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## THE EFFECTS OF COVID-19 PANDEMIC ON THE WELL-BEING OF ADOLESCENT GIRLS IN PUBLIC PRIMARY SCHOOLS IN UASIN GISHU COUNTY, KENYA

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#### Abstract

**Background:** Globally, Closures of schools to mitigate the increase of COVID-19 have caused unprecedented disruption for nearly 1.6 billion school going children across the globe. Those affected the most are adolescent girls extremely in developing countries and the poorest households.

**Methods:** Cross-sectional, quasi-representative survey of pre-post analysis, using a randomized sample from the adolescent girls in public primary schools. In total, 48 school administrators (24 head teachers and 24 deputy head teachers) and 14,917 pupils from 24 public primary schools in north rift region of Kenya. Therefore, the study population will be 30 administrators and 2378 adolescent girls in public primary schools in Uasin Gishu County of Kenya in 2021 and 2022. A sample size of 343 was assumed as the proportion suitable for this study using stratified random sampling techniques.

**Results:** Majority were in the age bracket of 11-14 years old accounting for 174 (74.0%) compared to 61 (26.0%). Those in class 7 were the majority represented by 100 (42.6%); class 6 accounted for 87 (22.2%) while class 8 accounted for 48 (20.4%). The COVID- 19 containment guidelines were largely violated among the adolescent girls, which is a confirmation of behaviour change and lack of observation of prevention and control measures. not able to have increased access to economic opportunities, better health outcomes or useful, empowering knowledge, attitude and skills due to COVID- 19 Pandemic disruptions to key socioeconomic factors that support various families with composite mean score of (1.58, S,D .858) indicating strong disagreement with all the fifteen items that measured state of COVID- 19 outbreak impacts on wellbeing of adolescent girls. The findings showed that the Pearson's correlation between COVID- 19 pandemic containment guidelines and the wellbeing of adolescent girls is [ $R = -0.624$ ,  $p = 0.000$ ], wellbeing and lockdown measure [ $R = 0.966$ ,  $p = 0.000$ ], stay at home measure [ $R = 0.921$ ,  $p = 0.000$ ], group gathering restrictions measure [ $R = 0.926$ ,  $p = 0.000$ ] and COVID- 19 Pandemic [ $R = 0.832$ ,  $p = 0.000$ ], showing a statistically significant bivariate association between the independent and dependent variables. Increased COVID- 19 Pandemic containment guidelines led to greater disruptions of basics of wellbeing environment.

School closure had -0.718; Lockdown measure indicated -0.802; stay at home -0.679; while group gathering restrictions showed -0.812 all revealing significant bivariate associations with wellbeing of adolescent girls all explaining 53.2% of the wellbeing dimensions in this paper [ $R^2 = 0.532$ ,  $p = 0.000$ ,  $B = 0.615$ ,  $t = 5.857$ ,  $\rho = 0.000$ ]. Therefore, the hypothesis that “hypothesis that COVID-19 pandemic restriction guidelines do not affect wellbeing of adolescent girls” is rejected and concluded that there is an effect of COVID -19 pandemic restriction guidelines on wellbeing of adolescent girls among the public primary schools.

**Conclusions:** COVID -19 pandemic restriction guidelines has greater negative effects on wellbeing of adolescent girls among the public primary schools. Adolescent girls experienced disrupted fundamental acquisition, access, distribution and delivery of education, health, economic empowerment, all gender-based-violence forms, water-sanitation-hygiene, conflicts-emergency-humanitarian-settings, as well as adolescent girls’ intersecting needs leading to declining state of wellbeing.

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## Introduction:-

### Background of the Study

Globally, schools closed following the World health Organisation (WHO) declaration of COVID-19 as a global pandemic in March 2020. This affected about 1.6 billion school going pupils, with 16% of them found in sub-Saharan Africa (UNESCO, 2020). The closure of schools stopped some of the most vulnerable school pupils from accessing their usual nutritious meals, which they used to access during normal school going making them, especially adolescent girls, more vulnerable to physical and psychosocial abuse, physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction heightening the risk that some would drop out when schools reopen (UNESCO, 2020; UNICEF, 2020). About 85 million girls and boys worldwide would be exposed to physical, sexual or emotional violence while locked in their homes during quarantine (Banati, Jones & Youssef, 2020; Bilbao-Nieva, 2021; UN, 2020). Besides, millions more school going pupils are exposed to the child labour risk (ILO & UNICEF, 2020) and higher levels of forced early child marriages during this period of school closure and when the schools reopen, as household livelihoods decline and the social and economic crises continue (World Vision, 2020b). COVID-19 has overstretched health systems, diverting health resources and capacity to pandemic response, and limiting school children’s access to critical primary health care and nutrition services that protect them against malnutrition and preventable deaths (World Vision, 2020a) that may impact on their wellbeing as well. According to African Union beyond the short-term impacts on children’s health and that of their parents or caregivers, the social and economic interruptions triggered by the pandemic harms children’s well-being, including through increased gender-based violence, exploitation and separation from families (AU/ACERWC, 2020).

The gendered influences of infectious disease pandemics and their tendency to acutely harm adolescent girls’ wellbeing have been well-documented in each of the most previous major outbreaks. A number of recent contagions such as Zika, SARS and Ebola have had devastating consequences on adolescent girls and young women (AGYW) (Zulaika et. al., 2022; Shapira et. al., 2021; Parsitau & Jepkemei, 2021; PATH, 2020; Nyothach, Ambrose & van Eijk, et. al., 2021; Mukherjee, Khan, Dasgupta & Samari, 2021; Muiruri, 2020; Mersie, 2020; Marie Stopes International, 2020; Mansfield et. al., 2021) who are a vulnerable segment of a population in every health issues, and are predominantly impacted by TB, HIV/ AIDS, and malaria. Early evidence indicates that COVID-19 is no different in this respect, with Zika, SARS and Ebola in their impacts on adolescent girls and young women (AGYW) with public health service providers and community groups reporting a sharp increase in reported incidents of Intimate Partner Violence (Parsitau & Jepkemei, 2021). Adolescent girls are particularly vulnerable and the contagion is aggravating existing issues that AGYW face in getting sufficient healthcare and causing them to be disadvantaged economically, socially and physically. Besides, their freedom from violence in all forms and resilience of services that support and protect them from violence can be greatly affected. This resiliency include areas such as physical and emotional health, their relationships with others, their sense of belonging and purpose,

their happiness and satisfaction and involves a state of flourishing and reaching one's potential. Throughout the COVID-19 pandemic, many adolescent girls and women have remained at home, away from school and work, and without adequate resources to lead healthy and independent lives.

Previous studies (Nyothach, Ambrose & van Eijk, et. al., 2021) of past disease waves and other humanitarian crises have shown that without targeted intervention, COVID-19 would heighten pre-existing risks of negative wellbeing against adolescent girls, confuse their economic, social, physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction and involves a state of flourishing and reaching one's potential as well as educational development and threaten their sexual reproductive health. However, there is scarce research on the physical, emotional health, relationships with others, sense of belonging and purpose, happiness and satisfaction impacts of COVID-19 and on the outcomes, especially those specific to for adolescent girls. Adolescence, predominantly mid to late adolescence (15-19 years), when frequent overlying transitions can characterize the future, is a crucial phase for all adolescent girls and young women. For girls and young women, in a number of countries worldwide, it is a time when they are particularly at risk, detrimental decisions to the future of these segments are often made for them, and the anticipations and chances, for adolescent girls and young women, in all their variety, differ considerably from their male peers (Muiruri, 2020). In final adolescence phase, decisions are often made for adolescent girls and young women that affect their continuity to education, marriage partner choices and career paths. Besides, the burden of household tasks becomes heavier and may curtail their freedom line with gendered expectations about female behaviour and girls' vulnerability to sexual violence. This may impact negatively on the physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction of adolescent girls and young women. Consequently, any worldwide pandemic that removes girls from school with detrimental impact on family income can exacerbate the already bad situation further (Mansfield et. al., 2021).

