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ORIGINAL RESEARCH

Hairdressers as Mental Health Gatekeepers in Adolescent Sextual Reproductive Health Contexts in Northern Uganda

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Background: Adolescents aged 10–19 in sub-Saharan Africa face overlapping sexual, reproductive, and mental health challenges, exacerbated by stigma, poverty, and limited youth-friendly services. Despite the documented intersection between adolescent sexual and reproductive health (SRH) and mental health, integrated interventions remain scarce, especially in resource-limited settings like Northern Uganda. Hair salons serve as culturally accepted social spaces where hairdressers often engage adolescents in personal discussions, suggesting their potential as informal mental health gatekeepers within SRH contexts.

Methods: A qualitative exploratory study was conducted in Lira City and peri-urban Norther

n Uganda using in-depth interviews (IDIs) and focus group discussions (FGDs) with adolescent girls and hairdressers. Purposive sampling was employed until thematic saturation. Data were analyzed thematically, focusing on adolescents' experiences, hairdressers' perspectives, and emerging opportunities for integration.

Results: Hair salons were identified as trusted, non-judgmental environments where adolescents disclosed mental health and SRH concerns. Hairdressers provided informal emotional support and advice, and adolescents valued their confidentiality and empathy. Challenges such as stigma, restrictive gender norms, and limited referral pathways constrained this role. Both groups expressed readiness for training to strengthen psychosocial support and linkage to formal health services.

Conclusion: Hairdressers in Northern Uganda act as critical informal gatekeepers for adolescent mental health and SRH, providing culturally relevant support in trusted community spaces. These findings highlight the need for structured training and referral mechanisms to harness this potential and improve adolescent health outcomes.

Keywords: adolescents, mental health, sexual and reproductive health, hairdressers, gatekeepers

Introduction

Adolescents aged 10–19 in sub-Saharan Africa face a complex mix of sexual, reproductive, and mental health challenges that are deeply interconnected and mutually reinforcing.[1] As of 2019, adolescents aged 15–19 years in low- and middle-income countries (LMICs) experienced an estimated 21 million pregnancies annually, nearly half of which were unintended, resulting in approximately 12 million births.[2] Among these unintended pregnancies, 55% ended in abortion, many of which were unsafe due to legal and systemic barriers.[2] Childbirth among younger adolescents is also a growing concern, with the global adolescent birth rate for girls aged 10–14 estimated at 1.5 per 1,000 women in 2023, and higher rates observed in sub-Saharan Africa (4.4) and Latin America and the Caribbean (2.3).[2] These risks are further exacerbated by stigma, poverty, gender inequality, and poor access to youth-friendly services. Concurrently, mental health conditions such as depression, anxiety, and self-harm are among the leading causes of disability-adjusted life years (DALYs) lost during adolescence, contributing to about 16% of the disease burden in 10–19-year-olds.[3] Despite affecting

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10–20% of adolescents worldwide, with disproportionately high rates in sub-Saharan Africa, mental health and SRH continue to be addressed separately in most policy and programmatic efforts, even though evidence increasingly supports the need for integrated, intersectional approaches.[4]

The intersection between adolescent SRH and mental health is increasingly acknowledged in research, yet remains poorly integrated in practice particularly, in low-resource settings. Evidence shows that adolescents with untreated mental health conditions are more likely to engage in risky sexual behaviors such as early sexual debut, inconsistent contraceptive use, and unprotected sex, which heightens their vulnerability to sexually transmitted infections (STIs), unintended pregnancies, and unsafe abortions. Conversely, adverse SRH experiences including sexual violence and unintended pregnancy can precipitate or exacerbate mental health conditions such as depression and anxiety. A systematic review highlighted a wide prevalence of mental ill-health among adolescents in connection to pregnancy and reproductive outcomes, particularly during the postpartum period, where adolescents were found to be at significantly higher risk of depression compared to adults.[5] Similarly, adolescent girls in low- and middle-income countries (LMICs) often navigate overlapping SRH and mental health risks, yet health systems continue to respond through fragmented, siloed interventions.[4] Our study reinforces this critique by showing that hair salons in Uganda are organically bridging this gap: adolescents rely on hairdressers as informal yet trusted sources of psychosocial support and SRH guidance.

