Original Article

Understanding and Supporting Social and Emotional Learning Skills for Adolescent Girls During and After Covid-19 Pandemic in Uganda

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ABSTRACT

While COVID-19 affected everyone, adolescent girls were the most affected due to socio-economic barriers, further compounding their social and emotional well-being and Sexual and Reproductive Health (SRH). This study employed a Feminist Participatory Action Research methodology to understand the adolescent girls' social and emotional well-being and the Social-Emotional Skills (SES) they need for their SRH and learning during and post-COVID-19 period. The study participants included 158 adolescent girls from Yakwe school in Uganda. The study findings revealed an overwhelming majority of adolescent girls citing transactional sex for basic goods (especially menstrual hygiene products) and increasing social and emotional vulnerability to unplanned pregnancies. The study further revealed a lack of systemic support at school and family/community levels. The study recommends school-wide systemic supports targeting students, teachers, school leaders, and parents, prioritizing students' social and emotional skills, and allocating necessary resources to develop the structures needed to nurture and sustain SES.

INTRODUCTION

Adolescent girls in Sub-Saharan Africa (SSA) continue to face challenges to school attendance and educational attainment due to socio-cultural and economic barriers (Malhotra et al., 2021). These include unequal domestic burdens due to gendered norms (Booth, 2022) leading to a lack of equal ability to attend school and study at home, sexual harassment within the school environment (Mieszczanski, 2018) and within communities as girls are commuting to or from school (Ministry of Gender, Labour and Social Development (MoGL&SD), 2012), early pregnancy and motherhood (Nabugoomu et al., 2020).

These challenges have been compounded by the COVID-19 pandemic, which has negatively impacted about 1.3 billion learners globally due to school closures (UNESCO, 2020). In Uganda, 15,126,167 learners have been affected, most of whom are girls and young women (Ministry of Education and Sports, 2020). While the situation has disadvantaged all learners in SSA whose education has been interrupted, adolescent girls have suffered disproportionately (UNICEF, 2020). Not only have girls' educational opportunities been compromised, but their increased vulnerability as a result of unscheduled time out of regular school hours has proven to be enormously detrimental to their socio-emotional well-being and SRH, notably evidenced by the increased cases of teenage marriages and pregnancies (Kasirye, 2021). For example, in a single district of Tororo, 1,833 girls were reported pregnant within 90 days during the first shutdown in 2020 (Omollo, 2021). Recent studies have identified teen pregnancy as the prime driver of school drop-out for girls, locating the root cause of teen pregnancy in the acute socio-economic vulnerabilities such as lack of income for essential needs including menstrual hygiene products, separation from family members, and limited opportunities to health facilities (Oulo et al., 2021). Studies also locate the increase in girls' vulnerability to the lack of the SES they require to navigate the socio-cultural and economic challenges now compounded by the COVID-19

crisis (Malhotra et al., 2021). With more families under financial stress and many falling into poverty as a result of economic hardships brought about by the pandemic, many girls and young women have been forced to vend for their survival, with an increasing number of them resorting to transactional sex for survival. This has increased their vulnerability to sexually transmitted infections (STI) and unplanned teenage pregnancies, which are bound to increase further for adolescent schoolgirls due to school closures (Giannini, 2020; UNESCO, 2015).

The literature consistently demonstrates the significant role of Social and Emotional Skills (SES) in supporting girls' SRH and well-being generally, and particularly during difficult situations and crises (Gavin et al., 2010b; Gavin et al., 2010a; House et al., 2010; Jones & Doolittle, 2017). These skills are important to girls' SRH and well-being because they provide a protective buffer against risky sexual behaviours, reducing chances of early pregnancy and sexually transmitted infections (Lando-King et al., 2015). Social and emotional well-being undergirds girls' resilience, stress management, decision-making, and ability to foster meaningful and productive relationships with their peers and adults (House et al., 2010; Gavin et at., 2010a). However, while literature highlights the positive effects of SES on adolescents' SRH and well-being, what is often missing from the conversation is the voice of adolescent girls, especially within low-resourced contexts like Uganda.

Study Purpose

The purpose of the study was to explore Ugandan secondary schoolgirls': 1) understanding of SES related to their SRH; 2) existing SES skills and those they wished to acquire; and 3) understanding of the supports they needed to maximize their SRH during crises such as the current COVID-19 pandemic.

Central Research Questions

How can we understand and support Ugandan secondary school girls' social and emotional well-being and the support they need for their maximal

SRH during and post COVID-19 crisis? To respond to this central question, we were guided by three other related research questions:

- How do adolescent secondary schoolgirls define SES, social and emotional well-being, and how might these skills help adolescent girls overcome their challenges, especially related to SRH?
- How has COVID-19 affected Ugandan adolescent girls' well-being, acquisition of SES, and SRH?
- What SES do adolescent secondary schoolgirls prioritize for their SRH? How are these skills helpful to them during and post COVID-19 crisis?

