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Understanding and Supporting adolescent girls, social and emotional wellbeing: Case of Yakwe Seed Secondary School in Uganda

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Executive Summary

The study underscores the pivotal role of Social and Emotional Learning (SEL) skills in bolstering the well being and Sexual and Reproductive Health (SRH) of adolescent girls, particularly in the global south. Unlike previous research that often overlooked their perspectives, this study, employing a feminist Participatory Action Research (PAR) approach with 158 girls from Yakwe[1] Seed Secondary School in Eastern Uganda, offers valuable insights into their lived experiences. Drawing from the Collaborative for Academic, Social and Emotional Learning (CASEL) framework, it identifies key SEL skills like self-awareness and self-management as critical for their SRH. However, it also reveals systemic obstacles such as lack of agency, entrenched gender norms, and limited support systems.

The findings illuminate girls' comprehension of SEL skills, also referred to as social and emotional skills (SES). They underscore the vital role of SEL in supporting girls' SRH, wellbeing, and empowerment, along with the specific sub-skills that bolster SRH, wellbeing, and empowerment. As a result, the study advocates for comprehensive support ecosystems within schools, engaging teachers, leaders, and parents, while implementing tailored programs addressing girls' SES and SRH needs.

Moreover, it emphasis es the necessity of context-specific strategies that empower girls in direct decision-making processes. Recommendations include replicating the study in similar contexts to validate findings and inform broader policies and programs aimed at enhancing girls' SRH, wellbeing and empowerment. By amplifying the voices of adolescent girls and addressing their unique challenges, policy makers and practitioners can address the underlying causes of dropout rates and vulnerability to exploitation, thus facilitating more effective programming and evaluation efforts.

Key words:

Social and Emotional Learning, Social and Emotional Skills, wellbeing, Sexual and Reproductive Health, Girls' Education, Uganda.

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

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Acronyms

CASEL:	Collaborative for Academic, Social and Emotional Learning
FPAR:	Feminist Participatory Action Research
JMERC:	JM Education and Research Centre
MGL&SD:	Ministry of Gender, Labour and Social Development
OECD:	Organisation for Economic Co-operation and Development
PAR:	Participatory Action Research
SEL:	Social and Emotional Learning
SES:	Social and Emotional Skills
SRH:	Sexual and Reproductive Health
SSA:	Sub-Saharan Africa
STIs:	Sexually Transmitted Infections
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNICEF:	United Nations Children's Fund

1. Introduction

Recent research underscores the persistent hurdles faced by adolescent girls across sub-Saharan Africa (SSA) in accessing education, primarily due to socio-cultural and economic constraints (Malhotra et al., 2021). These obstacles encompass unequal distribution of domestic responsibilities, pervasive instances of sexual harassment within both school and community settings, early pregnancies, and the demands of motherhood (Booth, 2022; Mieszczanski, 2018). The advent of the COVID-19 pandemic has only exacerbated these difficulties, disproportionately impacting adolescent girls and heightening their susceptibility to adverse outcomes, such as increased incidences of teenage pregnancies and early marriages (Ministry of Gender, Labour and Social Development (MGL&SD), 2012; Nabugoomu et al., 2020).

Research indicates that the surge in vulnerability among girls is closely linked to their insufficient Social and Emotional Skills (SES), especially heightened by the challenges of the pandemic (Lando-King et al., 2015; Malhotra et al., 2021; OECD, 2015). Economic adversities have compelled certain girls to resort to transactional sex to address fundamental needs, consequently escalating their susceptibility to sexually transmitted infections and unintended pregnancies. It is imperative to prioritise immediate interventions aimed at bolstering girls' social and emotional well-being, promoting Sexual and Reproductive Health (SRH), fostering empowerment, and fortifying educational opportunities.

While global literature underscores the significant role of Social and Emotional Learning (SEL) competencies in supporting girls' SRH and well-being during crises (Gavin, Catalano, David-Ferdon, & Gloppen, 2010; Gavin, Catalano, & Markham, 2010; House, Bates, Markham, & Lesesne, 2010; Jones & Doolittle, 2017), there remains a lack of research, especially outside the United States and Europe, focusing on adolescent girls' SEL and its impact on well-being and SRH (Anziom, Strader, Sanou, & Chew, 2021). Additionally, few studies involve girls in the research process, despite evidence of the effectiveness of participatory methods (Maithikithela & Wood, 2021). In Uganda, particularly in low-resourced communities, attention to girls' SEL is lacking, with limited access to health information, educators, counsellors, and female mentors.

This study was guided by the Collaborative for Academic, Social, and Emotional Learning (CASEL) framework, which identifies five core competencies of SES: self-awareness, self2 management, social awareness, relationship skills, and responsible decision-making skills (Elias, Zins, Weissberg, Haynes, & Shriver, 1997; Oberle, Domitrovich, Meyers, & Weissberg, 2016). These competencies are essential for promoting positive behaviours, healthy relationships, and overall well-being among adolescent girls.

2. Study Rationale

JM Education and Research Centre (JMERC) initiated this study to explore adolescent girls' perceptions of their SEL competences and well-being, aiming to understand the nuanced support required for their social and emotional development. JMERC's dedication to advancing girls' education and empowerment led to an emphasis on addressing Social and Emotional Learning (SEL) within low-resource contexts such as Uganda. This emphasis is particularly crucial in relation to promoting Sexual and Reproductive Health (SRH).