Hair salons offer a largely untapped yet promising pathway for addressing gaps in psychosocial support, particularly for underserved populations. A study conducted in Australia reported that approximately 43% of conversations between hairdressers and clients involved moderate to severe psychosocial concerns, including substance use, violence, and emotional distress.[6] The study found that hairdressers' experience and emotional responsiveness significantly influenced their readiness to offer informal support.[6] Although conducted in a high-income, non-African context, the findings lend empirical weight to the potential role of hairdressers as informal mental health gatekeepers. While initiatives in the United States have shown that salons can be effective platforms for increasing access to health services,[7,8] African-based evidence remains scarce—limited to a few small-scale qualitative studies and surveys conducted in Durban, South Africa.[9,10] In many African contexts, similar community support roles are more commonly filled by barbers, traditional healers, or religious leaders, indicating the cultural feasibility and potential of engaging hair stylists in informal psychosocial care.

The burden is particularly pronounced in Northern Uganda, a region still grappling with the long-term effects of two decades of armed conflict. A 2023 community-based study in Lira District reported that 66% of adolescents exhibited symptoms of poor emotional well-being, while 41% had experienced four or more adverse childhood events like neglect, violence and displacement. Nearly 40% did not know where to seek help for mental health issues, and few health facilities provided any form of psychosocial support. The national mental health system is severely under-resourced, with only 0.08 psychiatrists per 100,000 people—about one per million—and most professionals concentrated in urban centers. These structural limitations render clinic-based approaches insufficient, especially in rural and post-conflict areas like Northern Uganda.[5]

Hair salons serve as trusted social spaces, particularly for adolescent girls. These venues provide a culturally accepted setting where young people can discuss personal matters with trusted adults in a non-judgmental environment. Hairdressers, by virtue of frequent and intimate interactions with clients, may be able to detect early signs of psychological distress and risky sexual behavior. International models such as the Bluemind Foundation's "Heal by Hair" initiative in West Africa, which trained hairdressers to offer psychosocial first aid and link clients to services, demonstrate the feasibility and impact of such community-driven approaches.[11] This strategy is especially vital in regions with limited professional infrastructure and high stigma around mental health.[12] This study therefore seeks to explore the role of hairdressers as mental health gatekeepers within adolescent SRH contexts in Northern Uganda. By qualitatively examining both adolescents' and hairdressers' experiences and perspectives, the research aims to assess whether and how stylists can serve as accessible, culturally relevant, and scalable sources of psychosocial support. In doing so, it contributes to a growing body of literature that advocates for intersectional, integrated, and community-rooted approaches to adolescent well-being in sub-Saharan Africa.

Methods

Design and Setting

This study employed a qualitative exploratory design conducted in May and June, 2025. A phenomenological approach guided the inquiry to understand how hairdressers and adolescents experience and interpret their interactions around mental health and SRH. This design was selected to gain context-rich insights into participants' lived experiences and to explore the social dynamics and perceived roles of hairdressers as informal mental health gatekeepers.

The study was conducted in Lira City and selected peri-urban areas in Northern Uganda. Lira City, located approximately 337 kilometers north of Kampala, is a rapidly growing urban center and the administrative capital of Lira District, with an estimated population of over 400,000. The city and its peri-urban areas have a predominantly youthful population, with many adolescents facing vulnerabilities linked to the region's history of prolonged conflict involving the Lord's Resistance Army.[13] This has left lingering gaps in formal health services, including mental health care, and a scarcity of trained professionals.[14] The peri-urban communities surrounding Lira are characterized by mixed residential zones, including informal settlements where economic hardship and traditional cultural norms influence health behaviors.[15] Hair salons in these settings are popular and accessible gathering spots for adolescent girls and young women, providing culturally relevant social environments where informal emotional and psychosocial support naturally occurs.

