Understanding and Supporting adolescent girls' social and emotional wellbeing: Case of Yakwe[1] Seed Secondary School in Uganda

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Executive Summary

Globally, research identifies Social and Emotional Skills (SES) as central to enabling girls to navigate social and emotional barriers as well as improving their wellbeing and Sexual and Reproductive Health (SRH). Understanding adolescent girls' SES and the supports they need for their wellbeing and SRH is context-specific and yet most studies about girls' SES, wellbeing and SRH have focused on the global north and results merely generalised to the global south. Furthermore, studies conducted in the global south have scarcely engaged adolescent girls' participation and voices. This has often reduced adolescent girls to objects to be studied instead of being active participants with agency to define their SES and SRH. This study employed a Feminist Participatory Action Research (FPAR) methodology that included 158 adolescent girls of Yakwe Seed Secondary School in Uganda to understand their social and emotional wellbeing and the SES they need for their SRH. The study was guided by the Collaborative for Academic, Social and Emotional Learning (CASEL) framework which organizes and defines SES in five interrelated core skills: n self-awareness, self-management, social awareness, relationship skills and responsible decision.

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

The study reveals that while participants identified SES such as self-management and self-awareness which they need for their wellbeing and SRH, they face interlocking challenges such as lack of agency to utilise the skills, inhibiting gender norms and power inequalities, and general lack of supportive ecosystem. The study findings indicate an overwhelming majority of the adolescent girls cited engaging in transactional sex to acquire basic goods (especially menstrual hygiene products) and they also described an increase in social and emotional vulnerability, resulting from the strict lockdown measures during the pandemic as particularly detimental to their attendance at school. Many of the participants cited fears of not reporting back to school due to unplanned pregnancies, early marriage, and general loss of interest in education. The participants also cited lack of familiy and community support for their social and emotional wellbeing SRH. Although the schools were largely closed at the time of the study, due to Covid-19 preventive measures, participants highlighted school (teachers, and peers) as a potential source of stigmatisation especially for girls who got pregnant and or gave birth during the period of schools-closures due to Covid-19.

The voices of girls highlighted in this study raise critical issues for education policy makers and practitioners, especially those seeking to understand the root causes of girls' drop-out from school and vulnerability to sexual exploitation, and how these voices can inform the research agenda and general programming around girls' SRH, education and empowerment. The study recommends a school-wide ecosystem of support for girls' SES, wellbeing and SRH, targeting teachers, school leaders, parents/caregivers and intentional programmes for girls' SES and SRH. The study also recommends that consideration be given to specific contexts in which girls interact and consult with them on their needs within those contexts in order to better understand girls' wellbeing and SRH. The study further recommends the study to be replicated in more similar secondary schools within similar contexts to establish whether girls in other schools and areas have similar challenges and views on SES and SRH. This would help to confirm the study findings for large scale programming and implementation of girls' SRH, education and empowerment, providing an empirical basis for SES and SRH programme evaluation.

Key words: Social and Emotional Skills, wellbeing, sexual and reproductive health, girls' education, Uganda

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Introduction

Adolescent girls in sub-Saharan Africa (SSA) continue to face challenges to school attendance and educational attainment due to sociocultural and economic barriers (Malhotra, Ayele, Zheng, & Amor, 2021). These include unequal domestic burdens due to gendered norms (Booth, 2022) leading to lack of equal ability to attend school or study at home, sexual harassment within the school environment (Mieszczanski, 2018) and within the communities as girls are commuting to or from school (Ministry of Gender, Labour and Soacial Development (MGL&SD), 2012), early pregnancy and motherhood (Nabugoomu, Seruwagi, & Hanning, 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). While the situation has disadvantaged all learners in SSA whose education has been interrupted, adolescent girls have suffered disproportionately (UNICEF, 2020). In Uganda, 15,126,167 learners have been affected, most of whom are girls and young women (Ministry of Education and Sports, 2020). Not only have the educational opportunities for girls 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 wellbeing and health, notably evidenced by the increased cases of teenage marriages and pregnancies (Kasirye, 2021). For example, in a single district of Tororo in Uganda, 1,833 girls were reported to have become pregnant within a period of 90 days following the first shutdown in 2020 (Omollo, 2021).

Studies attribute the increase in girls' sexual vulnerability to the lack of Social and Emotional Skills (SES) they possess to navigate the socio-cultural and economic challenges, which have been compounded by the Covid-19 crisis (Lando-King, et al., 2015; Malhotra, Ayele, Zheng, & Amor, 2021; OECD, 2015). 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 resorting to transactional sex to acquire basic needs for their well-being, and even survival. This has increased schoolgirls' vulnerability to sexually transmitted infections (STIs) and unplanned pregnancies. This state of vulnerability requires urgent attention if girls' social and emotional wellbeing, SRH, empowerment and education are to be supported.

