpalam, 2023). Amongst many, these adolescents and young women are prone to several sexual and reproductive health consequences including sexually transmitted infections, repeated pregnancy(s), sexual and gender-based violence, abuse and exploitation, fistula, and other post-partum reproductive challenges. Other challenges such as anemia, nutrition, psychological and emotional troubles, break in education aspirations, drift into livelihood challenges aggravating generational poverty, discrimination and stigmatization as well as lose of family and social ties in some cases. Meanwhile, these teenagers and adolescents are highly predisposed to HIV transmissions and to transfer of HIV to their unborn children or infants (UNFPA, 2022). Despite these important contributions to diversifying child and adolescent mental health research, there has been no research on using fabric as a form of educating people such issues.

Textile design, as a culturally embedded and visually expressive medium, presents a largely underutilized opportunity for social advocacy. In many African contexts, textiles such as Kente, tie and dye, and printed fabrics serve not only aesthetic purposes but also function as carriers of cultural identity, history, and symbolic meaning. However, the potential of textile design to communicate sensitive social issues, evoke empathy, and inspire behavioral change has not been sufficiently explored or systematically documented. Furthermore, there is limited scholarly and practice based research that integrates textile art with social intervention strategies aimed at addressing issues such as sexual violence, mental health challenges among children, and teenage pregnancy. The absence of such interdisciplinary approaches restricts the development of innovative advocacy tools that could complement existing methods (Andrew, 2013). This study aims to investigate the role of textile art as a medium for social activism by developing creative interventions that address stigma, promote awareness, and foster emotional connection regarding child vulnerability.

REVIEW OF RELATED LITERATURE

Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work (WHO, 2026).

Depression during childhood and adolescence represents a serious, persistent, and debilitating mental health concern that negatively affects social relationships, academic performance, and overall functioning, often resulting in increased utilization of mental health services (Angold et al., 1998). By the age of 18 years, approximately one in four young people will have experienced clinically significant depressive symptoms, making depression one of the most prevalent psychiatric conditions among children and adolescents (Clarke et al., 1993).



Furthermore, once depressive symptoms emerge, they frequently persist throughout childhood and adolescence and may continue into adulthood (Garber et al., 1995). These findings highlight the pervasive nature of childhood depression and its potentially adverse developmental trajectory.

Several theoretical perspectives suggest that parenting practices play a crucial role in both the onset and persistence of depressive symptoms in children. In particular, parental rejection and parental control have been identified as major contributing factors (Lewinsohn et al., 1998). Parental rejection is characterized by excessive criticism, disapproval, emotional unavailability, and limited parent–child interaction (Clark & Ladd, 2000). Such experiences are believed to contribute to childhood depression, especially during early developmental stages, by diminishing self-esteem, fostering feelings of helplessness, and encouraging the formation of negative self-schemas that predispose children to depressive disorders (Downey & Coyne, 1990; Kaslow et al., 1994; Marton & Maharaj, 1993).

Similarly, parental control refers to behaviors such as excessive regulation of children's activities and routines, promoting dependence on parents, and directing children's thoughts and emotions (Steinberg et al., 1989). Excessive parental control is theorized to increase vulnerability to depression by reducing children's sense of mastery and personal control while promoting feelings of helplessness (Chorpita & Barlow, 1998; Kaslow et al., 1994; Southam-Gerow & McCarty, 2003). Helplessness, in particular, has been consistently identified as a significant risk factor for depression. Additionally, adolescents who have experienced maltreatment often encounter substantial developmental and educational difficulties compared with their non-maltreated peers (Hershberger, 2018). Child maltreatment is broadly defined as any allegation of abuse or neglect that results in the completion of a formal investigation by Child Protective Services (CPS) (Dowd et al., 2013).

Child depression

Childhood depression has become a prominent focus of contemporary research in clinical child psychology and child psychiatry due to its growing recognition as a significant mental health concern. The increased scholarly attention to this area is partly attributable to the high prevalence of depressive disorders among adults, which has underscored the importance of understanding depression across the lifespan (Kazdin, 2026).

Symptoms of Childhood Depression

Childhood depression is a significant mental health disorder characterized by persistent emotional, cognitive, behavioral, physical, and social symptoms that adversely affect a child's daily functioning, academic performance, and interpersonal relationships. Although children may experience symptoms similar to those observed in adults, they often express depression differently, with irritability and behavioral changes frequently replacing the typical presentation of persistent sadness (World Health Organization, 2023).

Emotionally, children with depression commonly exhibit persistent sadness, feelings of hopelessness, frequent crying, irritability, and heightened sensitivity to frustration. They may also experience diminished interest or pleasure in activities that were previously enjoyable, reflecting the presence of anhedonia, which is a core feature of depressive disorders (World Health Organization, 2023).



Cognitively, childhood depression is associated with impaired concentration, indecisiveness, reduced attention span, and declining academic performance. Affected children may develop negative self-perceptions, excessive feelings of guilt or worthlessness, and persistent pessimistic thoughts regarding themselves, their environment, and the future. These cognitive distortions often contribute to the maintenance and progression of depressive symptoms (World Health Organization, 2023).

Behavioral manifestations include social withdrawal, reduced participation in recreational and school activities, decreased motivation, and changes in activity levels, ranging from psychomotor agitation to noticeable slowing of movement and speech. Children may also become increasingly isolated from peers and family members, further exacerbating emotional distress (World Health Organization, 2023).

Physical symptoms frequently accompany childhood depression and may include fatigue, low energy levels, disturbances in sleep patterns such as insomnia or hypersomnia, changes in appetite resulting in weight loss or weight gain, and recurrent somatic complaints, including headaches and abdominal pain, for which no identifiable medical cause can be established (National Institute of Mental Health, 2023). In more severe cases, children may express recurrent thoughts of death, engage in self-harming behaviors, or exhibit suicidal ideation. Such symptoms require immediate clinical assessment and intervention due to the associated risk of suicide (World Health Organization, 2023).

Overall, childhood depression is a multifaceted disorder that encompasses emotional, cognitive, behavioral, physical, and social impairments. Early identification of these symptoms is essential for timely diagnosis, effective intervention, and improved developmental, psychological, and social outcomes (World Health Organization, 2023).

Key features of Child Depression

Childhood depression is a significant mental health condition characterized by symptoms that may persist for several weeks or months and interfere with a child's emotional, social, and academic functioning. According to the International Labour Organization (2025), common symptoms include persistent sadness, frequent crying, irritability, and a noticeable loss of interest in play, school, and other activities previously enjoyed by the child. Affected children may also withdraw from friends and family members and experience disturbances in sleep patterns, such as sleeping excessively or insufficiently, as well as changes in appetite and body weight. Additional symptoms may include fatigue, low energy levels, and difficulties with concentration, declining academic performance, feelings of worthlessness or excessive guilt, and recurrent physical complaints such as headaches or stomach aches without an identifiable medical cause. In severe cases, children may experience thoughts related to death or self-harm.

The development of childhood depression is influenced by multiple interacting factors. According to Johns Hopkins Medicine (2025), contributing factors may include family conflict, parental separation, experiences of abuse, neglect, or trauma, and the loss of a loved one. Other important risk factors include bullying, academic stress, genetic predisposition, a family history of depression, chronic illness or disability, and socioeconomic hardship or stressful living environments.

Childhood depression differs from adult depression in several important respects. Children are more likely to express depressive symptoms through irritability rather than overt sadness, and



their distress may present as behavioural difficulties or declining academic performance. Furthermore, younger children often lack the emotional vocabulary necessary to articulate their feelings, making the condition more difficult to recognize and diagnose.

Treatment for childhood depression typically involves a combination of psychological interventions and, when necessary, pharmacological treatment. One of the most widely used therapeutic approaches is Cognitive Behavioural Therapy (CBT), which aims to help children identify and modify maladaptive thought patterns and behaviours. According to Cleveland Clinic (2025), effective treatment may also include counselling or psychotherapy, active family involvement, and support provided through school-based interventions. In more severe cases, medication prescribed by a qualified mental health professional may be considered as part of a comprehensive treatment plan. If left untreated, childhood depression can have substantial long-term consequences. These may include poor academic achievement, social isolation, and an increased risk of substance misuse during adolescence. More importantly, untreated depression significantly elevates the risk of self-harm and suicidal behaviour. Consequently, early identification, timely intervention, emotional support, and the provision of safe and supportive environments are critical for promoting recovery and healthy development.

In conclusion, childhood depression is a serious and complex condition that requires prompt recognition and appropriate intervention. As emphasized by World Health Organization, (2023), improving awareness of the symptoms and ensuring timely access to professional support can substantially enhance a child's well-being, functioning, and overall development.

Explanatory Theories of Depression

The evolution of parental attachment and early human social relationships has shaped the development of biological and psychological systems that regulate threat and emotional wellbeing. Attachment theory identifies two essential caregiving functions a secure base and a safe haven which promote feelings of safety and support emotional regulation. Humans rely on both threat-based responses and social safeness systems to manage stress and danger. Early caregiving experiences influence the development of these systems throughout life, while adverse experiences may increase threat sensitivity, reduce access to social support, and contribute to feelings of inferiority or maladaptive competitive behaviours. Compassion-focused approaches aim to strengthen caring relationships and social safeness, thereby promoting psychological wellbeing and social flourishing (Gilbert, 2022).

Theories of Depression

Depression is a complex and multifaceted condition, and no single theory can fully explain its development or progression. Consequently, several theoretical perspectives have been proposed to account for the biological, psychological, and social factors that contribute to depressive disorders.

The Biological Theory

The biological theory posits that depression results from alterations in brain functioning and biological processes (McLeod, 2025). This perspective emphasizes the role of neurotransmitter imbalances, particularly involving serotonin, norepinephrine, and dopamine, which are essential for mood regulation. Additionally, genetic predisposition, hormonal disturbances, and



structural or functional abnormalities in brain regions associated with emotional regulation are considered important contributors to the onset of depression.