This may interfere with the increased desire for independence, autonomy, and reliance on peer connections for emotional support and social development, together with heightened sensitivity to stress exposure associated with pubertal development (Bailen et. al., 2019; Ellis & Zarbatany, 2017; Orben et. al., 2020) that are the characteristics of adolescence. Therefore, the combination of concerns of the COVID-19 SARS-CoV-2 contagion and measures to control its transmission, for example, forced physical distance from friends, school closure and stay-at-home, are likely to negatively affect the well-being of adolescents. Notably, the COVID-19 pandemic intersects with rising prevalence of mental health problems and harmful behaviours among adolescents, predominantly among adolescent girls (Collishaw, 2015; Thorisdottir et. al., 2017). The combination of these factors has been described as "the perfect storm," resulting in rising concerns by healthcare providers and researchers worldwide about a mental health pandemic among adolescents and young women in the aftermath of the COVID-19 pandemic (Golberstein et al., 2020; Orben et. al., 2020).

Rising evidence suggests that adolescent girls are disproportionately affected negatively by the epidemic compared to adolescent boys (Zulaika et. al., 2022; Shapira et. al., 2021; Parsitau & Jepkemei, 2021; PATH, 2020; Nyothach, Ambrose & van Eijk, et. al., 2021; Mukherjee, Khan, Dasgupta & Samari, 2021; Muiruri, 2020; Mersie, 2020; Marie Stopes International, 2020; Mansfield et. al., 2021). This is because girls often display higher levels of depressive and anxiety symptoms (Mansfield et. al., 2021; Luijten et. al., 2021; Kumari, Mehta & Choudhary, 2020; Halldorsdottir et. al., 2021; Gudmundsdottir et. al., 2016; Gross-Manos & Ben-Arieh, 2017; González-Carrasco, Vaqué, Malo, Crous, Casas & Figuer, 2019) and increased tension, anger, and confusion (Kang et al., 2020) against boys during any outbreaks. Studies have also suggested that the contagions may result to an increase in suicidal or suicides ideation within adolescents (Fegert et. al., 2020; Hoekstra, 2020). The inadequate available studies investigating the incidence rates of substantiated negative wellbeing of adolescents suggest that this is not the case (Banati, Jones & Youssef, 2020; Dallolio et. al., 2022). Adolescent girls deserve healthy, happy, safe, and the opportunity to fulfill their personal and social goals such as good and reliable relationships with senior household members. When given the proper tools, support, and platforms, and when listened to as experts on their own needs and experiences, girls will demonstrate their brilliance and power to shape their lives and that of their households and communities. Yet in spite of their potential, adolescent girls remain one of the most marginalized and vulnerable groups, falling through the gulf between development efforts targeting children young and adult women. Moreover, adolescent girls are diverse, with varying experiences, skills, and identities that intersect and affect the resources and opportunities that they are able to access.

Inadequate studies have investigated gender differences in other indicators of well-being among adolescent segment of the population during the contagion. Consistent with the reported mental health findings, recent studies portray girls accounted for less overall life satisfaction and increased conflict with parents in times of the COVID-19 pandemic compared to boys (Luijten et. al., 2021; Kumari, Mehta & Choudhary, 2020; Halldorsdottir et. al., 2021). However, further explanation on the broad-scale effect of COVID-19 on adolescent girls is needed. For example, it is unclear whether there are impacts in peer relationships, physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction. Determining the broad-scale psychosocial effects of the COVID-19 outbreak has important clinical inferences. Early intuitions from adolescents of the effects of the outbreak may provide deeper insight on both the potential effect of the pandemic and what intervention efforts might prove most effective in prevention or amelioration. These outcomes can provide better ways of prospective comparative longitudinal studies with data gathered prior to the outbreak used to map the potential effect of COVID-19 on adolescents segment of the world population.

The contagion control measures, for example, online schooling, total lockdown, curfew, and social distancing, obstruct adolescents girls' resilience of their social network for emotional support in stressful times (Mansfield et. al., 2021). Additionally, research has implied that girls involve in higher degrees of inactive behaviour and increased social media use/screen time and increased sleeping time relative to boys (Luijten et. al., 2021; Kumari, Mehta & Choudhary, 2020; Halldorsdottir et. al., 2021). Contrarily, some studies find that boys also present higher levels of vigorous physical activity relative to girls, which may confer protection against negative mental health outcomes (Kumari, Mehta & Choudhary, 2020; Halldorsdottir et. al., 2021). As detailed above, the COVID-19 pandemic has given rise to circumstances in which negative consequences are more likely to occur.

However, importantly, there is also potential for positive consequences to happen after such large-scale societal stressors (Green, 2020). For instance, an increase in happiness was observed in adolescents' ages 14-15 years old during economic crisis of Icelandic in 2008 (Gudmundsdóttir et al., 2016). Consequently, during the COVID-19 pandemic, some households may experience strong connections and cohesion given that they could spend more time together (González-Carrasco et. al., 2019; Green, 2020). Besides, staying at home may lessen stress from peer and academic difficulties experienced at school (González-Carrasco, Vaqué, Malo, Crous, Casas & Figuer, 2019; Hoekstra, 2020) but any gain or loss may be determined based on the differences between these positive outcomes and negative impacts experienced on pandemic. This in turn may mitigate the potentially negative impact of the COVID-19 crisis. As previous research indicates, it is highly probable that there are adolescent girls and young women influences in what facets of the pandemic are believed to negatively or positively affecting their wellbeing. To build effective prevention interventions, it is fundamental to determine which factors contribute to negative and positive adolescent girls and young women wellbeing in the face of adversity.

School closures to mitigate the spread of COVID-19 have affected nearly 1.6 billion school going children in over 190 countries (UNESCO, 2020a). Learning disruptions may create far-reaching outcomes including weakening children well-being, demolish their resilience and mitigate the negative impacts on their health, especially among those hardest hit by the pandemic. But the immediate results are loss of learning and school dropout, the equivalent of almost two thirds of a typical school year was lost (UNESCO, 2021d) with temporary and permanent negative impacts that reverberate across every segment. Beyond impacts on learning, the unprecedented disruption caused by the COVID-19 pandemic school closures poses an immediate and long-term threat to gender equity and may have destructive gender-specific effects on well-being, protection and health among others. Understanding these dynamics is a precondition to developing effective initiatives to secure proper educational continuity among all children and to encourage gender equity.

### **Statement of the Problem**

Closures of schools to mitigate the increase of COVID-19 have caused unprecedented disruption for nearly 1.6 billion school going children across the globe. Beyond alarming effects on learning loss and school dropout, they pose an immediate and long-term threat to gender equality, with gender-specific effects on health, well-being and protection. COVID-19 school closures have caused adverse mental health impacts, which negatively affect the resiliency of children to participate appropriately in learning process. This may have continuing impacts on children's lives. While girls reported more mental health problems including increased isolation, sexual violence, anxiety, with boys also reported adverse mental health outcomes.