Recognising the importance of participatory research, we actively engaged adolescent girls throughout the study to empower them and unearth contextual realities concerning their wellbeing, SRH, and empowerment. Existing evidence highlights the protective role of strong SEL in mitigating sexual risky behaviours, thereby reducing early pregnancies and sexually transmitted infections (Lando-King, et al., 2015; OECD, 2015). Furthermore, SEL serves as the cornerstone for fostering girls' resilience, enhancing their decision-making skills, and nurturing meaningful relationships (House, Bates, Markham, & Lesesne, 2010: Gavin, Catalano, & Markham, 2010). These qualities are essential not only for their academic success but also for their active engagement and contribution to society. The primary focus of our study was to investigate how adolescent girls perceive their social and emotional learning competences and overall well-being in relation to their sexual health. Our goal was to deepen our understanding of their lived experiences, thus contributing to both local and global discussions on girls' education and empowerment.

Initially, our research centered on exploring the social and emotional aspects of well-being. However, we expanded our scope to include an examination of existing SES skills, desired skills, and necessary support systems. This expansion was particularly relevant given the challenges posed by the COVID-19 pandemic.

Central Question:
How can we understand and support the social and emotional wellbeing of Ugandan secondary schoolgirls, with a focus on determining their needs in the post-COVID-19 crisis era?

Related Research Questions:
1) How do adolescent girls define social and emotional learning, and what factors do they prioritise in this context?

2) "What are the key social and emotional skills that adolescent girls deem crucial for their sexual and reproductive health (SRH), and how can we provide them with the necessary support to cultivate these skills effectively?

3. Research Site

The research was conducted at Yakwe Seed Secondary School, specifically chosen due to its focus on serving a vulnerable population. Many girls at this school face obstacles such as early marriages and teenage pregnancies, leading to a high rate of incomplete school cycles. These challenges are often linked to issues surrounding sexual and reproductive health. Given the added strain of the COVID-19 pandemic on social-emotional well-being, we deemed this study particularly relevant to understanding and addressing girls' sexual and reproductive health (SRH). The pandemic has exacerbated existing vulnerabilities, increasing the likelihood of school dropouts among girls. We aimed to investigate their current state of well-being and identify the necessary support systems to enhance both their socio-emotional well-being and SRH.

4. Study Methodology

4.1. Study Approach

For this study, we employed a Feminist Participatory Action Research (PAR) methodology, which underscores the importance of participants' expertise in their own contexts. This approach is particularly suited to our research questions, as it recognises the significance of girls' experiences and insights in understanding their socio-emotional well-being and identifying the necessary skills to improve their sexual and reproductive health (SRH) (Chilisa & Ntseane, 2010; Hutchings, 2000; Jaggar, 1998; Jones, 2019; Lather, 2004).

We chose a feminist PAR approach because it aligns with the epistemology that acknowledges knowledge and reality as fluid and constantly evolving, shaped by participants' experiences (Jacobs, 2016). In line with our study questions, participants engaged in reflection on their sociol emotional well-being and the socio-emotional skills (SES) necessary to enhance their SRH within their local context.

Recognising the sensitivity of our research topic, we prioritised creating safe and supportive spaces for the participants. During workshops, a designated area allowed girls to anonymously deposit written experiences and questions, ensuring confidentiality and comfort. Moreover, a female research assistant addressed questions openly after each session.

By adopting this approach, we aimed to center the voices, perspectives, and knowledge of adolescent girls throughout the research process, thus guiding the methods, data collection, analysis, and report writing in alignment with our study questions

4.2. Study Sample

The study comprised a purposive sample of 158 girls, encompassing all female students from Senior One (S1) to Senior Three (S3), aged between 13 and 19 years old, enrolled at Yakwe Seed Secondary School in eastern Uganda. The number of participants varied across project activities, ranging from 128 to 158, due to the study's multifaceted nature and fluctuating attendance caused by the COVID-19 pandemic.

During the initial phase, all 158 girls took part in the workshop sessions. However, in the subsequent phase involving interviews, the number of participants reduced to 128. Alongside the schoolgirls, three female teachers, including one senior woman teacher and the deputy head teacher, also participated in the study. They served as both interview informants and co-facilitators during the participatory workshops.

4.3. Data Generation

The study adopted an iterative data generation approach, incorporating participatory workshops, interviews, field notes, and reflective journals. Each phase of the study was designed to build upon insights from preceding phases, ensuring alignment with the local contexts and addressing the needs, challenges, and aspirations of adolescent girls.

Phase 1:

In April 2021, we conducted a phase aimed at understanding the perspectives of participants on Social and Emotional Learning Skills. This phase began with a three-day participatory workshop, where adolescent girls engaged in discussions addressing key questions

- What does SEL mean to us?
- How do we define our social and emotional well-being?
- What is our understanding of Sexual and Reproductive Health (SRH)?
- What SEL skills do we already possess for our SRH, if any?
- What SEL skills do we need to develop or improve for our SRH?
- How could SEL skills support us during and after the Covid-19 crisis?