Study Participants

The study involved 32 participants, comprising 20 adolescent girls aged 13–19 years and 12 hairdressers aged 18 years and above. Adolescents were eligible if they had visited a hair salon within the past three months, resided in Lira City or nearby peri-urban areas for at least six months, and were willing to discuss their experiences related to mental health and SRH. Hairdressers were included if they had at least one year of experience, regularly served adolescent clients, and were willing to participate. Adolescents with severe psychological distress or communication difficulties, and hairdressers who were trainees or did not interact with adolescents, were excluded. Participants were selected through purposive sampling until thematic saturation was reached.

Sample Size and Sampling Procedure

A purposive sampling strategy was employed to select participants who could provide rich and relevant insights aligned with the study objectives. The sample comprised 20 adolescent girls and 10 hairdressers for in-depth interviews, as well as two focus group discussions—one with six hairdressers and another with six adolescent girls. The six hairdressers who participated in the FGD were drawn from the same pool of 10 interviewed individually, while the adolescent FGD included participants not previously interviewed, ensuring diversity of perspectives without double counting. Sampling continued until thematic saturation was achieved, meaning no new information or themes emerged from additional data collection. Recruitment efforts were supported by local youth leaders, salon owners, and community health workers.

Data Collection Instruments

Semi-structured interview guides were developed separately for adolescents and hairdressers, exploring topics such as perceptions of mental health and SRH challenges among adolescents, the nature of discussions occurring in salons, hairdressers' responses to emotional or SRH concerns, perceived roles and limitations of hairdressers in providing support, and suggestions for capacity building or integration into community health strategies. Sample questions included: "How comfortable do adolescents feel talking about personal issues at the salon?", "Describe a moment when a stylist noticed distress and responded", "Have stylists ever guided conversations about sexual health?", "What concerns do adolescents have about confidentiality in salons?", and "What additional training or resources would help stylists?"

Procedure

Data collection occurred over a two-month period in May, 2025. Trained research assistants fluent in English and Luo conducted all interviews and FGDs in participants' preferred language. Interviews were held in private spaces within or near salons, lasting approximately 45–60 minutes each. FGDs lasted 90 minutes and were conducted in neutral community venues. All sessions were audio-recorded with participants' consent and later transcribed verbatim and translated into English. Field notes were taken to supplement audio recordings, capturing non-verbal cues and contextual information. Reflexivity was maintained throughout, with the research team regularly debriefing to identify and minimize bias.

Data Analysis

Thematic analysis was employed to analyze the qualitative data collected through in-depth interviews and focus group discussions (FGDs). Following Braun and Clarke's six-step approach, the research team first immersed themselves in the data by reading transcripts multiple times to become familiar with the content.[16] Verbatim transcripts were generated from audio recordings and translated into English where necessary. Initial codes were then systematically generated using both deductive and inductive approaches—guided by the study objectives and allowing new insights to emerge organically from the data.

The coding process was supported by NVivo 12 software, enabling effective organization and retrieval of data. Codes were grouped and compared across interviews and FGDs to identify patterns, similarities, and differences between the adolescent and hairdresser cohorts. Emerging codes were organized into broader thematic categories, which were refined through iterative review and team debriefs to ensure clarity, coherence, and internal consistency. Special attention was given to the emotional tone, narrative structure, and contextual cues noted in field observations.

Themes were finalized through collaborative discussions among the research team, guided by both the frequency and the salience of issues raised. The process maintained reflexivity and incorporated peer validation to enhance credibility. The final themes captured the nuanced ways adolescents and hairdressers perceived and engaged with issues related to mental health, sexual and reproductive health (SRH), and informal psychosocial support within salon settings.

Ethical Considerations

The study was reviewed and approved by the Lira University Research Ethics Committee (LUREC-2024-309). Additional clearance was obtained from the Uganda National Council for Science and Technology (UNCST). Written informed consent was obtained from all participants aged 18 and above. For minors (aged 13–17), assent was obtained alongside parental or guardian consent. Confidentiality and anonymity were maintained throughout, and participants could withdraw at any point without consequence. The study was conducted in compliance with the principles of the Declaration of Helsinki. Psychosocial support referral mechanisms were in place for participants experiencing distress. Informed consent also covered permission for the use of anonymized responses and direct quotes in publications.

