

The 2020 Pandemic in South Sudan: An Exploration of Teenage Mothers' and Pregnant Adolescent Girls' Resilience and Educational Continuity

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# THE 2020 PANDEMIC IN SOUTH SUDAN: AN EXPLORATION OF TEENAGE MOTHERS' AND PREGNANT ADOLESCENT GIRLS' RESILIENCE AND EDUCATIONAL CONTINUITY

ANNE CORWITH AND FATIMAH ALI

## ABSTRACT

*On March 13, 2020, the government of South Sudan implemented emergency lockdown measures in response to the COVID-19 pandemic. Fears that the pandemic would reverse efforts by the government and civil society to keep girls in school were realized and reported incidences of teen pregnancy increased. Prior to the pandemic, early marriage and teen pregnancy in South Sudan were already of extreme concern, as the country reported the seventh-highest child marriage rate in the world. Countrywide data from 2019 indicated that only 34 percent of the students who sat for primary exams were girls. We conducted this qualitative study to explore the resilience factors that adolescent mothers and pregnant adolescents relied on during the COVID-19 lockdowns in Maiwut Town, South Sudan, to enable them to return to school and continue their education. Our research revealed that, despite struggling to meet their basic needs, receiving weak support from their social networks, and experiencing violence and persistent negative gender roles, these adolescent mothers and pregnant adolescents exhibited resilience in their aspirations to return to school and become financially independent. By centering this research on the voices of this vulnerable population, we are able to recommend what we argue are more effective and targeted interventions for organizations that are working in this and similar emergency contexts.*

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## INTRODUCTION

The 2020 novel coronavirus (COVID-19) pandemic had unprecedented scope and impact as it shut down businesses, disrupted government functions, and closed schools. Writing for the United Nations Educational, Scientific and Cultural Organization (UNESCO), Giannini and Albrechtsen (2020) warned that “COVID-19 school closures around the world will hit girls hardest.” It was feared that the school closures would lead to increasing “drop-out rates[,] which will disproportionately affect adolescent girls, further entrench gender gaps in education, and lead to increased risk of sexual exploitation, early pregnancy and early and forced marriage” (Selbervik 2020, 2).

In South Sudan, with an estimated 2.2 million children out of school, most of them girls, the issues of teen pregnancy and early marriage were already of extreme concern before COVID-19 (UNICEF 2021). According to UNICEF (2020a) global databases, 52 percent of girls in South Sudan were married before age 18—9 percent before age 15. Prior to the pandemic, the adolescent fertility rate (live births per 1,000 women ages 15-19) in South Sudan was decreasing consistently and in 2018 it stood at approximately 60 in 1,000 live births (World Bank 2020). Since gaining independence in 2011, South Sudan has struggled with nascent governing structures, a weak economy, civil war, and extensive gender-based violence (GBV). The pandemic created further challenges in an already fragile situation. When the government instituted emergency measures, such as closing businesses, government offices, and schools, there was fear that the pandemic would reverse the gains made in addressing these issues, which was quickly validated by the higher number of teen pregnancies reported within months of the lockdowns (UNICEF 2020b). During the school closures, which lasted up to 15 months, the education response to COVID-19 was an effort between international organizations, the government of South Sudan, and civil society organizations. All these entities worked to safeguard the gains made in education access and enrollment over the last decade and to keep vulnerable groups, including teenage girls, from dropping out of school. A qualitative study conducted by Oxfam International in 2021 supported these concerns, finding that an increase in poverty, early and forced marriages, domestic burdens, and teen pregnancies was likely to lower girls’ chances of returning to school. According to UNICEF (2021), the number of children out of school due to COVID-19 increased by 2.1 million, around 900,000 of them girls.

In this paper, we focus on the voices of adolescent girls interviewed during the COVID-19 pandemic lockdown in Maiwut Town, located in South Sudan's Upper Nile State. We explore factors of adolescent resilience, as expressed by the girls, that will help them return to school and continue their education while pregnant and/or as mothers. We juxtapose this exploration with the perspectives of their community. Maiwut Town is situated approximately 75 miles west of Gambella, Ethiopia, and is accessible only by unimproved roads (Aqua-Africa 2019). Research conducted in 2019 by Aqua-Africa describes Maiwut family units as large, with an average of 7.5 members living in households predominantly led by women (61%). Obtaining an education is viewed as important, and upwards of 80 percent of boys and girls under age 15 attend school (MoGEI 2019; Aqua-Africa 2019). However, countrywide data from 2019 indicate that primary school girls made up only 34 percent of the students who sat for exams, which just 75 percent of them passed, in contrast to 83 percent of boys (UNICEF 2021).

The majority of the adolescent girls and pregnant teenagers in Maiwut who participated in our study communicated that they felt pressured to marry or faced GBV. Moreover, their contact with their family and community support networks was limited due to the lockdowns, and they had increased difficulty meeting basic needs. Despite the steep odds against them, these girls showed great resilience as they aspired to return to school and become financially independent. By centering their voices in this research, we provide a previously unexplored look at the needs of this vulnerable population. We offer recommendations for organizations and donors working in this and similar emergency contexts, which we hope will inform the development of more effective and targeted interventions and contribute to a marked improvement in these girls' lives.