Following the workshop, participants ranked Social and Emotional Learning (SEL) skills based on their perceived relevance to Sexual and Reproductive Health (SRH) and overall well-being, providing justifications for their choices. Subsequently, they engaged in self-reflection to assess their current SEL skills and areas for improvement. To maintain confidentiality, a designated box was provided for participants to anonymously share experiences and questions, which were then carefully reviewed and documented by a co-researcher who addressed any queries requiring a response. Additionally, a daily two-hour session was dedicated to participants wishing to share experiences directly with female teachers and/or the (female) researcher. The workshop was jointly facilitated by the girls' female teachers and the Senior Woman teacher, both of whom played pivotal roles throughout the study.

Phase 2:

Scheduled as a follow-up two months later, this phase aimed to further develop the identified SEL skills and gather insights regarding SRH since the initial workshop. However, owing to Covid-19-induced school closures, individual face-to-face and phone interviews were conducted with participants to delve into the pandemic's impact and the repercussions of school closures on SRH.

Phase 3:

After the schools reopened, we organised another one-day participatory workshop to continue refining definitions SEL skills and to prioritise them. During this session, we focused on newly identified skills, encouraging participants to compare them with our earlier discussions and

reflect on any changes. The interval between workshops provided participants with an opportunity to internalise the content from the previous session and compare it with their lived experiences, enhancing the depth of our discussions.

Phase 4:

In the final phase, we engaged in co-constructing and validating the study findings. This process began with a one-day workshop aimed at ensuring the authenticity and trustworthiness of the results. Subsequently, the research team finalised the study report based on the outcomes of this validation workshop.

4.4. Data Analysis

Following the principles of Participatory Action Research (PAR), our data analysis primarily employed a qualitative approach known as thematic analysis. This method involves segmenting, categorising, summarising, and reconstructing qualitative data to capture essential concepts within the dataset (Gavin, 2008). Below, we outline our detailed data analysis process:

Phase 1:

Reviewing the data Upon collecting responses, we promptly reviewed them and summarised according to emerging themes. These summaries offered an initial overview of participants' understanding of the social and emotional learning skills and SRH, facilitating easy access for subsequent review. Additionally, we documented any emerging ideas or theories related to the study questions. Our phased approach provided micro-level analysis, informing subsequent data collection phases (Gavin, 2008).

Phase 2:

Generating initial codes We utilised inductive coding of data during and after our interactions with adolescent girls, including workshops or interviews. These codes were developed to represent themes relevant to our research questions. The generated codes included: defining SES (c_1), defining socio-emotional wellbeing (c_2), identifying the SES already possessed by the girls (c_3), identifying the SES they wished to develop (c_4), identifying the SES crucial for girls' SRH (c_5), determining the top three SES for girls' SRH (c_6), identifying SES important for girls during and post the Covid-19 pandemic (c_7), examining the support that girls need for their social and emotional learning, wellbeing and empowerment (c_8).

Phase 3:

Searching for themes During this phase, we analised the codes associated with the identified themes. Our initial examination highlighted a significant finding: the definition of SES (c_1) plays a crucial role in shaping girls' understanding of their socio-emotional well-being (c_2). Furthermore, codes c_3, c_4, c_5, c_6, and c_7 were grouped based on the diverse needs and purposes of SES. These codes included identifying existing SES, desired SES for development, essential SES for SRH, and the top three SES for girls' SRH, as well as those critical during and after the COVID-19 pandemic. Additionally, code c_8 was dedicated to exploring the supports girls needed to thrive during and post-COVID-19 era.

Phase 4:

Reviewing and defining the themes during theme review, provisional themes were identified through classification and uniqueness assessment. These included: the contextual definition of SES (c1), how girls' perception of SES influences their socio-emotional wellbeing (c2), girls' categorisation of SES (c3), and the supports the girls needed for their wellbeing, SRH, and empowerment (c8). The contextual definition of SES encompasses how girls perceive SES and its influence on their socio-emotional wellbeing and SRH. This perception informs their categorisation of SES into existing, needed, and important for improving SRH.

The support that adolescent girls deemed necessary for their overall wellbeing, SRH and education. Theme definition involved consensus among researchers, girls, and teachers, leading to multiple analysis versions before final themes were determined. The process included reflection, deconstruction of assumptions, and learning lessons.

Phase 5:

Producing the report results During this phase, the researchers reviewed the identified themes and their relationships, with more detailed descriptions provided in the findings section.

5. Study Findings

In this section, we present the key study findings according to identified themes notably:

5.1. Adolescents' contextual definition of SES

Our analysis revealed that adolescent girls conceptualise and define socio-emotional skills (SES) based on their daily interactions with themselves and others. One aspect of SES that emerged pertained to self-concept, self-management, and self-control. Participants articulated self-concept as the awareness and acceptance of one's background, coupled with determined efforts to improve their socio-economic status. For instance, one participant viewed 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". The girls emphasised the importance of self-appreciation despite challenges. For example, one of them described it as, "ability to know and appreciate one's self irrespective of the challenges or situations they are going through" This highlights the significance of self-concept in their perception of SES. Additionally, participants associated SES with self-management, involving the ability to regulate lifestyle and cope with stress, particularly amidst challenges like the 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" They emphasised the importance of controlling thoughts and emotions and staying focused on goals. Self-control was described as taking responsibility for one's life, managing thoughts and feelings, and exercising restraint before action. Participants also emphasised the importance of self-care, self-knowledge, positive self-belief, emotional respect, and goal-directed focus in their understanding of SES.