While no clear gendered patterns appeared, decreased physical activity and growing screen time have been documented. Scarce evidence is available on wellbeing impacts of school closures on school going pupils' wellbeing. Many school going adolescent pupils lost access to comprehensive primary health services including access to reproductive health services during school closures. Services to collect data, report and address gender based violence have been disrupted worldwide. These factors may have led to increased vulnerability to physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction. But the full scope of these outcomes will not be identified for many years, not least because the pandemic has stopped in some most parts of the world. According to the World Bank (2021), learning loss and school dropout of this magnitude are an inequality catastrophe in the making that will affect an entire generation. An estimated 100 million additional children will fall below the minimum proficiency level in reading as a result of the pandemic (UNESCO-UIS et. al., 2021).

Understanding the wellbeing of adolescent girls COVID- 19 pandemic restrictions and control measures that included lockdown, school closure, stay-at-home, and categorizing those most at risk is an urgent public health and social challenge within psychology and other disciplines. This study investigated pupils of public primary school going adolescent girls across Uasin Gishu County during all the phases of COVID-19 school lockdown in 2020 to explore situational factors linked to the wellbeing based difficulties and how they could be overcome. Education is a basic human right and the foundation for peace and sustainable development, and school lockdown is against this goal and is a barrier to providing worldwide and regional leadership to drive progress, strengthening the resilience and capacity of national systems to serve all learners.

It is against these backdrops that investigating effects of Covid-19 pandemic school closures on the well-being of adolescent girls in public primary schools was critical to the management of wellbeing of school going pupils. This aimed to understand support and provide deeper insight in Kenya and other countries to address COVID-19 school closure crisis dimensions on adolescent girls and safeguard progress made on gender equity in education and any other aspects of societal social wellbeing in recent decades, particularly on vulnerable school adolescent girls.

### **Purpose of the Study:-**

This paper investigated the effects of Covid-19 pandemic on the well-being of adolescent girls in public primary schools in Uasin Gishu County, Kenya, determining particular vulnerabilities for adolescent girls and provides practical guidance on how to provide adolescent girls with targeted and specific support during the period of COVID-19 scourge.

### **Objectives of the Study:-**

The objective of this paper was to investigate the effects of Covid-19 pandemic on the well-being of adolescent girls in public primary schools in Uasin Gishu County.

### **Hypothesis of the Study**

School closures to mitigate the increase of COVID-19 have caused unprecedented disruption for nearly 1.6 billion school going children across the globe. Beyond alarming effects on learning loss and school dropout, they pose an immediate and long-term threat to gender equality, with gender-specific effects on health, well-being and protection. COVID-19 school closures have caused adverse mental health impacts, which negatively affect the resiliency of children to participate appropriately in learning process. But lack of adequate understanding of particular vulnerabilities for adolescent girls and providing practical guidance on how to provide targeted and specific support during the period of COVID-19 scourge is still a challenge. This study tested the hypothesis that COVID -19 pandemic has no effect on the well-being of adolescent girls in public primary schools.

### **Significance of the Study**

Apparently, COVID-19 and the efforts to controlling it could cause an alarming impact on the lives of all children especially young women and adolescent girls in primary schools. This is because the lives and rights of girls and young women could be particularly affected. This often happened during times of no pandemic or crisis. Adolescent girls and young women are normally treated as second class citizens in many countries, and are least likely to return to school or find a new job, and most likely to suffer abuse and violence at home when the protective umbrella of education and care systems are no longer in place.

The paper hoped to add knowledge to existing literature on the effects of Covid-19 Pandemic on adolescent girls' health and nutrition care, and able to know the specific ways in which Covid-19 Pandemic related policy making could be designed to help in the management of gender related issues including girl-child and women rights to improve the fight against major epidemics and contribute to the realisation of sustainable development goals 3, 5, 10 among others.

This paper was done in public primary schools in Uasin Gishu County, and was focused on the concept of Covid-19, its restrictive control measures including schools closure, lockdown and curfews and the health and wellbeing of adolescent girls. The paper covered the period from 2020 March to January 2021 including parts of 2022. This made school going children across the globe to restrict their movements to homes only from March 2020 up to January 2021 when schools reopened.

### **Literature Review:-**

In this paper, well-being is broadly defined to refer to physical and psychosocial dimensions, access to sexual and reproductive health services, and access to food and nutrition. However, the paper focuses mainly on physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction and involves a state of flourishing and reaching one's potential as well as educational development. This paper used the terms school going children, primary school adolescent girls, and children interchangeably to refer to children of public primary schools.

Children go through disrupted education activities, girls are forced to leave school and reinforcing their roles as unpaid carers, face rising cases of gender-based violence, reinforces harmful gender norms, for example, exposure to exploitative relationships for young women and adolescent girls, especially those facing economic vulnerability, female genital mutilation, and child pregnancies, increased lack of senior family member and mentors to give adolescents required support, overloading girls with household chores during lockdown, and school closure denying them of adequate time to study, leading to more isolation and social support loss of children, and especially girls (Green, 2020).

### **Theoretical Framework**

This paper is grounded on feminism approach of feminist theory in psychology. This theory advocate for researchers to recognize that gender differences exist and need to be identified and investigated, enlightening the androcentrism pervasive in the discipline (Cosgrove, 2003). Miller (1976) proposed that specific psychological ways of functioning are common for all women, so should be girls in their adolescent age. However, she also deliberately removed from her analysis the racial and class-based factors that explain radical differences in women's experiences (Miller, 1976). Equally, other authors developed a women-focused theory of morality; however, this theory did not acknowledge the experiences of other women beyond the white, middle-class position (Wigginton & Lafrance, 2019) implying that people of difference race like Black Africans are not considered in this theory. This can be considered essentialism, which promote one point of view but claims to represent all women and womanhood (and girls and girlhood), tracing their processes and occurrences from an individual, intra-psychic focus (Cosgrove, 2003), and disregarding the indisputable differences made by a variety of traversing social contexts that shapes the lives of individuals.

In this paper, a different feminist theory is adopted to acknowledge the forces of the internal and external surrounding involved in influencing an individual itself (Cosgrove, 2003). Therefore, ideas of gender-based normativity through trying to establish theories that point out a women's relational style (Cosgrove, 2003) are contested and avoided. In that sense, the paper advocates for a non-essentialist perspective that focuses on changing the structural instead of the individual. Accordingly, this paper focuses on adolescent girls with the notion of social constructions, the social, cultural, and historical context, and contextualized phenomenon to look into what African inclusion of what constitutes a good life, well behaved children and growth appropriateness of adolescent girls in the context of African, Kenya specifically, and in particular Uasin Gishu County, however, the County is highly cosmopolitan even in the rural areas, therefore, there is no specific local tribe culture or tradition that may bias the theory explanation. Besides, these environments include family and community in determining uprightness of teenage behaviours. But Kenya is quickly adopting behavioural practices of Western world. In this paper, well-being is understood as an experience that is inseparable from the context in which it appears. It aims to explain how wellbeing of adolescent girls is impacted by their interactions with the context, in this case, COVID-19 pandemic school closure, lockdown, stay-at-home and other restrictive and control measures.

This paper considers gender to play a fundamental role in the way adolescent girls distinguish and imagine having a good life and as determining spaces of exclusion and threats to well-being. This covers areas including physical and emotional health, their relationships with others, their sense of belonging and purpose, their happiness and satisfaction. The study builds on the current literature on adolescent well-being, considering singularities of adolescent girls and their experience. This is a critical insight concerning the contextual factors that affect the well-being of adolescent girls on different COVID-19 pandemic restrictions and control measures contexts. Therefore, it advances the study of adolescent well-being by enlightening the occurrence of adolescent girls and their relationship or interactions with the context in which they took place. This is done from a feminist theorist approach to allow the possibility of challenging hegemonic and patriarchal discussions given that they have material consequences in the lives of adolescent girls, and establishes gendered patterns of social relations (Diener et. al., 2017).