## LITERATURE REVIEW

The research for this study was conducted at the beginning of the COVID-19 pandemic, which presented a largely unprecedented situation. However, the pandemic's possible impact on education, especially in resource-poor countries, had certain parallels to the Ebola outbreak in West Africa from 2013 to 2016. Therefore, this literature review examines the impact school closures and disrupted education had on teen pregnancies in countries affected by Ebola. It also looks at responses to the outbreak from the perspectives of the institutions operating in the region, including governments, nongovernmental organizations (NGOs), and international organizations. Lastly, it highlights the research literature on

the characteristics and measurements of the resilience shown by adolescent girls who experience pregnancy and motherhood.

### **SCHOOL DISRUPTION AND ITS IMPACT ON TEEN PREGNANCIES DURING EBOLA**

Research conducted in emergency contexts provides several examples of the impact disrupted schooling has on teenage pregnancy. Bandiera et al. (2019) leveraged the Empowerment and Livelihood for Adolescents club, a World Bank intervention to promote girls' empowerment in Sierra Leone, to track the impact the Ebola epidemic had on 4,700 women in treatment and control villages. They found that, in the highly disrupted control villages where teenage girls spent significantly more time with men than in the treatment villages, out-of-wedlock pregnancies rose by 11 percent. However, in the treatment villages, where the presence of the club enabled girls to have less exposure to high-risk sexual encounters, the effects of the disruption were almost completely reversed.

The impact the Ebola crisis had on adolescents was both varied and interconnected. In 2015, child welfare agencies in Sierra Leone conducted a study called Children's Ebola Recovery Assessment in nine districts of Sierra Leone, in which 1,100 boys and girls discussed the effects the crisis had on their lives. The children identified the school closures as a detriment not only to their learning but to their protection and social interaction. Specifically, the school closures were considered one of the direct causes of teen pregnancy, as girls were forced to engage in transactional sex due to a lack of money to buy basic necessities (Risso-Gill and Finnegan 2015). A 2015 Irish Aid and UNDP study on Ebola similarly found that sexual violence increased due to school closures, as they made girls increasingly vulnerable to sexual abuse by older men and to being forced to have transactional sex; moreover, the girls lacked judicial recourse for crimes committed against them, such as rape.

The turbulent and conflict-ridden histories of West African nations and the embedded nature of structural violence against women contributed to the teen pregnancy epidemic. Due to this persistent violence in Liberia and Sierra Leone, there was a "feedback loop" whereby any kind of disaster increased the level of violence perpetrated against girls and women (Onyango et al. 2019). The chaos that was created by the Ebola-related school closures and lockdown-associated economic hardship increased girls' vulnerability. Yasmin (2016) found that the number of rapes spiked as boys and men were quarantined at home, and girls who lost parents to the disease were forced to seek protection from older men or were pulled out of school to work. Onyango et al. (2019) found that the loss

and trauma girls experienced in this time of extreme chaos included the drastic alteration of family structures and school shutdowns; increased teenage pregnancy was a result of this chaos.

### **INTERVENTIONS IN RESPONSE TO INCREASING TEEN PREGNANCIES**

The scope of the problems caused by the Ebola outbreaks led to the galvanization of the international organizations and governments working to mitigate the issues. Some responses by various institutional actors were counterintuitive. For example, the government of Sierra Leone introduced a policy that banned visibly pregnant girls from attending school or sitting for the national exams. They feared that other students' interaction with these girls would lead to more adolescent pregnancies (Amnesty International 2016). Onyango et al. (2019) found a similar situation in Liberia, where girls were prevented from, or opted out of, attending daytime school, due to being stigmatized by their teachers.

International organizations that worked on the ground in the countries hit by Ebola worked to create interventions that would help to slow the increase in teenage pregnancies. UNFPA and UNICEF undertook what was arguably the largest response to the punitive government policies in Sierra Leone, ultimately assisting upwards of 14,500 pregnant adolescent girls (Mason 2016). In collaboration with the government, UNFPA established 330 learning centers across the country to cater to the pregnant girls who were not allowed to attend regular schools. These learning centers were supposed to act as a bridge to mainstream schooling, the expectation being that, after delivering their babies, the girls would reenroll in regular school. The project provided adolescent pregnant girls with health information, antenatal care, safe delivery, and postdelivery care, along with psychosocial care for those affected by GBV (UNFPA 2015).

Researchers evaluating the institutional response in these countries found the policies and interventions to be lacking and that the response lagged behind the crisis. The researchers downplayed structural factors, such as the transactional sex that led to teen pregnancy, and instead focused on sensitization campaigns centered on girls' behaviors. Even here, the burden of pregnancy in the teenage years was laid squarely at the feet of the girls themselves. This pseudo-empowerment asked girls to adhere to a chaste lifestyle as they pursued their education, which was rarely possible under the circumstances of their everyday lives. This policy focus on sensitization campaigns that were more suited to stabilizing power dynamics than to changing them helped governments and donors avoid addressing the

structural causes of teenage pregnancies during the outbreak (Menzel 2019; Denney et al. 2017; Onyango et al. 2019).