Although textiles cannot directly address the biological causes of depression, they can play a supportive role in enhancing biological processes associated with mental health and wellbeing. From the perspective of the biological theory of depression, textile-based interventions may contribute to improved psychological outcomes by promoting better sleep quality, reducing stress, and enhancing sensory comfort. For example, specialized bedding materials, weighted blankets, and temperature-regulating fabrics can help improve sleep patterns, which are closely linked to the regulation of mood-related neurotransmitters and hormones.

Weighted blankets and pressure garments may provide deep-pressure stimulation that encourages relaxation and helps lower physiological stress responses. Soft, breathable, and hypoallergenic textiles can further improve comfort and create calming environments that support emotional regulation. Advances in smart textile technology have also enabled the development of wearable fabrics equipped with sensors capable of monitoring physiological indicators such as heart rate, body temperature, and sleep quality, thereby assisting healthcare professionals in tracking symptoms and evaluating treatment progress.

Textile innovations such as light-emitting fabrics and curtains designed to optimize natural light exposure may be beneficial for individuals experiencing seasonal mood changes related to reduce sunlight exposure. Comfortable and functional sportswear can also encourage physical activity, which is known to stimulate the release of mood-enhancing neurotransmitters and contribute to improved emotional wellbeing. Collectively, these applications suggest that while textiles do not cure depression, they can support biological functioning and complement broader approaches to mental health management.

The Cognitive Theory

The cognitive theory, developed by Beck (1979), suggests that depression arises from maladaptive patterns of thinking and negative cognitive distortions. Central to this theory is Beck's cognitive triad, which consists of a negative view of oneself, a negative perception of the world, and a pessimistic outlook on the future. These dysfunctional thought patterns are believed to maintain and exacerbate depressive symptoms.

Textiles cannot directly eliminate the cognitive processes associated with depression; however, they can be intentionally be designed and applied to support cognitive restructuring, emotional regulation, and positive thought patterns, which are central principles of the Cognitive Theory of depression developed by Beck (1979). The following approaches illustrate how textiles may contribute to addressing cognitive factors associated with depressive disorders:

Textiles may contribute to the promotion of positive cognitive stimulation through the incorporation of uplifting colours, inspirational messages, calming patterns, and nature-inspired imagery. Such design elements can help create supportive environments that foster positive emotions and potentially reduce exposure to negative thought patterns commonly associated with depression.

Sensory textiles characterized by soft textures, tactile surfaces, and therapeutic materials may support mindfulness and emotional regulation by encouraging individuals to focus on present



sensory experiences rather than engaging in rumination or maladaptive thinking processes. Textile products such as weighted blankets and other pressure-based materials can also contribute to reducing stress and cognitive overload. By providing deep-pressure stimulation, these textiles may alleviate anxiety and physiological arousal, thereby enhancing concentration and promoting emotional stability. The strategic use of calming textiles within homes, healthcare facilities, educational institutions, and counselling environments may further enhance therapeutic settings by fostering feelings of comfort, safety, and psychological security, which can help reduce cognitive distress.

Also, interactive textile interventions, including mood-tracking quilts, embroidered affirmation panels, and wearable textiles incorporating motivational cues, may reinforce positive self-statements and adaptive thinking patterns commonly encouraged in cognitive-behavioural interventions. Textiles designed to improve sleep quality, such as temperature-regulating bedding materials and comfort-enhancing fabrics, may also support cognitive functioning, attention, and emotional processing, all of which influence depressive thought patterns and overall psychological wellbeing. Engagement in textile-related activities, including weaving, knitting, embroidery, and sewing, may further contribute to behavioural activation by promoting concentration, fostering a sense of achievement, enhancing self-efficacy, and reducing rumination and negative automatic thoughts.

The Behavioral Theory

The behavioral theory argues that depression develops as a result of a reduction in positive reinforcement from the environment (Skinner, 1974). A lack of rewarding experiences may lead individuals to withdraw from activities, become less engaged in daily life, and experience persistent low mood.

Textiles cannot directly eliminate the behavioural factors associated with depression; however, they can be intentionally designed and applied to support behavioural activation, increase positive reinforcement, and encourage engagement in meaningful activities, which are central principles of the Behavioral Theory of depression. This theory, largely associated with the work of Peter Lewinsohn, suggests that depressive symptoms may arise and persist when individuals experience reduced access to rewarding experiences and decreased participation in pleasurable or productive activities.

One important application of textiles is their ability to encourage participation in meaningful and enjoyable activities. Textile-based practices such as weaving, knitting, embroidery, quilting, and fabric design provide opportunities for individuals to engage in productive tasks that promote behavioural activation and reduce inactivity commonly associated with depressive disorders. Furthermore, textile activities can provide positive reinforcement through the production of tangible and meaningful outcomes. The completion of a textile project may generate feelings of accomplishment, competence, and personal satisfaction, thereby reinforcing continued engagement and enhancing motivation.

Textiles may also contribute to reducing avoidance behaviours, which are considered a key maintaining factor in depression from a behavioural perspective. Participation in community sewing groups, craft workshops, and collaborative textile projects can encourage social interaction and increase involvement in recreational and social activities. In addition, regular engagement in textile-related activities can promote routine and structure in daily life.



Establishing consistent schedules and purposeful activities may help individuals develop healthier behavioural patterns and reduce periods of inactivity and withdrawal. Collaborative textile initiatives further provide opportunities for social support and interpersonal connection. Shared creative experiences can strengthen social relationships, enhance feelings of belonging, and increase exposure to positive social reinforcement. Moreover, the intentional use of textiles with attractive colours, patterns, textures, and sensory characteristics can contribute to the creation of stimulating and comforting environments that encourage participation and emotional wellbeing.

From the perspective of the Behavioral Theory of depression, textiles can serve as valuable tools for promoting behavioural activation, increasing positive reinforcement, fostering social engagement, and encouraging participation in rewarding activities that support mental health and psychological wellbeing.

The Psychodynamic Theory

The psychodynamic theory proposes that depression stems from unresolved unconscious conflicts, experiences of loss, or anger that is directed inward toward the self (Freud, 2025). According to this perspective, early childhood experiences and attachment patterns may increase an individual's vulnerability to depressive disorders later in life.

The psychodynamic theory proposes that depression originates from unresolved unconscious conflicts, adverse early childhood experiences, suppressed emotions, grief, loss, and disturbances in interpersonal relationships. Although textiles cannot directly resolve these unconscious psychological processes, they can be intentionally designed and utilized as complementary therapeutic resources that support emotional healing and psychological wellbeing. By facilitating emotional expression, self-reflection, and symbolic communication, textile-based interventions may complement psychodynamic approaches to the management of depressive symptoms.

One potential contribution of textiles lies in their capacity to facilitate emotional expression through creative engagement. Textile-based activities, including weaving, embroidery, quilting, fabric painting, and other forms of textile art, provide individuals with non-verbal channels through which complex emotions can be communicated. Such creative practices enable the externalization of emotions that may be difficult to articulate verbally, thereby supporting the exploration of unconscious feelings and unresolved emotional conflicts.

Textiles may also promote therapeutic reflection by serving as meaningful objects within psychotherapeutic settings. The design, creation, or interpretation of textile artefacts can evoke autobiographical memories, personal narratives, and symbolic representations of lived experiences. These reflective processes encourage greater self-awareness and may assist individuals in identifying unresolved psychological issues that contribute to depressive symptoms. Consequently, textile-based interventions have the potential to complement psychodynamic therapy by supporting insight-oriented therapeutic processes.

The sensory characteristics of textiles contribute to psychological comfort and emotional security. Soft, warm, and familiar textile materials, such as blankets, cushions, and therapeutic fabrics, may reduce emotional distress by creating environments that promote feelings of safety and relaxation. Such supportive sensory experiences can facilitate therapeutic engagement by



reducing anxiety and encouraging individuals to explore emotionally sensitive experiences within a secure therapeutic environment.

The symbolic nature of textiles further aligns with psychodynamic principles. Throughout history, textiles have represented identity, culture, interpersonal relationships, and significant life events. The deliberate selection of colours, textures, patterns, and motifs may allow individuals to communicate unconscious emotions symbolically, thereby facilitating deeper psychological exploration. This symbolic mode of expression is particularly relevant within psychodynamic therapy, where interpretation of symbols and unconscious meanings forms a central component of treatment.

Textiles contribute to reducing anxiety and emotional distress through their tactile and aesthetic properties. Therapeutic textiles incorporating calming colours, soft textures, and multisensory features may help regulate emotional arousal and create psychologically restorative environments. Reduced emotional distress may improve an individual's readiness to participate in psychodynamic therapy and engage more effectively in the exploration of difficult emotional experiences.

Creative engagement with textiles may also strengthen identity formation and self-understanding. Designing or personalizing textile products enables individuals to reflect on their personal experiences, values, achievements, and emotional journeys. Such creative processes can reinforce self-esteem, foster a stronger sense of identity, and support personal growth, all of which are consistent with the psychodynamic emphasis on developing greater self-awareness and resolving internal conflicts. Personalized textile artefacts, including memory quilts and commemorative fabrics, may facilitate grief processing and emotional healing. These tangible objects preserve memories of significant relationships and life experiences while providing opportunities for emotional expression and remembrance. As a result, they may assist individuals in processing unresolved grief and loss, which are recognised contributors to depressive disorders within psychodynamic theory. The incorporation of textiles into therapeutic environments can enhance the quality of mental healthcare settings. The strategic use of natural fibres, acoustical fabrics, calming colour palettes, and tactile materials in counselling centres, psychiatric facilities, and wellness spaces may contribute to emotionally supportive environments that foster trust, reduce environmental stressors, and encourage therapeutic participation. Such environmental modifications may improve psychological comfort and strengthen the overall effectiveness of psychotherapeutic interventions.

Although textiles cannot directly resolve the unconscious conflicts that underpin the psychodynamic theory of depression, they represent valuable complementary therapeutic resources. Through facilitating emotional expression, encouraging reflective practice, promoting symbolic communication, enhancing psychological comfort, supporting grief processing, strengthening personal identity, and improving therapeutic environments, textile-based interventions may augment psychodynamic approaches to depression management. The integration of therapeutic textiles within mental health interventions offers a multidisciplinary strategy for promoting emotional healing, psychological wellbeing, and recovery.