STUDY METHODOLOGY

The study used a Feminist Participatory Action Research (FPAR) methodology, which positions participants as experts in their own contexts, acknowledging girls' experiences and insights as essential to understanding their socio-emotional well-being and the skills they need to improve their SRH (Chilisa & Ntseane, 2010; Hutchings, 2000; Jaggar, 1998; Lather, 2004). An FPAR methodology was chosen for this study because it shares the epistemology that knowledge and reality are subject to constant change. That reality is fluid, local, and constructed by the participants, and knowledge creation is closely linked to participants' experiences (Jacobs, 2016). Accordingly, participants in this study reflected upon their socio-emotional well-being and the SES they believed they needed to improve their SRH within their local context. Given the sensitivity of this research topic, safe, supportive spaces were created for the participants to feel as comfortable as possible to reflect upon and share their own situations and experiences. During the workshop, the research team placed a box within the room in which the girls anonymously and confidentially deposited written experiences they wanted to share or and questions they had. One of the female research assistants responded to the

questions in an open conversation after the session.

The main goal of using this approach was to have the voices, perspectives, and knowledge of the adolescent girls inform all aspects of the study, including methods, data collection, analysis, and report writing.

Study Sample

The study included a purposive sample ranging between 128 and 158 girls aged 13 to 19 years old, enrolled in Yakwe[1] Secondary School, eastern Uganda. These comprised all female students in class one through class three (S.1 to S.3). A sample size range was used because the study involved a series of activities, and the particular sample size in each activity depended on the number of girls present to participate in the activity. Due to the Covid-19 pandemic, the numbers kept fluctuating within the estimated range. In the first phase, the participatory workshop, 158 girls participated, while in the second phase, only 128 girls participated in the interviews. Besides the schoolgirls, three female teachers, one senior female teacher, and the deputy head teacher participated in the study as both informants and co-facilitators of the participatory workshops.

Data Generation

Using an iterative process, the study generated data through participatory workshops, interviews, field notes, and reflective journals. To ensure that the data generation process followed the local contexts and needs, challenges, and aspirations of the adolescent girls, the initial study phases informed the successive steps in the study process as follows:

Phase 1

This phase took place in April 2021, and it aimed to explore the participants' perspectives about SES. We started with a three-day participatory workshop in which the adolescent girls discussed

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[1] Yakwe Secondary School is a pseudonym used for the confidentiality/study purpose.

the following questions: What do we understand by SES? How do we define our social and emotional well-being? What do we understand as SRH? What (if any) SES do we already possess for our own SRH? What (if any) SES do we need to develop or improve for our SRH? How could SES be helpful to us during and post COVID-19 crisis?

During the last part of the workshop, we asked the participants to rank the SES and justify why they ranked a specific skill as the most salient concerning their own SRH and social and emotional well-being. After this exercise, the participants reflected on which of these SES they already possessed and those they would like to develop or improve. For confidentiality, we placed a box in the workshop room where girls who wished to share experiences and questions anonymously could write these on paper and deposit them. The co-researcher read and recorded these notes, and those that required a response were responded to. We then allocated two hours each day of the workshop for girls who wished to personally share their experiences with female teachers and/or the (female) researcher. This workshop was co-facilitated with the girls' female teachers and the Senior Woman teacher, who remained focal persons throughout the study period.

Phase 2

After two months, we planned another three-day workshop with the study participants. The aim was to detail and define the SES identified by the adolescent girls during the first workshop and to share their experiences about how they would have handled their SRH in the previous two months. However, due to the COVID-19 school closures at the time, we used a combination of face-to-face interviews (following COVID protocol) with the participants we could reach out to in their respective homes and phone interviews for those we could not reach at their homes or communities to obtain the data. Besides following up on initial research questions discussed during the first workshop, we also engaged participants

in exploring the impact of COVID-19 and the related school closures on the participants.

Phase 3

After the reopening of schools, we facilitated another one-day participatory workshop with the study participants to refine the definitions and list of SES adolescent girls considered most important for their SRH not previously discussed and decide on which skills are the most important for them. In this workshop, we paid utmost attention to the new skills identified and those not identified to understand the reasons for the change in the list of skills. The period between the workshop phases was kept to allow the study participants to internalize the contents of the training workshop and compare them with their own lived experiences. For this reason, we reviewed the same questions from Phase 1 while paying attention to any new information.

Phase 4

Co-constructing and validating the study findings. After writing the draft study report, we conducted another one-day workshop intending to validate the authenticity of the trustworthiness of the study findings. After the workshop, the study team will then finalize the study report.

Data Analysis

This study presents the voices of the adolescent girls, which were grounded in a Feminist Participatory Action Research (FPAR) methodology (Tolhurst et al., 2012), which positions participants as experts in their contexts and acknowledges their experiences and insights as essential to understanding the issue under investigation (Chilisa & Ntseane, 2010; Hutchings, 2000; Jaggar, 1998; Lather, 2004). Given the sensitivity of this research topic, a safe, supportive space will be created for the participants to feel as comfortable as possible to reflect upon and share their situations and experiences. The research strategy of inquiry was qualitative and, specifically, thematic analysis. Thematic analysis is a data reduction and analysis strategy by which qualitative data are segmented, categorized, summarized, and reconstructed in a

way that captures the important concepts within the data set (Gavin, 2008). We present a detailed data analysis process below:

Phase 1: Familiarising Oneself with the Data

We reviewed the responses to the research questions immediately after we collected them and summarized the responses according to emerging themes. The summaries and themes provided us with a general initial overview concerning the participants' social and emotional well-being and SRH, as well as easy access to the data for subsequent review. We also documented in writing any ideas or theories related to the study questions that emerged for us during this analysis process. Since we conducted the study in phases, each phase provided us with micro-level analysis (Gavin, 2008), which later informed the next level of data collection.