In the South Sudanese context, international organizations conducted some research to inform interventions for teenage girls. In 2016, HealthNet TPO and UNICEF published *Promoting Positive Environments for Women and Girls: Guidelines for Women and Girls Friendly Spaces in South Sudan*, which provided guidance for creating spaces where girls felt physically and emotionally safe. In November 2017, the International Rescue Committee published a report titled *No Safe Place*, which provided data on intimate and partner violence in South Sudan. The report spoke to the continuum of violence girls have experienced during the country's protracted crisis (Ellsberg et al. 2020). However, these reports and guidelines did not anticipate the impact of lockdowns and restrictions imposed by a pandemic.

### **PREGNANT ADOLESCENTS' RESILIENCE**

For this study on pregnant adolescents' and adolescent mothers' resilience, young mothers are defined by the World Health Organization as individuals from age 15 to 19 (Ahorlu, Pfeiffer, and Obrist 2015).

In a recent Plan International study, Lee-Koo and Jay (2018) identified significant gaps in the research available on adolescent girls' experience and capacity to deal with crises, especially within the humanitarian sector. Studies conducted in the United Kingdom and the United States found that pregnancy and motherhood can be a positive experience that strengthens a young mother's resilience, if the teenager has strong, positive relationships with their family and partner, and access to economic and growth opportunities (Clarke 2015; Weed, Keogh, and Borkowski 2000). These studies explored the protective factors that enhanced these teenagers' resilience after becoming pregnant and/or their ability to adapt to and cope with the challenges of being a young mother. However, the teenagers and families in these studies have access to resources currently unavailable in challenging contexts like South Sudan (Ahorlu et al. 2015; Clarke 2015; Weed et al. 2000).

The research Plan International conducted in South Sudan identified three areas that helped adolescent girls navigate the conflict and instability occurring in the country at the time: family cohesion, access to education, and resilience. In the study, resilient adolescent girls are described as "demonstrating the agency to positively shape their worlds" (Lee-Koo and Jay 2018, 2). By building protective relationships with their families, mentors, and peer networks, these girls "share

and deploy the resources, skills, and knowledge that they have acquired to provide for their own and others' well-being" (2). The girls identified having access to education as important to their ability to strengthen their resilience and navigate the difficult conditions they were facing. However, the pandemic created conditions that hindered their ability to pursue their education. A qualitative study conducted by Kane et al. (2019) from 2012 to 2016 in Wau Town in South Sudan's Western Bahr el Ghazal State indicated that girls exercised their agency by choosing to become mothers, and to marry and establish their own homes. In this study, girls' agency was presented as their choosing to marry, yet their choice was influenced by socioecological factors, such as cultural pressure, wanting to be valued as an adult, and escaping abuse. Although parents valued their daughters' education, they did not view teenage pregnancy, early marriage, and dropping out of school as a concern, as they assumed the husbands would provide for their daughters (Kane et al. 2019).

Individual resilience has been defined as having adaptive capacities and capabilities that help an individual respond positively to traumatic events and crises (Panter-Brick et al. 2018; Obrist, Pfeiffer, and Henley 2010). However, research on resilience is coalescing around the understanding that individual resilience is composed of multiple dimensions that exist within a socioecological framework that affects an individual's ability to adapt and thrive (Panter-Brick et al. 2018; Ungar 2013; Obrist et al. 2010). As Ungar (2013, 255) points out, adolescent resilience is better represented by a socioecological lens that looks at those who "control the resources that facilitate psychological well-being in the proximal processes (e.g., making education accessible; promoting a sense of belonging in one's community; facilitating attachment to a caregiver; affirmation of self-worth) associated with positive development in contexts of adversity." For this research, we place adolescents who are confronted with complex crises, including violent conflict, sexual assault, poverty, forced migration, and food insecurity, in this socioecological setting. The transition from adolescence to adulthood is a key time for children, as they learn to navigate their psychological, biological, emotional, social, and cognitive development (Panter-Brick et al. 2018). Pregnancy and motherhood further complicate this transition.

Research to identify and measure the factors of adolescent resilience within a socioecological framework focuses on three areas: individual, social, and contextual (Panter-Brick et al. 2018; Gartland et al. 2011; Ungar 2013; Obrist et al. 2010). The individual factors that boost a teenager's ability to overcome adversity include having a sense of optimism, a perceived sense of control, the



knowledge and skills to adapt to changing circumstances, a sense of meaning or purpose in life, and a willingness to help others. The social factors that support adolescent teenagers' resilience include having strong and supportive relationships within the family and the community, and with peers. The resilient teenager has someone who takes an interest in her welfare and provides support, and her social networks help her navigate her circumstances to obtain her needs. The resilient teenager also may identify a role model to emulate. Lastly, she feels a connection with and willingness to help her community. The contextual factors can include cultural traditions, pressures, and perceptions, including how education is perceived within the community (Panter-Brick et al. 2018; Gartland et al. 2011; Ungar 2013; Obrist et al. 2010). To explore the extent to which young mothers and pregnant adolescents are able to determine their future, meet their own and their babies' needs, and continue their education, it is key to look at their social networks' capacity and willingness to support them. Based on this socioecological framework of adolescent resilience, our study explored the perspectives of young mothers and pregnant teenagers living in Maiwut, South Sudan, on their agency and resilience to continue their education.