Another aspect of SES identified in the study pertained to interpersonal skills and cultural awareness. This involved understanding and respecting social, cultural, and traditional norms and effectively forming and maintaining relationships. Participants described relationship management as respecting others, seeking advice from elders, engaging in community activities such as church choir or clubs, and collaborating with peers while resisting 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 they can recognise, accept and respect people from other social backgrounds such as tribe and region". At the same time, 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 balancing individual and social goals".

One strand of SES identified was responsibility and decision-making, wherein participants emphasised the importance of taking ownership and making informed choices. One 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 defined SES as the ability to bravely confront present challenges while keeping sight of future goals. 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.

Participants emphasised that making incorrect decisions significantly impedes girls' education. They

recommended seeking guidance from elders or experts, particularly in education and health. However, they also stressed the importance of taking personal responsibility for one's actions and their outcomes, regardless of the advice sought. For example, one participant said "A person demonstrates SES when they take ownership of their actions and refrain from attributing consequences to others, even if advice was provided" while another one said, "People can advise but cannot decide for you"

Based on the preceding descriptions, we conclude that SES encompasses the capacity to regulate thoughts, feelings, and behaviour, as well as to cultivate and sustain collaborative relationships to attain academic, social, or life objectives

5.2. The adolescent girls' categorisation of SES

In this study, adolescent girls categorised SES into four main sets: those they currently possessed, those they aimed to develop, those crucial for enhancing their Sexual and Reproductive Health (SRH), and those necessary for navigating the challenges of Covid-19 and its aftermath. Below, we provide a brief explanation of each category.

(i) The SES which the girls already possessed

The study aimed to identify the SES that participants believed they already

possessed at the outset of the research. Three key SES were identified: social awareness, self-awareness, and self management. Participants culturally contextualised their understanding of social awareness, linking it to cultural norms such as respecting elders and understanding social roles. Most of the girls (53%) identified with ths skills. Self-awareness was described in terms of self-concept, knowledge of one's background, and awareness of strengths and limitations, and 40 girls (25%) 10 identified with this skills. The least possessed skill was self-management with only 34 girls (22%) identifying with it. Self-management encompassed focusing on life goals, exercising self-control, practicing abstinence, building self-confidence, and thinking before acting. Figure 1 illustrates the distribution of girls indicating the SES they already possessed.
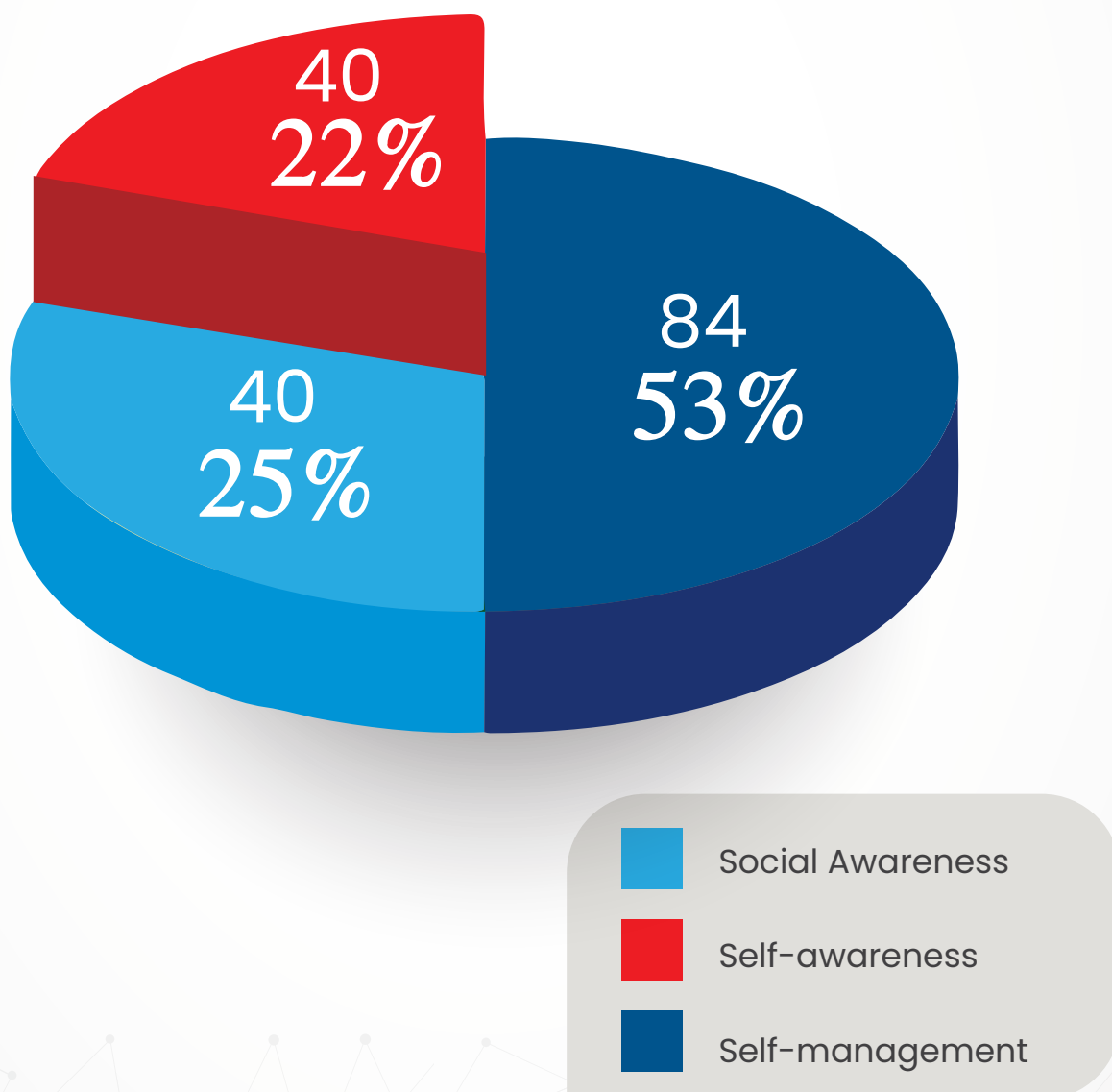