Phase 2: Generating Initial Codes

We used inductive coding of data to make categories during and after our interaction with adolescent girls (workshops or interviews). The codes represented themes likely to be relevant to the research questions. The codes generated were: defining SES ($c1$), defining socio-emotional well-being ($c2$), identifying the SES the girls already possessed ($c3$), identifying the SES the girls would like to develop ($c4$), identifying the SES essential for girls SRH ($c5$), identifying the three most salient SES for girls' SRH ($c6$), identifying SES essential for girls during and post Covid-19 pandemic ($c7$), the effect of Covid-19 pandemic on girls' well-being ($c8$) and the effect of Covid-19 on girls' education ($c9$).

Phase 3: Searching for Themes

This stage involved examining the codes aligned to the identified themes. The initial analysis identified that the contextual definition of SES ($c1$) influences girls' understanding of their socio-emotional well-being ($c2$). $c3$, $c4$, $c5$, $c6$, and $c7$ were considered as categorization of SES according to need and purpose ($c3$). $c8$ and $c9$ were considered as the effect of Covid-19 on adolescent girls ($c8$).

Phase 4: Reviewing and Defining the Themes

In reviewing themes, the provisional themes were identified by asking which themes could be classified together and which ones were unique. Some themes were reorganized, and some were abandoned. The provisional themes: the contextual definition of SES ($c1$), how girls' contextual definition of SES influences their understanding of their socio-emotional well-being ($c2$), girls' categorization of SES ($c3$), and the effect of Covid-19 on adolescent girls ($c8$).

The contextual definition of SES relates to how adolescent girls perceive SES and how it ultimately influences their understanding of their socio-emotional well-being. The girls' contextual definition of SES and their understanding of their own socio-emotional well-being informs their ability to categorize the SES they already possess, those they need to develop, and those they consider important for them to improve their SRH. The effect of COVID-19 on adolescent girls is presented holistically, considering their well-being first as members of their community, as girls in terms of their SRH, and as students in terms of their education. The themes were defined after consensus between the researchers, adolescent girls, and the female teachers. Multiple versions of analyses were created before the final definite themes. The process involved deeper reflections and included deconstructing the researchers' assumptions, clarifying the underlying rationale, and learning lessons.

Phase 5: Producing the Report Results

This phase involved the researchers' checking themes identified and relations. The deeper descriptions are explained in the findings section.

STUDY FINDINGS

In this section, we present the key study findings according to identified themes, notably adolescents' contextual definition of SES, girls' understanding of their socio-emotional well-being, the categorization of SES, and the effect of COVID-19 on adolescent girls.

Adolescents' Contextual Definition of SES

Results from the analysis suggested that adolescent girls understand and define SES according to their daily relationships with the self and other people. One strand of SES that emerged from the analysis was about the "Self": self-concept, self-management, and self-control. They described self-concept as being aware of "who one is" in terms of acknowledging and accepting one's background and decisively working hard to improve their socio-economic situation. For example, one participant defined SES as "*Knowing and accepting your home background and even if you are poor, you work hard to come out of poverty instead of begging men for money all the time,*" while another participant defined SES as the "*ability to know and appreciate one's self irrespective of the challenges or situations they are going through.*"

These statements underscore the significance of self-concept to the participants' understanding of SES. Other participants defined SES in terms of self-management. They related self-management to the ability to control one's lifestyle and manage stress, especially during difficult situations, including those associated with the COVID-19 pandemic. For example, a participant defined SES as "*the ability to regulate one's thoughts and emotions during challenging situations and keeping the focus on one's goals,*" while another said that SES is *"being able to manage one's time and personal affairs such as the way one presents self to the public and how one regulates their desires."*

Another participant defined SES as "*the ability to regulate one's thoughts, feelings and emotions, especially during difficult or challenging times,"* while another said, "*SES is one's ability to avoid destructions from one's set goals.*" They described self-control as being in control of the things happening in one's life and taking responsibility for them, being in control of one's thoughts and feelings, and having the ability to think before acting. In terms of "self", the study participants described SES as knowing how to take care of oneself, self-knowledge and mastery, positive belief in one is self, respecting one's feelings and remaining focused on one's ideals.