### **The Concept of Covid-19 Pandemic**

The 2019 Corona virus disease (COVID-19) contagion has made it urgent for governments and other agencies such as United Nations and all associated member bodies to introduce public health restriction measures and infection control strategies, including physical distancing, school closure, isolation, and quarantine. These interventions were formerly adopted when 2003 SARS and 2014 Ebola contagions occurred. However, during COVID-19 pandemic, these measures were implemented to an unmatched scale, leading to total lockdowns of entire cities, regions, and countries around the globe. Measures such as travel restrictions, business and school closures, and effective approaches in reducing the danger of COVID-19 transmission may also exacerbate other threats to health, safety, and wellbeing that are already in problems. The content and timing of government responses, current structural conditions, and community and individual practices similarly imply that the severity of COVID-19-specific risks and secondary dimensions of the outbreak vary over time and place.

During the early stages of the outbreak, fear of how to handle the disease was high inflicting much stigma, causing high level of mental health and psychosocial concerns among global priorities, prompting recommendations by the World Health Organization (WHO) on how to control psychosocial and emotional well-being (). While children and adolescents are at lower risk of infections from severe complications of COVID-19, their psychosocial and emotional wellbeing may be affected in similar ways as adults', as well as in ways that are specific to their developmental stage and role in society. School and university closures imposed by governments have significantly disrupted many young people's day-to-day lives, leading to increased family time and connection with parents but also loss of other important support networks and safeguarding infrastructures. For some this comes at a critical time in terms of their social-emotional development or choosing future education and career options.

The multilateral agencies, governments, and non-governmental organizations (NGOs) responded by expanding social protection measures, for example, cash transfers, food distribution and nutrition assistance; introduced computer, online, mobile phone, television and radio-based alternatives to learning; and expanded measures that included hotlines to offer support for gender-based violence survivors or advice on other health concerns. Although adolescent girls are among the segments intended to benefit from alternative services and lockdown efforts, these may not be enough and it is not a guarantee that adolescent girls have adequate support. This is because, children, girls, and young women, in particular, are often disregarded in attempts to arrange for emergencies. Besides, before-pandemic, a number of girl-serving services and programs were already under-resourced, hardly accessible, an indication that the pandemic may aggravate this situation because crucial interventions are de-prioritized or suspended. Moreover, woman-led civil society organizations, including those representing girls and their interests received limited or no funding, which constrained their resilience to hold decision-makers accountable. In addition, measures initiated in response to COVID-19 outbreak, may also have destructive ideological dimensions, for example, many countries misclassified reproductive health care services as non-essential, which imposed new barriers to service access.

### **Wellbeing of Adolescent Girls**

Wellbeing refers to a collective state of affairs that appears from any form of relationships (positive or negative) and interactions, or interconnections between individuals and the surrounding (internal and external) where they operate (Evans & Prilleltensky, 2007) and as a phenomenon that need to be understood from relational and not individual standpoints (White, 2017). This is an expansion to idea that well-being should be understood beyond an individual level of analysis. Likewise, critical approaches to the study of well-being have stressed that the strategies to promote it should be focused on understanding and transforming systemic structures (Evans, 2014; Igarashi, 2015), and the

realization of social justice, as a condition that plays an important role on the attainment of well-being (Prilleltensky, 2012). Wellbeing mirrors a state in which a person is healthy, happy and prosperous in his senses, inner focus.

According to UNICEF (2020), adolescent well-being is a comprehensive construct that includes the ability to acquire knowledge, skills, experience, values, and social relationships, as well as access to basic services, that will enable an individual to negotiate multiple life domains, participate in community and civic affairs, earn income, avoid harmful and risky behavior, and be able to thrive in a variety of circumstances, free from preventable illness, exploitation, abuse and discrimination. It also refers to the ability of the surrounding society, for example, family, peers, community, social institutions, to support those aspects of well-being.

Wellbeing is multi-dimensional occurrence, consisting of physical, emotional, civil, and social dimensions that combine and affect an individual's experiences and actions. Ensuring adolescent girls' wellbeing and improving their lives in measurable and sustainable ways requires more than broad cross-sector commitment and integrated approaches. It needs change of behavioural character, accountability, reliable and quality resources, robust evidence, collaborative and targeted programs, long-term investment, political will, and listening to and working with them as equal partners. Addressing the complex needs of adolescent girls requires that all actors view adolescent girl as a whole person, with unique and intersecting needs and talents, and that adolescent girls have the opportunity to be heard, to express their needs, and to have those needs met.

A strong sense of wellbeing helps us to feel good about ourselves and the way our lives are going, and can have a hugely positive impact on teen mental health. Wellbeing is important in allowing people to feel emotions like happiness, satisfaction, contentment, curiosity, all of which help people to function appropriately in the world and lead maximum lives. It also supports mental health, by giving a greater ability to manage thoughts, feelings and behaviours in a person. This helps in maintaining good or normal relationships, set and achieve goals, and find meaning and purpose in endeavours of a person. But the major concern is that wellbeing depends on experiences that degenerate into negative outcomes. Adolescent girls merit to be healthy, have healthy relationships with family and community, happy, safe, and to have the chance to fulfill their personal and social goals. Giving them the proper tools, support, and platforms, including listened to as experts on their own needs and experiences, girls can display their brilliance and power to shape their lives and that of their households and communities. Despite their potential, in every part of the world, adolescent girls remain one of the most marginalized and vulnerable populations, falling through the gulf between development efforts targeting children and adult women. Furthermore, adolescent girls are diverse, with varying experiences, skills, and identities that intersect and affect the resources and opportunities that they are able to access.

Armstrong and Boothroyd (2007) have stated that available literature have demonstrated that parents and peer groups are relatively more significant than neighbourhood impacts on the behaviours of urban African-American adolescents and that maternal involvement, the support of extended family members, and socialization regarding future orientation are important predictors of adolescents future orientation. Both direct and indirect pathways for the role of parents values in shaping adolescents occupational aspirations have been found for African-American and white youths. However, in the modern world where extended family fabric is quickly diminishing, the significant role of the family may be waning rapidly. This may expose the adolescent children and the young ones to external conditions severely. Moreover, wellbeing may vary depending on the type of family one comes from, for example, poor family that receives welfare may portray different level of wellbeing compared to a poor family without welfare support from any source (Diener et. al., 2017; Casas, Bello, González & Aligué, 2013). However, pandemics of any form have been predicted to have significant influence on welfare of individuals, but with higher magnitude in women and girls (Egger & Huber, 2022).

Equally, conventional techniques to well-being often are focused on individual levels, exploring psychological constructs linked to positive development (Dallolio, et. al., 2022), and the experience of positive change and life satisfaction (Diener et. al., 2017) as indicators of well-being. However, these techniques do undervalue the effects of external factors in the wellbeing of people (White, 2017), consisting of the influences of context on how people assess and reflect on their own life (Blake & Temin, 2020). What creates or changes the current status of environment, including learning environment, home environment and any other social environment may influence changes to the behavioural features to individuals living within those environments. It means that well-being may be experienced differently when suddenly new environment is created that individuals have not grown within. Hence,



well-being may occur concurrently with the context in which it emerges. Therefore, a positive or negative context may impact and shape emergence of well-being positively or negatively.