## METHODOLOGY

When conducting research on resilience, scholars recommend first identifying the population being researched and how that population views the adverse circumstances they are facing. Researchers then must identify the timeframe in which the aspects of resilience will be explored and the desired outcome (Ungar 2013). Reyes, Kelcey, and Varela Diaz (2013) speak to the importance of conducting qualitative research when collecting data on gender issues, and of the cultural nuances within the context being studied. Based on this guidance, we structured a qualitative case study around two adolescent resilience frameworks, the Multi-Layered Resilience Framework and the Child and Youth Resilience Measurement Framework. Our aim was to explore the perspectives of young mothers and pregnant adolescents toward the resilience factors that supported their drive to continue their education (Gartland et al. 2011; Ungar et al. 2008). The research follows the methods of Lee-Koo and Jay (2018, 5), in that it "seeks to place adolescent girls as both the source of knowledge and the primary analyst of their lives and experiences." Creswell (2013, 24) describes this form of inquiry as "pragmatic," where the "goal of research is to rely as much as possible on the participants' view of the situation."

## DATA COLLECTION AND ANALYSIS

We conducted our study from December 2020 to June 2021 in Maiwut Town, South Sudan. We piloted the interview protocols in December 2020 to address translation and interpretation issues and revised them as needed. The field research team from the Adventist Development and Relief Agency in South Sudan used critical case and stratified purposeful sampling to seek research participants from the community (Creswell 2013). Adhering to South Sudan's COVID-19 safety protocols, the field research team conducted 49 in-depth, semistructured 90-minute interviews with a cross-section of three populations: 15 adolescent mothers (AM) ages 16 to 19 who had at least one child and showed a commitment to continue their education; 14 pregnant adolescent (PA) girls ages 15 to 19 who became pregnant during the pandemic and were expecting their first child; and 20 others who were considered the adults most knowledgeable (hereafter AMK) about the teenagers' status. To understand the socioecological structure the girls live within, we asked the girls who they lived with and who they felt provided them the most support. Of the 15 AMs, 7 said they lived with their husband or their husband's family. Of the 14 PAs, 10 stated that they lived with their husband or their husband's family. However, when asked who they feel provides them the most support, only three AMs said they felt their husbands supported them, as did only two of the PAs. Both groups of young women indicated that their own family supported them the most. Three of the young women reported having been raped, and one was forced to marry her rapist.

The field research team transcribed and translated into English hand-written interview notes and sent them electronically to the authors, who then analyzed the data. Once this stage was complete, the authors communicated with the field research team to address a deviation from the research protocol; despite clear guidelines to have female team members conduct the interviews, 14 interviews had been conducted by male team members. As a result, we dropped these interviews, and the field research team then identified 14 more adolescent participants, conducted the interviews, transcribed and translated the responses, and sent the new data to the authors. Upon receipt and review of the data, follow-up questions were posed to the field researchers on the ground to clarify certain items. Finally, a member check was conducted with the field research team to ensure that the English-speaking authors understood the data correctly. The authors proceeded with their analysis by searching for common and divergent themes and generating recommendations.

### **LIMITATIONS AND ETHICS**

The research was limited by COVID-19 safety protocols, language differences, and access to technology. Travel restrictions, social distancing, and masking requirements hindered the smooth progress of the research, but the field research team followed the safety precautions required in South Sudan. The authors, who were located in the United States and comprised the university research team, met virtually with the field research team in South Sudan to review protocols and ethical requirements, and to check on progress.

Because the researchers were exploring sensitive topics, such as GBV, with adolescent girls, the research team outlined measures to protect and support the girls, who voluntarily choose to participate. The South Sudan Ministry of General Education and Instruction (MoGEI) granted its permission to conduct the research, and the research proposal was approved by the University of Maryland institutional review board.<sup>1</sup> All local research staff members signed the Adventist Development and Relief Agency's child protection agreement, and all interview participants were informed about the research and signed consent forms. Consent to participate in the research was required from a parent, caregiver, or guardian for all adolescent girls under the age of 17. Only female researchers were to conduct the interviews with the AMs and PAs. To the extent possible, the interviews were held in a safe location that protected the girls' confidentiality. All interviewees were assigned codes and pseudonyms to protect their identities and maintain their anonymity. Lastly, resources were made available to adolescent participants who required counseling referrals and/or support.

### **ANALYSIS AND FINDINGS**

To discuss the resilience factors young mothers and pregnant adolescents exhibit in order to pursue their education, it is important that we first discuss the myriad challenges they face (Obrist et al. 2010; Ungar 2013). These challenges are grouped into three categories: unmet basic needs and need for support, a lack of agency, and a lack of physical safety. Although these challenges existed before the pandemic, COVID-19 exacerbated them enormously. We then examine the expression of the girls' resilience in keeping with individual, social, and contextual factors.

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<sup>1</sup> South Sudan's Ministry of General Education and Instruction approved this research. However, some scholars suggest that research permission should come from the Ministry of Health. It is recommended that future researchers consult both ministries regarding research approval.

### CHALLENGES

The first set of challenges pertains to the girls' unmet basic needs and need for support. Almost all the pregnant adolescents and young mothers were from poor households with limited economic resources. The onset of the pandemic exacerbated this problem and cut off access to the support networks the girls typically relied on. Young mothers expressed having difficulty breastfeeding their babies, due to the lack of sufficient nutrition and health care. With the increased emphasis on handwashing and cleanliness to reduce spread of COVID-19, a lack of soap created further stress.