■	Social Awareness
■	Self-awareness
■	Self-management

Figure 1: SES that girls think they already possess

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

This study aimed to investigate the skills participants believed were necessary for them to develop or enhance. While initially listing SES they believed they possessed, we discovered some were not actual skills, necessitating intervention for skill development. For instance, although many mentioned "respect for elders," it was revealed that what they termed as respect was actually fear, hindering their ability to engage with elders. While recognising the value of elders' advice, participants struggled to fully utilise it due to emotional discomfort. Often, they accepted opinions from elders without critical analysis. 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.*

Participants emphasised the importance of enhancing their intrapersonal skills, such as self awareness and self-management, to mitigate exploitation and undue peer influence and to stay focused on their life goals. For instance, one participant highlighted, *"I would like to develop 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 linked responsible decision-making with the ability to make informed choices, which they identified as essential for personal growth and navigating peer pressure, described by one participant as "following the wind, " when she noted,

> *I would like to develop the skill and capacity to make my own choices 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.*

This study revealed that responsible decision-making is an intrapersonal skill practised within a social context. This became evident when participants were asked how this skill would assist them in achieving their goals. One participant highlighted, "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",

Participants emphasised the importance of responsible decision-making as both an intrapersonal skill for personal choices and an interpersonal skill for navigating peer pressure. Participants shared their goals, including aspirations for higher education, future employment, and marriage. They perceived responsible decision-making as essential for pursuing these life goals. The study found responsible decision-making to be an intermediary skill between intrapersonal and interpersonal skills, as illustrated in Figure 2. Additionally, the research revealed a blurred distinction between intrapersonal and interpersonal skills, where a deficiency in one skill affects the practice of another. For instance, participants noted that a lack of self-awareness impacts their relationships with others.
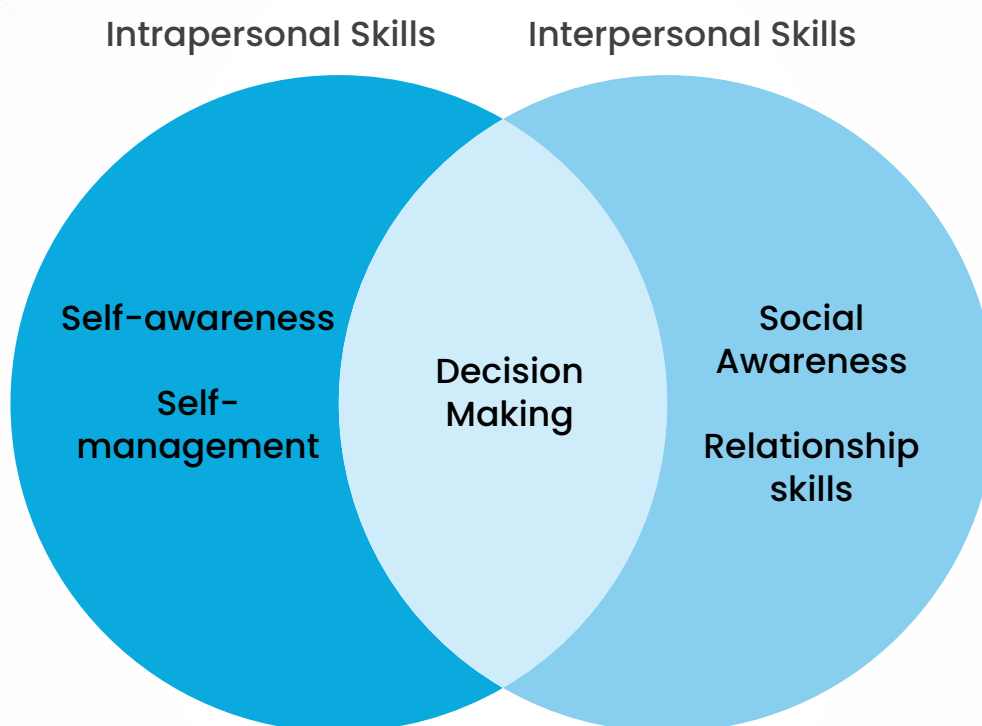
Intrapersonal Skills   **Interpersonal Skills**