Another strand of SES emerging from the study was about managing relationships and working well with others, including awareness of their social, cultural, and traditional practices and ways to form and maintain relationships. They described relationship management as the ability to respect other people, especially elders, seek advice from others (when necessary), participate in community associations and groups such as church choir clubs, and collaborate with others while avoiding peer pressure. For example, one participant defined SES as "*understanding how to relate with other people, including respect for elders, teachers, parents and collaborating with siblings at home."* Another participant noted that a person has SES *when he can recognize, accept, and respect people from other social backgrounds such as tribe and region,*" while another said that SES "*is the ability to understand and appreciate other people's backgrounds and work with them to achieve a common goal."* Another participant said that SES *is when a person can associate well with others and participate in social activities while maintaining their sense of identity and keeping a balance between individual and social goals".*

The last strand of SES that emerged from the study was about responsibility and decision-making. In this strand, one of the participants described SES as "*the ability to own one's actions and take responsibility for them while acknowledging their limitations without allowing the limitations to affect their life goals".* Another participant describes SES as the courage to face the current situation without losing focus on the future. She noted that,

> *as girls, we need to be strong and not afraid to face challenges, including other people who may want to intimidate or mislead us. We should be confident that we can achieve our goals and focus on what we want to achieve. Many girls are misled because they are weak and cannot stand up for what they believe or know is right or good for them.*

Moreover, the participants agreed that making wrong decisions is one of the leading limitations to girls' education. They suggested that girls needed to seek advice from elders or experts in certain fields such as education and health, to make informed decisions. However, they also noted that despite seeking advice from various sources, one ought to take responsibility for the actions and or consequences. For example, one participant said that *"a person is said to have SES when she can own her actions and does not blame the consequences on others even when they gave advice,"* while another one said, *"People can advise but can decide for you"*.

From the above descriptions, we deduce a contextual definition of SES as the ability to regulate one's thoughts, feelings, and behavior to form and maintain collaborative relationships with others to achieve one's academic, social, or life goals.

The Adolescent Girls' Categorisation of SES

In this study, the adolescent girls categorized SES in four main sets according to the SES they would like to develop, those they considered salient for them to improve their SRH, and those they considered essential for them and their fellow adolescent girls to navigate the challenges of Covid-19 and its post effects. Each of the categories is briefly explained below:

The SES which the Adolescent Girls Would like to Develop

This study sought to explore the skills the participants deemed necessary to develop or improve. While the participants identified a list of SES they believed they already possessed, we later learned that some of them were not necessarily skills and thus needed an intervention to develop the actual skills. For example, while the majority of them mentioned respect for elders was mentioned by the majority as a skill they possessed, it was later revealed that they lacked the confidence and social skills to seek advice from them. Consequently, we learned that what most girls had termed respect for elders was, in essence, "fear," which is not a skill. This could be

a cultural issue in which young people, especially girls, are expected to be submissive to the elders – especially men. This could explain the reason for the high number of cases of gender-based domestic violence. For example, when an elder sexually or physically harasses an adolescent girl, in many instances, the survivors often prefer silence to reporting due to fear of the likely consequences (Mieszczanski, 2018). On this, one participant noted,

> *"I would like to develop my relationship skills so that I am able to know to who I can relate and for what reasons, know how to relate with people, including elders, and be able to decide for myself instead of just accepting things that are not good for me – I will be able to avoid unnecessary violence and exploitation."*

This further brought to our realization that some of the participant's behavioral patterns and norms are exploitative and gender-biased. However, this aspect was unknown to the participants, who instead looked at such norms as merely good behavior and social skills (social awareness and relationship skills).

While the participants largely misconceived the social skills, it was clear that they clearly understood the need to improve their intrapersonal skills (self-awareness and self-management skills). For example, one participant noted,

> *"I would like to develop my self-management skills because they help me act within my limits and live within my means, to control myself in doing certain things that may spoil my reputation and future."*

Another participant noted, "*Many of us need to understand who we are – our backgrounds and what we are meant for to avoid peer pressure and any misleading behavior,*" while another participant said, "*We should always remember that we are created in God's image, and so avoid bad behavior*".

Participants related responsible decision-making to making choices, which they noted to be key

skills they needed to thrive as individuals and navigate the challenges of peer pressure and what one participant termed as "*following the wind*". For example, one participant noted that,

> *"I would like to develop the skill and capacity to choose instead of following peer pressure or what others are doing because if I follow others without thinking, I might be misled and miss my goals."*

Through this study, we came to learn that responsible decision-making skill is an intrapersonal skill that is practised within a social context. This was further illuminated when we asked participants how this skill would help them

achieve their goals. One participant said, *"I need to learn how to make my own decisions when I am offered different opinions so that I do not just follow what others are doing or saying"*. In this way, we noted the interpersonal skill of taking one's decision and the interpersonal skill of navigating peer pressure. When further asked about the goals, participants mentioned studies, future employment, and "formal" marriage. They believed that they needed the capacity to make responsible decisions to focus on their life goals. As seen in *Figure 1* below, responsible decision-making was found to be an intermediary skill between intrapersonal and interpersonal skills.