The Learned Helplessness Theory

The learned helplessness theory explains depression as a consequence of repeated exposure to uncontrollable adverse events (Seligman, 1975). Over time, individuals may develop the belief that they have little or no control over their circumstances, leading to feelings of helplessness, hopelessness, passivity, and depressive symptoms.

Interactive and adaptive textile products can enhance individuals' sense of autonomy by providing opportunities to make choices regarding colours, textures, patterns, and configurations. Such opportunities for personal decision-making reinforce the perception that individual actions can influence outcomes, thereby counteracting feelings of helplessness and dependence. Participation in textile-based activities, including weaving, knitting, embroidery, quilting, dyeing, and fabric printing, encourages purposeful engagement in meaningful tasks. Successfully completing these creative processes enhances self-efficacy and demonstrates that personal effort can produce tangible and rewarding outcomes, thereby challenging maladaptive beliefs associated with helplessness.

The Interpersonal Theory

The interpersonal theory emphasizes the role of social relationships in the development and maintenance of depression (Klerman, 1978). This theory suggests that depressive symptoms are closely linked to interpersonal difficulties, including grief and loss, role transitions, interpersonal conflicts, and social isolation.

The Interpersonal Theory of Depression posits that depressive symptoms often arise from disruptions in interpersonal relationships, including unresolved grief, interpersonal conflicts, role transitions, and social isolation. From this perspective, improving the quality of social relationships and strengthening interpersonal functioning are essential components of depression management. Although textiles cannot directly eliminate interpersonal difficulties, they can be intentionally designed and applied to support social connectedness, emotional communication, and therapeutic engagement, thereby complementing interventions based on interpersonal principles.

Textiles can promote social connectedness by facilitating participation in collaborative activities such as weaving, quilting, knitting, embroidery, and other textile-based crafts. These activities provide opportunities for individuals to interact, establish supportive relationships, and develop a sense of belonging within their communities. Such social engagement may reduce loneliness and isolation, both of which are recognized risk factors for depression.

Textiles offer a valuable medium for emotional expression. Through the selection of colours, textures, patterns, and symbolic motifs, individuals can communicate emotions and personal experiences that may be difficult to express verbally. Textile-based creative activities therefore provide a safe and therapeutic outlet for emotional processing, self-expression, and psychological healing. The integration of textiles into therapeutic and healthcare environments can also enhance interpersonal wellbeing. Soft furnishings, sensory fabrics, and aesthetically pleasing textile designs contribute to calming and welcoming environments that encourage relaxation, trust, and open communication between individuals, caregivers, and mental health professionals. Such environments may strengthen therapeutic relationships and facilitate more effective emotional support.



Collaborative textile projects further promote empathy and interpersonal understanding by encouraging participants to work together toward shared creative goals. Community quilts, woven installations, and collective embroidery projects provide opportunities for individuals to share personal narratives, exchange experiences, and develop meaningful social connections. These shared experiences strengthen social cohesion and foster supportive interpersonal relationships that contribute to psychological wellbeing. Textiles may also provide emotional comfort during periods of grief and major life transitions, which are central components of the Interpersonal Theory of Depression. Personalized blankets, memory quilts, commemorative textiles, and handcrafted fabric keepsakes can preserve meaningful memories while providing a tangible source of comfort during bereavement, loss, or significant changes in life roles. Such textile interventions may facilitate emotional adjustment and resilience during stressful interpersonal experiences.

Adaptive and inclusive textile products can encourage greater social participation among individuals with physical, cognitive, or sensory limitations. Comfortable, functional, and sensory-friendly clothing can improve self-confidence, reduce barriers to social interaction, and promote active participation in family, community, educational, and occupational settings. Increased social inclusion enhances opportunities to establish and maintain supportive interpersonal relationships.

Family-centred textile activities also provide opportunities to strengthen communication and emotional bonds among family members and caregivers. Shared participation in sewing, fabric art, quilting, or textile craft projects encourages cooperation, mutual support, and meaningful interaction, thereby reinforcing family relationships that serve as protective factors against depression.

Textiles represent valuable complementary resources for addressing the interpersonal dimensions of depression. By fostering social connectedness, facilitating emotional expression, enhancing therapeutic environments, encouraging collaborative engagement, and strengthening supportive relationships, textile-based interventions align with the principles of the Interpersonal Theory of Depression. Although they are not substitutes for clinical treatment, thoughtfully designed textile applications can contribute significantly to psychosocial wellbeing and support comprehensive approaches to depression prevention and management.

The Diathesis-Stress

Finally, the diathesis-stress model proposes that depression results from the interaction between and individual's biological or psychological vulnerability and stressful life experiences (Sussman, 2023). According to this perspective, depressive disorders emerge when pre-existing predispositions are activated by environmental stressors, highlighting the combined influence of both internal vulnerabilities and external pressures.

Textiles can be used to modify the biological, genetic, or psychological vulnerabilities described in the Diathesis Stress Theory of depression. They can be intentionally designed and applied as supportive interventions to reduce environmental stressors, enhance emotional regulation, strengthen resilience, and promote psychological wellbeing. The Diathesis Stress Theory posits that depression results from the interaction between an individual's predispositional vulnerability (diathesis), which may be genetic, biological, or psychological, and exposure to stressful life events. Consequently, textile-based interventions may contribute



to reducing the impact of environmental stressors and creating supportive environments that lower the risk of depressive symptoms among vulnerable individuals.

Therapeutic textiles can contribute to the creation of calming and restorative environments that minimize environmental stress. Soft furnishings, acoustic textiles, weighted blankets, and nature-inspired textile designs may reduce sensory overload, improve physical comfort, and promote relaxation. These environmental modifications may decrease exposure to stressors capable of activating underlying vulnerabilities associated with depression.

Textiles incorporating soft textures, soothing colour palettes, and tactile properties may facilitate emotional regulation by providing comforting sensory experiences. Sensory textiles used in therapeutic settings can assist individuals in managing emotional distress, reducing anxiety, and promoting positive mood states, thereby mitigating the psychological effects of stressful experiences. Therapeutic textiles may be integrated into stress-management interventions, including mindfulness, meditation, yoga, and relaxation therapies. Comfortable garments, meditation cushions, weighted blankets, and other therapeutic textile products can promote physiological relaxation, reduce stress responses, and enhance emotional resilience among individuals susceptible to depression.

Sleep disturbances represent both significant stressors and established risk factors for depression. Textiles designed to improve sleep quality, including breathable bedding, temperature-regulating fabrics, moisture-management materials, and weighted blankets, may facilitate restorative sleep, enhance recovery from daily stress, and reduce vulnerability to depressive symptoms.

Engagement in textile production and creative textile arts provides opportunities for problem-solving, creativity, and self-expression. Successfully completing textile projects may enhance self-efficacy, increase perceived competence, and strengthen adaptive coping strategies, thereby improving resilience to stress and reducing susceptibility to depressive symptoms. Evidence-based textile design can enhance healthcare environments by creating spaces that promote psychological comfort and emotional recovery. The incorporation of calming colour schemes, comfortable furnishings, acoustic fabrics, and biophilic textile patterns may contribute to a therapeutic atmosphere that supports mental wellbeing and reduces stress among patients receiving psychological care. Functional textiles designed to regulate body temperature, reduce skin irritation, provide appropriate compression, or improve overall physical comfort may decrease physical discomfort that contributes to psychological stress. Improvements in physical wellbeing may indirectly support mental health by reducing stress-related physiological burden.

Textiles function as valuable complementary interventions that reduce environmental stress, promote emotional regulation, improve sleep quality, strengthen social support, encourage adaptive coping, and enhance psychological resilience. By minimizing exposure to stressors and fostering supportive therapeutic environments, textile-based interventions have the potential to reduce the likelihood of depression among individuals with pre-existing vulnerabilities. Future interdisciplinary research integrating textile design, psychology, neuroscience, and healthcare is warranted to establish the effectiveness of these interventions and strengthen the evidence base for textile applications in mental health promotion.



Endocrine Alterations

Age-related changes and the presence of biological risk factors, including endocrine, inflammatory or immune, cardiovascular, and neuroanatomical factors, increase individuals' vulnerability to depression (Clarke & Currie, 2009). Several studies have suggested that depression may be associated with endocrine alterations, including changes in nocturnal cortisol secretion (Birmaher et al., 1996), nocturnal growth hormone secretion (Ryan et al., 1994), thyroid-stimulating hormone secretion (Puig-Antich, 1987), melatonin and prolactin secretion (Waterman et al., 1994), elevated cortisol levels (Herane-Vives et al., 2018), and reduced growth hormone production (Dahl et al., 2000). Furthermore, puberty and the hormonal and physical changes that accompany this developmental stage warrant particular attention, as they have been associated with an increased incidence of depression among adolescents (Jaureguizar, 2024; Reinecke & Simons, 2005). Participation in artistic activities such as embroidery, painting, textile design, music, dance, and drawing may contribute to emotional well-being by promoting relaxation and reducing stress responses. Individuals experiencing hormonal changes, particularly during Puberty or aging, may struggle to express emotions verbally. Art provides a non-verbal medium for communicating fear, anxiety, sadness, and confusion, which can help reduce emotional distress associated with depression. Hormonal and physical changes during adolescence can affect body image and self-confidence. Creative activities such as textile art, fashion design, and embroidery allow young people to explore identity, culture and self-expression, which can strengthen self-esteem and resilience.

Community art projects, group exhibitions and collaborative textile-making can reduce social isolation, a major contributor to depression. Shared artistic experience create support networks and a sense of belonging. Art therapy is used alongside medical and psychological treatment to improve mood, emotional regulation, and coping skills in individuals affected by depression and anxiety. Art can be used to educate communities about hormonal changes, adolescent mental health, and depression through posters, murals, theatre performances, films, and textile narratives can reduce stigma and encourage people to seek professional help.