Self-awareness

Self-management

Decision Making

Social Awareness

Relationship skills

Figure 2: Relationship between Different SES
Source: Study Data

5.3. SES which adolescent girls consider salient for their SRH

Participants identified 32 sub-skills necessary to improve their sexual and reproductive health (SRH), which we categorised into five CASEL skills. These include self-management, relationship skills, self-awareness, responsible decision-making, and social awareness, ordered by importance as depicted in Figure 3.
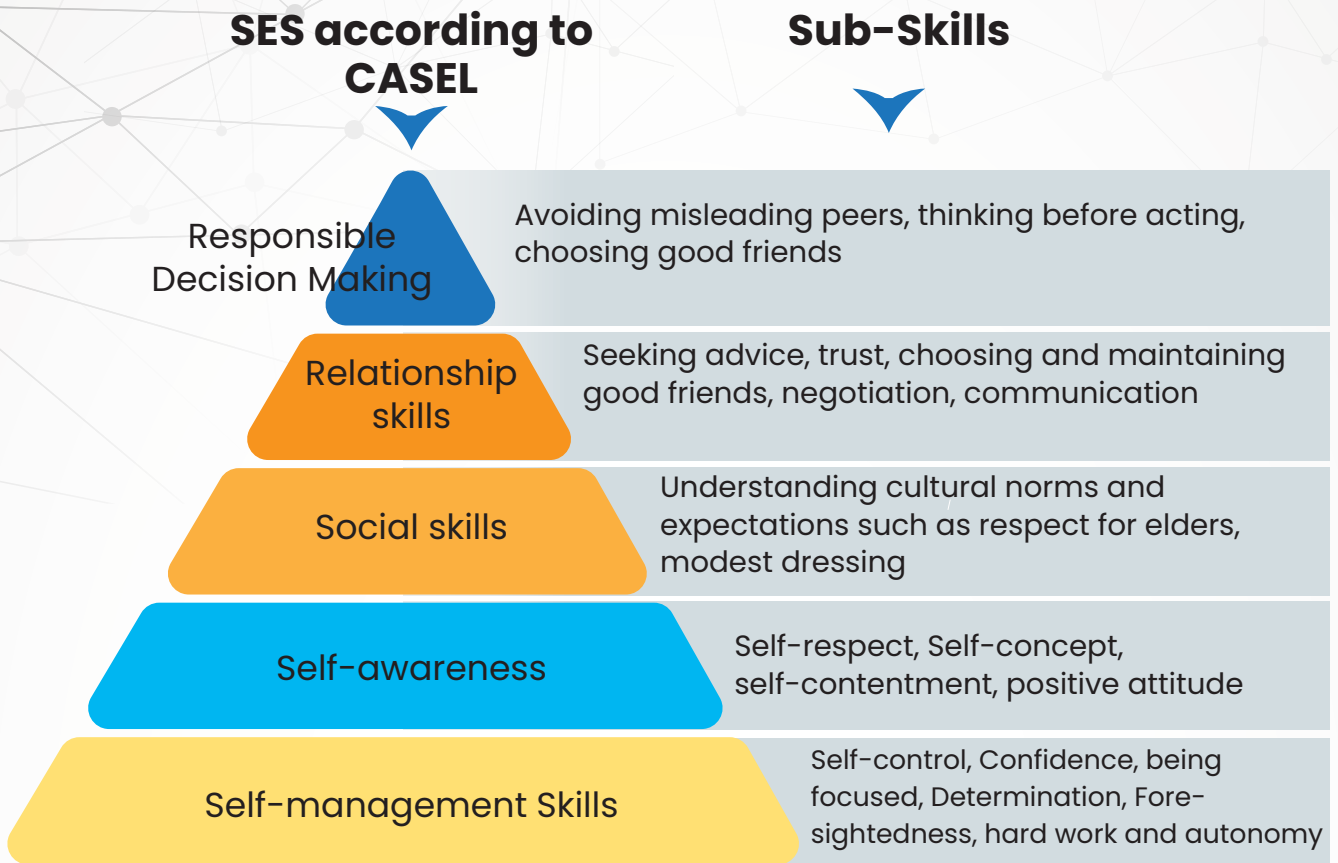
Figure3: Participants' categorisation of SES
Source: Study Data

Participants highlighted self-management as the most crucial SES for their sexual and reproductive health. They described it as the skill needed to regulate thoughts, feelings, and emotions during challenges and to maintain focus on goals. This discussion was guided by the definition from the CASEL (2015) model. Sub-skills identified included self-control, confidence, focus, determination, foresight, hard work, and autonomy. By developing self-management skills, the girls said, they could effectively regulate their thoughts, emotions, and behaviors, especially in challenging SRH situations. This could involve practicing self-control in sexual activities and relationships, maintaining confidence and focus on personal goals, and making informed decisions about sexual health. For instance, one participant highlighted, "*self-control helps me to regulate my throughs, feelings and actions so as to remain focused on my goals*" while another one said, self-control as "*helps to resist destructive thoughts and influences from other people or environment in order to remain focused on one's goals*". Participants emphasised the importance of self-control as a crucial skill for abstaining from sex, resisting peer pressure, and staying focused on life goals, particularly education. They associated self-control with self-confidence, determination, goal-focused behavior, foresight, hard work, and autonomy.

Participants identified self-awareness skills as the second most crucial set of SES for improving their sexual and reproductive health (SRH). Many noted that self-awareness empowers individuals to comprehend their circumstances and take control of their lives, rather than blaming external factors or other people. One participant emphasised that self-awareness entails the "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 particpant 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 encompassed positive self-concept, self-respect, confidence, positive attitude, and self-esteem. Participants believed that by cultivating selfawareness, they could appreciate their own worth, resist peer pressure, and stay committed to their life goals. They emphasised that self-awareness fosters a positive attitude towards school and home responsibilities, enabling individuals to recognise and value their intrinsic worth.

