Understanding the Impact of COVID-19 School Closures on Adolescents' Mental Health in Uganda

Overview

> " When schools closed, life turned against us" - Girl student

More than 1 billion children globally spend a significant proportion of their lives in schools (UNESCO, n.d.). Inarguably, schools have a large influence in their experience of childhood. This includes not only children's cognitive development, but also their social, emotional, and physical well-being. In response to the COVID-19 pandemic, schools were shut down in many parts of the world. These closures affected children worldwide, including adverse implications on the social and psychological aspects of their lives. These effects were magnified in low-resource settings. For instance, while school closures may have been a near-universal global experience in 2020, students in Uganda faced unique challenges, ultimately experiencing the longest period of school closures in the world that lasted almost two years (Blanshe & Dahir, 2022). Thus, **Raising Voices** in partnership with the **University of Alabama** set out to understand how these school closures impacted Ugandan adolescents' mental health, with the aim to enhance our school-based programming based on emerging findings.

Over almost two decades of working to prevent violence against children in and through schools and school-surrounding communities, Raising Voices has grown to recognize the intersections and bidirectional relationship between violence and mental health (see Box 1). In our work, schools have emerged as a strategic entry-point for holistically impacting children's wellbeing (Naker, 2019). Thus, our violence prevention programming in schools has been further adapted to embed the skills, ideas and language needed to promote positive mental health for children as well as educators. We share more about our journey with mental health programming, and its linkages with this study, in the next section.

> The World Health Organization defines mental health as a state of well-being, in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Until recently, child mental health has been largely ignored as a critical component of education, health, and development policy and programming. The COVID-19 global pandemic brought this issue to the forefront, even though large numbers of children experienced significant mental health challenges prior to the pandemic as well. With the emergence of COVID-19 in early 2020, governments worldwide closed schools to protect students and their families and reduce the spread of the virus. The pandemic and associated shutdowns magnified children's experiences of violence alongside other harmful effects. They impacted students' mental health in numerous ways, with a global increase in depressive symptoms, anxiety, loneliness, and psychological distress among children and adolescents during and after the pandemic (Gabriel et al, 2022; Pinchoff et al 2021).

During school closures in Uganda, the government made efforts to promote continued learning, but most households lacked access to necessary resources, resulting in a 51% decrease in student learning at that time (National Planning Authority, 2021). While we are still learning exactly how the pandemic affected learning outcomes in Uganda, the closure of schools and the resulting loss of social support had detrimental effects on child protection and well-being (Datzberger et al, 2021; Batte et al 2021). Though data is limited, existing studies from Uganda and elsewhere indicated a significant increase in cases of violence against children, including physical and sexual abuse, child labor, and neglect (Karbasi et al, 2022; Sserwanja et al, 2020; Child Fund, 2020).

Little research exists that centers the lived experience of Ugandan children as they navigated school closures and subsequent reopening of schools, especially how these experiences affected their mental health and wellbeing. Moreover, it is still unclear, the mechanisms through which Ugandan schools impact children's mental health, and what strategies they can employ in supporting positive mental health among children. Thus, to inform Raising Voices' and others' programming in schools, we collaborated with the University of Alabama to undertake a qualitative study where we can directly hear from secondary school going adolescents and teachers in Uganda. This paper provides context for this research, shares key findings from the study followed by actionable recommendations for programming to support adolescents' mental health in schools.

Program Context

This research is part of Raising Voices' ten-year journey of exploring the topic of mental health and adapting our violence prevention programming to directly promote children's mental health. In this section, we provide context about the origins of our mental health programming, the learning we have undertaken since then, and our resulting vision for mental health in schools. We also share how this specific research study links with our practice work at Raising Voices.

Raising Voices' interest in mental health in relation to violence prevention in schools was part of our original motivation for the **Good School Toolkit** (GST), first created in 2011. The Good School Toolkit is a whole school approach and school-led intervention, that **prevents violence against children in schools** by influencing key relationships between teachers, students, schools and school-surrounding communities (Raising Voices & LSHTM, 2017). This evidence-based program is currently being implemented in 900 primary and 518 secondary schools in Uganda.