Textiles and art can contribute to the management and improvement of sleep problems by influencing emotional well-being, relaxation, and the sleep environment. Although they are not replacements for medical treatment for serious conditions such as Insomnia or Sleep Apnea, they can serve as supportive therapeutic interventions. Textiles can be designed to create physical and psychological comfort that promotes better sleep. Through the use of weighted blankets, which when apply gentle pressure that mimics deep-touch stimulation, helping reduce anxiety and improve relaxation before sleep. Soft natural fabrics such as cotton, bamboo, and linen improve thermal comfort and reduce irritation during sleep. Calming colours and patterns in bedding and curtains, such as blues, greens, and pastel shades, can lower arousal levels and promote relaxation. Light-blocking textiles, including blackout curtains, help regulate exposure to light and support healthy Circadian Rhythm.

Textile Design can be used as a medium for sensory therapy. Textured quilts and tactile fabrics can provide soothing sensory experiences. Aromatherapy textiles infused with calming scents such as lavender may support relaxation. Interactive textile installations in hospitals or therapy centres can create peaceful environments conducive to rest. Art therapy can also be used for reducing stress and anxiety. Many sleep disorders are linked to stress, anxiety, and emotional distress. Painting and drawing before bedtime can reduce rumination. Expressive textile arts such as weaving, embroidery and quilting can be used to promote emotional regulation.



Art can also be integrated into bedrooms and healthcare environments to improve sleep quality. Nature inspired paintings and murals can reduce stress response. Minimalist and harmonious interior designs can decrease cognitive stimulation before sleep. Sound and visual art installations can encourage meditation and relaxation.

Textile based social advocacy and education can be used to address sleep disorders. Artists and textile designers can use their work to raise awareness about sleep health. Printed fabrics can also be used by featuring messages about healthy sleep habits. Community textile exhibitions highlighting the impact of sleep deprivation, educational textile products for children to promote bedtime routines and healthy sleeping practices can also serve as a purpose. For children experiencing sleep difficulties, Story quilts and illustrated bedding can create positive bedtime associations. Handmade dolls or comfort objects may also reduce bedtime anxiety. Creative activities such as drawing or embroidery can become part of calming bedtime routines.

Sexual Abuse

Sexual abuse involves any sexual act or exploitation carried out without an individual's informed consent, including situations involving coercion, force, or victims who are unable to consent. Child sexual abuse (CSA) is a form of child maltreatment in which adults or older adolescents exploit children for sexual gratification or financial gain through behaviours such as sexual contact, exposure to sexual content, and other forms of sexual exploitation (Encyclopaedia Britannica, 2026; Medline Plus, 2008).

Child sexual abuse (CSA) is a significant public health and human rights concern that continues to affect millions of children globally. In Ghana, despite existing child protection laws, cultural stigma, underreporting, and weak enforcement hinder effective prevention and prosecution of offenders. Victims are commonly subjected to coercion, threats, or violence by perpetrators who are often known to them, including relatives and trusted community members. The consequences of CSA are profound, encompassing physical injuries, psychological trauma, depression, social stigma, educational disruption, and long-term difficulties in emotional and interpersonal functioning. These findings underscore the need for stronger legal enforcement, increased public awareness, and comprehensive support services to protect children and promote recovery among survivors (Markwei & Osei-Hwedie, 2026).

Sexual abuse has profound and long-lasting physical, psychological, and social consequences. Survivors may experience depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem, sleep disturbances, substance abuse, suicidal ideation, chronic pain, and sexual dysfunction. Children who experience sexual abuse are also at increased risk of sexually transmitted infections, including HIV, and may engage in high-risk sexual behaviours later in life (American Psychologist, 1999).

Research further indicates that most perpetrators of child sexual abuse are known to their victims, including family members, acquaintances, or trusted individuals, while a smaller proportion are strangers. Although both men and women can commit sexual abuse, the majority of reported offenders are male (Williams, 2019). Overall, sexual abuse represents a severe violation of human rights with significant lifelong consequences, highlighting the need for effective prevention, legal protection, early intervention, and comprehensive support services for survivors.



The effects of sexual harassment can be profound and long-lasting, including anxiety, depression, anger, and reduced self-esteem. Victims may feel unsafe, humiliated, or excluded, and their personal or professional lives may be significantly affected. Dismissive responses such as telling victims they are overreacting can further intensify the harm by invalidating their experiences. Teenage pregnancy, also referred to as adolescent pregnancy, is defined as pregnancy in a female under the age of 20. The World Health Organization defines adolescence as the period between the ages of 10 and 19 years. Pregnancy can occur after ovulation begins, which may happen before the first menstrual period. Globally, complications from pregnancy are among the leading causes of death for girls aged 15 to 19. Rates of teenage pregnancy vary widely across regions, with significantly higher rates reported in parts of sub-Saharan Africa compared to countries such as South Korea, as reported by UNICEF (2001). Research indicates that teenage pregnancy is often linked to adverse childhood experiences. Exposure to abuse, domestic violence, and family conflict increases the likelihood of early pregnancy. Studies have shown that family dysfunction can have long-term negative effects on health and development, and that girls who experience early parental separation, particularly the absence of a father, may be more likely to engage in early sexual activity.

Captivity in children refers to situations in which a child is confined, controlled, or overly restricted, limiting their freedom and ability to develop normally. This may involve physical confinement, such as kidnapping, illegal detention, or forced domestic servitude, as well as emotional or psychological restriction imposed by caregivers or others. According to the United Nations Children's Fund (2021), captivity involves a lack of freedom, control by another person, isolation from family and community, and often exploitation or abuse. Children in captivity may be subjected to trafficking, forced labour, or other harmful activities. The psychological effects are severe and may include fear, trauma, anxiety, depression, and developmental delays. Research highlighted by World Health Organization (2024) indicates that such experiences can have long-term consequences on a child's emotional well-being, social development, and physical health. Victims often struggle with trust, communication, and emotional regulation even after they are freed. In summary, issues such as sexual abuse, sexual harassment, teenage pregnancy, and captivity in children are deeply interconnected social problems with significant and lasting impacts. Addressing them requires awareness, early intervention, strong legal frameworks, and supportive environments that prioritize the safety, dignity, and well-being of children and vulnerable individuals.

METHODS AND PROCESS

This study employs a practiced -based approach to explore how textile design can function as a medium of social advocacy, raising awareness and fostering dialogue around sensitive social issues such as sexual harassment, sexual abuse, child depression, and teenage pregnancy. The study adopted a practice-based research approach, using textile creation both as a method and as an outcome, alongside a qualitative design to explore lived experiences, personal narratives, and symbolic meanings. Practice-based research acknowledges knowledge generation, where artistic processes and artefacts serve simultaneously as data and as results. In this project, textile design was employed to investigate and communicate experiences and representations of sexual harassment, sexual abuse, child depression, and teenage pregnancy, with a focus on symbolism and emotional resonance rather than statistical generalization. The research questions were addressed through the design, production, and exhibition of textile works,

followed by an interpretation of how these artefacts conveyed their intended purposes. Data for the study were obtained from both primary and secondary sources.

Primary data comprised the artist-researcher's personal reflections throughout the stages of conceptualization, design, production, and exhibition, as well as observations of viewers' reactions, informal feedback during exhibitions, and interpretive notes on the symbolic and emotional meanings of colours, motifs, and patterns.

Secondary sources of literature included definitions and conceptual perspectives on sexual harassment, sexual abuse, child depression, captivity and teenage pregnancy from the World Health Organization (WHO), and United Nations Children's Fund (UNICEF). Together, these sources provided a strong conceptual foundation for the design themes and supported the interpretation of the resulting works. The data were analyzed through both thematic and visual approaches. Thematic analysis identified recurring ideas of suffering, vulnerability, exploitation, resilience, hope, and advocacy as reflected in the designs. Visual analysis examined how elements such as colour, motif, pattern, texture, and composition conveyed meaning. Interpretive memos further connected these design choices to secondary literature on sexual harassment, sexual abuse, child depression, captivity, and teenage pregnancy.

Design Process

Table 1: Tools and Materials Used for Executing Printed Fabrics

Item	Purpose
Squeegee	Pushes ink through the screen evenly onto the fabric.
Printing Table	Flat surface for placing fabric on it during printing.
White glue	Used as a binder for printing paste.
Computer / Laptop	Used to create or edit designs using software like Adobe Photoshop or CorelDraw for designing textile patterns.
Printing Paste colours	Colours used to administer the designs onto the fabric.
Cotton Fabric	Surface to print the design on.
Pins	Holds fabric in place

Gallery: Screen printing tools and materials

Figure 1: squeegee 	Figure 2: Screen frames 	Figure 3: Printing table 
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Figure 4: Printing paste 	Figure 5: Pressing iron 	Figure 6: Cotton fabric 
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Production Process

The production of sexual harassment awareness fabric employed a screen-printing process that integrated digital textile design with manual printing techniques. The process began with the conceptualization of the awareness theme, followed by the development of a digital motif in Adobe Photoshop and its refinement in CorelDraw through vectorization, pattern development, and the incorporation of symbolic elements and advocacy messages. The finalized design was transferred onto emulsion-coated screens and printed onto fabric using textile pigments and a squeegee, with each colour applied separately to ensure accurate registration. After printing, the fabric was air-dried, heat-set to enhance colour fastness and durability, and inspected for print quality. The finished fabrics served as educational and advocacy materials, effectively raising awareness of sexual harassment, promoting prevention and reporting, and encouraging positive social change through visual communication.