Results

Demographic Information of the Participants

A total of 32 participants took part in the study, including 20 adolescent girls and 12 hairdressers. Table 1 summarizes the key demographic characteristics of both groups. The adolescent participants ranged from 13 to 19 years, with a mean age of 16.4 years. Most were in school, though a few had dropped out due to pregnancy or financial constraints. The majority reported frequent visits to salons, typically for hair plaiting or styling services. Hairdressers ranged from 20 to 35 years of age, with salon experience ranging between 1 and 10 years (mean experience: 4.8 years). All had regular interactions with adolescent clients, and several had prior experience offering informal advice or emotional support.

Themes and Subthemes

Thematic analysis yielded four major themes with corresponding subthemes that highlight the perspectives of both adolescents and hairdressers regarding the potential of salons as spaces for psychosocial support related to SRH and

Table 1 Demographic Characteristics of Study Participants

Participant Group	Characteristic	Category	Frequency (%)
Adolescents (n=20)	Age (years)	13–15	8 (40.0)
		16–19	12 (60.0)
	School attendance	In school	14(70.0)
		Out of school	6 (30.0)
	Marital status	Single	17 (85.0)
		Married/Co-habiting	3(15.0)
	Frequency of salon visits	At least once a month	18(90.0)
		Rarely (< once every 3 months)	2(10.0)
	Previous SRH discussion in salon	Yes	13(65.0)
		No	7(35.0)
Hairdressers (n=12)	Age (years)	20–25	5(41.7)
		26–35	7(58.3)
	Years of experience	1–3 years	6(50.0)
		4–10 years	6(50.0)
	Formal training in hairdressing	Yes	8(66.7)
		No (apprenticeship only)	4(33.3)
	Prior mental health training	Yes	1(8.3)
		No	11(91.7)
	Ever counseled a client	Yes	9(75.0)
		No	3(25.0)

mental health. These themes reveal a unique, under-recognized role of hairdressers in adolescent well-being and offer insight into the informal support systems that exist within community-based spaces.

Theme 1: Hair Salons as Safe and Trusted Social Spaces

This theme captures the perception of hair salons as more than places for beauty and grooming. They were seen by adolescents as emotionally secure, socially neutral, and non-institutional spaces where they could relax and express themselves without fear of judgment. Unlike home, where certain topics might trigger reprimand, or school, where hierarchies and peer pressure prevail, salons offered a unique environment that enabled personal disclosure and connection.

Subtheme 1.1: Comfort and Openness in Salon Environments

Adolescents described salons as safe havens, where they were not only beautified but emotionally heard. The physical closeness during hair styling, the extended interaction time, and the informal setting fostered a culture of openness.

> I go there… You can say things you can't even tell your mother. … She listens like a sister. — Adolescent, age 16

> At home, you have to be careful what you say… In the salon, no one is shouting or judging. — Adolescent, age 15

These excerpts illustrate that salons functioned as informal therapy spaces where young people could be vulnerable and feel accepted, with hairdressers unintentionally acting as mental health gatekeepers.

Subtheme 1.2: Non-Judgmental Relationships with Hairdressers

Hairdressers were described as approachable confidantes who held a middle ground between peer and parent.

> Girls come in and open up… They talk about relationships, regrets, or fears. I just listen carefully and give a word or two if I feel it can help. — Hairdresser, age 28

> They tell me personal things because they know I'll keep it private… Whatever you say here stays here. — Hairdresser, age 23

The above highlights how confidentiality, neutrality, and empathy made hairdressers trusted figures, distinct from authority figures at home or school.

Theme 2: Recognition of Emotional Distress and Risky Behavior

This theme highlights the capacity of hairdressers to detect early signs of emotional turmoil and risky SRH behaviors among adolescents. Due to their routine, informal, and trusted interactions, hairdressers were uniquely positioned to notice behavioral shifts that may go unnoticed by teachers or even parents. These subtle observations often led to candid discussions around stress, relationships, and reproductive challenges.