Participants considered social awareness skills as the third crucial set of SES for their sexual and reproductive health (SRH). They described these skills as necessary for understanding others' viewpoints and the ethical principles governing social interactions. One participant noted that social awareness entails "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 participant said that social skills can help one to "know how to navigate social situations, knowing and respecting the social norms and values of other people". Yet another participant noted that social awareness skills "increase the ability of an individual to deal with diversity".

Participants emphasised that social awareness skills are essential for navigating social pressure and cultural norms, particularly in interactions with elders within families and communities, without compromising their sexual and reproductive health (SRH). They primarily viewed these skills as understanding cultural expectations, such as respect for elders and modest dressing, to maintain their well-being.

Relationship skills ranked as the fourth most vital SES for improving their sexual and reproductive health (SRH). Participants emphasised that these skills would enable them to seek guidance from elders, teachers, and peers without succumbing to fear. Key sub-skills identified included respect for authority figures, seeking advice from medical professionals, cooperation with peers and adults, trust-building, effective communication, and choosing friends wisely. They highlighted humility as crucial, involving the ability to accept advice and be receptive to learning.

Participants noted that pride often led peers to disregard advice, resulting in unplanned pregnancies and early marriages. They also associated humility with spirituality, citing prayer as an expression of humility.

Responsible decision-making skills were unexpectedly ranked last among the most crucial SES needed to enhance their sexual and reproductive health (SRH). This finding contradicted our initial understanding, as responsible decision-making skills were expected to be racked higher in their importance to girls SRH. The study revealed that participants believed their SRH was significantly influenced by their emotional states and social environment, rather than their independent choices. Key sub-skills identified as vital for their SRH, which align with responsible decision-making, included critical thinking, intelligence, autonomy, and focus.

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

Girls need socio-emotional skills (SES) to navigate various sociocultural and economic challenges, particularly exacerbated by the COVID-19 pandemic. These skills are crucial for thriving during and after the pandemic. The study unveiled four main skills deemed essential by participants for navigating these challenges: self-awareness, self-management, relationship skills, responsible decision-making, and social awareness.

Self-awareness ranked highest among the skills identified. Participants asserted that self-awareness empowers them to stay steadfast in pursuing their goals and minimises their tendency to compare themselves to peers. For instance, one participant mentioned that,

If I know who I am, it will be easy to accept my condition, whether I am poor or not. I will then work hard without fear or favour. 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 highlighted additional skills that we categorised under self-awareness. These included positive attitude, self-respect, self-confidence, self-esteem, and self-contentment. These aligned SES stem from self-awareness, as they involve understanding the interconnection between one's thoughts, feelings, and actions, representing a high level of self-awareness.

Self-management emerged as the second crucial SEL competence highlighted by girls for navigating both during and after the Covid-19 pandemic. Sub-skills aligned with self-management included time management, cleanliness, self-control, abstinence, pressure avoidance, resilience, and maintaining focus on personal and academic goals. Participants emphasised the need for resilience and focus during challenging times, with additional values like

patience, hard work, and faith contributing to resilience. One participant emphasised the importance of self-management during difficult times by stating, *"when I have self-management skills, they help me to navigate stressfull moments and challenges like restrictions to meeting my friends"*

During such crises, girls often face increased stress, uncertainty, and disruptions to their routines, including changes in education, social interactions, and family dynamics. Self-management equips them with the ability to regulate their emotions, maintain healthy habits, and stay focused on their goals amidst adversity. It enables them to effectively manage their time, responsibilities, and relationships, fostering resilience and adaptability in challenging circumstances. Additionally, self – management empowers girls to make informed decisions about their health, safety, and wellbeing, reducing vulnerability to risks such as exploitation, violence, and mental health issues. By cultivating self-management skills, girls can better cope with the challenges posed by pandemics and emerge stronger, more confident, and capable of overcoming obstacles in their lives.

The study underscored the importance of effective decision-making skills for adolescent girls. This rancked the third. Decision-making is a constant aspect of life, with each action requiring a thoughtful choice. Making the right decision can yield rewarding outcomes, whereas a wrong decision can incur significant costs. Additionally, critical thinking, reflective thinking, and openmindedness were identified as sub-skills aligned with effective decision-making. These skills empower girls to assess situations critically, reflect on their choices, and remain receptive to diverse perspectives, enhancing their ability to make informed and beneficial decisions in various aspects of life.

Relationship skills and social awareness were ranked fourth in importance by adolescent girls for navigating the challenges of COVID-19 and its effects. The girls identified several essential subskills of social awareness to navigate COVID-19 and its challenges. Communication skills were crucial for seeking support and assistance, while respect for elders and peers, alongside negotiation skills, were also emphasised. These skills also enable girls to effectively navigate social interactions, seek guidance, and resolve conflicts, ultimately enhancing their ability to adapt and thrive during challenging times like the COVID-19 pandemic.

5.5. Essential Support Systems to foster girls' SRH and empowerment

Throughout both the participatory workshops and follow-up interviews, adolescent girls emphasised the critical need for family and community support. Many reported a lack of open communication within their families, particularly when it came to sensitive topics such as sexual and reproductive

health (SRH). This communication gap was especially pronounced in cases of teen pregnancy, where girls often faced stigma and fear of punishment from their parents.