Figure 7: Printed fabrics on sexual harassment



Child Depression Theme

The design theme was based on child depression to raise awareness. An illustrative image was chosen to depict the trauma experienced by victims, focusing on emotional, physical, and psychological distress. The initial motif was created and imported into Adobe Photoshop, where unnecessary background elements were removed. The image emphasized the child's posture, facial expression, and body language to convey sadness, isolation, and vulnerability. Colours were adjusted to depressive, submissive, complaint tones to symbolize suffering and oppression. After developing the motif in Photoshop, the refined motif was transferred to CorelDraw. The motif was adjusted for scalability, and motifs were arranged into repeat patterns suitable for textile printing. The layout was adjusted to maintain clarity of the message while ensuring the design remained aesthetically suitable for fabric application. Typography or

symbolic elements were incorporated to reinforce the theme, including imagery representing silence, loneliness, or emotional distress. The design was carefully reviewed to ensure it communicated the intended activism message while remaining aesthetically suitable for fabric.

The same process of screen preparation and printing was repeated to print out design on the fabric.

Figure 8: Image used for child depression Figure 9: Image used for child depression



Figure 10: Printed fabrics on child depression



The second fabric was printed using the Digital printing method

The main design process began with the use of Adobe Photoshop to develop a motif based on the theme “Child Depression.” The concept was visually represented through an illustrative image portraying a girl in pain shearing pain. This imagery was deliberately chosen to communicate the emotional, physical, and psychological trauma experienced by victims of child depression. Using Adobe Photoshop, the initial image was imported and edited to enhance its expressive impact. Unnecessary background elements were removed, while emphasis was placed on the girl’s posture, facial expression, and body language to evoke feelings of fear, pain, and vulnerability. Colour adjustments were applied to create a somber mood; darker tones and muted colours were used to symbolize suffering, oppression, and emotional distress. Colour contrasts were enhanced to intensify the dramatic effect of the design. After developing the motif in Photoshop, the design was transferred to Corel DRAW for further refinement and pattern development. In Corel DRAW, the motif was arranged into a repeat pattern suitable for textile printing. The software enabled precise scaling, alignment, and spacing of the motifs to ensure balance and visual harmony. The layout was adjusted to maintain clarity of the message while ensuring the design remained aesthetically suitable for fabric application. Typography and symbolic elements were incorporated to reinforce the theme, such as shapes, abstract lines,

or symbolic imagery representing pain, silence, or grief. The final design was carefully reviewed to ensure it effectively communicated awareness of child abuse while remaining appropriate for educational support purposes. Once completed, the design was saved in a high-resolution format compatible with sublimation printing, making it ready for transfer onto polyester fabric during the production stage.

Figure 11: Printed fabrics on child depression



Captivity

The design theme was based on “captivity” to raise awareness. The process involves a combination of Tie dye and a printed method of producing fabric. The fabric was first produced in tie dye using the following process.

Production Processes of the fabrics

Table 2: Tools and Materials in Tie & Dye and Printing

Item	Purpose
Vat dyes	Used as the coloring agents; they provide strong, long-lasting colors that penetrate the fabric deeply.
Mercerized cotton	A specially treated cotton fabric that absorbs dye more effectively, giving brighter and more durable colors.
Plastic spoons	Used for measuring and mixing dye powders or chemicals safely without reacting with them.
Sodium hydroxide (Caustic soda)	Acts as an alkaline agent to help dissolve vat dyes and improve dye fixation on the fabric.
Sodium hydrosulphite (Hydro's)	Serves as a reducing agent to convert vat dyes into a soluble form so they can penetrate the fabric before oxidation fixes the color.
Cups	Used for measuring smaller quantities of dye solutions or chemicals accurately.
Squeegee	Used in screen printing to spread printing paste evenly across the fabric surface
Printing paste	A medium that carries the dye or pigment during screen printing, ensuring controlled application.

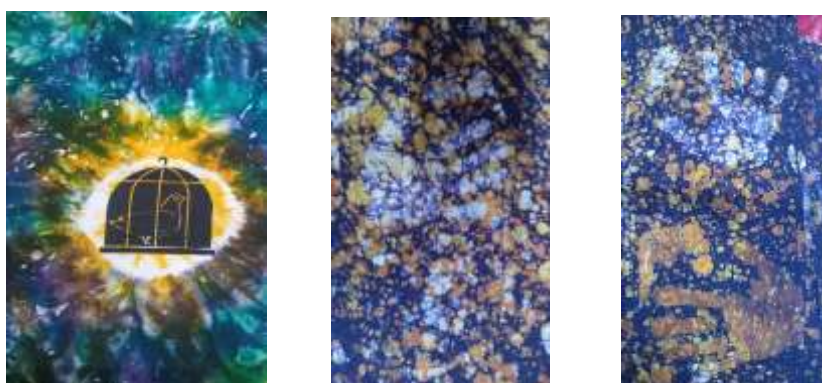
Screen (captive))	A stencil tool used in screen printing; the captivity motif design is transferred onto the fabric by pushing dye through the screen with a squeegee.
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The design Process using Tie & Dye and Printing

Tie and dye production involves selecting and washing a suitable fabric, typically cotton, to ensure proper dye absorption. The fabric is then folded, twisted, or tied with strings or rubber bands to create resist patterns. Dye solutions are prepared and applied by dipping or direct application, allowing colours to penetrate the fabric. After dyeing, the fabric is left to set before being thoroughly rinsed, untied, washed, and shade-dried. Finally, the fabric is ironed and inspected to ensure colour vibrancy and pattern consistency, producing a finished textile suitable for garments, accessories, or decorative applications.

The design was then printed on the fabric using the screen printing method to add the images to the design. An illustrative image was chosen to depict the trauma experienced by victims, focusing on emotional, mental, and psychosomatic grief. The motif of the dove which is a calm animal is used to represent the innocent child which was put in a cage to depict restriction and captivity was created and imported into Adobe Photoshop, where unnecessary background elements were removed. The image emphasized the “innocent dove” representing the “child” kept from freedom from his friends and the outside world depicted by dark colours to represent the posture, facial expression and dialect to convey sadness, isolation, and vulnerability. Dark colours were adjusted to represent depressive, submissive, and complaint tones to symbolize suffering and oppression. After developing the motif in Photoshop, the refined motif was transferred to CorelDraw. The motif was adjusted for scalability, and was arranged into repeat patterns suitable for textile printing. The layout was refined to maintain clarity of the message while ensuring the design remained aesthetically suitable for fabric application. The design was carefully reviewed to ensure it communicated the intended activism message while remaining aesthetically suitable for fabric.

Figure 12: Printed fabrics on “Captivity”. Figure 13: Stop “Captivity”.



Teenage Pregnancy

The design theme was based on “Teenage Pregnancy” to raise awareness. This happens as a result of sexual harassment and sexual abuse which happens to young innocent teenage girls with no fault of their own. The process involves a combination of Tie dye and printing method of producing fabric. The fabric was first produced in tie dye using the following process.

Table 3: Tools and Materials in Tie & Dye and printed fabrics

Item	Purpose
Vat dyes	Used as the coloring agents; they provide strong, long-lasting colors that penetrate the fabric deeply.
Mercerized cotton	A specially treated cotton fabric that absorbs dye more effectively, giving brighter and more durable colors.
Sodium hydroxide (Caustic soda)	Acts as an alkaline agent to help dissolve vat dyes and improve dye fixation on the fabric.
Sodium hydrosulphite (Hydro's)	Serves as a reducing agent to convert vat dyes into a soluble form so they can penetrate the fabric before oxidation fixes the color.
Gloves	Protect the hands from direct contact with dyes and chemicals, ensuring safety during the process.
Printing paste	A medium that carries the dye or pigment during screen printing, ensuring controlled application.
Thumb pins	Used to secure fabric or screens in place during printing or dyeing to prevent movement.
Screen (captivity)	A stencil tool used in screen printing; the crab motif design is transferred onto the fabric by pushing dye through the screen with a squeegee.

Gallery: Tie and dye and Printing tools and materials

Figure 14: Dyes 	Figure 15: Screen frames 	Figure 16: Frames 
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Figure 17: Finished work



Figure 18: Final Tie dye printed fabric



Figure 19: Final printed fabrics



Figure 20: Final printed fabrics (digital print)

DISCUSSION OF FINDINGS

This chapter discusses the findings of the study based on the use of textile design as a medium for expressing and educating the public on the social issues of sexual harassment, sexual abuse, captivity, child depression, and teenage pregnancy. The discussion focuses on how visual elements, symbolism, colour, and textile techniques contributed to awareness creation and emotional engagement among viewers. Observations made during the design and presentation processes were also examined to determine the effectiveness of textile art as an educational and advocacy tool. Textile design emerged as a powerful form of social advocacy, providing a creative intervention that allowed sensitive issues to be communicated in ways that were both accessible and emotionally compelling. Through motifs, colour choices, and symbolic imagery, the designs conveyed the trauma and vulnerability associated with sexual harassment and abuse, the isolation and sadness linked to child depression, and the stigma and challenges surrounding teenage pregnancy.



The use of subdued and somber colour palettes effectively symbolized suffering, oppression, and emotional distress, while the incorporation of symbolic elements such as broken shapes, abstract lines, and protective motifs reinforced the themes of silence, pain, and resilience. These visual strategies heightened emotional engagement, enabling viewers to empathize with the experiences represented. Beyond awareness creation, the findings highlight the therapeutic potential of textile art. Engagement in textile activities provided a nonverbal channel for expressing complex feelings, offering pathways to emotional healing and mental wellbeing. The creative process of designing, printing, and pattern development encouraged mindfulness and reflection, while also fostering community dialogue around pressing social issues.

According to Psychology Today (2026), mental health disorders such as depression are affecting children at increasingly younger ages. Even preschool-aged children are not immune to depression, and prevalence rates among children and adolescents have increased from 3.2% to 4.6% over the past decade.