Subtheme 2.1: Observing Changes in Mood and Behavior

Hairdressers described being attuned to behavioral changes among adolescent clients such as becoming unusually quiet, withdrawn, or opting for sudden, drastic changes in hairstyle. These shifts were often read as non-verbal expressions of internal distress or attempts to regain control amid emotional turmoil

> When a girl… sits down without saying much, or suddenly wants to chop off her hair… that's usually a sign something deeper is going on. — Hairdresser, age 26

These observations demonstrate how stylists' ongoing interactions positioned them as frontline observers of distress.

Subtheme 2.2: Discussions Around SRH-Related Challenges

Conversations frequently included unintended pregnancies, missed periods, or fears of Sexually Transmitted Infections.

> A girl whispered, 'I think I'm pregnant,' then started crying… She hadn't told anyone. — Hairdresser, age 30

These disclosures reveal the convergence of SRH concerns and emotional distress, underscoring the supportive yet untrained role of hairdressers.

Theme 3: Informal Counseling and Support Roles

In this theme, participants acknowledged the informal yet impactful role hairdressers play in offering psychosocial support. Though untrained, many hairdressers provided comfort, advice, and mentorship akin to peer or elder counseling.

Subtheme 3.1: Providing Advice and Reassurance

Hairdressers frequently shared how they offer informal counseling rooted in lived experience and cultural understanding. Topics often included peer pressure, relationships, staying in school, coping with rejection, or navigating puberty-related stress. Though they lacked professional training, their advice was grounded in personal reflection, maternal instincts, and social wisdom.

> When the girls come and start talking about their boyfriends ……., a parent. I talk gently, like a big sister. I tell them, 'You're still young, don't rush into adult things and you have time.' I even tell them stories from my own teenage years, including the mistakes I made. That way, they know I'm not judging them, I just want to help them avoid the pain I went through. And honestly, they listen more when they feel understood. — Hairdresser, age 26

This shows how stylists gave relatable guidance in a non-authoritative tone, often more impactful than adult lectures.

Subtheme 3.2: Emotional First Aid and Active Listening

Beyond advice, many hairdressers spoke about offering a listening ear during emotionally vulnerable moments. For adolescents dealing with anxiety, family stress, or romantic heartbreak, the salon was described as a space where they could be vulnerable without fear of judgment.

> She came in looking really down… then suddenly burst into tears. I just held her hand and let her talk. — Hairdresser, age 27

These shortened narratives highlight salons as therapeutic spaces where active listening was itself a form of healing.

Theme 4: Need for Training and Referral Linkages

This theme highlights the tension between the important role hairdressers play in providing support and their limited capacity to address complex mental health and SRH issues. Although trusted by adolescents, many hairdressers expressed fears about saying the wrong thing or giving harmful advice. Both groups—hairdressers and adolescents recognized the need for training and stronger referral mechanisms to professionals.

Subtheme 4.1: Limited Knowledge and Fear of Misinformation

Hairdressers expressed genuine concern about their lack of formal training, especially when adolescents disclosed serious and sensitive issues. While they were often the first point of contact for emotional support, they felt ill-equipped to respond effectively.

> There was a time I told a girl about how I left a toxic relationship when I was younger. She looked relieved, like she wasn't alone. But later, I wondered—*Did I just encourage her to leave home? Did she understand what I meant?* It's hard carrying that uncertainty. You want to be a support system, not a trigger. And when you're not trained, it's hard to know the line between comforting and giving unqualified advice. — Hairdresser, age 25

This hairdresser shared how she often listens to young girls discuss deeply personal issues, including unplanned pregnancies or abuse. While she wants to help, she acknowledged a fear of unintentionally making things worse by giving incorrect advice. She explained that although she offers words of comfort or encouragement, she sometimes feels out of her depth:

In this reflection, another hairdresser shared the emotional toll that such disclosures take:

> You sit there, trying to hold it together, smiling, nodding, doing her hair. But your mind is racing. These are not small problems —they're life-changing things. And they trust me. That's the scary part. They believe I know what to say. But I don't. I only have my own experiences and instincts. That's why I sometimes just keep quiet and let them talk, even if I want to say more. — Hairdresser, age 30

These quotes reveal not just the emotional toll of informal counseling but also the deep ethical concerns hairdressers carry. They emphasize the critical need for formal guidance, particularly in recognizing warning signs and knowing when to refer adolescents to qualified professionals.