### **Empirical Review**

Existing literature (Blake & Temin, 2020) reveals that girls are experiencing an emerging set of common effects. For example, across settings, girls describe increased burdens of unpaid care work, new levels of food insecurity, and new feelings of distress, fear, and anxiety. To note, even within the same communities, girls may face different realities. A recent survey of girls in five districts in Bangladesh found that larger proportions of girls 16 and older reported increased burdens of household work or care giving responsibilities than younger girls; and more married girls reported recent experiences of household violence than unmarried peers.

Furthermore, girls' experiences are not solely marked by heightened risks or vulnerabilities that require interventions; they are also responding to the pandemic: studies suggest that older girls, in particular, are contributing to efforts to educate their peers or community members. It is clear that the COVID-19 crisis shaped and continues to reshape girls' lives in critical and lasting ways as the crisis evolves. Clarity on the type, degree, and strength of the evidence in support of interventions that promote adolescent girls' health and wellbeing urgently needed. The review of evidence and its implications will take account of the unique nature of the adolescent life phase and girls' heterogeneity as it is shaped by age, household economic status, the community or country where they live, their ethnicity, nationality, disability, marital status or sexual orientation. In the course of reviewing evidence, the paper focused on contexts of poverty, weak social infrastructure, or exclusion from official government services contributing to heightened risks and constrained opportunities for girls, even in periods of apparent stability.

The coronavirus pandemic has had sweeping impacts on populations in all contexts, with divergent experiences across the life cycle. Although mortality and morbidity effects have been disproportionately felt among the young and the older generations (Ho et al. 2020), there is growing acceptance that adolescents have also underwent multidimensional consequences, fuelled by closure of schools and recreational spaces, curfew, and total lockdown and widespread disruption to services (Dunton Do & Wang, 2020).

### **Research Gaps**

This paper reviews emerging evidence on the effects of the pandemic on adolescent girls, drawing on the United Nations (UN) H6+ Technical Working Group on Adolescent Health and Well-being's conceptualisation of adolescent well-being in terms of five intersecting domains (Ross et al. 2020). The paper also used The Coalition for Adolescent Girls (CAG) holistic approach tool (CAG Framework) on complexities of adolescent girls' needs and the elements required ensuring their wellbeing.

## **Materials and Methods:-**

### **Research Design**

The paper used a COVID cross-sectional, quasi-representative survey of pre-post analysis, using a randomized sample from the adolescent girls in public primary schools of Uasin Gishu County region of Kenya, which consisted of quantitative and qualitative approach, was used to obtain data and information for this paper. The study included only adolescent girls in public primary schools to allow for an understanding of the feminine-based impacts of the COVID-19 pandemic on adolescents who were surveyed. This design was based on practical purpose where the effects of exploratory variable and the impact of the causal descriptive approach were investigated by taking all possible interactions among variables to investigate any effect. In this study, descriptive and inferential statistical data were used to answer the hypothesis of the study.

### **Participants**

Participants comprised adolescent girls who learn in public primary schools in Uasin Gishu County, who completed the survey between May 29, 2021 and May 10, 2022. Eligible participants for the study were all adolescent aged pupils in primary schools in two domains: good health and optimal nutrition security. Recruitment for the current study involved sending an invitation letter to schools, and advertising the study in primary schools. The study was approved by the National Commission of Science, Technology and Innovation (NACOSTI). The study was done in 15 public primary schools in Uasin Gishu, the North Rift region of Kenya between 2021 and 2022.

The target population were 48 school administrators (24 head teachers and 24 deputy head teachers) and 14,917 pupils from 24 public primary schools in north rift region of Kenya. Therefore, the study population will be 30 administrators and 2378 adolescent girls. This population was further reduced to 15 public primary schools that provided for a reasonable number of schools in a qualitative study (Mugenda & Mugenda, 2003). A sample size of 15 schools provided for 30 administrators and 2378 adolescent girls (11-21 years old) giving a total target population of 2408 using stratified random sampling techniques.

A sample size of 343 was obtained using the Cochran (1963; 1977) formula as follows;

$$n = \frac{N}{1 + Ne^2}$$

This sample of 343 is a representation of 14.25% of the target population, was considered to adequately address the objectives of the study. The paper used questionnaires as the key instrument to collect primary data.

### Study Measures

The questionnaire covered indicators on household conditions, individual characteristics and the ability to acquire knowledge, skills, experience, values, and social relationships, as well as access to basic services, that will enable an individual to negotiate multiple life domains, participate in community and civic affairs, earn income, avoid harmful and risky behavior, and be able to thrive in a variety of circumstances, free from preventable illness, exploitation, abuse and discrimination and the ability of the surrounding society, for example, family, peers, community, social institutions, to support adolescent girls. For COVID-19 group girls who experienced school closures, the follow-up questionnaire contained questions on COVID-19-related changes to knowledge and skills, attitudes, and practices, structural/legal/institutional issues and those related to social and gender norms based on education, economic empowerment high, gender-based violence (GBV), access comprehensive, affordable, and high-quality health services and education, including sexual and reproductive health services and education, so they can live healthful lives.

Baseline survey was completed in October 2021 and a second intermediate survey was performed in May 2022 after 2 year of COVID-19 pandemic. Socio-demographic information was collected during the baseline survey. Parents' education level was stratified into different categories including low (completed primary and middle school), medium (high school diploma) and high (university degree).

Primary response variables included incident food insecurity: the ability to acquire knowledge, skills, experience, values, and social relationships, as well as access to basic services, that will enable an individual to negotiate multiple life domains, participate in community and civic affairs, earn income, avoid harmful and risky behavior, and be able to thrive in a variety of circumstances, free from preventable illness, exploitation, abuse and discrimination and the ability of the surrounding society, for example, family, peers, community, social institutions, to support adolescent girls, during COVID-19 school closure, lockdown and curfew contributed to this outcome.

Participant age was calculated as a girl's age at the start of the adolescence phase. Girls' household composition was dichotomized into having both parents, living with one of the parents, living with grand parent, living with senior relative, living with guardian.

### Pandemic-Related Survey Items

Survey items were developed for this paper to evaluate adolescent girls' responses to the COVID-19 pandemic. The survey was developed after the onset of the COVID-19 pandemic in Kenya and developed based on existing international surveys on the effect of COVID-19 on gender based effect at the time (Pearcey et. al., 2020).

### Broad-Scale Effect of COVID-19

Respondents rated the potential effects COVID-19 had on their overall day-to-day life, physical, emotional and social wellbeing using a five-point Likert scale (1 = much worse to 5 = much better). To obtain a more nuanced view of the perceived effect of COVID-19 on adolescent girls, the paper examined these responses in two ways: as a continuous and binary variable. For the latter, response for each was dichotomized based on whether it was considered to be negatively (0 = better or no change, 1 = worse or much worse) and positively affected (0 = worse or no change, 1 = better or much better) by COVID-19.

### Behavioural Change during COVID-19

Survey items considered COVID-19 specific changes in the adolescent girls' daily habits. The respondents were asked to rate on a five-point Likert scale (1 = much less time to 5 = much more time) how much time they spend on a list of 12 activities now compared to prior to the pandemic, such as sleeping, participating in physical activity, using social media, and meeting up with friends or family.