Figure 1: Relationship between different SES
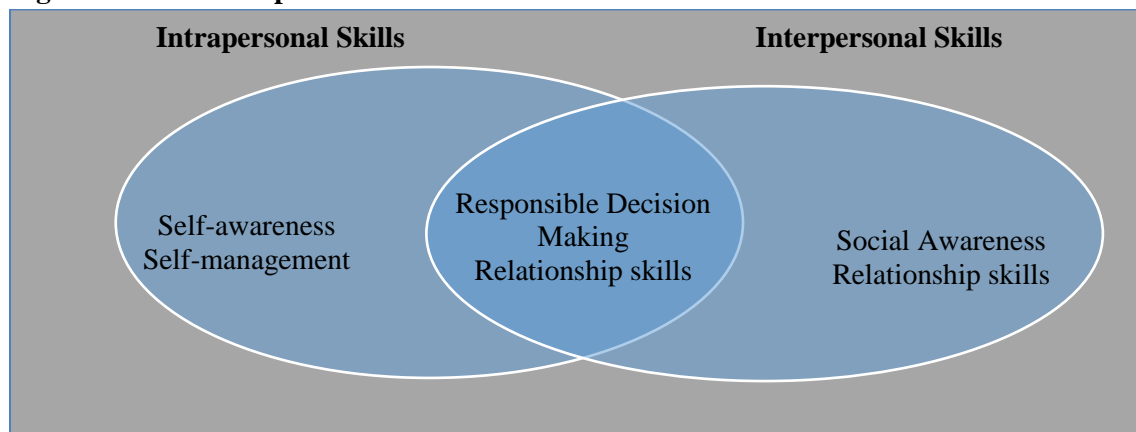
Source: Study Data

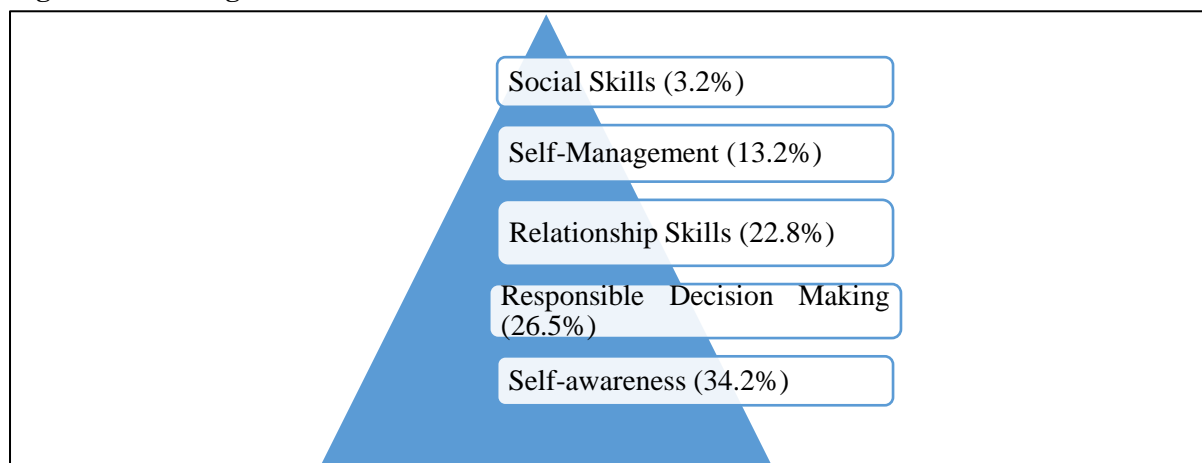While the participants identified the five SES, namely the relationship skills, self-awareness skills, self-management skills, social awareness,

and responsible decision-making skills, the order of importance was found to be varying, as seen in *Figure 2* below:

Figure 2: Ranking of the needed SES

Source: Study Data

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SES, which Adolescent Girls Consider Sallient for their SRH

In terms of the SES that the adolescent girls require to improve their SRH, they identified 32 sub-skills, which we categorized into five CASEL skills, in the order of importance as self-management skills, relationship skills, self-awareness, responsible decision-making, and social awareness as shown in Figure 4 below,

Figure 4: Participants' categorization of SES
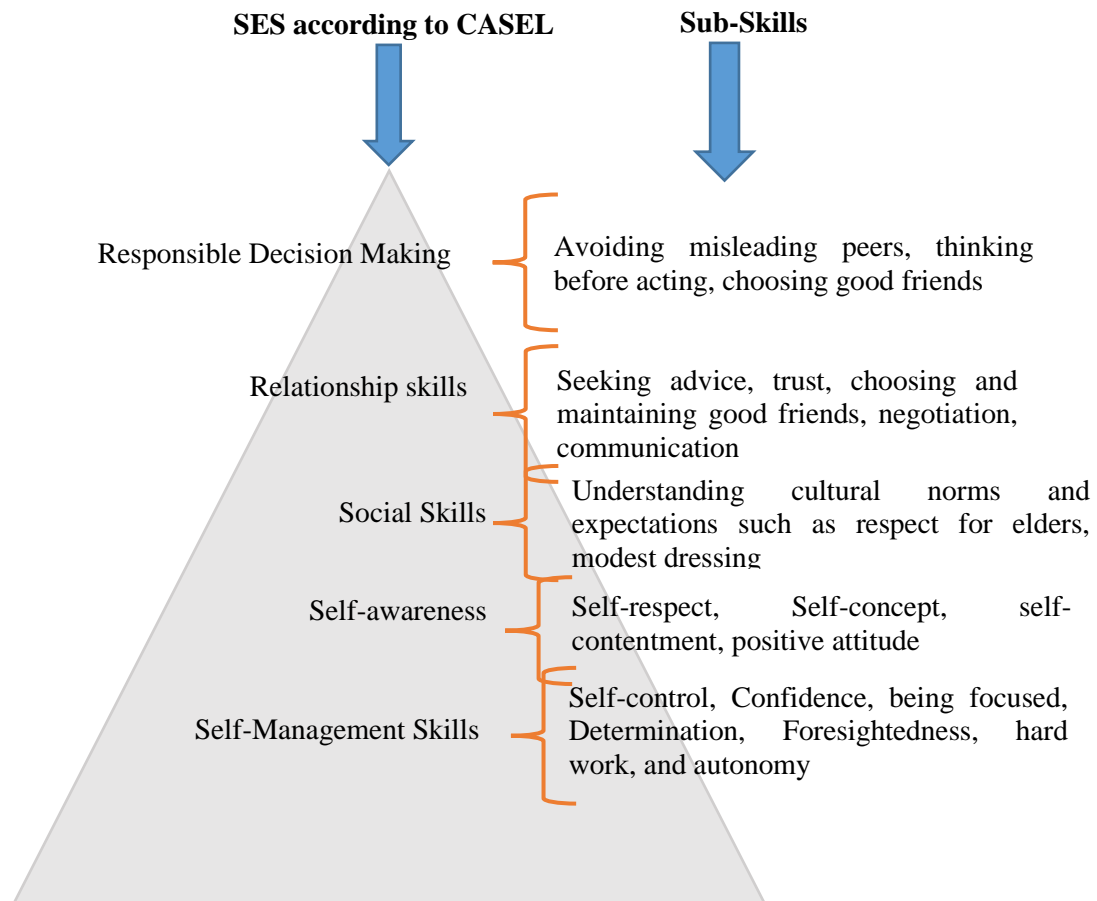
Source: Study Data