Childhood depression is a treatable but serious mental health condition that requires early identification and intervention to prevent long-term adverse outcomes, including recurrent depression, substance abuse, suicidal behaviour, and impaired psychosocial functioning (Psychology Today, 2026). It negatively affects children's emotional, cognitive, social, and academic development, with common symptoms including persistent sadness, irritability, loss of interest in activities, sleep disturbances, feelings of worthlessness, and social withdrawal (Psychology Today, 2026). Risk factors include a family history of depression, parental mental illness, persistent family conflict, and adverse home environments, while children may conceal their emotional distress, making diagnosis more challenging (Psychology Today, 2026). Advances in child psychiatry and psychology have improved the understanding, diagnosis, and treatment of childhood depression, supported by standardized assessment tools such as the Children's Depression Inventory (CDI), which has demonstrated strong reliability and validity for assessing depressive symptoms in children and adolescents (Clayton & Barrett, 1983; Depue, 1979; Paykel, 1982a; Kazdin, 1988; Kovacs, 1978). Furthermore, evidence suggests that childhood depression is a distinct clinical disorder rather than a temporary developmental phase, although its symptoms may vary with age and are sometimes underdiagnosed (Lefkowitz & Burton, 1978).

Child depression is a serious mental health condition that affects how a child thinks, feels, and behaves. Unlike temporary sadness, it is persistent and can interfere with daily functioning, development, and overall well-being. Discussions on child depression often focus on both its causes and its wide-ranging effects on the child's emotional, social, cognitive, and physical development.

Another important effect is on behaviour. Depression in children may not always appear as sadness; it can manifest as anger, aggression, or defiance. Some children may engage in risky or self-destructive behaviors as a way of coping with their emotions. In severe cases, this may include self-harm or suicidal thoughts, which require immediate attention.

Physically, depression can lead to changes in appetite and sleep patterns. Some children may eat too little or too much, while others may experience insomnia or excessive sleeping. These changes can affect their overall health, energy levels, and growth. Cognitively, depression affects how children think and perceive the world. They may develop negative thought patterns,



such as believing they are not good enough or that things will never improve. This distorted thinking can hinder problem-solving skills and decision-making abilities.

Depression frequently begins in childhood and increases markedly during adolescence, affecting approximately one in four individuals by the age of 19 years (Korczak et al., 2023; Morken et al., 2021; Hetrick et al., 2021). Early-onset depression is associated with adverse outcomes, including poor academic performance, impaired relationships, reduced quality of life, recurrent depressive episodes, self-harm, and suicide risk (Fitzpatrick et al., 2023; Hawrilenko et al., 2021; Hetrick et al., 2021). Subthreshold depression is more prevalent than major depressive disorder and can result in similar functional impairment, underscoring the need for early detection and intervention (Gee et al., 2020; Noyes et al., 2022). Although depression is recognized as a leading cause of illness and disability among children and adolescents worldwide, comprehensive evidence on its global burden remains limited, highlighting the need for further research and effective prevention strategies (Lin, 2024).

Depression is one of the leading causes of illness and disability worldwide, affecting more than 300 million people and significantly increasing the risk of suicide, particularly among adolescents and young adults (World Health Organization [WHO], 2017). Studies using standardized assessment instruments, including the Children's Depression Inventory (CDI) and the Children's Depression Scale (CDS), have reported varying prevalence rates of childhood depression across countries, highlighting its global impact (Bernaras et al., 2013; Demir et al., 2011; Kleftaras & Didaskalou, 2006; McCabe et al., 2011; Puura et al., 1997; Vinaccia et al., 2006). The diagnosis of depressive disorders is primarily guided by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and the *International Classification of Diseases* (ICD), although both classification systems have been criticized for providing limited distinctions between child and adult depression (American Psychiatric Association, 2014; World Health Organization [WHO], 2018).

Accurate assessment, prevention, and treatment are essential components of addressing childhood depression. Although numerous diagnostic instruments have been developed, reliable tools for identifying depression in young children remain limited. The World Health Organization emphasizes the importance of preventive interventions, including school-based and family-focused programs; however, most existing prevention strategies target adolescents rather than children under 10 years of age (Jaureguizar, 2024; World Health Organization [WHO], 2017). Effective treatment is equally critical, as investment in depression and anxiety care yields substantial economic and health benefits. Consequently, a range of evidence-based therapeutic approaches, including psychotherapeutic, behavioral, cognitive-behavioral, and interpersonal interventions, have been developed and continue to be rigorously evaluated (Jaureguizar, 2024).

In the long term, untreated depression can have lasting consequences. It may increase the risk of substance abuse, poor mental health in adulthood, and difficulty maintaining relationships or stable employment later in life. Early intervention is therefore crucial to prevent these outcomes.

In conclusion, child depression has profound and multifaceted effects on a child's emotional well-being, academic performance, social life, behavior, physical health, and future development. Addressing it requires early recognition, supportive environments, and appropriate psychological or medical interventions to help children recover and thrive.



Textiles and printed cloth can serve as powerful visual communication tools for educating people about child depression, especially in communities where art, symbolism, and fabric are deeply embedded in culture. In many African contexts, including Ghana, cloth is not only functional but also a medium for storytelling, identity, and social messaging. Using textiles in this way allows awareness to reach a wide audience in an accessible and culturally meaningful form.

One important approach is the use of symbolic motifs and imagery. Designers can create patterns that visually represent emotions associated with child depression, such as sadness, isolation, confusion, or hope. For example, drooping figures, broken lines, or dark colour gradients can symbolize emotional distress, while brighter contrasting elements may represent recovery or support. These visual cues can help people recognize the signs of depression even without written explanations. Textiles can also incorporate educational text and messages. Short, impactful phrases such as “Listen to Children,” “Mental Health Matters,” or “You Are Not Alone” can be printed repeatedly within the fabric design. When such cloth is worn or displayed, it becomes a moving message that spreads awareness in public spaces like markets, schools, churches, and community gatherings.

Another effective method is storytelling through sequential or narrative design. Cloth patterns can be arranged to depict stages of a child’s experience from distress and neglect to support and healing. This visual storytelling can help viewers understand the causes, symptoms, and possible interventions for child depression in a simple and relatable way. Colour symbolism also plays a key role. Dark or muted tones (such as grey, blue, or black) may be used to represent sadness or emotional struggle, while brighter colours (such as yellow or green) can symbolize hope, healing, and growth. The deliberate contrast of colours can communicate the transition from depression to recovery.

In addition, textiles can be used in advocacy campaigns and exhibitions. Printed fabrics can be displayed as banners, posters, or installations during awareness programs, school campaigns, or health outreach events. When combined with discussions, performances, or workshops, they reinforce learning and create lasting impressions.

Textiles are also effective in community engagement and participation. Children, parents, and local artisans can be involved in designing and producing the fabrics. This participatory approach not only educates but also empowers individuals to express their understanding of child depression and contribute to solutions.

Furthermore, printed cloth can be integrated into fashion and every day wear, turning garments into advocacy tools. When influential community members, teachers, or youth wear such fabrics, it normalizes conversations around mental health and reduces stigma associated with child depression.

Finally, textiles can include culturally relevant symbols and proverbs that communicate care, empathy, and responsibility toward children. This ensures that the message resonates deeply with the target audience and aligns with local values and beliefs.

In conclusion, textiles and printed cloth can be used as effective educational and advocacy tools by combining visual symbolism, written messages, storytelling, colour, and cultural relevance. They not only raise awareness about child depression but also encourage dialogue, reduce stigma, and promote supportive attitudes within society.



Sexual abuse, particularly child sexual abuse, is a pervasive global public health and human rights concern with significant psychological, physical, and social consequences. Although physical injuries may heal over time, survivors often experience long-term mental health problems, chronic medical conditions, and increased risk of sexually transmitted infections, suicidal behaviours, and adverse effects that extend into adulthood. The diagnosis of child sexual abuse requires specialized clinical assessment and forensic interviewing, as most affected children present with normal physical examination findings (Johnson, 2004). Furthermore, the impact of sexual abuse varies according to factors such as the child's age, duration of abuse, relationship to the perpetrator, and the availability of post-abuse support, all of which influence emotional, psychological, and social development.

One of the most significant effects is emotional and psychological distress. Children who experience sexual abuse often develop feelings of fear, shame, guilt, and confusion. They may struggle to understand what has happened, especially if the abuser is someone they trust. This can lead to long-term mental health conditions such as Depression, Anxiety Disorders, and Post-Traumatic Stress Disorder. Symptoms may include nightmares, flashbacks, withdrawal, and emotional instability.

Sexual abuse also affects a child's behavior and social relationships. Victims may become withdrawn, isolated, or overly aggressive. Some children may exhibit inappropriate sexual behaviors or knowledge that is not suitable for their age. Trust issues are common, making it difficult for them to form healthy relationships with peers, caregivers, and authority figures. In school settings, this may result in poor academic performance, lack of concentration, and increased absenteeism.

Another critical impact is on the child's self-esteem and identity development. Abused children often develop a negative self-image and may feel worthless or undeserving of love and care. This distorted self-perception can persist into adulthood, affecting their confidence and decision-making. In some cases, victims may blame themselves for the abuse, further deepening feelings of shame and self-hatred.

The physical effects of sexual abuse can include injuries, pain, and in some cases, exposure to sexually transmitted infections. Younger children may not be able to clearly express physical discomfort, which can delay medical attention. Additionally, chronic stress resulting from abuse can affect brain development and overall physical health.

Sexual abuse can disrupt a child's emotional and developmental growth, leading to difficulties with emotional regulation and unhealthy coping behaviors such as substance abuse, self-harm, and risky sexual practices. However, supportive counseling and a safe environment can promote recovery, while lack of support or continued exposure to the abuser may worsen the long-term effects.

Sexual abuse has devastating effects on children that impact every aspect of their lives. Addressing these effects requires early intervention, psychological support, community awareness, and protective measures to ensure the safety and well-being of children. Recognizing the signs and providing appropriate care are essential steps in helping affected children heal and regain a sense of security and self-worth.

On the 20th of July, 2025, TV3 Documentary by Godwin Asediba, Aired Stolen Innocence: Uncovering Sexual Abuse in Ghana's Schools which exposed what Teachers in some Primary



and JHS Schools sexually abuse some girls in these school depriving them of their education as they get pregnant.