AM: "My major concern is my baby. There is no food to feed the baby. The doctor stopped me from breastfeeding my baby due to my poor health."

AM: "[Due to COVID-19] I was forced to stay home and can't work due to restrictions. It is difficult because I can't provide for my children."

The young mothers pointed out that the lack of basic needs created a domino effect; for example, if they or their babies fell ill, there was no one available to care for the baby. The young mothers said they had to drop out of school to care for their babies and secure their basic needs.

AM: "Having a child when one is not prepared is difficult. It caused me to miss attending alternative education regularly because sometimes the baby is sick."

Despite their aspirations to continue their education, the girls were expected to be the sole caretakers of their children and to be responsible for significantly time-consuming domestic responsibilities, including fetching water, cooking, and cleaning their home. The AMs and PAs indicated that they received minimal support from their husbands and/or their husbands' families. A few girls stated that they had help from their mother, other family members, or friends. However, the COVID-19-related lockdowns hindered the support the girls normally relied on from family members and limited their socializing, making it more difficult to share in domestic chores, provide child care, and find a reliable food supply.

AM: "I have no support from my husband. I only have a little support from the family. Most of my time is struggling to work

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to raise money for food, but it still isn't enough. My baby does not have enough milk because the family is starving.”

PA: “The pandemic has hindered me. I cannot get the things I need to care for my baby. My relatives who could help me are locked down [due to COVID-19] far away.”

Some mothers who were able to return to school said that they had to repeat a grade, as they had forgotten what they had learned. They mentioned the lack of economic resources to buy uniforms, sandals, books, and pens, which made it difficult to return to school. A few AMs mentioned the inability to obtain masks during COVID-19; this required them to maintain social distancing and made it difficult for them to hear the teacher or see the chalkboard.

AM: “The teacher requested masks. Since I cannot afford them, I am made to sit far away and cannot hear what is said. [Due to lockdowns and COVID-19 restrictions,] my brother cannot take me to Addis Ababa.”

PA: “Even if there will be education, teachers will not be able to travel from their locations. It will be difficult to find opportunities to get money to buy school items.”

The young mothers' and pregnant teenagers' responses about how they were viewed and supported by the schools was mixed. About half the respondents felt that the schools and teachers were supportive of the AMs and PAs, while others stated that there was no support.

AM: “Most schools are not concerned. Even some do not give advice to students or follow up with students up in cases of absenteeism. Nobody is concerned when they drop out of school.”

PA: “The teachers sometimes stigmatize us. They say bad things about pregnant mothers. They sometimes tease us by saying, ‘Go and cook for your husbands.’”

PA: “In the past the community discouraged education for girls, but I have seen changes. When schools are open, the community supports them.”

The second major challenge for both teenage mothers and pregnant adolescents was their lack of agency. Agency in this context refers to the girls' ability to make decisions about their lives. Many of the participants said that they had to get married against their wishes to continue their education. Many of the girls commented that they were valued less than cows; their families married them off to obtain a dowry, which consisted of cows. Others specifically indicated that they were married because of the effects of the pandemic. Unlike the research conducted by Kane et al. (2019), which indicated that girls expressed their agency by getting married, the teenage mothers in this study reported that marrying and becoming pregnant as a result of the increasing hardships caused by the COVID-19 pandemic represented their lack of agency, as they had no control over whom they married or when they had children.

AM: "Our community does not value the education of girls. They raise us for resources, and we are forced to get married any time so that the family can get cows."

The lack of agency persists in their relationships with their husbands and new families. Many of the girls described experiencing exploitative household dynamics. One PA reported that, as a second wife, she did not receive any money because her husband was already supporting 11 children from his first marriage. One young woman felt pressured to obey her husband in order to be allowed to return to school: "I am preparing to be loyal to my husband by obeying his instructions so that I am allowed to go back to school and be educated." Most of the respondents expressed a lack of optimism and loss of hope about their future, and they felt they had no control over their lives.

PA: "I am hopeless and confused. I am not prepared to overcome the challenges."

AM: "COVID-19 led to the blockage of roads and closure of school. It caused me to get married, thinking that my husband will support me, but I am now frustrated."

The last theme apparent in the participants' responses was the lack of physical safety and exposure to GBV. One teenage mother reported that she was raped and, to avoid being shamed, she had to marry her rapist. Another adolescent mother said she wanted to attempt suicide when she became pregnant as a result of rape. A third reported that she convinced a friend not to kill herself after the person responsible for impregnating the friend abandoned her. Some of the

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women indicated that they were beaten at home if they did not acquiesce to being married. When the girls were asked where they felt safest, only one young woman out of the 29 interviewed said she felt safe with her husband; three others said they felt safe with a male member of the family. Most respondents indicated that they felt safest with their mother. Notably, only one teenager interviewed said it was her choice to become a mom.

AM: “I was not prepared for this condition. My parents went and beat me. They wanted to return me back to the old man because they said cows were already given. But I want to work hard and finish my education and improve my life in the future.”

AM: “One time my friend got pregnant and the person responsible abandoned her. My friend wanted to take her own life. I encourage her not to kill herself.”