Self-management skills. Self-management was the top-rated SES that the participants believed was essential for their sexual and reproductive health. They described self-management as the skill they needed to regulate their thoughts, feelings, and emotions during challenging situations and stay focused on their goals. The sub-skills they identified included self-control, confidence, focus, determination, foresightedness, hard work, and autonomy. One participant defined self-control "*as the ability to regulate one's thoughts, feelings and actions to remain focused on their goals,*" while another one defined self-control as "*the ability to resist destructive thoughts and influences from other people or environment to remain focused on one's goals*". They noted that self-control was a key skill that would help them abstain from sex, avoid peer pressure, and remain focused on their life goals, including education. They linked self-control to self-confidence, determination, focus on one's goals, foresightedness, hard work, and autonomy.

Self-awareness skills were the second set of SES the participants indicated were important for them to improve their SRH. Most of them noted that being self-aware enables one to understand their situation and become the protagonist of their own life instead of blaming situations or other people.

One participant defined self-awareness as "*the ability to understand one's background, thoughts, emotions and feelings,*" while another defined it as "*being aware of my past and present while focusing on the future prospects*". Another participant said, *"Having self-awareness is knowing my feelings and emotions and then thinking about how to control them so that I am not distracted or tempted to live the life of others".* The sub-skills identified under self-awareness included positive self-concept, self-respect, confidence, positive attitude, and self-esteem. They noted that once they developed self-awareness, they would be able to value themselves, avoid peer pressure, and remain focused on their life goals. They said that by being self-aware, one realizes and appreciates self-worth and develops a positive attitude towards work at school and home.

We learned that the participants linked self-awareness to self-management because some of the sub-skills of self-awareness are linked to those of self-management. For example, they noted that one does not have a positive concept about the self, their self-esteem gets weak, and they often are unable to stand the pressure from "others" – in this regard, high self-esteem might lead to strong self-control.

Social awareness skills were the third set of SES that the participants believed were important for their SRH. The participants defined social skills as the skills required to understand other people's opinions and perspectives and the general ethics guiding social relationships. For example, one participant defined social awareness as "*the ability of an individual to understand other people's points of view, rejoice with those who are rejoicing, and empathize with those with sorrow".* Another one said that social skills refer to *"one's ability to know how to navigate social situations, knowing and respecting the social norms and values of other people*". Another participant noted that social skills are "*the ability of an individual to deal with diversity*". They explained that social skills would help them navigate social pressure and cultural norms and work with elders within families and communities without giving in to feelings, thoughts, and practices that would undermine their SRH. They mainly viewed social skills as understanding cultural norms and expectations, such as respect for elders and modest dressing.

Relationship skills were identified as the fourth most important SES they believed they needed to improve their SRH. They noted that relationship skills would enable them to seek appropriate advice from elders, teachers, and peers without resorting to fear. The key sub-skills they identified under this competence included respect for elders, teachers, and parents; ability to seek advice, including from medical or health workers; cooperation with parents, teachers, and peers; trust; ability to negotiate, including when to have sex or use of a condom, communication, ability to choose right friends and humility. According to them, the indicators of humility included one's ability to accept advice and to be taught. They noted that pride was one of the causes leading some of their colleagues to fail to accept advice from parents, teachers, and elders. The consequence has often been unplanned teen pregnancy and early marriages. They also linked humility to the fear of God and prayerfulness, noting that prayer is an act of humility.

Responsible decision-making skills were ranked last among the most important SES they needed to improve their SRH. This surprised us because responsible decision-making skills were ranked the second most essential SES the participants sought to develop. Through this study, we learned that the participants believed that their SRH was largely influenced by their emotional states and the social environment rather than their free choices. The key sub-skills they identified as essential to their SRH aligned to responsible decision making included critical thinking, intelligence, autonomy, and being focused.