A two-year study in Leeds identified 337 cases of child sexual abuse, with most victims being girls and many under the age of five. The findings showed that abuse was frequently perpetrated by family members, particularly biological fathers, while a substantial proportion of offenders were adolescents. The study also highlighted the lasting child protection and mental health implications of sexual abuse and emphasized the need for specialized training and resources to improve prevention and intervention (Hobbs et al., 1987). Furthermore, Russell identified three key approaches to addressing child sexual abuse: public health prevention strategies, child sexual abuse (CSA) prevention programs, and interventions targeting harmful sexual behaviour (Russell, as cited in Hobbs et al., 1987).

A comprehensive public health approach is essential for preventing child sexual abuse (CSA) and sexual harassment. This framework incorporates three complementary levels of prevention: primary prevention, which aims to stop abuse before it occurs through universal interventions; secondary prevention, which focuses on early identification and support for at-risk populations; and tertiary prevention, which seeks to reduce the long-term consequences of abuse and prevent its recurrence (Russell, 2025). Effective prevention requires integrating these levels while empowering children and young people as active participants in safeguarding efforts.

Recent prevention strategies have expanded beyond individual-focused interventions to include socio-ecological approaches that address family, school, community, and societal factors contributing to abuse. These approaches promote safe and supportive environments, strengthen parenting skills, and encourage institutional accountability (Smith, 2025). School-based child sexual abuse prevention programs have also evolved from teaching basic self-protection skills to emphasizing body autonomy, consent, recognition of grooming behaviours, safe disclosure, and help-seeking practices (Smith, 2025).

In addition, healthy relationship and dating violence prevention programs are increasingly used to raise awareness of sexual violence, promote respectful relationships, and encourage peer support among adolescents. However, evidence indicates that a substantial proportion of child sexual abuse is perpetrated by other children and adolescents through harmful sexual behaviour (HSB), highlighting the need for prevention programs that address peer-perpetrated abuse alongside adult-perpetrated abuse (Smith, 2025). HSB exists on a continuum ranging from developmentally inappropriate sexual behaviours to severe abusive and violent acts, requiring trauma-informed assessment and intervention that considers behavioural severity, relationship dynamics, consent, and the potential influence of previous adverse childhood experiences (Hackett et al., 2019; Paton & Bromfield, 2022; Smith, 2025).

The findings from this study indicate that textile fabrics can serve as a powerful and culturally relevant medium for educating the public on sexual abuse. Textiles, particularly in African contexts such as Ghana, are not only functional materials but also carriers of meaning, identity, and communication. The integration of educational messages into fabrics therefore creates an opportunity to raise awareness in a subtle yet impactful way.

One key finding is that visual symbolism in textile design enhances understanding and retention of information about sexual abuse. Motifs, colors, and patterns can be used to represent themes such as vulnerability, silence, resistance, and empowerment. For instance, broken chains may



symbolize freedom from abuse, while bold contrasting colors may draw attention to the seriousness of the issue. Because many people engage with textiles daily—through clothing and cultural events these symbols act as constant reminders, reinforcing awareness over time.

Another important observation is that textile-based communication can overcome literacy barriers. In communities where literacy levels vary, printed messages alone may not be effective. However, combining symbols, simple text, and culturally familiar imagery on fabrics allows individuals to grasp messages without needing advanced reading skills. This makes textile education inclusive and accessible to a wider audience, including rural populations. The study also found that textiles can stimulate conversation and social dialogue about sexual abuse, a topic that is often considered sensitive or taboo. Wearing or displaying fabrics with advocacy messages can prompt questions and discussions within families, peer groups, and communities. This indirect approach helps reduce stigma and encourages people to speak openly about abuse, its consequences, and prevention strategies.

Furthermore, textile fabrics can serve as tools for advocacy and empowerment. Survivors and activists can use specially designed fabrics during campaigns, exhibitions, and public events to share messages of support and resilience. This not only raises awareness but also fosters solidarity and community engagement. In this sense, textiles move beyond decoration to become instruments of social change.

However, the findings also highlight some limitations. The interpretation of symbols may vary across different cultural or social groups, which can affect the clarity of the intended message. Additionally, without proper explanation or accompanying educational programs, some designs may be misunderstood or ignored. There is also the challenge of ensuring that messages are presented sensitively to avoid triggering survivors or reinforcing stigma.

Despite these challenges, the study concludes that textile fabrics are an effective complementary tool for public education on sexual abuse. When combined with other awareness strategies—such as workshops, media campaigns, and school programs textiles can significantly enhance outreach and impact. Their everyday use, cultural significance, and visual appeal make them uniquely positioned to communicate important social issues in a way that is both engaging and meaningful.

In summary, the use of textile fabrics in educating people about sexual abuse is not only innovative but also practical. It leverages existing cultural practices to deliver critical messages, promotes awareness, encourages dialogue, and supports advocacy efforts, ultimately contributing to the prevention of sexual abuse and the promotion of a more informed and responsive society.

Sexual harassment and sexual abuse are widespread forms of sexual violence affecting women, children, and adolescents globally. Research indicates that a substantial proportion of women, men, and young people experience sexual victimization during their lifetime, with schools and online environments identified as common settings for harassment among adolescents (Briere, 2024; Skoog, 2023). Sexual harassment encompasses unwanted sexual advances, comments, gestures, and other non-contact behaviours, which exist on a continuum of sexual aggression and can be as psychologically harmful as contact forms of abuse (Briere, 2024). Evidence further suggests that these experiences are associated with anxiety, depression, post-traumatic stress, substance abuse, low self-esteem, and other long-term psychological and physical consequences (Briere, 2024). Despite its high prevalence, sexual harassment among children



and adolescents is often underreported and normalized, limiting opportunities for timely intervention and support (Skoog, 2023).

Captivity in children refers to situations where a child is confined, controlled, or deprived of freedom physically, emotionally, or psychologically often through abuse, trafficking, forced labour, or neglect. Such experiences disrupt normal development and can have severe and lasting effects.

One of the most significant impacts is psychological and emotional distress. Children in captivity often live in constant fear, uncertainty, and helplessness. Many develop anxiety, depression, and trauma-related conditions such as Post-Traumatic Stress Disorder. They may experience nightmares, emotional numbness, hyper vigilance, or sudden emotional outbursts. Feelings of worthlessness and hopelessness are also common.

Captivity also affects brain development and cognition. Prolonged stress can interfere with how a child's brain develops, particularly in areas related to memory, learning, and emotional regulation. As a result, children may struggle with concentration, problem-solving, and decision-making. This often leads to poor academic performance or complete disengagement from education.

Another major effect is on social development. Children who have been isolated or controlled may find it difficult to trust others or form healthy relationships. They may withdraw from social interaction or, in some cases, display inappropriate or overly dependent behavior. Their understanding of normal relationships can be distorted due to their experiences.

In terms of behaviour, captivity can lead to both internalizing and externalizing responses. Some children become quiet, submissive, and withdrawn, while others may show aggression, defiance, or risky behaviors. These behaviors are often coping mechanisms rather than intentional misconduct. There are also serious physical health consequences. Children in captivity may suffer from malnutrition, poor hygiene, untreated illnesses, or physical injuries. Lack of proper care and exposure to harsh conditions can weaken their immune systems and affect their growth and overall health.

Captivity often results in developmental delays. Limited exposure to normal childhood experiences such as play, education, and social interaction—can hinder language development, motor skills, and emotional maturity. Younger children are especially vulnerable to these delays. The long-term consequences can extend into adulthood if the child does not receive proper support. Survivors may struggle with chronic mental health issues, difficulty maintaining relationships, low self-esteem, and challenges in adapting to independent life. Some may also be at higher risk of substance abuse or re-victimization.

In conclusion, captivity has profound and multi-dimensional effects on children, impacting their emotional well-being, cognitive development, social relationships, behavior, and physical health. Early intervention, rehabilitation, and supportive environments are essential to help affected children recover and rebuild their lives.

Textile fabric design can be a powerful medium for educating the public about captivity, especially in contexts where cloth carries cultural meaning, storytelling value, and strong visual impact. By translating complex social issues into symbols, patterns, and wearable messages, textiles make the subject of captivity more visible, understandable, and discussable within



communities. One effective approach is the use of symbolic imagery and motifs. Designers can create patterns that represent restriction, control, and loss of freedom such as chains, enclosed shapes, cages, or repeated boxed patterns. These symbols visually communicate the idea of confinement without needing lengthy explanations. In contrast, elements like broken chains, open spaces, or flying birds can symbolize freedom, rescue, and hope, helping viewers understand both the problem and the possibility of change.

Textiles can also incorporate narrative or storytelling designs. Through sequential arrangement of motifs, a fabric can illustrate a journey from captivity and suffering to awareness, intervention, and liberation. This storytelling approach makes the issue more relatable and helps audiences grasp the causes and consequences of captivity in a simple, visual way.

Another important strategy is the inclusion of short advocacy messages within the fabric. Words or phrases such as “End Child Captivity,” “Freedom for Every Child,” or “Speak Up” can be repeated as part of the pattern. When these textiles are worn or displayed, they become mobile educational tools that spark curiosity and conversation in public spaces.

Colour symbolism further strengthens the message. Dark or muted colours (such as black, grey, or deep red) can be used to represent fear, suffering, and oppression, while brighter colours (such as white, green, or yellow) can symbolize hope, safety, and healing. The transition or contrast between these colours can visually communicate movement from captivity to freedom. Textiles can also be used in public awareness campaigns and exhibitions. Printed fabrics can serve as banners, backdrops, or installations during school programs, community outreach, and advocacy events. Their visual presence attracts attention and reinforces educational messages when combined with talks, drama, or workshops.

A participatory approach is equally valuable. Involving community members, especially youth, in designing and producing the fabrics encourages deeper understanding of captivity. It allows individuals to express their perspectives creatively while learning about the issue, making the education process more engaging and impactful. Additionally, integrating these designs into fashion and everyday clothing helps normalize conversations around captivity. When people wear fabrics with meaningful designs, they act as ambassadors of awareness, spreading the message beyond formal educational settings.

Finally, designers can incorporate cultural symbols and proverbs that emphasize protection, freedom, and communal responsibility. This ensures that the message resonates with local values and traditions, making it more effective and easier for the public to accept and reflect upon.