PA: “I was the one who decided to be a mother. So I am prepared to face the difficulties of being a mother.”

**EXPRESSIONS OF PREGNANT ADOLESCENTS’ AND  
ADOLESCENT MOTHERS’ RESILIENCE**

Against the stark backdrop of the COVID-19 pandemic and its exacerbating impact on poverty, entrenched and detrimental gender practices, and the study participants’ lack of optimism, the girls still exhibited characteristics of resilience. All of the young women recognized that obtaining their education is key to improving their future, and the future of their children. For the most part, the AMKs also acknowledged the importance of education. Almost all respondents were able to identify a young woman who had pursued her education and improved her own and her family’s living conditions. The following section looks at the individual, social, and contextual factors that influenced the AMs’ and PAs’ resilience to pursue their education during the COVID-19 pandemic.

**INDIVIDUAL FACTORS**

Even though the teenagers expressed a lack of optimism about their future, almost all of them also said they had a sense of purpose and an understanding that they would need to adapt to their changing circumstances.

AM: “I will do petty business, like brewing alcohol, to support my baby and my mother during weekends.”

PA: “Even though I [will] have a baby, I would like to continue with my education. I know life is difficult, but I will work hard.”

Although hindered by the COVID-19 lockdowns, the girls expressed their aspirations to continue their education, and several indicated that they would make money through “small business” and manage their time in order to do so. These strategies included selling products such as tea, the firewood they cut and gathered, or farm produce. Other girls, cognizant of their time-consuming caregiving work and domestic responsibilities, talked about completing their domestic chores early in the day or on weekends.

PA: “To overcome the challenges, I have to do my domestic duties early and plan well in the evening to have ample time to go to school.”

Many of the girls indicated that they had the personal characteristic of patience and an ethic of hard work and knew when to ask for advice. They also indicated a willingness to help others, such as their friends. The majority of the AMKs echoed the young women’s comments when identifying their individual characteristics, such as tolerance, patience, kind-heartedness, helping others, and being hardworking.

AM: “I have a spirit of accepting advice from experienced people. I am also patient because everything happens for a reason.”

Almost all the girls looked to other educated women as role models. In describing these role models, the girls said they considered education one extremely important tool the women used to achieve greater independence and autonomy. Some of the role models had continued their education while being married, while others left or divorced their husbands and returned to school, even while caring for their children. Many of the role models identified were now employed and supporting themselves and their families financially.



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AM: “Yes, one of my relatives dropped out of school due to forced marriage. She shortly made up her mind and returned to school. She is now highly educated and got a job. I like the way she made up her mind after facing the challenge and worked hard to overcome it. She is now supporting the entire community.”

SOCIAL FACTORS

An important aspect of adolescent resilience is an individual’s ability to find and secure resources, which is dependent on the capacity and willingness of her formal and informal networks to help provide for her needs, wellbeing, and access to education. In Maiwut, however, girls’ resilience is impeded by these networks’ lack of capacity and/or willingness to provide even basic needs. We found stark contradictions between the young mothers’ and pregnant teenagers’ perspectives on the social support they received, and the perspectives of the AMKs. A majority of the AMKs described supportive family and caregivers as husbands who provide advice and counseling, are cooperative, show love, care, and encouragement, and share in the household chores.

AMK: “A supportive husband or family would provide the basic needs for a wife and baby, including school. A husband should love his wife and cooperate with all members of the family.”

However, the majority of the girls stated that they were not supported by their husbands or their husbands’ families, and some said they were in abusive relationships. Despite this, most of the pregnant teenagers expressed a desire to continue their education, even as they acknowledged that being able to do so was limited by the lack of help with child care and domestic duties. In overcoming these challenges, the girls showed a great degree of self-reliance, and they often turned to their own family or a peer for support.

AM: “Cooking, collecting firewood, fetching water, smearing [mudding of] house. I have more responsibilities, but at least my mother supports me a lot and helps me with caring for my baby.”

AM: “I feel secure when I am living with my mother because my mother still loves me, and she is the only one struggling to support me.”

Healthy peer networks are a crucial aspect of adolescent resilience, and these peer networks exist for PAs and AMs in Maiwut. Most of the girls described having strong and supportive peer relationships that enabled them to both provide and receive support. The AMs and PAs spoke about providing advice to each other, sharing shoes, clothes, food, and school supplies, and helping to care for each other's children and with domestic chores. More importantly, a couple of the girls mentioned advising friends not to commit suicide or not to abort their baby.

AM: "My friends and I support each other with ideas to face the challenges of living with positive thinking."

PA: "I can fetch water, especially when my friends are not feeling well, and support in cooking food for them."

Girls' resilience depends on the strength and extent of their networks, and on the contributions they are able to make to their communities. All the young mothers indicated that they had a connection to their community and made some contributions, such as mudding the houses of the elderly, fetching water, collecting firewood, cooking, offering advice, sharing basic resources such as salt and soap, and participating in communal meetings. However, the young mothers also noted that having a child and additional domestic work, and having to care for their husbands and families, limited their availability to contribute outside the home. The pregnant adolescents said they had difficulty participating in community activities as their pregnancies progressed and they were unable to lift heavy items and do chores. With the onset of the pandemic lockdowns and social distancing requirements, many of the girls explained that they had to stay at home and that they missed the connection and support they received from the community.