Essential SES for girls during and post-Covid-19 pandemic

Girls require SES to enable them to navigate the many socio-cultural and economic challenges they face during unexceptional times, but

COVID-19 has exasperated the range and intensity of these challenges, and these skills are needed more than ever to thrive to the best of their ability both during the pandemic and in post-pandemic times. This study revealed four main skills the participants believed they needed to navigate these challenges: self-awareness, self-management, relationship skills, responsible decision-making, and social awareness.

The participants argued that self-awareness helps them stand firm, pursue their goals, and reduce their inclination to compare themselves to their peers. For example, one girl noted that,

> *"If I know who I am, it will be easy for me to accept my conditions, whether I am poor or not. I will then work hard without fear or favor. It will give me the confidence to meet people and request whatever I need. This is what we need. Many girls are used because they have failed to accept who they are – their conditions."*

Adolescent girls thus mentioned other skills that we aligned with the SES of self-awareness. These were positive attitude, self-respect, self-confidence, self-esteem, and self-contentment. These aligned SES come as a result of self-awareness. For example, if someone is truly self-aware, they develop self-confidence, self-esteem, and a positive attitude towards life and any other reality.

The study revealed that adolescent girls need effective decision-making skills. At all times, a person is required to act, and there is a need for a decision to be made. Making the right decision can be quite rewarding while making a wrong decision can be costly. Other sub-skills were found to be aligned to effective decision-making. These are critical and reflective thinking and open-mindedness.

Self-management was another key competence that the girls highlighted as essential for them during and post-COVID-19 pandemic. The sub-skills that were found to be aligned with self-management included time management, cleanliness, self-control, abstinence, avoiding pressure, resilience, and focusing on their personal and academic goals. They noted that they were going through tough times, which required resilience and continued focus on their life goals. Other skills aligned with resilience were patience, hard work, and faith.

Relationship skills and social awareness were ranked last in the order of importance by the adolescent girls in guiding them to navigate the COVID-19 challenges and its post effects. Other skills aligned to social awareness were communication, which is critical for one to seek and ask for favors, respect for elders and peers, and negotiation skills.

The Effect of Covid-19 on Adolescent Girls

This study revealed two-fold COVID-19 effects on girls. The first category of effects relates to the SRH, and the second relates to girls' education and their hope to return to school. Each of the two categories is briefly explained below:

The Effect of COVID-19 on Adolescent Girls' SRH

During both the participatory workshops and the follow-up interviews, adolescent girls reported increased economic vulnerability due to the closure of most of the economic activities in which their parents or families were engaged. As many of the families fell into poverty, parents could not adequately provide their daughters with basic needs such as clothing, food, and sanitary pads. This condition pushed some adolescent girls and young women into transactional sex for basic needs, resulting in unplanned pregnancies.

The unplanned and teen pregnancy was often associated with stigmatization, which made some of the girls hide their condition from their parents and peers for fear of being sent away from home. This compounded their SRH since they could not openly discuss their pregnancy condition with their parents and peers for moral and or financial support. For example, one of the girls in class two narrated how she was sent away from home and the trauma that she went through during that time. She noted,

"...my father chased me from home to go and stay with the father of my baby. When I went to the father of my baby also started mistreating me, and still, I did not get any help from him. I lacked food for myself and the baby, and life was not good until I decided to run away and go to my aunt. While at my aunt's house, life was not any better, so I went back to plead with my father to allow me back home, but he could not, even when my mother tried to support me.

The unplanned and teen pregnancy stigmatization might explain why many of the girls often fail to seek medical/health assistance from the available health centers and instead resort to crude and unsafe means of abortion, which further complicates their SRH.

Besides the pregnancy stigmatization, the Covid-19 pandemic increased health barriers. The girls could not access SRH and counseling services. Therefore, many of the girls started engaging in high-risk sex, resulting in sexually transmitted infections (STIs) and unplanned pregnancies. Besides, schools were sources of SRH and counseling for the girls, but these were interrupted due to school closures. One girl, for example, reported, "*We used to get advice and counseling from our teachers, but now we do not have anybody to help us. We cannot access our teachers due to Covid-19.*"

Girls also reported increased cases of physical and sexual violence. As schools were closed and with increasing economic vulnerability, many of the girls resorted to working for their survival and in places and situations that subjected them to physical and or sexual violence. During the interviews, common statements were, "*I am working on getting my basic needs…*" "*...life is not easy,*" or "*...we work in hard conditions.*"

The effect of Covid-19 on adolescent girls' education

The increased cases of unplanned and teen pregnancies and the associated stigma might mean that many of the adolescent girls will not report back to school compared to the boys of the same age. Some of the girls reported it would be hard for them to report to school when their peers and teachers came to know that they were pregnant. This is because teen pregnancy is culturally associated with immorality and bad behavior.