Given numerous studies documenting how experiences of violence contribute to mental health challenges, we expected that by preventing violence against children, the GST would positively impact mental health. The impact evaluation of the GST showed reductions in experience of violence, but we did not see a significant positive shift in mental health outcomes among children. Following this learning, we invested time and resources in building our organizational knowledge and understanding on mental health and its linkages with violence through an organizational **Learning Circle**. This exploration led to deeper conversations on mental health, which unpacked further the intersections between mental health and violence and created more awareness and interest among staff.

Box 1: Violence and Mental Health

There exists a robust two-way relationship between violence and mental health, meaning that mental ill-health emerges as both a cause and a consequence of violence. People who experience violence, especially during childhood, are at increased risk of developing mental health problems. This risk increases with the amount, severity, type, and perpetrator of violence. At the same time, people with mental health challenges can be more at risk for experiencing and perpetrating violence. For example, a child who has emotional or behavioral issues may be misunderstood as being 'disobedient' or 'weak' and thus experience violence. There are also intergenerational and compounding effects of mental health and violence. For instance, mothers' experiences of violence adversely affect their emotional wellbeing and may impact relationships with their children. This, in turn, can negatively affect children's early attachment/security, which often has lifelong consequences. As such, violence and trauma experiences among caregivers can be transmitted to children. Mothers' experiences of violence and subsequent mental ill-health can also contribute to their own use of violence against children. Men's use of violence can also be exacerbated by poor mental health, prior traumas, and unhealthy ways of coping, such as alcohol use.

For more details on the bidirectional relationship between violence and mental health, see Prevention Collaborative's **webpage** that provides several key resources and examples.

As we scanned the environment in Uganda, we realized there was little understanding of children's own experiences and limited resources for children experiencing mental health challenges in schools or at home. While there were some organizations providing response services to those experiencing severe mental health difficulties, there wasn't enough focus on provision of day-to-day skills that can build resilience, prevent mental health challenges, and create an open environment for talking about mental health and reducing stigma.

In 2017, Raising Voices first began collaborating with the University of Alabama on a mental health initiative to better address mental health in schools. In this initial study, we conducted interviews and focus groups with teachers, students, and caregivers to understand their perspectives on mental health interventions in schools. **Results** of this ethnographic research highlighted the need to address child mental health and the promise of schools to do so, leveraging the framework of the GST (Carlson et al, 2021).

As a next step, in 2019 and 2020, we created resources explicitly focused on mental health needs of children and teachers (see Box 2). We integrated mental health ideas into our violence against children prevention programming through the GST adaptation for secondary schools, **GST-S.** This included cartoon booklets and posters focused on mental health in schools with accompanying in-school activities.

Box 2: Raising Voices' Mental Health Programming in Schools

There are three core objectives of our work supporting mental health of students and teachers in schools:

- Reduce stigma and increase empathy around mental health challenges faced by students and teachers.

- Provide language to sensitively communicate about mental health challenges and needs.

- Build basic skills such as meditation, journaling, and help-seeking, which support in recognizing and acknowledging emotion, positive self-talk and overall promotion of mental health among all students on a day-to-day basis.

Before we could test these resources, the COVID-19 pandemic shut down Ugandan schools for 22 months. This is the moment when we decided to direct our learning efforts towards understanding the impact of school closures on students' mental health to further inform our programming (expanded later in Box 4), motivating us to pursue this current study with the University of Alabama.

Research Methods

This qualitative study explored three questions.

1. How did adolescents in Uganda experience the COVID-19 school closures and how did these experiences affect their mental well-being?

2. How did adolescents, teachers, and school staff perceive the role of schools in supporting students' mental health after the pandemic?

3. What support was provided in schools in enhancing students' mental health after schools reopened in 2022?

We explored these questions through individual interviews with students and focus group discussions (FGDs) with teachers and community activists as described below. The interviews were conducted in July 2022 in Kabarole and Wakiso districts of Uganda. The interviews were held five months after the schools had reopened, and the study participants reflected retrospectively on their experiences during the school closures.

Interviews with students: First, we selected a purposive sample of four secondary schools representing a mix of rural, peri urban, government, and private schools. Next, we selected a purposive sample of students to obtain a range of views from girls, boys, lower secondary, upper secondary, and low, average, and high academic achievers.