### Negative and Positive Effect on Mental Health due to COVID-19

Survey items assessed what aspects of the COVID-19 pandemic were contributing to the ability to acquire knowledge, skills, experience, values, and social relationships, as well as access to basic services, that will enable an individual to negotiate multiple life domains, participate in community and civic affairs, earn income, avoid harmful and risky behaviour, and be able to thrive in a variety of circumstances, free from preventable illness, exploitation, abuse and discrimination and the ability of the surrounding society, for example, family, peers, community, social institutions, to support adolescent girls and others getting COVID-19) and asked to mark all that they considered having an effect on their health and nutrition insecurity. In the current study, the paper compared how many negative and positive factors adolescent girls endorsed to affect adolescent wellbeing dimensions.

### Statistical Data Analysis

Data analysis was carried out with the help of SPSS, version 24 (Statistical Package for Social Science). Continuous variables are presented as means and standard deviation (SD), and categorical variables are presented as frequency distribution (percentage). Considering the normal distribution of the sample in this paper, verified by the SPSS function, the study analysed differences in variable outcomes, in the objective and self-reported of COVID-19 within the study population, using the paired-samples t-test for continuous variables and the Chi-square test for categorical ones. Unadjusted and adjusted generalized linear models were used to investigate the effect of COVID-19-related school closures, lockdown and curfew restrictions on all outcomes of interest and on health and wellbeing of adolescent girls in public primary schools in the north rift region of Kenya. Significance level was set to  $p < 0.05$ .

### Ethical Considerations

The paper observed study protocols having been approved by the National Commission of Science, Technology and Innovation (NACOSTI) and the general research guidelines and code of ethics. Besides, informed consent was collected from every respondents aged 18 and above. For the minor respondents, informed consent was obtained first from a parent/guardian/head teacher, and then assent was obtained from the adolescents themselves. Furthermore, all interviews were conducted in line with COVID-19 prevention guidelines where necessary.

### Results and Discussions:-

The adolescent girls surveyed were aged between 11-14 years and 15-19 years old. Majority were in the age bracket of 11-14 years old accounting for 174 (74.0%) compared to 61 (26.0%) that represented those aged between 15 and 19 years old. Those in class 7 were the majority represented by 100 (42.6%); class 6 accounted for 87 (22.2%) while class 8 accounted for 48 (20.4%). This is an indicator that candidates that were about to transit to class eight were majority and therefore most affected by the hanging anxiety of doing and passing their end of year examinations to promote them to class eight.

### Descriptive Statistics

Descriptive statistics looked into specific areas where COVID-19 Pandemic could have made easy or difficult for the adolescent girls ability to acquire knowledge, skills, experience, values, and social relationships, and access to basic services, to enable them to freely negotiate multiple life domains, participate in family, community and civic affairs, care for their health, avoid harmful and risky behaviour, and be able to thrive in a various circumstances, free from preventable illness, exploitation, abuse and discrimination including support of surrounding society, family, peers, community, social institutions to support key aspects of well-being and enjoy life at home.

The paper established that the adolescent girls violated Coivd-19 containment measures, the results in Table 1 provides the survey findings.

**Table 4.8:-** Distribution of Refusal to Observe Containment Measures.

Behaviour Control Problems	N	Frequency	Percent	Mean	Std. Dev.
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Sneaked out to eat at a restaurant outdoors	<b>235</b>	218	92.8	4.03	1.268
Sneaked to a concert	<b>235</b>	222	94.5	3.5	1.318
Sneaked to a movie or film theater	<b>235</b>	199	84.7	3.72	1.239
Been to a gathering of more than 50 people	<b>235</b>	197	83.8	3.63	1.154
Went to a public swimming pool	<b>235</b>	216	91.9	3.92	0.867
Played team sports with non-household members	<b>235</b>	189	80.4	3.98	1.17
Attended religious services or religious gatherings in person	<b>235</b>	203	86.4	3.84	1.117
Attended outdoor arties	<b>235</b>	199	84.7	3.86	
Took trips with non-household members (vacations, Mt. climbing)	<b>235</b>	215	91.5	3.28	1.324
Went out to eat at a restaurant indoors	<b>235</b>	177	75.3	3.99	0.75
Went to the beach	<b>235</b>	185	78.7	2.52	1.404
Ridden in cars/transportation with non-household members	<b>235</b>	183	77.9	3.68	1.324
Had others sneak inside my home/house	<b>235</b>	229	97.5	2.76	1.394
Sneaked to others' homes	<b>235</b>	233	99.2	2.22	1.565
<b>Total Frequency Reported on Items of Containment Measures</b>		<b>1465</b>			

The findings reveal that there were fourteen (14) items reported as cases of violation of the containment measure of Covid-19 pandemic. Of these problem areas, seven (7) that include had others come inside my home, sneaked inside others' homes, taken trips with non-household members (vacations, Mt. climbing), went to a public swimming pool, attended religious services or religious gatherings in person, sneaked out to eat at a restaurant outdoors and sneaked to a concert affected almost all the respondents. It implied that the containment measures were largely violated among the adolescent girls surveyed in this paper, which is a confirmation to change of behaviour and lack of observation of prevention and control measures.

**Table 2:-** Effects of Covid-19 Pandemics on Wellbeing Dimensions of Adolescent Girls.

Wellbeing of Adolescent Girls	1	2	3	4	5	Mean	SD
1. I am able to have increased access to economic opportunities, better health outcomes	162(69.0)	45(19.0)	28(12.0)	0(0.0)	0(0.0)	1.41	1.250
2. I can access useful, empowering knowledge, attitude and skills	226(96.0)	10(4.0)	0(0.0)	0(0.0)	0(0.0)	1.01	1.282
3. I have the ability to succeed and advance economically and the power to make informed and safe economic decisions for herself and her family	200(85.0)	28(12.0)	0(0.0)	7(3.0)	0(0.0)	1.12	1.116
4. Gender-based violence (GBV) is socially unacceptable my household, community and country	146(62.0)	33(14.0)	28(12.0)	28(12.0)	0(0.0)	1.72	.849
5. I can access comprehensive, affordable, and high-quality health services and education (including PWD services)	52(22.0)	115(49.0)	35(15.0)	24(10.0)	10(4.0)	2.21	.994
6. During pandemic, access to close, accessible, and safe water sources	89(38.0)	80(34.0)	0(0.0)	45(19.0)	21(9.0)	2.33	1.562

	or secured routes to safe water sources and sanitation products and services								
7.	Practices such as girl-child marriages and FGM were abolished and practice healthy hygiene	101(43.0)	82(35.0)	33(14.0)	19(8.0)	0(0.0)	1.92	.522	
8.	Ease of access to services and support tailored to the needs of girls in during pandemic	151(64.0)	59(25.0)	0(0.0)	21(9.0)	5(2.0)	1.63	.751	
9.	There were effective ways to recognize and report abuse, access medical care following abuse, access psychosocial support and counseling, and prosecute their abuser, if they so choose	141(60.0)	94(40.0)	0(0.0)	0(0.0)	0(0.0)	1.42	.810	
10.	There was continued easy access to health facilities for sexual and reproductive health care, medications and commodities, nutrition education, and other services, particularly in times of pandemic	176(75.0)	59(25.0)	0(0.0)	0(0.0)	0(0.0)	1.21	.704	
11.	Responsive cash and asset transfers are accessible	165(70.0)	47(20.0)	0(0.0)	24(10.0)	0(0.0)	1.50	.417	
12.	Proper tracking of whether and how household resources distributed are shared	155(66.0)	57(24.0)	24(10.0)	0(0.0)	0(0.0)	1.40	.712	
13.	Essential resources should be distributed directly to girls and/or caregivers	188(80.0)	47(20.0)	0(0.0)	0(0.0)	0(0.0)	1.21	.650	
14.	inclusive, gender responsive planning that balances the benefits of restrictions (on movement) with risks	132(56.0)	47(20.0)	0(0.0)	57(24.0)	0(0.0)	1.85	.574	
15.	Plans explicitly offering different modalities focused on adolescent girls as schools open and close, and respond to their circumstances and needs	111(47.0)	85(36.0)	38(16.0)	2(1.0)	0(0.0)	1.67	.672	
<b>Composite Mean</b>							<b>1.58</b>	<b>.858</b>	