A section of the girls interviewed reported losing interest in school due to prolonged school closures. The girls' concerns were around the learning gaps, reduced learning support, and growing beyond their respective classes. For example, one of the girls noted, "*…the schools closed when I was in senior one; after two years, I should be in senior three. How can I go back to senior one? I am old for senior one…*" another one said, "*because of staying in the village for a long time, we have forgotten what we studied before the lockdown.*"

Other girls reported a loss of hope for education arising from failure to access any learning materials and support during the period of schools' closure. As schools closed due to COVID-19, some students could access learning materials and support via different learning and communication platforms such as Zoom and Google Classrooms, among others. However, this necessitated a student having a computer or a smartphone to access the learning or communication platform. However, this was not the case for the girls from low-income families. Hearing that their peers constantly received learning materials and support demoralized those who did not receive the same support.

The study also revealed that while adolescent girls require direct support in the form of training and mentorship, there is an urgent need to consider a wider ecosystem of support, engaging teachers, school leaders, and families (parents/caregivers). For example, one participant narrated her experience of how her family utterly rejected her after getting pregnant. She noted,

"When I became pregnant in Class 2, my parents sent me away from home to go and stay with the baby's father. When I reached the home of the father of my baby (boyfriend), I was also not welcome there. He beat me

every day, and we did not have food to eat… Life became difficult for me".

She continues to note that during that time, she felt rejected by everyone, friends and relatives, and even the school could not receive her back to study. She added,

"I felt as if life was meaningless; my education was no more since I could not even be accepted back in school. Even if the school accepted me, teachers and classmates would make my life hard – making me a laughing stock".

Thus, we learned that enhancing girls' agency is important but insufficient to enable them to learn, achieve, and thrive. The systems huddle at the school level and socio-cultural challenges need to be addressed in order to allow adolescent girls to actualize their agency. This might require a school-wide supportive educational system that prioritizes students' social and emotional skills while allocating necessary resources to develop the structures and safe spaces needed to nurture SES.

DISCUSSION AND IMPLICATIONS

The girls described SES as the competencies they need to control their thoughts, feelings, and behavior to form and maintain collaborative relationships with others to achieve their life goals. This description aligns well with that of the Collaborative for Academic, Social and Emotional Learning (CASEL) framework which organizes and defines SES in five interrelated core competences (Elias et al., 1997; Oberle et al., 2016): (1) *Self-awareness* – ability to identify and recognise one's own emotions, thoughts and values, and their influences on behaviour; (2) *Self-management* – ability to regulate one's emotions, thoughts and behaviours effectively, including stress management, impulse control, motivating oneself, and working towards achieving personal and academic goals; (3) *Social awareness* – ability to take the perspective of others – including those who come from a different background and culture, to empathise with others, understand social and ethical norms, and to recognise

resources and supports in family, school and community; (4) *Relationship skills* – the tools to form and maintain positive and healthy relationships, communicate clearly, listen actively, cooperate, negotiate constructively during conflict, and to offer and seek help when needed and; (5) *Responsible decision-making skills* – ability to make constructive and respectful choices about their own behaviour and social interactions, taking into account safety concerns, ethical standards, social and behavioural norms, consequences, and the well-being of self and others.

The study confirms that the social and emotional competencies that adolescent girls need go beyond formal schooling, aligning with earlier studies about the influence of SES on youth's life outcomes. For example, the competencies needed to work well with peers and elders, seeking and or advancing help to others are universally recognized as important skills for success in employment (House et al., 2010; Organisation for Economic Cooperation and Development (OECD), 2010) and general life (Oberle et al.., 2016). Competencies such as positive self-concept, self-control, positive attitude, social skills, and responsibility are also well-confirmed by research as effective in improving adolescents' SRH (Galloway et al., 2017). Studies further confirm SES's centrality during crises and pandemics (Gavin et al., 2010b).

Girls' voices raise critical issues for education policymakers and practitioners, especially those seeking to understand the root causes of girls' dropping out of school. The majority of the adolescent girls cited transactional sex for basic goods (especially menstrual hygiene products) and increasing social and emotional vulnerability, presenting huge challenges to girls' learning and a potential drop from school. This is similar to the recent studies in the region (Oulo et al., 2021) and within the developed nations (Ferren, 2021).

CONCLUSION

Adolescent girls' SRH requires comprehensive support, including training on the knowledge and

the SES necessary for the girls to navigate SRH challenges, especially during crises such as COVID-19, as well as the supportive infrastructure and the health hygiene products. This is especially critical for the girls in rural community schools where girls can hardly access these products.

Supporting girls to define the skills they need for their own SRH and what SRH actually means to them is a critical approach to girls' empowerment and building a contextualized knowledge base for girls' SRH in low-resourced contexts. Further studying girls' needs for their SRH and social and emotional well-being would provide a firm basis for SRH programming and girls' empowerment in Uganda and the region at large.

Adolescent girls require a holistic approach for their empowerment, especially when confronted with a crisis like the COVID-19 pandemic. The girls described SES as the competencies they need to control their thoughts, feelings, and behaviour to form and maintain collaborative relationships with others to achieve their life goals. We learned that enhancing girls' agency is important but not sufficient to enable them to learn, achieve, and thrive. Environmental and systemic challenges at the school level, such as lack of school-based counsellors and female teachers, gender-sensitive pedagogies, and socio-cultural challenges, such as lack of educational and guidance support from parents/caregivers, need to be addressed to allow adolescent girls to actualize their agency. This might require a school-wide supportive educational system that prioritizes students' social and emotional skills while allocating necessary resources to develop the structures and safe spaces needed to nurture SES.

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