A total of 24 in-depth interviews were conducted with students, involving 12 girls and 12 boys aged 16 to 22. School teachers supported in mobilizing students from different age groups within the secondary schools. In the in-depth interviews, students shared their personal experiences during the pandemic, discussed how those impacted their mental health, and shared potential ways for schools to provide support to promote students' mental health.

FGDs with teachers and community activists: A total of seven FGDs were held with teachers (involving 14 male and 13 female teachers) and two with community activists (involving 4 male and 5 female Regional Resource Persons, who are the community activists supporting Good School program implementation in schools). The focus group discussions covered the effects of school closures on students, their impact on teachers, perceptions of mental health, and strategies for supporting students facing mental health challenges. The below table summarizes the study sample.

Summary of the Research Sample

Data collection activity	Total Female		Participants		
			Female	**Male**	**Total**
In-depth interviews	**24** interviews		**12** students	**12** students	**24** students
Focus group discussions	**9** discussions	**7** with teachers	**13** teachers	**14** teachers	**27** teachers
		2 with community activists supporting the Good School program	**5** community activists	**4** community activists	**9** community activists

Four trained researchers used the interview and discussion guides to ask questions, and responses were recorded using audio devices.

To maintain ethical standards, the Mildmay Uganda Research Ethics Committee (MUREC) and the Uganda National Council for Science and Technology (UNCST), and the University of Alabama Institutional Review Board approved the study's protocol. The research team received extensive training and developed a referral protocol to assess the seriousness and urgency of violence or suicide risk, and then directed individuals to the appropriate services as needed.

After conducting the interviews, all data were transcribed, translated and analyzed using a thematic approach. A team of two researchers reviewed and coded all FGD and IDI transcripts using Atlas.TI, after which data was summarized under emerging themes. This analysis method included immersing in the data, identifying important themes, organizing content, establishing connections, and interpreting the findings. Two workshops were held with the research team and Raising Voices Violence against Children Prevention team to validate initial findings, consider alternative interpretations, and discuss key takeaways for programming.

Limitations

Due to extended school closures and challenges in accessing schools after the reopening, we were able to conduct interviews about five months after the schools opened, in July 2022. Given we asked questions about the experience of students and teachers *during* the school closures, the responses may have been affected by limited recall. Additionally, our study sample was limited to secondary school students and teachers, leaving out those who are out of school or couldn't return to school due to challenges during the pandemic and related lockdowns. During the discussions, the focus was intentionally on mental health. As such, our analysis may not comprehensively reflect study participants' holistic experiences during the school closure period, including experiences of violence and abuse. The qualitative study aims to deepen understanding of the issues and highlight underlying patterns of experiences of our study participants, and cannot be generalized beyond the schools we worked in.

Findings

1. "During the pandemic we grew up" - while schools were closed, students were exposed to extremely difficult situations which exacerbated mental health challenges.

During the school closures and lockdown, adolescents experienced increased mental health challenges, with unique difficulties faced by boys and girls. Many of the study participants described mental health symptoms of anxiety, depression, or suicidal ideation both before and after the lockdown. The sudden absence of the structure and purpose that is provided by school impacted students' mental health in different ways. In addition, with increased time at home with family who were also under stress due to lockdown, several participants, both male and female, described verbal abuse inflicted by family members, resulting in descriptions of depressive symptoms, anger, and suicidal thoughts.

> "My mother would abuse me verbally…My step father would talk about me amongst other people that I am stupid." - Girl student

Most of the students described working during this time, whether unpaid for family members or paid outside of the home. For those who worked for money, it seemed to be out of necessity, in order to provide for themselves and their families during a financially difficult time.

> "The situation was hard because before COVID-19 the money was there, and we used to have breakfast, lunch, then we could also have evening tea… but during [lockdown] we had only 2 meals that is lunch and supper… so I decided to leave home to try to look for work so that I may be able to help."
> – Boy student

Findings highlighted the gendered nature of the challenges students faced during the lockdown. For example, most of the female participants briefly mentioned jobs like selling clothing or food and braiding hair without going into further details about how this experience affected them. However, several girls talked about experiencing increased sexual harassment during lockdown, while walking outside or while working in these jobs. They described this harassment as a source of stress and anxiety when leaving the house, which limited their opportunities and access to income-generating activities.

> "The men would disturb, they wanted me to sleep with them…I had to distance myself, I stayed in the house." - Girl student

Boys who talked about doing manual labor and farmwork described undergoing long hours and stress while working. Boys reported that the strenuous nature of the work activities had an impact on their mental health and well-being.