The findings in Table 2 reveal that COVID- 19 pandemic interfered with the basic fabrics that generate into wellbeing. It was a pointer that adolescent girls in this survey were not able to adequately develop knowledge, skills, attitudes, and practices as enabling environment informed by structural, legal, institutional issues and those related to social and gender norms to build their own self-efficacy surrounding to deal with the simultaneous shocks to economic, social, and health systems that COVID- 19 Pandemic has created and the effects on a range of dimensions of wellbeing of adolescent girls. There were respondents were not able to have increased access to economic opportunities, better health outcomes or useful, empowering knowledge, attitude and skills due to COVID- 19 Pandemic disruptions to key socioeconomic factors that support various families. This could be the cause for inability of the girls to succeed and advance economically and the power to make informed and safe economic decisions for themselves and their families. Disruption f this has an impact of generation of poor health outcomes for households including adolescent girls, and the scarce resources to may fail to help prevent pregnancy during adolescence.

The findings in Table 2 portray a picture of total disruption to all dimensions of wellbeing of the adolescent girls in this survey. These dimensions include ability of the girls to own knowledge, skills, experience, values, and social relationships, and access to basic services, to enable them to negotiate multiple life domains, participate in household, community and civic affairs, avoid harmful and risky behaviour, and can thrive in a number of circumstances including threats of CoVID-19 pandemic, exploitation, abuse and discrimination. The girls have been disrupted of their ability to have a surrounding including society, family, peers, community, social institutions, which support their drivers to well-being. It meant that there were disruptions to normal distribution of sexual, reproductive and other health services, changes in adolescent girls care behaviour, increased violence at home, loss of revenue due to closure of sources of revenue generating, changes in access, utilization and quality of health services and increased level of poverty that differ in magnitude according to household earlier socioeconomic status.

### Correlation Statistics Testing

The Pearson's correlation between COVID-19 prevention guideline and wellbeing of adolescent girls is -0.624 at  $p = 0.000$ . According to Awan and Rehman (2014), a correlation coefficient that is under 0.7 portrays a weak bivariate association between the variables. It therefore suggests that there is a weak negative and significant bivariate association between wellbeing of adolescent girls as measured by COVID-19 prevention guideline [ $R = -0.624$ ,  $p = 0.000$ ]. This implies that a unit increase in COVID-19 prevention guidelines leads to a decrease of wellbeing of adolescent girls 62.4%. This therefore suggests that there is a weak negative statistically significant bivariate association between COVID-19 prevention guidelines and wellbeing of adolescent girls.

The results further revealed a negative and significant association between wellbeing of adolescent girls and lockdown measure [ $R = -0.802$ ,  $p = 0.000$ ]. It means that a unit increase in lockdown, and then factors associated to difficulty to wellbeing of adolescent to decrease by 80.2% making the girls to experience severe wellbeing conditions. The findings further reveal a negative and significant bivariate association between wellbeing of adolescent girls and lockdown measure [ $R = -0.718$ ,  $p = 0.000$ ]. It implies that if school closure measure is tightened more, this will lead to wellbeing of adolescent girls decreases by 71.8%. Besides, it was found that negative and significant association between wellbeing of adolescent girls and stay-at-home measure [ $R = -0.802$ ,  $p = 0.000$ ]; and also negative and significant association between wellbeing of adolescent girls and group gathering restrictions measure [ $R = -0.812$ ,  $p = 0.000$ ].

**Table 3:-** Analysis of Correlations for COVID-19 Prevention Guidelines and Wellbeing of Adolescent Girls.

Wellbeing of Adolescent Girls (WBAG)	Pearson Correlation	1	2	3	4	5
1. School Closure	Sig. (2-tailed) Pearson Correlation	1				
2. Lockdown	Sig. (2-tailed) Pearson Correlation	-.718	1			
3. Stay-at-Home	Sig. (2-tailed) Pearson Correlation	.000	.421**	1		
4. Group Gathering Restrictions	Sig. (2-tailed) Pearson Correlation	-.679	.739**	.352**	1	
5. Covid-19 Pandemic	Sig. (2-tailed) Pearson Correlation	-.812**	.423**	.413**	.356**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000

\*\* Correlation is significant at the 0.01 level (2-tailed).

### Regression Analysis

Objective (i) was to investigate the effects of Covid-19 pandemic on the well-being of adolescent girls in public primary schools in Uasin Gishu County

The first step entailed establishing a regression model linking COVID-19 pandemic restriction guidelines to wellbeing of adolescent girls of public primary schools. Critical at this point, is to estimate the total effect between COVID-19 pandemic restriction guidelines to wellbeing of adolescent girls variables, using simple regression. The results for the summary of the model are shown in Table 4.

**Table 4:-** Model Summary for COVID-19 Pandemic Restriction Guidelines and Wellbeing of Adolescent Girls.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.729 <sup>a</sup>	.532	.531	1.205

a. Predictors: (Constant), COVID-19 Pandemic Restriction Guidelines

The Pearson's correlation between COVID-19 pandemic restriction guidelines and wellbeing of adolescent girls is 0.532 at  $p = 0.00$ . Results of Correlation Analysis, Table 4.14 show that there was a positive and significant relationship of wellbeing of adolescent girls as measured by COVID-19 pandemic restriction guidelines ( $R^2 = 0.532$ ,  $p = 0.000$ ) indicates how much of the total variation in the dependent variable, wellbeing of adolescent girls, can be explained by the independent variable, COVID-19 pandemic restriction guidelines. In this case, 53.2% can be explained, which is weakly but positive and statistically significant, which implies that COVID-19 pandemic restriction guidelines had some explanatory power on wellbeing of adolescent girls.

**Table 5:-** Analysis of Variance ANOVA for COVID-19 Pandemic Restriction Guidelines and Wellbeing of Adolescent Girls.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	40.555	5	40.555	27.961	.000 <sup>a</sup>
	Residual	336.504	229	1.450		
	Total	377.060	234			

a. Predictors: (Constant), COVID-19 Pandemic Restriction Guidelines

b. Dependent Variable: Wellbeing of Adolescent Girls (WBAG)

The findings in Table 5 reveal F-statistic [ $F(1, 229) = 27.961$ ,  $p < 0.05$ ], which is statistically significant. The findings imply that the model lining COVID-19 pandemic restriction guidelines and wellbeing of adolescent girls of public primary schools was significantly fit. The findings for model coefficients are shown in Table 6.