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The global literature consistently demonstrates the significant role of SES in supporting girls' SRH and well-being, particularly during difficult situations and crises (Gavin, Catalano, David-Ferdon, & Gloppen, 2010; Gavin, Catalano, & Markham, 2010; House, Bates, Markham, & Lesesne, 2010; Jones & Doolittle, 2017). Literature, especially from the global north, has also persistently indicated the significant role of SES in supporting students' learning and other life-outcomes (CASEL, 2015; Oberle, Domitrovich, Meyers, & Weissberg, 2016). However, there is still a dearth of research from outside the United States and Europe that has focused explicitly on adolescent girls' SES and how these skills translate into girls' wellbeing and SRH (Anziom, Strader, Sanou, & Chew, 2021). Even fewer studies have included adolescent girls in the research process, in spite of evidence indicating the effectiveness of participatory methods (Maithikithela & Wood, 2021). In Uganda, little attention has been paid to girls' SES, especially in low-resourced communities such as rural and urban poor communities, where there is scarcity of access to information on health, health educators, school counsellors, and adequate female teachers or mentors.

This study was guided by the Collaborative for Academic, Social and Emotional Learning (CASEL) framework which organizes and defines SES in five interrelated core competences (Elias, Zins, Weissberg, Haynes, & Shriver, 1997; Oberle, Domitrovich, Meyers, & Weissberg, 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.

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Study Rationale

This study came out of our desire to understand the contextual understanding of the adolescent girls about their SES and wellbeing and the support they needed to develop their social and emotional wellbeing.

Committed to girls' education and empowerment, we believe that if the global education community is truly committed to providing equitable, quality learning opportunities for students then more attention must be paid to adolescent girls' SES, including how these skills support girls' SRH within low resource contexts like Uganda. Moreover, we wanted to engage the adolescent girls in the entire research process rather merely being researched about. In this way, the research process was both empowering the study participants and raising questions about contextual realities on girls' wellbeing, SRH and empowerment.

The existing evidence tells us that having strong SES provides girls with a protective buffer against sexual risky behaviours, reducing chances of early pregnancy and sexually transmitted infections (Lando-King, et al., 2015; OECD, 2015). Social and emotional wellbeing undergirds girls' resilience, stress management, decision-making and their ability to foster meaningful and productive relationships with their peers and adults and participate in society (House, Bates, Markham, & Lesesne, 2010: Gavin, Catalano, & Markham, 2010).

What we set out to investigate was how adolescent girls in Uganda define their own SES and wellbeing related to their sexual health, and to improve our understanding of the contextual realities of adolescent girls in Uganda and to then contribute to the local and global conversation about girls' education and empowerment. Although we started with a narrow focus on girls' social and emotional wellbeing, we realized we needed to expand our investigation to include which SES skills they had and those they wished to acquire, and to determine the supports they needed to maximize their SRH during the current COVID-19 pandemic.

Research Questions

To respond to the central questions: How can we understand and support Ugandan secondary schoolgirls' social and emotional wellbeing and determine the supports they need post Covid-19 crisis? we were guided by other three related research questions:

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(a)   How do adolescent girls in Yakwe Seed Secondary school define social and emotional wellbeing? What factors do they prioritize?

(b)   What particular SES do adolescent girls of Yakwe Seed Secondary school prioritize for their SRH? How are these skills helpful to adolescent girls of Yakwe Seed Secondary school during and post Covid-19 crisis?

(c)   How can teachers support female students to identify, discuss and seek support for their sexual health wellbeing?

Research Site

The study took place at Yakwe Seed Secondary. Yakwe Seed Secondary School was selected for this study because it serves the most vulnerable population whereby most the girls do not complete the school cycle due to early marriages and teenage pregnancies. The primary drivers for early marriages and teenage pregnancy could be associated with poor sexual and reproductive health. Moreover, we found the study significantly relevant to girls' sexual and reproductive health because their social-emotional wellbeing had been compounded by the Covid-19 pandemic, leaving most girls more vulnerable and mostly likely to drop-out of school. We thus wanted to understand their state of wellbeing and the supports they needed to improve their socio-emotional wellbeing and SRH.

Study Outputs

The results of this investigation inspired the establishment of the JM Education and Research Centre (JMERC) www.jmerc.org, which will focus on research and interventions about girls' education and empowerment in Uganda. JMERC will be an innovation hub for girls' education and empowerment.

Other outputs of the project include

1. a summary Policy Brief on the ways in which adolescent girls define their own social and emotional skills and their implications to policy and practice within the space of gender and girls' education (in progress),
2. a journal article (in progress) and

3. a Blog focused on sharing process lessons within the study participants (adolescent girls the female teachers: https://jmerc.org/our%20blog/).

Study Methodology

The study used a Feminist Participatory Action Research (FPAR) methodology, which positions participants as experts of their own contexts, acknowledging girls' experiences and insights as essential to understanding their socio-emotional wellbeing and the skills they need to improve their SRH (Chilisa & Ntseane, 2010; Hutchings, 2000; Jaggar, 1998; Jones, 2019; Lather, 2004). A FPAR methodology was chosen for this study because it shares the epistemology that knowledge and reality is subject to constant change, and 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 wellbeing, 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 so that they would feel as comfortable as possible to reflect upon and share their own situations and experiences. During the workshops, we 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.