> "I went to a construction site near my home, and was accepted to begin working. But the site was so challenging. There was a lot of suffering, for instance, you report by 7am till 5pm sometimes beyond." - Boy student

Two study participants became pregnant while schools were closed and attested to feeling hopeless about their futures due to concerns that they would not be able to return to school, with one recounting suicidal thoughts. While both of these girls were ultimately able to return to school because of significant support from their families, students described girls they knew who permanently left school due to pregnancy.

> "I thought of killing myself...I thought of leaving those things of studying and find something else to do but after sometime I sat down and thought through all those thoughts I was experiencing and I decided to give up because I knew it was myself who was going to kill my future not someone else."
> - Girl student

For all students, continued learning during the shutdown was a major challenge, mostly due to lack of access to virtual learning, on both students' and teachers' sides, resulting in anxiety over the return to school and decreased academic performance. Some participants said they were now less motivated to study and found it challenging, no longer having the income they received while working during the lockdown. However, when describing their feelings regarding the return to school, many said that education now feels more important after getting a taste of the "outside world" and seeing how essential it is to have a career that allows them the financial security to weather these types of catastrophes.

> "We are now serious with our books because we faced bad challenges."
> – Boy student

Box 3: Adolescents talk about mental health symptoms

Anxiety over financial security and food, the health of self and loved ones, school performance, the future

> "I was thinking about the closed schools, I was thinking about work, I was thinking that my future had been distorted. These too many thoughts would come to my head....because I felt helpless."
> - Boy student

Distress and **hopelessness** around self-worth, purpose in life

> "In the lockdown I experienced bad thoughts because I couldn't study. I would think of my future and see no studies and feel like I won't be an important person." - Girl student

Suicidal ideation among participants who reported verbal abuse or became pregnant during lockdown

> "My mother would abuse me verbally. I felt lonely because I was alone and I had no friends. I felt that I wanted to commit suicide because I always wondered that why am I like this. I would feel so sorrowful, I would get home and not say anything." - Girl student

2. Coping strategies emphasized adolescents' agency - peer support, physical exercise, hobbies, and religious activities - rather than adult support.

Participants also talked about what they do to feel better when experiencing mental health challenges as a result of difficult life circumstances. One of the coping strategies most frequently mentioned was spending time with friends or, to a lesser extent, romantic partners. Some also described finding solace in exchanging stories of their shared challenges, relief from feelings of hopelessness by talking about dreams for the future, or suggestions for coping strategies used by others. However, students rarely mentioned seeking or receiving emotional support from family members or teachers, and instead found solace more in peers.

> "There is one [girl] in my class and we are both from the same tribe so we connect easily but her case of abuse was worse than mine, she even has marks all over her body, she has scars, she is beaten a lot; they even get to an extent of denying her food. She called me on the phone and told me about it and even when we get back to school she still tells me about it. So when we add up our sorrow, we connect and I always tell her that do not be worried, I even advise her on what I do - I ignore, I listen to music, I look at different fashions."
> - Girl student

Many students also described using outdoor activities and physical exercise as helpful ways to cope with the "bad" feelings, such as going for walks, dancing, and playing in football matches.

> "Sports can release one from stress. It is very difficult to go for sports when you are angry. Sometimes if one has a mental problem, they will not be happy, they will be sad but when they go and play sports with friends, they will add some fun and other ingredients which will take away the "ennaku" (sorrow) that they had." - Boy student

During the height of the lockdown, this was made more difficult for some students due to restrictions on public gatherings and movements, and they said this time was particularly challenging without those outlets. Upon returning to school, some students also complained that they were unable to participate in physical and outdoor activities due to lack of time or space, and suggested more school-sanctioned sporting activities such as football matches or group walks. Similarly, participants use television and music to cope with idleness or to distract from overthinking or thoughts of hopelessness. The reduction of time and access to these outlets was described by some as a difficult part of the transition back to school.