**Table 6:-** Coefficients for COVID-19 Pandemic Restriction Guidelines and Wellbeing of Adolescent Girls.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.695	.290		5.845	.000
	COVID-19 Pandemic Restriction Guidelines	.615	.105	.328	5.857	.000

a. Dependent Variable: Wellbeing of Adolescent Girls (WBAG)

$$\text{Wellbeing of Adolescent Girls} = 1.695 + 0.615(\text{COVID-19 Pandemic Restriction Guidelines})$$

The findings in Table 6 reveal that the effect of COVID-19 pandemic restriction guidelines on wellbeing of adolescent girls in public primary schools was positive and significant [ $\beta = 0.615$ ,  $t = 5.857$ ,  $p = 0.000$ ]. The findings reveal that the independent variable (COVID-19 pandemic restriction guidelines) is a significant predictor of the dependent variable (wellbeing of adolescent girls) [ $t = 5.857$ ,  $p = 0.000$ ]. The findings imply that a prolonged and more COVID-19 pandemic restriction guidelines leads to an increased difficulty experiences among adolescent girls causing poor state of their wellbeing by 61.5%. The findings are consistent with Muiruri (2020), Mukherjee, Khan, Dasgupta and Samari (2021), PATH (2020), Shapira et. al. (2021), Skrzypiec and Askell-Williams (2018) who established that effect of COVID-19 pandemic restriction guidelines on wellbeing was positive and significant. The more the restrictions the greater the problems affecting wellbeing hence poor outcomes of the wellbeing of adolescent girls.

### Hypothesis Testing

**H01:** COVID-19 pandemic restriction guidelines do not affect wellbeing of adolescent girls

Testing hypothesis using significant level, Pearson's correlation shows a ( $p$ -value  $< .05$ ). This indicates that there is an effect of COVID-19 pandemic restriction guidelines on wellbeing of adolescent girls. The ( $p$ -value =  $.000$ ) means that within the same sample, there is zero chance of obtaining a different result like this one. The statistic is consistent with the claim that there is an effect of COVID-19 Pandemic Restriction Guidelines on Wellbeing of Adolescent Girls. Therefore, the hypothesis that "COVID-19 pandemic restriction guidelines do not affect wellbeing of adolescent girls" is rejected. By rejecting the null hypothesis, the paper concludes that there is an effect of COVID-19 pandemic restriction guidelines positively on wellbeing of adolescent girls among the public primary schools investigated in Uasin Gishu County.

### Conclusions:-

COVID-19 amplifies existing vulnerabilities and inequities and stalls progress. Direct and indirect harms of the pandemic disproportionately affect populations that were previously worse off, often through multiple simultaneous shocks to economic opportunities, health access, and new harmful exposures. This occurs not just at the individual level but also at the systems level, where health systems and facilities with the fewest resources pre-pandemic are least equipped to respond to increasing demand and diverted resources. Building back better will require not just preparedness for next crisis but strengthening systems in the interim and addressing areas with previously unmet need, ideally in ways that will improve equitable coverage and resilience in the face of emerging epidemic threats.

It was also concluded that COVID-19 related disruptions to the foundational constructs of wellbeing of girls had negative effect on the wellbeing outcomes of adolescent girls in this study. These changes in wellbeing of adolescent girls were associated with decreased communication with peers, inhabitable homes, lack of access to healthcare services, stopped delivery or distribution of hygiene kits, rise in adolescent pregnancies, bodily integrity and violence, violence perpetuation, child or early marriage, use of alcohol, drugs and mood enhancers, pregnancy-related stigma and community isolation, changes in family relations and communication, changes in peer relations and communication, changes in community relations and communication including stigma and discrimination, changes to health seeking behaviour, illnesses or deaths in the family, physical activity and food insecurity had a negative and significant effect on adolescent girls wellbeing.

It was concluded that this paper, underscore the countless challenges facing adolescent girls in Uasin Gishu County and Kenya at large during the COVID-19 pandemic. The findings showed that the Pearson's correlation between COVID-19 prevention guideline and wellbeing of adolescent girls is  $-0.624$  at  $p = 0.000$ ; negative and significant association between wellbeing of adolescent girls and lockdown measure [ $R = -0.802$ ,  $p = 0.000$ ]; a negative and significant bivariate association between wellbeing of adolescent girls and lockdown measure [ $R = -0.718$ ,  $p = 0.000$ ]; negative and significant association between wellbeing of adolescent girls and stay-at-home measure [ $R = -0.802$ ,  $p = 0.000$ ]; and also negative and significant association between wellbeing of adolescent girls and group gathering restrictions measure [ $R = -0.812$ ,  $p = 0.000$ ]. It means that continued stay of COVID-19 prevention guidelines keep rising the disruptions to education, health, economic empowerment, all gender-based-violence forms, water-sanitation-hygiene, conflicts-emergency-humanitarian-settings, as well as adolescent girls' intersecting needs leading to declining state of wellbeing. The girls cannot be able to good health as they are forced to have unintended pregnancies, early child marriages, forced FGM, abusive relationship partners, increased violence and injury, diminished financial support ability, decreased control over health and financial decisions, declined educational attainment, increased experiences to sexual and gender based violence.

The pandemic has threatened to undo decades of progress and hard-won gains on gender equality especially adolescent girls and their wellbeing. It is significant to immediately come up with ways to reverse the catastrophic impacts of a year of lost learning for children and adolescents. Progress needs to be made in strengthening the resilience of management of well-being of young girls and women to ensure building of stable and sustainable wellbeing of adolescent girls. Girls and young women need to be at the centre, able to access decision-making spaces, occupy leadership positions, and help shape an equitable and just recovery.

It was recommended that to protect wellbeing of adolescent girls during COVID-19 to ensure a safe return to school and prevent further lost learning for all children, by: ensuring equitable access to and availability of safe and effective COVID-19 vaccines in low- and middle-income countries; addressing the gendered impacts of the pandemic and the barriers girls face in returning to education; financing and implementing accessible catch up classes that balance children's need to learn with other responsibilities; and addressing the mental health and wellbeing needs of children, adolescents and teachers. Accelerated efforts are needed to ensure all children,



including those with different abilities and those that lack access to the internet and technology, can access a quality education. Where children are learning remotely, increase targeted support to parents and caregivers.

### **Future Research Directions:-**

This paper exposes that the survey of adolescent girls' well-being should advance on the recognition of the diversity of adolescent girls, generating contextualized knowledge that helps researchers to understand multilevel threats to well-being. The results of this paper show that context and gender play a key role in the way well-being is experienced by adolescent girls. Therefore, gender should be analytical factors in examining adolescent well-being. An explicit gender perspective describing singularities and commonalities among adolescents is needed to advance the study and promotion of female adolescents' well-being.

More research in different contexts, beyond COVID-19 pandemic, is also needed to understand the geographic and cultural diversity of adolescent girls' experiences. The limited geographical contexts included in this paper make apparent the need to conduct more research on other geographical areas in Kenya, East Africa and beyond. It is presumable that richness of knowledge, skills and attitude of adolescent girls' well-being from different parts of the Kenya and the world at large would unveil other different threats to well-being and injustices, including diverse experiences that may give better foundations to localized public policies.

### **Study Limitations**

This paper is not exempt from limitations. Being done by a single researcher other than a team of researchers, may make the paper lack the richness of different viewpoints and explanations. Given the complexity of gender based studies in areas of psychology and psychosocial problems, including geographical dynamics, culture, traditions a team of authors can be desirable to increase the richness of quality of the discussions and debate between the studies. This type of paper is better suitable for teams, including male counterparts, owing to the fact that the author is female, and would be interesting to compare results to other researchers to add more density to the analysis. Especially where emotions of the author controlled the discussions and how male authors may moderate such situations if any.

Secondly, there were a small number of studies that meet the inclusion criteria. A more flexible inclusion criterion may allow including a larger number of studies. This would give more multiplicity to the results. Finally, a different type of quality appraisal could allow including less traditional qualitative studies, which follow different epistemological and methodological guidelines to examine adolescent girls' well-being, for example, neo-colonial structural studies.

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### **Disclosure statement**

There is no potential conflict of interest reported by the author(s), implying no emotions that could have influenced the quality outcomes of this paper.

### **Notes on Contributor**

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