Subtheme 4.2: Interest in Mental Health and SRH Training

Despite these limitations, there was a strong willingness and eagerness among hairdressers to receive training. Many viewed such training not as a burden but as a way to enhance their ability to serve their communities better. Adolescents, too, expressed interest in seeing their stylists better equipped to help them beyond just listening.

> If they could teach us how to help better or refer them somewhere, I would be happy to learn.— Hairdresser, age 32

> If my stylist had a place to send me, I would have gone. It's easier to open up at the salon than at the clinic. — Adolescent, age 15

These accounts demonstrate that salons already serve as informal care hubs, and with structured support and clear referral pathways, they could play a more effective role in the mental health and SRH ecosystem for adolescents.

Discussion

The aim of this study was to explore the role of hairdressers as mental health gatekeepers in adolescent SRH contexts in Northern Uganda. The findings revealed that hair salons serve as informal yet vital psychosocial support spaces for adolescents, offering emotional safety, non-judgmental relationships, and trusted adult engagement. Four major themes emerged from the analysis: (1) Hair salons as safe and trusted social spaces where adolescents felt comfortable discussing sensitive issues; (2) Hairdressers' recognition of emotional distress and risky behavior, facilitated by their routine and informal interactions; (3) Their role in providing informal counseling and emotional support, despite lacking formal training; and (4) The expressed need for capacity-building and referral linkages to enhance their effectiveness and prevent harm. These themes underscore the untapped potential of salon environments as entry points for adolescent mental health and SRH interventions, provided hairdressers are supported through training and integration into formal health systems.

Our findings revealed that hair salons function as informal yet significant psychosocial spaces where adolescents feel emotionally safe and supported while discussing sensitive SRH and mental health issues. Adolescents described salons as non-judgmental environments where they could confide in trusted adults, particularly hairdressers, who often recognized signs of emotional distress or risky behavior. These interactions were often spontaneous and built on long-standing trust and familiarity, offering adolescents a culturally acceptable space to express themselves without fear of stigma or breach of confidentiality. This aligns with Sattler and Deane's study in Australia, which documented the role of hairdressers in addressing psychosocial issues through everyday conversations.[6] However, our study extends this understanding to a low-resource, post-conflict African context, where formal mental health infrastructure is severely limited. Similar findings have been reported in other African contexts, where informal community actors such as barbers in South Africa, traditional healers in Kenya, and community health workers in Ghana provided psychosocial support and acted as first points of contact for youth in distress. By situating our findings within this broader African landscape, we strengthen the transferability of the claim that trusted community-based professionals can complement fragile health systems. In Northern Uganda, where the adolescent population is disproportionately affected by trauma, poverty, and limited access to professional psychosocial services, the role of hair salons becomes even more pronounced.

Our findings also revealed that hairdressers, despite lacking formal training, regularly provided informal counseling and emotional support to adolescent clients. These routine interactions created opportunities for hairdressers to act as early identifiers of psychological distress or SRH risks, often offering listening ears, reassurance, and basic guidance. This informal support system starkly contrasts with the vertical and siloed approaches commonly seen in adolescent health programming in sub-Saharan Africa, where SRH and mental health are typically addressed separately through fragmented services. By capturing the lived experiences of both adolescents and hairdressers, our study supports the growing literature for more integrated, context-sensitive strategies that reflect how young people actually seek and receive help.[17] This resonates with comparative models such as Nigeria's use of patent medicine vendors as gatekeepers in SRH or Ethiopia's health extension workers, both of whom have been successfully integrated into primary health initiatives. These insights suggest that rather than importing top-down models, policy and programming should recognize, strengthen, and formalize such grassroots structures already providing support on the ground.