Our 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

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Figure 1: Workshop Facilitator guiding the Participatory Workshop I

Study Sample

The study included a purposive sample 158 girls, all the female students in Senior One (S1) to Senior Three (S3), ages 13 to 19 years old, enrolled in Yakwe Seed Secondary School, in eastern Uganda. The number of participants varied for various project activities, ranging between 128 to 158 participants 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 Covid-19 pandemic the numbers kept fluctuating within the estimated range. In the first phase, 158 girls participated in the workshop while in the second phase, only 128 girls participated in the interviews. Besides the schoolgirls, three female teachers, one senior woman teacher and the deputy head teacher participated in the study as both interview 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 its aim was to explore the participants' perspectives about SES. We started with a three-day participatory workshop in which the adolescent girls discussed the following questions: What do we understand by SES? How do we define our social and emotional wellbeing? 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, in relation to 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 within the workshop room in which girls who wished to share experiences and questions anonymously could write these on pieces of paper and deposit them. These notes were read and recorded by the co-researcher and those which required 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 had planned to have another three-days' 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-19 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

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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, those not identified to understand reasons for the change in the list of skills. The period between the workshop phases was kept in order to allow the study participants internalise the contents of the training workshop and compare them with own lived experience. For this reason, we reviewed the same questions of 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 with the aim of validating the authenticity of the trustworthiness of study findings. After the workshop, the study team finalized the study report.

Figure 2: Validation Workshop

Data Analysis

Consistent with Participatory (PAR) methodology, data generation was primarily qualitative analysed using a thematic approach. 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 wellbeing 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 process of analysis. Since we conducted the study in phases, each study 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 that were likely to be relevant to the research questions. The codes generated were: defining SES (c1), defining socio-emotional wellbeing (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' wellbeing (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 wellbeing (c2). c3, c4, c5, c6 and c7 were considered as categorisation 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 abandoned. The provisional themes: the contextual definition of SES (c1), how girls' contextual definition of SES influences their understanding of their socio-emotional wellbeing (c2), girls' categorisation of SES (c3) and the effect of Covid-19 on adolescent girls (c8).

The contextual definition of SES relates to the way adolescent girls perceive SES and how it ultimately influences their understanding of their own socio-emotional wellbeing. The girls' contextual definition of SES and their understanding of their own socio-emotional wellbeing informs the girls' ability to categorise the SES they already possessed, those they needed to develop and those they consider important for them to improve their SRH. The effect of Covid-19 on adolescent girls is presented in a holistic manner considering their wellbeing first as members of their community, as girls in terms of their SRH and students' in terms of their education. The definition of themes was done 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 deconstruction of the researchers' assumptions, clarifying the underlying rationale, and lessons learnt.

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.

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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 wellbeing, the categorisation of SES, and the effect of Covid-19 on adolescent girls.

Adolescents' contextual definition of SES

Results from our analysis suggested that adolescent girls understand and define SES according to their daily relationship to 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 "*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 defined self-management as ability to control one's life style and managing stress, especially during difficult situations including those associated with Covid-19 pandemic. For example, a participant defined SES as *"ability to regulate one's thoughts and emotions during challenging situations and keeping focus to 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 ability to think before acting. In terms "self", the study participants described SES as knowing how to take care one's self, self-knowledge and mastery, positive belief in one's self, respecting one's feelings and remaining focused to one's ideals.

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Another strand of SES emerging from the study was about managing relationships and working well with others which included the 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, seeking advice from others (when necessary), participating in community associations and groups such as church choir, clubs among others and collaborating 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 is able to recognise, 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 is able to associate well with others, participate in social activities, while maintaining their sense of identity and keeping 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 limitation without allowing the limitations to affect their life goals*". Another participant described SES in terms of the courage to face the current situation without losing focus of the future. She noted that,

> "...*as girls, we need to be strong and not to fear 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 and they suggested that girls needed to seek advice from elders or experts in certain fields such as education and health in order to make informed decisions. However, they also noted that in spite of 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 cannot decide for you*"

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

The adolescent girls' categorisation of SES

In this study, the adolescent girls categorised SES in four main sets according to the SES they already possessed, those 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:

(i)   The SES which the girls already possessed

The study sought to establish the SES which participants believed that they already possessed at the beginning of the study. The participants identified three SES which they considered to be possessing by the time of the study, namely, social awareness, self-awareness and self-management. The girls' understanding of social awareness skills was culturally mediated. They described social awareness in terms of their ability to know their cultural expectations such respecting and greeting elders, knowledge of how to relate with elders, parents and teachers; knowledge of God, workship and prayer. The participants described self-awareness in terms self-concept; knowledge of one's background; and awareness of one's strengths and limitations. They described self-management in terms of the ability to focus on one's life goals; self-control; abstinence; self-confidence; and the ability to think before acting. The Figure 3 below shows the number of girls indicating the SES they already possesed.
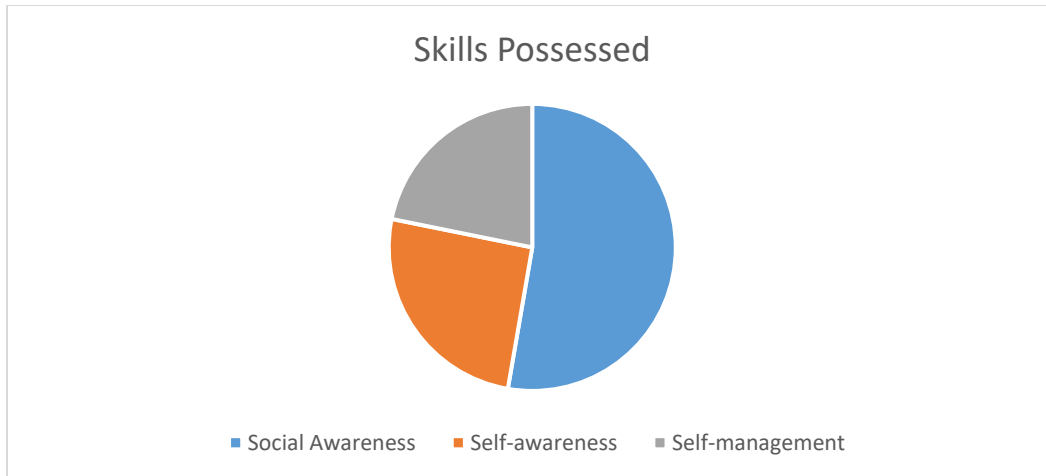
Figure 3: SES Girls think they already possess

(ii) The SES which the adolescent girls would like to develop

This study sought to explore the skills which the participants deemed necessary for them to develop or improve. While the participants identified a list of SES which they believed that they already possessed, we later learnt that some of them were not necessarily skills and thus, they needed an intervention to develop the actual skills. For example, while the majority of them mentioned respect for elders majority as a skill they possessed, it was later revealed that what they had termed as 'respect' for elders was in essence 'fear' of elders, which is not a skill. They are emotionally flightened to talk to elders. Thus the participants very well knew how resourceful the elders could be but could not maximise the opportunity to seek the advice and often times merely accepting opnions from people especially elders without a critical analysis and examination of the same. On this, one participant noted,

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

To minimise and or avoid exploitation and unnessary peer influence of other people and to focus on their life goals, participants stated the the need to improve their intrapersonal skills (self-awareness and self-management skills). For example, one participant noted, "*I would like to*

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

Participants related responsible decision making to making informed choices which they noted to be a key skill they needed to thrive as individuals as well as navigate the challenges of peer pressure, or what one participant termed as "*following the wind*". For example, one participant noted that,

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

Through this study, we came to learn that responsible decision making is an intrapersonal skill but which is practiced 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"*, indicating the intrapersonal skill of making a decision for oneself, and the interpersnal skill of navigating peer pressure. When further asked about their goals, participants mentioned higher education, future employment and "formal" marriage. They believed that they needed the capacity for responsible decision making in order to focus on their life goals. As explained above, and shown in Figure 2 below, responsible decision making was found to be an intermediary skill between intrapersonal and interpersonal skills. The study also revealed that in paractice, there is a brurred distiction between intrapersonal and interpersonal skills and that a deficiency of one skill affcets the practice of another. For example, many of the participants indicated that lack of self-awareness affects how one associates with other people – relationship skills.
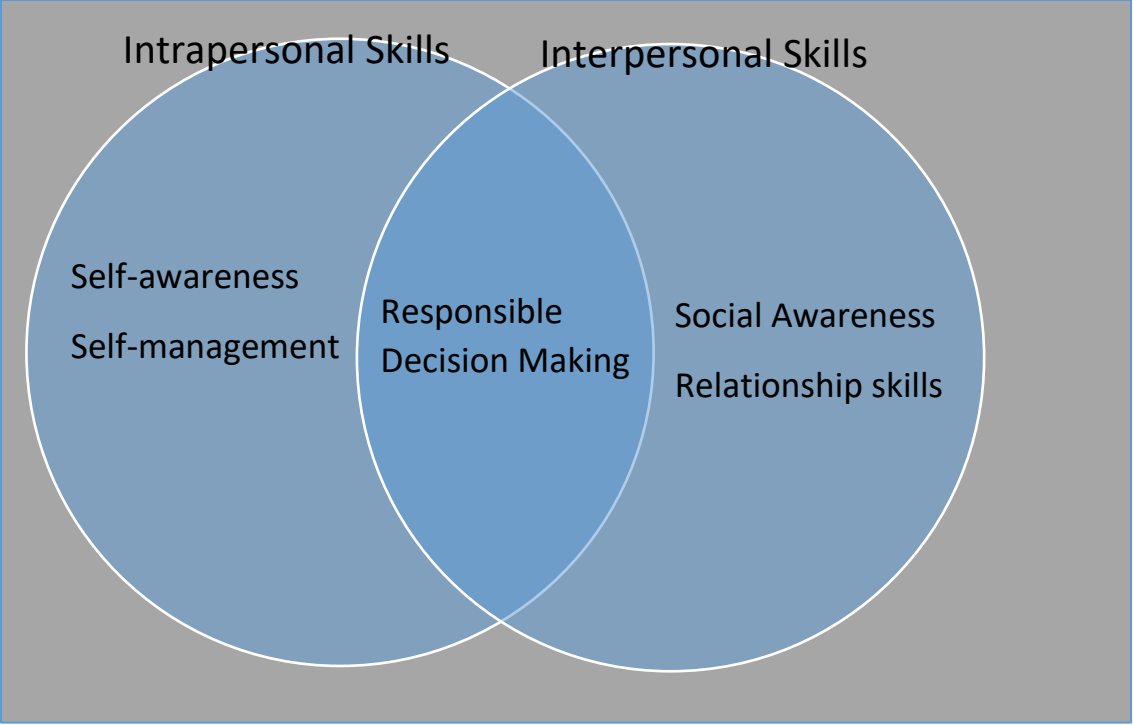
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Figure 4: Relationship between different SES