> "The thing that can be improved, which cannot be done here, is having some disco music for students to dance and shake off the stress. Yes, we watch TV but there are those who want to stretch their muscles by dancing. The other is if the school can have a big pitch where interclass matches can be organized. Now there is no pitch, students just play in circles." - Boy student

Some students also said that religion and prayer are important sources of support and solace for them. One student said that the chaplain at her school was very helpful for discussing the challenges she experienced during the lockdown and how to move forward. At a school in Kabarole, students are given the opportunity to preach to other students, which students described as being helpful both for confidence-building and for sharing relevant perspectives on getting through challenges. Students made it clear that schools can be a supportive environment for students' preferred coping mechanisms.

> "The school needs to continue encouraging students to engage in sports, giving themselves to God. God can help our problems and we think well."
> - Boy student

3. The transition back to school has also been difficult for students. Many say they want more independence and respect from teachers.

Though some students talked about appreciation for the academic stimulation after the lockdown, many have had difficulty re-adjusting to the learning environment. They said that the lack of independence was very challenging, and described tension with teachers who enforced masking, no phones, and other rules that felt taxing after the relative freedom during school closures.

> "You find when you come to school, there are rules and regulations, this teacher wants you to wake up early, another one wants you to clean. So, it brought me anxiety, having to be pressured to follow rules." - Boy student

Many participants said they want teachers to treat them with more respect, allowing a greater level of independence under the assumption that the students want to be there. The punitive or authoritative environment that many students described at school seems to feel even more difficult after the freedom they had during lockdown. Students who were interviewed seem to feel that teachers do not understand or act as though they are eager to be back at school and learn. In addition to improving the learning environment, they also suggested more non-academic activities, such as sporting events, as an outlet for stress and an opportunity for more freedom.

> "Students are mature and the majority want to study. So, teachers can listen to students. Before doing something or starting a program, they can ask students if it is okay. That avoids colliding between teachers and students. Students need to be asked how they feel and how they want to be handled. That would improve their minds instead of waiting for them to commit a mistake and you punish them." – Boy student

We see an important distinction between how teachers viewed the new independence of students and how students viewed it. Teachers largely saw it as a negative, while students appreciated the independence they gained during the school closures.

4. Teachers know their students are struggling and want to be able to better help them through more mental health training and school support for students' preferred coping strategies.

Teachers have also struggled with the transition back to school and knowing how to best support the students who may have changed after their experiences during the lockdown. For example, some teachers brought up the fact that before the pandemic, none of their students had their own children, but now several students have returned as parents, bringing to the classroom their changed perspectives and challenges. Teachers and Regional Resource Persons also noted that many students experienced hardships or increased responsibilities during the lockdown that forced them to grow up, and they have returned to school different than they were before. In some ways, teachers appreciate the students' new level of maturity, but in some cases, this may also make disciplinary issues more of a challenge.

> "Before the pandemic they were all children… now when you are talking to them, they give a feeling of fellow adults. I think students changed and controlling them is not easy." - Female teacher

The consensus among the teacher and Regional Resource Person participants is that while some students are transitioning more smoothly, they observe that many students are struggling during the adjustment period, and yet they do not always know how to help. They have noticed that some students are more withdrawn or stressed, and they are unable to engage them in the same way as before.

> "Some of them are adjusting, changing from the negative to the positive. But there are those who are still stressed, adjustment is too slow or not there at all. They are struggling with anger and bitterness from the lockdown."
> - Female teacher

Some teachers and Regional Resource Persons also said that there have been students who have confided in them about abuse or suicidal thoughts, and they have not felt equipped to counsel and support them properly. They say they want to be able to better help their students and requested training for counseling for students exhibiting mental health symptoms, as well as more school support for students' preferred coping strategies, such as sports and social events.

> "In order to refocus the minds of the students, I think that the schools should be more flexible, previously everything was centered around academics but if they could now incorporate things like entertainment, games and sports and they bring them into the school… I think [the students] can slowly come back."
> - Male teacher

Turning Research into Action

While we may be at reduced risk of COVID-19 or related prolonged school closures, students are still managing longer term consequences of the difficult experiences during the pandemic. Additionally, they are making up for lost time and catching up on their studies, causing added stress and pressure. Even once the situation more fully stabilizes, students will continue to face adverse situations that will cause them further mental distress. In our study, both teachers and students agree that they would like schools to be better able to address students' mental health. It is therefore important that we continue to prioritize mental health programming in schools.