Our results also showed a strong gendered dynamic, as female hairdressers often provided maternal-like support to adolescent girls, who viewed them as accessible and understanding confidants. This relational dynamic created a safe, culturally accepted environment where adolescents could openly discuss sensitive issues such as menstrual health, unintended pregnancy, or emotional distress following experiences like sexual violence. Unlike institutional healthcare providers who were sometimes perceived as judgmental, distant, or stigmatizing, hairdressers were consistently described as empathetic and trustworthy. This reinforces their potential role as frontline, community-based gatekeepers for both SRH and mental health needs. While this echoes findings from West African models such as the "Heal by Hair" initiative, which emphasized hairdressers' psychosocial role,[11] Our findings add nuance by situating these roles in a post-conflict and resource-limited Ugandan context,[18] emphasizing how cultural intimacy and gendered trust shape adolescents' willingness to disclose.

Our study adds to the growing literature advocating for community-rooted, culturally relevant, and gender-sensitive approaches to adolescent health.[19] By identifying hair salons as trusted support spaces and hairdressers as informal mental health and SRH gatekeepers, our research contributes a novel model for integrated care delivery in low-resource settings. These findings carry important practical implications: with modest investment in capacity building, referral

pathways, and supervision, hairdressers could be trained to play a more structured role in promoting adolescent well-being. This not only offers a cost-effective and scalable intervention but also aligns with broader global health goals of task-shifting and community engagement.[20] The comparative lessons from other African gatekeeping models suggest that scaling such interventions is feasible and contextually adaptable, provided they are supported by policies that recognize informal providers as legitimate partners in adolescent health promotion. Our work therefore lays a critical foundation for future controlled studies to assess the feasibility, acceptability, and impact of such models, potentially transforming how SRH and mental health services are delivered to vulnerable adolescents in similar contexts.

Strengths and Limitations of the Study

A key strength of this study lies in its qualitative, community-based approach that foregrounds the lived experiences of both adolescents and hairdressers within a culturally relevant and often overlooked setting. The study was able to capture rich insights into the informal yet significant role hair salons play in adolescent psychosocial support. The inclusion of both service providers (hairdressers) and beneficiaries (adolescents) allowed for a more holistic understanding of the interpersonal dynamics and trust that define salon interactions. Additionally, the study sheds light on grassroots, gender-sensitive support mechanisms operating outside traditional healthcare and educational systems, offering practical entry points for community-based mental health and SRH interventions. This focus on an under-explored group of gatekeepers contributes novelty and adds to the growing body of evidence that informal, community-rooted actors can serve as bridges between vulnerable populations and formal health systems.

However, the study is not without limitations. Its findings are based on a small, purposively selected sample from urban and peri-urban settings in Northern Uganda, which may limit the generalizability to rural areas or other regions with different cultural norms and access to services. This urban bias suggests that the perspectives of rural adolescents—who often experience greater barriers to psychosocial and SRH support—remain underrepresented. The reliance on self-reported narratives also introduces potential biases, such as social desirability or recall bias, which may have influenced the responses. In addition, the voluntary participation of hairdressers and adolescents may have introduced self-selection bias, as those more open to discussing psychosocial issues could have been more likely to participate. Furthermore, the study did not include perspectives from other community stakeholders such as parents, health workers, or teachers, whose insights could have added depth to the understanding of adolescent support systems. These limitations highlight the need for larger, more diverse samples and triangulation with other stakeholder perspectives in future studies to enhance robustness and transferability.

Conclusion

This study highlights the critical yet under-recognized role that hairdressers play as informal mental health and SRH gatekeepers for adolescents in Northern Uganda. Hair salons emerged as trusted, non-institutional spaces where young people felt safe to disclose personal challenges, with hairdressers offering emotional support despite limited formal training. Given their unique position within the community, future research should employ controlled interventions to assess the impact of structured training programs for hairdressers on adolescent mental health and SRH outcomes, including referral efficiency, counseling effectiveness, and adolescent help-seeking behavior.

Data Sharing Statement

The datasets used and/or analyzed during the current study are available from the corresponding authors on reasonable request.

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Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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Disclosure

The authors declare that they have no competing interests.

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