Source: Study Data

While the participants identified the five SES, namely the relationship skills, self-awareness skills, self-management skills, social awareness and reponsible decision making skills, the order of importance was found to be varying as seen in Figure 5, below:
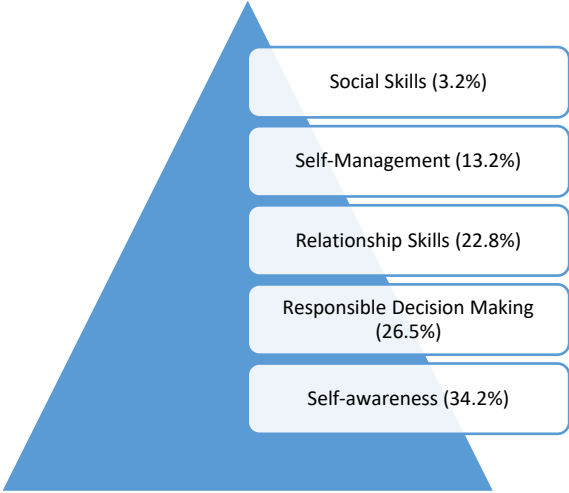

Social Skills (3.2%)

Self-Management (13.2%)

Relationship Skills (22.8%)

Responsible Decision Making (26.5%)

Self-awareness (34.2%)

Figure 5: Ranking of the needed SES

Source: Study Data

SES which adolescent girls consider salient for their SRH

In terms of the SES which the adolescent girls require to improve their SRH, they identified 32 sub-skills which we categorised 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 6 below,
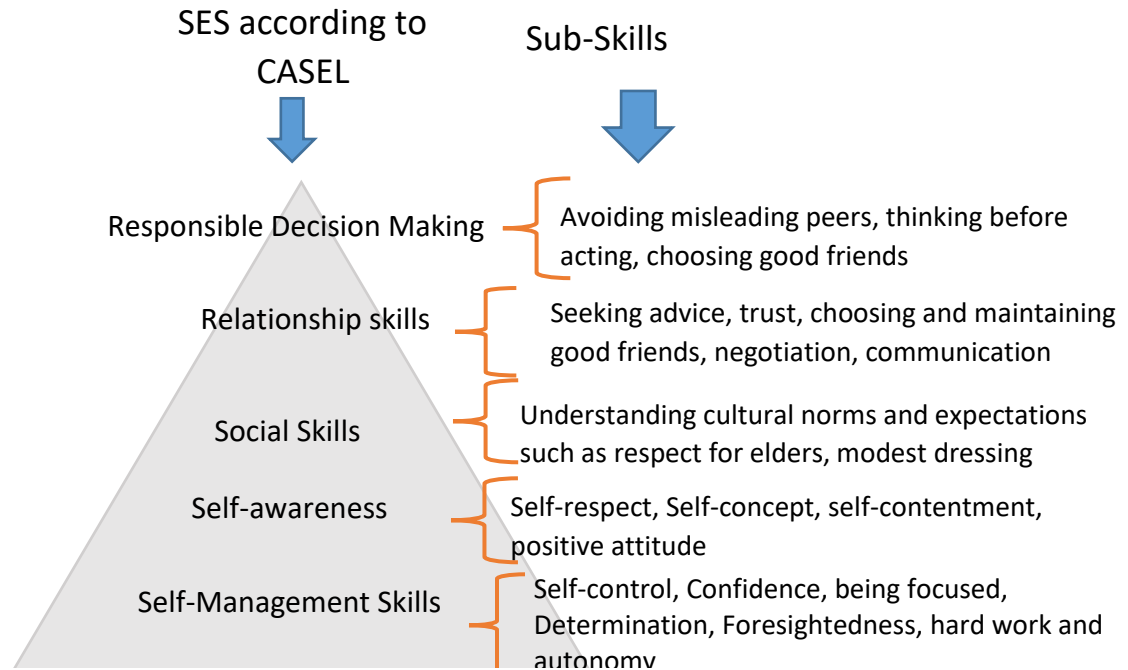
Figure 6: Participants' categorisation of SES
Source: Study Data