Consequently, pregnant girls felt compelled to conceal their condition, both from their families and peers, further exacerbating their SRH challenges. This inability to seek support or discuss their situation openly intensified their feelings of isolation and distress. For instance, a girl shared her experience of being expelled from her home due to pregnancy, highlighting the emotional trauma she endured. These narratives underscore the urgent need for interventions aimed at fostering supportive family environments and destigmatising SRH issues within communities. For instance, once girl noted,

"…my father sent 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 stigma surrounding unplanned and teen pregnancy likely contributes to the reluctance of many girls to seek medical assistance from available health centers. Instead, they may resort to unsafe methods of abortion, exacerbating their SRH challenges.

Participants emphasised the importance of support from the school, particularly from teachers. While adolescent girls expressed a desire for direct assistance through training and mentorship, it is crucial to establish a supportive school environment involving teachers, senior women teachers, school counsellors, and school leaders. One participant expressed feeling rejected by everyone, including friends, relatives, and the school itself, which refused to allow her to continue her studies, after she got pregnant.

"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 discovered that while enhancing girls' agency is crucial, it alone is not enough to support their learning and success within Uganda's context. Addressing systemic challenges at the school level and overcoming socio-cultural barriers are essential to enable adolescent girls to realise their agency fully. This may entail implementing a supportive educational system across schools, prioritising students' social and emotional skills, and allocating resources to develop structures and safe spaces conducive to nurturing these skills.

6. Study implications

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 suggests that Social and Emotional Learning (SEL), informed by CASEL principles, plays a crucial role in enhancing girls' Sexual and Reproductive Health (SRH) and empowerment. By developing SEL skills, such as selfawareness, self-management, relationship skills, responsible decision-making, and social awareness, girls can better navigate the complex challenges related to their SRH. These skills enable them to make informed decisions about their bodies, relationships, and health, leading to improved SRH outcomes. Additionally, SEL empowers girls to assert their rights, communicate effectively, and advocate for themselves in various settings, including healthcare settings, schools, and communities. Overall, SEL equips girls with the necessary tools to build resilience, assertiveness, and confidence, thereby promoting their SRH and overall empowerment.

The study underscores the multifaceted support required for adolescent girls' Sexual and Reproductive Health (SRH), particularly during crises like the COVID-19 pandemic. This encompasses training on essential knowledge and Social and Emotional Skills (SES) to navigate SRH challenges, along with access to supportive infrastructure and hygiene products, critical for girls in rural communities. Empowering girls to define their SRH needs and understanding is pivotal for contextualised SRH programming in low-resourced settings, fostering both empowerment and a robust knowledge base. However, enhancing girls' agency alone is insufficient for their holistic development. Environmental and systemic challenges, including the lack of school-based support systems and gender-sensitive pedagogies, as well as socio-cultural barriers like parental guidance, must also be addressed. A comprehensive approach, involving school-wide supportive educational systems and resource allocation towards nurturing SES, is vital to realise girls' agency and enable their learning, achievement, and overall well-being amidst such challenges.

The study findings uncover a crucial distinction in the perception of "respect" among adolescent girls, revealing that what they labelled as "respect" for elders was often rooted in fear rather than genuine reverence. This fear stems from cultural norms that equate disagreement with disrespect, particularly within Ugandan traditions (Sesanti, 2010). This realisation sheds light on the prevalence of submissive behaviour among girls, driven by the apprehension of being perceived as disrespectful. Fear, as elucidated by Julia et al. (2019), not only diminishes agency but also perpetuates gendered expectations, wherein girls are expected to acquiesce to authority figures,

predominantly men (Sssenyonjo, 2007). Consequently, this fear-induced silence may contribute to the underreporting of gender-based violence incidents, as survivors opt for silence out of fear of reprisal (Mieszczanski, 2018).

While the study underscores the importance of both intrapersonal and interpersonal skills for sexual and reproductive health (SRH), it emphasises the central role of intrapersonal skills, particularly self-management and self-awareness. This finding contrasts with similar studies such as Gavin et al. (2010), which highlighted the effectiveness of programs targeting interpersonal skills in enhancing SRH outcomes. The discrepancy between these findings and Ugandan cultural norms, which prioritise social cohesion and communal well-being (Idang, 2015), suggests a need for further exploration into the cultural nuances shaping SRH interventions.

The study highlights the pressing need to enhance girls' agency to confront the socio-cultural norms and gender inequalities that hinder their sexual and reproductive health (SRH) and empowerment. Prior research has advocated for addressing gender and power imbalances (Hallman & Diers, 2004; Plourde et al., 2016), but involving girls in defining their agency emphasises the significance of their voices in challenging these norms. Rather than prescribing specific skills, it is essential to collaborate with girls to identify the competencies they require within a supportive ecosystem that includes families, communities, and schools. This aligns with the African proverb, "it takes a village to raise a child," underscoring the collective responsibility in nurturing girls' SEL, and empowerment. The study also sheds light on the detrimental impact of the lack of agency and supportive environments on girls' vulnerability during crises like the Covid- 19 pandemic. Many girls resort to transactional sex due to economic hardships, jeopardising their education and well-being. These findings emphasise the urgent need for tailored interventions to address the multifaceted challenges faced by girls in Uganda and beyond.

Acknowledgement

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