In conclusion, textile fabric designs can educate people on captivity by combining symbolism, storytelling, colour, and written messages in culturally meaningful ways. As both visual art and everyday material, textiles have the unique ability to raise awareness, provoke discussion, and inspire action toward protecting vulnerable children.

Teenage pregnancy, defined by UNICEF as pregnancy occurring between the ages of 13 and 19 years, remains a significant global public health and social concern, with approximately 16 million adolescent girls giving birth annually, the majority in low- and middle-income countries (David, 2025). Although teenage motherhood may be a positive experience for some young women, it is frequently associated with adverse health, educational, and socioeconomic outcomes, including poverty, reduced educational attainment, unemployment, and poor



maternal and child health. Children born to teenage mothers are also at greater risk of becoming teenage parents themselves (Cook, 2017; David, 2025). In the United Kingdom, despite a substantial decline in teenage pregnancy rates since the late 1990s, the country has historically recorded one of the highest rates in Western Europe, with teenage pregnancy closely linked to socioeconomic deprivation and long-term disadvantage for both mothers and their children (Cook, 2017).

Whilst teenage motherhood can be a positive experience for some young women, in the UK it is often associated with poor social and health outcomes for mother and child. These associations remain after adjusting for pre-existing social, economic, and health problems. Teenage pregnancy is therefore often both a marker of social and economic disadvantage at a young age and a cause of further disadvantage, emotional and physical health problems, Cook, (2017).

Teenage pregnancy is influenced by various social factors, including socioeconomic disadvantage, limited educational opportunities, and, in some settings, child and adolescent marriage, with the associated risk factors varying across countries (Cameron, 2017).

Although parenthood can be a positive experience for some adolescents, teenage pregnancy is generally linked to adverse social outcomes, including reduced educational attainment, unemployment, poverty, and social exclusion, many of which are compounded by pre-existing social inequalities (Cook, 2017). Consequently, teenage pregnancy has been recognized as a significant social issue, prompting the implementation of comprehensive prevention strategies that combine education, reproductive health services, and social support to reduce pregnancy rates and improve outcomes for teenage parents and their children (Cameron, 2017).

Teenage pregnancy has wide-ranging effects on the physical health, emotional well-being, education, and future opportunities of young mothers, as well as on their children and society. Because adolescents are still developing, pregnancy often introduces risks and challenges that are more complex than in adulthood.

One of the most immediate concerns is physical health. Pregnant teenagers face higher risks of complications such as anemia, high blood pressure, and obstructed labor. Conditions like Preeclampsia are more common in young mothers and can endanger both mother and baby. Their bodies may not yet be fully mature for childbirth, increasing the likelihood of medical interventions or complications during delivery.

Teenage pregnancy also has strong emotional and psychological effects. Many young mothers experience fear, anxiety, stress, and sometimes depression due to the sudden responsibility of parenthood. Feelings of shame or stigma from family and society can worsen their mental health, leading to low self-esteem and social withdrawal.

Another major impact is on education. Teenage mothers often struggle to continue schooling due to childcare responsibilities, financial difficulties, or social stigma. Some drop out entirely, which limits their chances of acquiring skills and qualifications. This disruption can affect their long-term career prospects and economic independence.

In terms of *economic consequences*, teenage pregnancy is closely linked to poverty. Young mothers may lack the financial resources to support themselves and their children, especially



if they are unable to complete their education. This can lead to dependence on family members or low-paying jobs, creating a cycle of economic hardship.

Teenage pregnancy also affects *social relationships*. Relationships with family, peers, and partners may become strained. Some teenagers face rejection or lack of support, while others may enter unstable or early marriages. Their social life often becomes restricted, leading to isolation from peers.

There are also *effects on the child* born to a teenage mother. Babies of teenage mothers are more likely to be born prematurely or with low birth weight. They may face health challenges and, in some cases, developmental delays. Additionally, children may grow up in environments with limited financial and emotional resources, which can affect their overall development.

The **long-term consequences** can extend into adulthood. Teenage mothers are more likely to experience ongoing financial instability, limited career growth, and repeated early pregnancies. Without proper support, these challenges can persist and affect both mother and child over time.

In conclusion, teenage pregnancy has significant physical, emotional, educational, economic, and social effects. Addressing it requires comprehensive education, access to reproductive health services, family support, and community awareness to help young people make informed decisions and improve their future outcomes.

Textile fabric designs can be used as powerful tools to educate the public on teenage pregnancy by transforming cloth into a medium of visual communication, cultural expression, and social advocacy. In many societies, especially within African contexts, textiles are not only used for clothing but also for conveying messages, values, and shared experiences. When thoughtfully designed, fabrics can raise awareness, challenge stigma, and promote informed decision-making among young people.

One effective approach is the use of **symbolic motifs and imagery**. Designers can create patterns that represent the realities and consequences of teenage pregnancy, such as interrupted schooling, emotional distress, or early responsibility. For instance, imagery like a school book alongside a baby symbol can communicate the conflict between education and early motherhood. Broken lines or disrupted patterns may symbolize interrupted life goals, while supportive imagery—such as holding hands or protective figures can represent care and guidance.

Textiles can also include **educational messages and short slogans** embedded within the design. Phrases like “Stay in School,” “Avoid Teenage Pregnancy”, “Your Future Matters,” “Stop the Stigma,” or “Delay Parenthood” can be repeated across the fabric. When worn or displayed in public, these messages become visible reminders that spark conversations and increase awareness in everyday settings such as schools, markets, and community events.

Another method is **storytelling through fabric design**. Patterns can be arranged to depict a sequence from peer pressure or lack of information, to pregnancy, and then to the challenges of early motherhood. This narrative approach helps viewers understand both the causes and effects of teenage pregnancy in a simple and relatable way, even for those with limited literacy.



Colour symbolism plays an important role in communicating meaning. Designers may use darker or dull colours to represent struggle, confusion, or hardship, while brighter colours can symbolize hope, education, and positive choices. The contrast between these colours can visually represent the difference between risky decisions and informed life choices.

Textiles can also be used in **public health campaigns and educational programs**. Printed fabrics can serve as banners, posters, or exhibition materials during awareness campaigns in schools, clinics, churches, and community centers. When combined with talks, workshops, or drama performances, they reinforce learning and leave lasting impressions on the audience.

A participatory approach enhances effectiveness. **Involving young people, parents, and local artisans in designing the fabrics** encourages dialogue and deeper understanding of teenage pregnancy. It allows communities to express their concerns and solutions creatively, making the message more relatable and impactful.

In addition, integrating these fabrics into **fashion and every day wear** turns clothing into a mobile form of education. When teachers, youth leaders, or influencers wear such designs, they help normalize discussions around sexual and reproductive health and reduce the stigma associated with teenage pregnancy.

Finally, incorporating **cultural symbols, proverbs, and local language** ensures that the message resonates with the target audience. This cultural relevance makes the educational content more meaningful and easier to accept within the community.

In conclusion, textile fabric designs can effectively educate people on teenage pregnancy by combining symbolism, storytelling, colour, and written messages in culturally appropriate ways. As both functional items and artistic expressions, textiles have the unique ability to spread awareness, encourage dialogue, and promote responsible choices among young people.

In all, the study demonstrates that textile design can serve as both an educational and advocacy tool. It not only communicates powerful messages about sexual harassment, sexual abuse, child depression, and teenage pregnancy but also offers therapeutic benefits by enabling emotional expression and community connection. Textile art, therefore, stands as a unique medium that bridges creativity with activism, making social issues visible while promoting healing and awareness.

CONCLUSIONS AND RECOMMENDATIONS

The integration of thematic and visual analyses provided a comprehensive understanding of the textile design as social Advocacy; creative interventions in sexual harassment, sexual Abuse, Child depression and Teenage Pregnancy. Thematic analysis illuminated recurring ideas of suffering, vulnerability, exploitation, resilience, hope, and advocacy, while visual analysis revealed how colour, motifs, pattern, texture, and composition conveyed meaning. Through interpretive memos, these design choices were situated within broader scholarly discussions on sexual harassment, sexual abuse, child depression, captivity, and teenage pregnancy, thereby linking aesthetic decisions to critical social issues and reinforcing the designs' interpretive depth. Educational institutions, especially art and design schools, should incorporate textile based social advocacy into their curricula. This will empower students to



use creative design as a tool for addressing sensitive social issues such as sexual harassment, abuse, child depression, and teenage pregnancy. Textile designers and artists should collaborate with organizations such as World Health Organization and UNICEF, as well as local NGOs, to ensure that messages embedded in textile designs are accurate, culturally sensitive, and impactful.

Workshops should be organized within communities to engage young people, parents, and stakeholders in textile design processes. This participatory approach will create awareness and encourage dialogue on sexual abuse, harassment, child depression, and teenage pregnancy. Designers should incorporate culturally relevant symbols, colours, and motifs to communicate messages effectively. Indigenous textile traditions can be adapted to reflect contemporary social issues, making the designs more relatable and meaningful. Textile artworks addressing these issues should be displayed in public spaces, galleries, and exhibitions to reach a wider audience. Traveling exhibitions and community displays can further enhance visibility and advocacy impact.

Designers should leverage digital platforms such as social media, websites, and online galleries to showcase textile advocacy works. This expands outreach beyond physical spaces and engages a broader, especially younger, audience. Government bodies and cultural institutions should provide funding and policy support for creative projects that address social issues through textile design. Grants, sponsorships, and competitions can motivate artists to engage in advocacy work. Textile design processes such as weaving, dyeing, and embroidery should be used as therapeutic tools for survivors of abuse and children experiencing depression. These activities can promote emotional expression, healing and resilience. Further research should be conducted to evaluate the effectiveness of textile design as a medium for social advocacy. Documentation of projects, outcomes, and audience responses will help build academic and practical knowledge in this area. Designers must approach these topics with care, ensuring that representations do not exploit victim's experiences. Respect for privacy, dignity, and cultural values should guide all creative outputs.

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