Self management skills. Self-management was the top rated SES that the participants believed was essential for their sexual and reporductive health. They discuseed and described self-management as the skill they needed to regulate their thoughts, feelings and emotions during challenging situations and keep focused on their goals. The discussion was guided by definition adapted from CASEL (2015) model. Among the sub-skills they identified included self-control, confidence, being focused, determination, foresightedness, hard work and autonomy. One participant defined self-control "*as the ability to regulate one's throughs, feelings and actions so as 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 in order to remain focused on one's goals''*. They noted that self-control was a key skill that would help them to abstain from sex, avoid peer

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pressure and remain focused on their life goals including education. The linked self-control to self-confidence, determination, being focused to one's goals, foresightedness, hard work and autonomy.

Self-awareness skills were considered to be the second most important set of SES the participants intentified as important for them to improve their SRH. Most of them noted that being self-aware enables one to understand their situation and become protagonists of their own life instead of blaming stuations or other people. One participant defined self-awareness as "*ability to understand one's background, thoughts, emtions and feelings*" while another participant defined it as "*being aware of my past and present while focusing on the future prospects*". Another participant said, "*having self-awreness 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 the peer pressure as well as remaining focused on their life goals. They said that being self-aware, one realises and apreciates the self-worth and develops a postive attitude towards work both at school and at home.

We learnt that the participants linked self-awareness to self-management through shared sub-skills identified for both SES. For example, they noted that if one does not have a positive concept about the self, their self-esteem gets weak and often are unable to stand the pressure from the "others" – in this regard a high self-esteem (self-awareness) might lead to strong self-control (self-management).

Social awareness skills were the third set of SES that the participants believed were important for their SRH. The participants defined social awareness skills as the skills they require to understand other people's opinions and perspectives and the general ethics guiding social relationships. For example, one participant defined social awareness as the "*the ability of an individual to understand other people's points of view, rejoice with those who are rejoicing and empathise 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 awareness skills are "*the ability of an individual to deal with diversity*".

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They explained that social awareness skills would help them to navigate social pressure and cultural norms, work well with elders within families and communities without giving in to feelings, thoughts and practices that would undermine their SRH. They mainly viewed social awareness skills in terms of understanding cultural norms and expectations such as respect for elders, 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 relationship skills 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 to some of their colleagues to fail to accept advice from parents, teachers and elders and the consequence has often been unplanned teen pregancy 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 imporve their SRH. This was surprising to us because responsible decision making skills were ranked the second most essential SES the participants sought to develop. Through this study, we learnt that the participants believed that their SRH was largely influenced by their emotioanal states and the social environment rather than their free choices. The key sub-skills they adentified as essential to their SRH which are 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 navigate the many sociocultural 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 which the participants believed they needed in order to navigate these challenges: self-awareness, self-management, relationship skills, responsible decision making and social awareness.

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

> *"If I know who 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 favour. It will give me confidence to meet people and request for 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 mentioned other skills which we aligned to 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 because they involve recognising how one's thoughts, feelings and actions are interconnected, which is a high level of self-awareness (Oberle, Domitrovich, Meyers, & Weissberg, 2016).

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

Self-management was another key competence which the the girls highlighted as essential for their during and post the Covid-19 pandemic. The sub-skills which were found to be aligned to self-management included, time management, cleanliness, self-control, abstinence, avoiding pressure, resilience, and focuson their personal and academic goals. They noted that they were going through tough times which required them to be resilient and continue being focused on their life goals. Other skills aligned to 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 navigate the Covid-19 challenges and its effects. Other skills aligned to social awareness were communication which is critical for one to seek and ask for favours, respect for elders and peers and negotiation skills.

The effect of Covid-19 on adolescent girls

This study explored 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 which their parents or families were engaged in. The study indicates that whereas the study participants were aware of the skills they required to navigate the Covid-19 crisis, their SRH was largely affected by the acute economic vulnerability. For example, during the workshops, received many notes from them such as "*when you come back, bring for us some sanitary pads...*" and another said, "*…lack of sanitary pads is a major problem to many of us and it is one of the reasons some girls engage in transactional sex*".

The study findings indicate an overwhelming majoring of the adolescent girls citing transactional sex for basic goods (especially menstrual hygiene products) and increasing social and emotional vulnerability presenting huge challenges to girls' learning and a potential increase in school drop-out rate among the girls. The study locates transactional sex within the underlying acute economic vulnerabilities which further undermine girls' opportunities for learning. Furthermore, many of the adolescent girls cited fears of not reporting back to school and the main reasons cited are unplanned pregnancies, early marriage and general loss of interest in education due to prolonged school closures.