The study highlights that schools are well placed to serve as safe and protective factors for students when mental health is prioritized, including through connection with peers. There is a need for schools to be equipped with more knowledge, skills and resources to help students - as well as teachers - cope with their mental health difficulties. This includes intentional ways of integrating mental health ideas into existing school structures and activities. It is important to meet these students where they are by incorporating these findings into school-based programming and materials tailored for teachers and children.

Box 4: Integrating Learning from the Study

Since concluding this research, we have updated our GST materials to reflect key findings. Given the urgency of addressing mental health needs that were accentuated during the COVID-19 pandemic, we decided to spotlight our programmatic resources even further. In 2023, Raising Voices pulled these materials into a standalone Mental Health module. Recently we piloted this module in four schools in Wakiso and Kampala, gathering feedback from multiple partners, including the Government of Uganda Ministry of Education and Sports. Based on our learning, we are currently strengthening and refining the module and working towards a wider roll-out across the country.

From the research findings, we have identified several actions to promote mental health in schools:

- **Create conducive and violence free learning environments:** Both experience and perpetration of violence is linked with poor mental health. It is important for schools to commit to creating violence free learning environments, such that they are safe spaces where students can get support they need, rather than spaces where mental health worsens.

- **Support teachers to understand their own mental health.** When teachers understand how mental health concepts can improve their and their students' lives, they are more likely to promote and prioritize mental health among students. We recommend providing carefully curated information and training on mental health to all teachers in schools; while monitoring for any unintended consequences to ensure we do no harm. This can also be done through infusing content on mental health in centralized training for teachers.

- **Provide guidance for students, including on how to support peers.** The study findings highlighted how students mostly turn to their peers to share mental health challenges they experienced. Therefore, we recommend providing them with age-appropriate guidance on how to help a friend who is struggling and what to say or do when a friend is describing symptoms of poor mental health. Interactive activities can be used for children to have a deeper understanding of mental health concepts and effective coping strategies. Students may also be encouraged to lead or co-lead activities on mental health awareness or promotion, such as peer support groups.

- **Acknowledge and respect agency of adolescent students.** As adolescent students returned to schools after two years of lockdown, they had experienced and witnessed unprecedented hardships. They described feeling more mature and felt like they should be treated with more respect and given more responsibility. It is important for adults to acknowledge the agency of adolescents as they navigate adversity in life, listen to their voices with empathy, and allow them more input into school functioning.

- **Link existing school activities explicitly to mental health promotion.** Schools are already doing many non-academic activities, such as physical exercise and extracurricular activities (such as gardening, art, music, sports, drama, journaling, etc.) that students reported as coping mechanisms when they feel distressed. Yet, understanding the links between these activities and mental health is often missing. By discussing how such activities strengthen mental well-being, we can bring more intentionality to mental health in their day to day lives.

- **Be inclusive while engaging students:** Children have diverse preferences, abilities and coping styles; activities promoting mental health can be tailored to their different interests. Therefore, a one size fits all approach may not work well. At the same time, it is important that different types of activities and materials promoting mental health are made accessible to all children, including boys, girls, children with disabilities, and those with additional mental health difficulties due to past trauma or genetics.

- **Support schools in Uganda to implement the Ministry of Education and Sports' directive on mental health.** While the Ministry has mandated schools to reserve one hour per week for mental health related activities, there is need for more guidance on how to use that hour effectively. Schools can consider developing mental health policies to guide them and have designated teachers who support the implementation of the directive. Additionally, schools can invest in enhancing the capacity of the designated teachers, or other identified professionals, to support the mental health needs of learners.

Interested in Learning More?

Check out these resources for more on promoting mental health in schools:

- Raising Voices' Good School Toolkit **Mental Health Poster** and **Cartoon Booklet** for use in schools.

- Raising Voices' blog post on **what schools can do to promote mental well-being of learners in Uganda** and brief on key insights from our organizational **Learning Circle on mental-health.**

- **StrongMinds Uganda** has continuously advocated for country-level adolescent mental health policies and joined forces with **Ministry for Education to prioritize adolescent mental health in Schools.**

- **UNICEF** has produced a briefing note for national governments on **promoting and protecting mental health in schools and learning environments.**

- **The World Health Organization Regional Office for the Eastern Mediterranean** (EMRO) has developed a **training package** and **manual** to enable educators to better support the mental health needs of their students.

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