AM: "When church was closed and I had to stay home, I was insulted and was always in deep thoughts. I'm happy now I can go back to church."

AM: "Before when there was a function, I would help as a youth [to] fetch water. But now I have children to take care of and don't have much time."

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CONTEXTUAL FACTORS

The young mothers' and pregnant adolescents' resilience as they continued to pursue their education was also influenced by the cultural context in which the girls live. In Maiwut, the AMKs' perceptions and ideas about young girls and their access to education were in stark contrast to those of the AMs and PAs themselves. These contrasting perceptions made it difficult for the girls to navigate their situations and to obtain the support they needed to remain resilient.

The AMs and PAs expressed the view that their communities, schools, and teachers did not sufficiently value their access to education. The AMKs' responses indicated that they were aware of the importance of education and of the need for the community to support the AMs' and PAs' access to education, but they placed the burden on the adolescents by commenting that the girls should not get pregnant, should work hard, and should attend school.

AM: "Our teachers view teenage mothers and pregnant adolescents as stubborn people. As such, they do not waste their time with them."

Community views on girls' education, especially after marriage, were mixed, as expressed by the AMKs. Most acknowledged that education is important for girls as a key to a better future, and many identified female role models who had struggled to obtain an education and were now working to support their families. The respondents pointed to families that had been influenced by structures within refugee camps that encouraged girls to get an education, and to young women who exhibited agency and the determination to pursue their education. This indicates that there was a level of community understanding and valuation of education.

PA: "Education of girls is considered least important. The majority of the families raise girls for dowry. Parents who came from refugee camps are the ones that encourage girls to go to school."

AMK: "My sister completed her education after having a baby and is self-sufficient now. She doesn't ask me for money."

The AMKs also expressed an awareness of girls' need for support at home in order to attend school after becoming pregnant and getting married. Many participants stated that husbands and families needed to ensure that girls' basic needs, such as food and sanitation, were met, and that they were encouraged to return to school.

AMK: "My cousin was forced into marriage at 14 years old. She was sent back to her parents to have the baby—her mother cares for the baby. She decided to stay with her mother instead of returning to her husband and went to school. She graduated and is working at an NGO. Now she is supporting the family."

Therefore, there is a contradiction within the community, which, on the one hand, acknowledges the importance of girls obtaining an education and realizing their income potential while, on the other hand, trivializing girls' value by creating barriers to attending school, such as early marriage, limited resources, and a lack of support. Another example of trivializing girls' importance within the community was that only a few AMKs mentioned forced marriages, dowry obligations, or GBV as challenges that prevented girls from attending school. This lack of overall acknowledgement points to the degree of invisibility the girls experience, which is detrimental to their resilience.

AMK: "There are many teenage mothers in the community due to the cultural practice of forced marriage. The community should provide awareness campaigns to keep girls from dropping out of school after p-8 [primary school, 8th grade]."

AMK: "There is no contribution from the teenage mothers and adolescent mothers. Women's contributions are ignored in the community, especially [of] those who have not gone to school."

AMK: "Make community awareness programs and advise girls not to move at night or go for disco dances."

## RECOMMENDATIONS

This study sheds light on the complex power dynamics within the structural gender practices in Maiwut, South Sudan. Adolescent girls are caught in a recurring cycle of poverty-induced dependency that results from a lack of basic necessities, such as adequate food, from their low social standing in the community, and from

entrenched detrimental gender practices, including forcing girls to marry for economic benefits and the normalization of GBV. Adverse external shocks like the COVID-19 pandemic increase the challenges these girls face. For the local and international organizations working in these complex spaces, the emphasis must be on increasing PAs' and AMs' capacity to absorb and adapt to external shocks. The most efficient and fruitful way to do this is to center the conversation on the needs of the girls as they express them.

### **MATERIAL NEEDS AND SUPPORT**

Adolescent resilience is reflected in the girls' ability to get what they need from their social networks. Although the girls expressed that they share what they have, their networks' capacity to meet the girls' needs, in turn, was limited, especially during the COVID-19 lockdowns. The AMs identified their major needs for supporting their return to school as food, soap, dignity kits for proper hygiene during their menstrual cycle, and masks. They also asked for items for their babies, such as clothes and medicine. Several of the young mothers and pregnant teenagers indicated that providing school fees, books, pens, uniforms, shoes, clothes, and access to lights so they could study at night would encourage them to return to school. Another AM pointed to the importance of informing girls who dropped out of school that they could obtain support if they returned.

PA: "There is a need to provide in-kind support, such as school materials, dignity kits, and food, for education. Some parents cannot afford to help their children with school materials. Many teenagers have already dropped out."

AM: "In-kind support [is needed,] such as dignity kits, varied training for school children, improved training for teachers, invitation of community role models to talk, and the provision of books. Many teenage mothers found that support was only given to students who were in school and the only way to get support is by enrolling back in school."

A couple of the young mothers indicated it would be helpful to schedule classes at different times, either in the morning or the afternoon, which would enable mothers to tend to their children, domestic work, and businesses, and go to school. The young mothers also indicated that having safe and appropriate sanitation facilities and providing space to care for their babies or childcare facilities at the school would be helpful. Others asked for schools to be flexible so they would

have time to breastfeed and care for their babies. Interestingly, only a few of the AMs said they needed assistance with child care and domestic chores, yet several of the AMKs said they did.