Teen pregnancy often leads to stigmatization leading pregnant girls to hide their condition from their parents for fear of being sent away from home and or hash punishment and hiding their condition from their peers for fear of stigmatisation. This compounded their SRH challenges since

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they could not openly discuss their pregnancy with their parents and peers in order to receive 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 the 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 and 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 stigmatization associated with unplanned and teen pregnancy might explain why many of the girls often fail to seek medical/health assistance from the available health centres and instead resort to crude and unsafe means of abortion which further complicates their SRH.

In addition to exacerbating the pregnancy stigmatization, the Covid-19 pandemic increased health barriers. Besides, schools were sources of SRH and counselling for the girls but it was interrupted due to school closures. One girl, for example, reported, *we used to get advice and counselling 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. For example, one participant narrated her experience how she was utterly rejected by her family 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 father of the baby. When I reached the home of the father of my baby (boyfriend), I was not welcome there also. He beat me every day and we did not have food to eat…Life became difficult for me."

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 finding it hard for them to return to school when their peers and teachers came to know that they were pregnant because teen pregnancy is culturally associated with immorality and bad behaviour.

Several participants in this study reported losing interest in school due to prolonged school closures. The girls' concerns included the learning gaps. 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…* Other concerns included reduced learning support. For instance, one participant said, *because of staying in the village for a long time, we have forgotten what we studied before the lockdown."*

Other girls reported 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 of the students could access learning materials and support via different learning and communication platforms such as Zoom, Google classrooms among others. However, this necessitated that a student had a computer or a smart phone to access the learning or communication platform. However, this was not the case for the girls from poor families. Hearing that their peers were constantly receiving 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 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). A participant noted that she felt rejected by everyone, friends, relatives and that 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 my classmates would make my life-hard – making me a laughing stock.*"

We, thus, learnt that enhancing girls' agency is important but not sufficient to enable them learn, achieve and thrive within Uganda's context. The systems huddle at school level and socio-cultural challenges need to be addressed in order to allow the adolescent girls actualise their agency. This might require a school wide supportive educational system that prioritises students' social and

emotional skills while allocating necessary resources to develop the structures and safe spaces needed to nurture SES.

Discussion

CASEL framework has traditionally been used to establish evidence-based SEL as an essential part of preschool through to high school education (Elias, Zins, Weissberg, Haynes, & Shriver, 1997; Oberle, Domitrovich, Meyers, & Weissberg, 2016). This study reveals that CASEL can be used in girls' SRH and empowerment programming. Girls described SES as the competences they need to control their thoughts, feelings and behaviour, to form and maintain collaborative relationship with others in order to achieve their life goals. While the girls' definition of SES is similar to that of the CASEL framework, this study focuses particular attention to the "self" and "life" as opposed to learning in school which is the particular mission of CASEL.

The study findings reveal that while many of the girls identified "respect" for elders as a key sub-skill they needed to improve their SRH, what they meant was that they "feared" authority figures. Fear of punishment and or exclusion is often exacerbated by Ugandan cultural norms and traditions where criticising or not obeying an authority figure is often taken as disrespectful (Sesanti, 2010). This brought to our understanding that many of the girls could have been acting from the "fear" of being percieved as disrespectiful thus opting to be submissive. Fear, moreover, reduces one's state of agency since it is associated with a negative emotional state and loss of control (Julia, Christensen, Dicosta, Beck, & Haggard, 2019). This could also be interpreted as a cultural-gendered issue in which girls and women are expected to be submissive to those in positions of authority – epecially men (Sssenyonjo, 2007). It could also explain the reason for the high number of cases of gender-based domestic violence, especailly when girls and women "forcefully choose" silence about violence against them. For example, when a man sexually or physically harrasses an adolescent girl, in many instances, the survivors often stay silent instead of reporting it due to fear of the likely consequences (Mieszczanski, 2018).

While the study revealed that girls needed both intrapersonal and interpersonal skills for their SHR, the former were found to be more central. Self-management and self-awareness (intrapersonal skills) were especially ranked highest among the skills they needed to improve their SHR. This is in contrast with other related studies, for example Gavin, Catalano, David-Ferdon, Fari, & Gloppen

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(2010) made an analysis of the most effective youth development programmes in the USA in respect to SHR and found out that programmes that aimed at improving girls' intrapersonal skills were only 40% effective while those that aimed at improving interpersonal skills (social competence) were 100% effective. This was surprising and might need further introgation because Ugandan culture is largely build on a social-oriented communitarian tradition (Idang, 2015).

The girls' need to improve their agency to navigate the socio-cultural norms and challenges exacerbated by gender norms and power inequalities could also point to the need for way of interrogating girls' education and empowerment in Africa. Previous studies have indeed focused on and advocated for reducing/eliminating gender and power inequalities (Hallman & Diers, 2004; Plourde, Fischer, Cunningham, Brady, & McCarraher, 2016). By involving girls in defining their agency moreover illuminates the need and significance of their voice and the extent to which they can challenge social constructions around gender and power within their communities. Thus, what is important for girls' SRH and wellbeing is not isolating the exactness of the skills they need, but rather working with girls to define the required skills and competences and collaborating with the larger community within an ecosystem of support that provides opportunities for girls' SHR and empowerment.

Besides agency, the study revealed that girls' SRH and empowerment requires the support of other stakeholders especially families (parents/caregivers), community and the school (school leaders, teachers and peers). While girls require skills to work well with peers, elders, seeking for and or advancing help to others (House, Gates, Markham, & Lesesne, 2010; Oberle, Domitrovich, Meyers, & Weissberg, 2016; OECD, 2010), this study reveals the need for a supportive ecology at community and school levels as well. This could be anchored within Ugandan cultural and contextual understanding that "it takes a village to raise a child" (Mikucka & Rizzi, 2016, p. 944).

The lack of agency and the supportive ecosystem for girls' SRH, education and empowerment could explain their social-economic vulnerability whereby many of the girls were unable to successfully navigate the Covid-19 challenges. 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 to drop out of school. While this challenge is not an isolated to Ugandan context (Ferren, 2021, Oulo,

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Sidle, Kintzi, Mwangi, & Akello, 2021), the girls' voices point to the need for contextualised attention to their SRH, education and empowerment and interogation of the status quo.

Conclusion

The study revealed that adolescent girls' SRH requires a comprehensive support including training on the knowledge and the SES that are necessary for the girls to navigate SRH challenges especially during the crises such as the Covid-19 as well as the supportive infrastructure and the health hygiene products. This is especially critical for the girls in the rural community schools where girls can hardly access these products.

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

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

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Recommendations

This study was a case study engaging girls of one secondary school in Uganda. It could be interesting to extend the study to more similar secondary schools and establish whether girls in other schools and areas have similar challenges and views on SES and SRH. This would also help to confirm the study findings for large scale programming and implementation of girls' education and empowerment.

The study was limited to girls' understanding of SES and the skills they needed for their SRH. This study recommends a deeper and wider local understanding of the SES and SRH and how these can be nurtured. This would provide an empirical basis for SES and SRH programme evaluation by providing programme success indicators that are contextually situated and relevant. This would further improve SES and SRH programme effectiveness and efficiency.

The study recommends a supportive ecology at community and school levels. This study recommends a four-fold intervention for girls'/youth empowerment:

- Parents/caregivers require support on how to meaningfully engage in the learning of their children and how to collaborate with teachers. The support of parents/caregivers to the children would go beyond the formal learning requirement to include mental and social emotional wellbeing of children, especially girls;
- Professional development of gender responsive pedagogy for in-service teachers and inclusion of gender-responsive pedagogy in teacher training programs;
- School leadership development support initiative so that school leaders can create structures, systems and safe spaces in which all learners can learn, achieve and thrive; creating a school environment in which everyone, especially girls, feel safe and motivated to learn; and
- Girl/youth empowerment programmes and intervention focusing on social and emotional learning (SEL) strategies and life-skills especially those aligned to SHR. Emphasis need to be put building girl's agency so that they are able to navigate the contemporary socio-cultural and gender-related norms.

The study recommends an interrogation of how the CASEL framework can be used outside formal classroom settings, particularly how it can be used girls' SRH programming and interventions. This could be followed by rigorous impact programme evaluation establishing relevancy, effectiveness and efficiency.

While we recommend further interrogation of the CASEL framework and how it can be used for girls' SRH programming and interventions, we believe that there is further tailor it to the local contexts by paying more attention how girls define SES and the support they need for their SRH. Moreover, we believe that adolescent girls should be the centre of the entire research process rather merely being researched about.

Acknowledgement

Researchers' Biographies

Dr Mitana John Mary Vianney (PhD, MAED, B.A. Ed) is Founder and Executive Director of JM Education and Research Centre (JMERC) in Kampala where he supervises the development of research agendas, program models and implementation, institutional and strategic development. Previously he served as the Principal and Lecturer of Research and Philosophy of Education at Luigi Giussani Institute of Higher Education. John Mary Vianney's research interests centre on educational leadership, gender in education, teacher education and professionalism, contextualisation and decolonisation of education in Africa, and assessment and development of social and emotional skills. He envisions a world devoid of gender, social, racial and structural inequalities, where all children and youth can learn, achieve and thrive, transforming their lives, families and communities. He holds a PhD in Education of Makerere University, Masters of Educational Leadership of Walsh University (USA) and B.A Education of Makerere University.

Wendo Jean Mary, BA. Education; Med. MELL Candidate at Makerere University, is currently the Director of Programmes at JM Education and Research Centre (JMERC). Having her first child in her final year at the University informed her passion and enthusiasm to work with and empower the girl child into seeking independence and freedom through education. This, she does through her engagements with the youth in life skills sessions, and different workshops and trainings. Her research interest centres on gender and education, girls' empowerment and programming. Jean is a Literature and English language teacher, a life coach, a contemporary educator, a girl child enthusiast, and a mother.

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