AMK: “Give her freedom to do her school activities. Have family members do some of the work to give enough time to the teenager for school activities.”

### **AWARENESS CAMPAIGNS**

The teenage girls and the AMKs expressed an understanding of the importance of the girls’ education and the need for awareness-raising campaigns. All interventions in emergency situations need to consider sustainability and long-term capacity-building; for example, sustained awareness campaigns on GBV should move away from narratives around girls’ “good” and “bad” behavior and toward the systemic issues that result in early marriages and teen pregnancies. It is imperative that social campaigns which highlight the importance of girls and young mothers returning to school include the men from the community. They can do so by encouraging the men to support the girls in their lives by sharing in household chores, providing food and other basic needs, and being aware of the impact of GBV. Maiwut Town presents a great opportunity to involve the men and women of the community in creating more conversations and shifting perspectives on the value of the girls in the community and the causes of teen pregnancy.

AMK: “Give awareness training about the importance of education and danger of early marriage. Have girls become peer educators and educate elders.”

### **SCHOOL ADMINISTRATION AND TEACHERS**

The AMs and PAs in our study asked for improved counseling and psychological support that would encourage and support their return to school. This could be done by improving teacher training and acknowledging the girls’ changing needs. They indicated that schools should identify girls who have dropped out and support and encourage them to return. The AMKs echoed these responses and added that, to improve education, schools should monitor attendance and provide more teacher training. From an education standpoint, helping teenagers and young mothers return to school requires strategies that help reduce their caregiving burdens. Accelerated education bridging programs that conform to

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the national curriculum could ensure that learning lost during the school closures is mitigated and that the pathway to return and complete schooling is accessible, despite PAs' and AMs' difficult circumstances.

AMK: "Schools and NGO[s] provide help to teenage mothers to continue education, monitor attendance, provide school supplies, and give incentives for child care."

### **MENTAL HEALTH SUPPORT**

One item not specifically mentioned by the adolescent girls or the AMKs but that is nonetheless imperative is counseling and mental health services, which should be provided along with other interventions. The interviews conducted for this study provide only a glimpse of the pervasive violence and trauma these girls have faced, including surviving rape, forced marriage, and the social stigma resulting from both. It is clear that the COVID-19 pandemic has exacerbated these young girls' trauma, as exemplified by their lack of optimism about the future and their thoughts of suicide. Transitioning to adulthood by having a baby adds complications and stress, not to mention the hormonal changes that occur. The AMs and PAs must be provided with safe spaces in which they can unpack their trauma with the support of qualified professionals, which will enable them to build the resilience they need to withstand additional shocks to their already inhospitable contexts.

### **THE COVID-19 RESPONSE**

In April 2021, UNICEF partnered with donors, the government of South Sudan, civil society, and faith-based organizations to launch an aggressive back-to-school campaign that included specific programming for girls. These partners introduced catch-up programs for adolescent mothers unable to travel to school, which provided alternative forms of education and included a focus on skill development and psychosocial support (UNICEF 2021). Conditional cash transfers were implemented under the Girls' Education Program 2021 to encourage girls to return to their schools when they reopened after the COVID-19 closures. Approximately 500,000 cash transfers to alleviate financial hardship were approved (Girls' Education South Sudan 2021). UNESCO partnered with MoGEI to launch the "Education on Air" radio program, which targeted primary and secondary school children with the aim of mitigating their learning losses during the COVID-19 school closures (UNESCO 2022).

### **FURTHER RESEARCH**

The research conducted for this paper highlighted several areas for further study. Reflecting on the comments the participants made about their role models, we feel it would be beneficial to explore the role models' degree of agency and their pathways to success. This could help clarify what pathways these young women could follow and provide new ideas for strategic interventions by institutions working in emergency contexts. We also recommended further research to explore the clear discrepancies between the community's expressed valuation of education for young women and their use of these girls as commodities to improve the community's and families' economic conditions. Another key direction for future research is to investigate the impact COVID-19 has had on the mental health of these adolescent girls who, given the emergency contexts that govern their lives, already appear to be burdened with significant trauma.

### **CONCLUSION**

The resilience of adolescent girls living in emergency contexts is dependent on their having access to familial, community, and peer networks that help them absorb external shocks and withstand adversity. Our study reveals that adolescent mothers and pregnant adolescents in Maiwut Town, South Sudan, confront challenges to strengthening their resilience because they have little access to such networks and also have difficulty accessing educational opportunities. Interventions that target this group need to help them build resilience by meeting their needs and by giving them opportunities to strengthen the networks that buttress their individual resilience.

The seeds of strong familial and community networks for AMs and PAs exist in Maiwut. The organizations working to provide relief and improve these girls' quality of life need to help adolescent girls and young mothers return to school by strengthening the community and familial networks, which in turn can help these young mothers build their resilience and cultivate agency over their lives. Education's far-reaching results were eloquently captured by one AMK: "I think education is important because my daughter can help not just the family, but the community [and] the nation." Efforts made today to ensure that these young mothers and pregnant teenagers return to school will have great returns for their families, their communities, and their country.



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