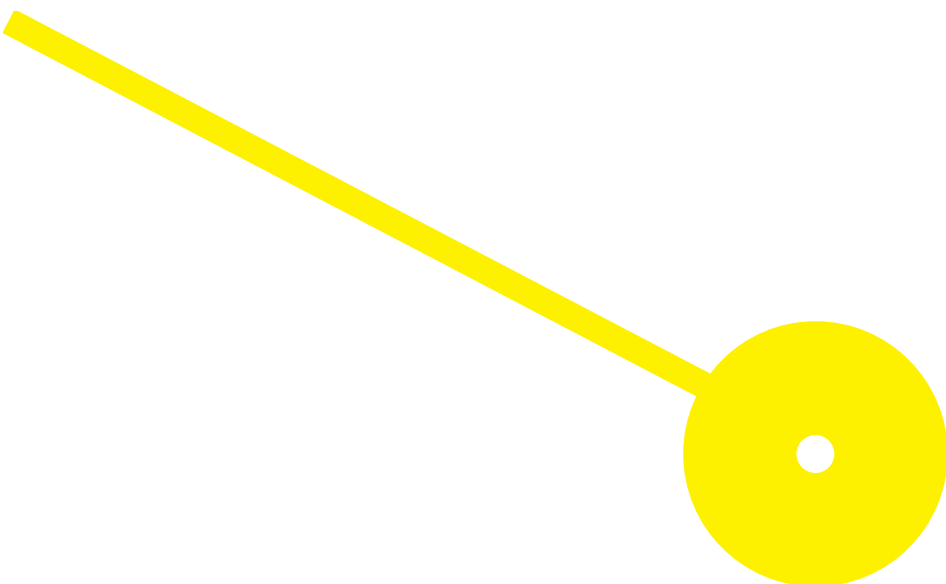




# The impact of Covid-19 lockdowns on occupational participation - Portuguese adolescents' perception

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**The impact of Covid-19 lockdowns on occupational participation – Portuguese adolescents' perception**

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## **Abstract**

The Covid-19 pandemic led countries to adopt restrictive measures to reduce physical contact and maintain social distance, as was the case with the mandatory lockdown imposed in Portugal, having been especially difficult for young people to cope with its repercussions on daily routines. Thus, this study aimed to understand Portuguese adolescents' perspectives on the impact of Covid-19 on their occupational participation during periods of confinement.

Ten young people between the ages of 13 and 17 were recruited to participate in a semi-structured interview where they shared their experiences during confinements and how these periods affected routines and relationships. The interviews took place through digital platforms, namely Zoom Video Communications, in August 2021.

Throughout the interviews, participants widely identified the negative impact of the confinements on their participation, and it was perceived that, during these periods, they were in a state of occupational imbalance (with school overlapping with other occupations) and occupational deprivation (in terms of social participation and leisure group activities). Adolescents also seemed to associate these restrictions of occupational participation with a negative impact on their well-being and mental health.

**Keywords:** Occupational imbalance; occupational deprivation; routines; well-being; confinement.

## Index

1. Introduction.....	1-3
2. Methods.....	3-6
2.1. Study Design.....	3
2.2. Studied Group.....	3-4
2.3. Data Collection Methods.....	4-5
2.4. Procedures.....	5
2.5. Analytic Process.....	5-6
3. Interpretative Task.....	6-19
4. Conclusions.....	19-20
Bibliographic References.....	21-31
<b>Appendix</b> .....	<b>32-37</b>

## 1. Introduction

Nowadays, the world is currently under threat from the new virus (Covid-19), a disease caused by the highly contagious and potentially lethal for the aging population, SARS-CoV-2<sup>(1,2)</sup>. Having initially emerged in China, on December 2019<sup>(2-4)</sup>, the disease quickly took on global proportions, and was officially characterized by the World Health Organization (WHO) as a pandemic on March 11, 2020<sup>(5)</sup>.

Due to the high risk of contagion, the Portuguese government, like other countries<sup>(6-11)</sup>, decided to adopt restrictive measures, after the first cases appeared. Thus, on March 16, 2020, the first lockdown began, in which the Portuguese population was advised to stay at home, going out only to obtain essential goods and, in the case of professions considered to be front-line, to commute to work, significantly reducing daily mobility for leisure activities<sup>(12)</sup>.

Despite the population having been submitted to confinement measures, there were some variations as to how people were confined<sup>(13)</sup>. While some people were allowed to go to work, others remained at home, working exclusively from there. Moreover, some had to take care of others, such as their kids, due to school's closure, while others had aid relatives and/or friends who were in prophylactic isolation and needed help to obtain essential goods. On the other hand, there have also been many people who have been left jobless, thus losing their income. All these situations are known to be risk factors for mental health decline, and some studies<sup>(13,14)</sup> suggest that mental distress in the form of stress, depression, and negative affect may be a consequence of lockdown, ultimately affecting people's well-being.

Similarly to what happened to the general population, Portuguese adolescents also had their face-to-face classes suspended until the end of the school year and were forced to be confined to their homes, with online classes and restrictions to any other form of social participation, except those carried out at a distance<sup>(15)</sup>. According to the WHO<sup>(16)</sup>, this period of life brings about significant changes in human development, with a physiological evolution of somatic and neuroendocrine characteristics associated with behavioural and psychological changes<sup>(17)</sup>. This way, individuals experience rapid physical, cognitive and psychosocial growth<sup>(16)</sup>, so they can acquire important skills for their transition to adulthood, gaining independence from their parents, exploring aspects of their identity, learning to manage their emotions and dealing with difficulties in their daily life and at school<sup>(6,17)</sup>. Meanwhile, adolescence is also marked by the increased need for social interactions and relationships with others<sup>(6)</sup>, given the fact that it is in

this period that a cognitive and emotional connection with the social environment is established<sup>(17)</sup>.

Given the current pandemic situation, the restrictive measures to maintain social distance and reduce physical contact were especially difficult for young people who, being used to daily sharing feelings and experiences face-to-face, were forced into a situation of social deprivation in which they had to develop strategies to cope with lockdown<sup>(17)</sup>. Thus, the consequences of Covid-19 had a major impact on the quality of life and mental health of adolescents<sup>(1,6,18,19)</sup>, mainly by a confinement that negatively impacted their lives and occupational engagement, as the closure of schools forced a restructuring in their academic routines, social distancing limited their social interactions with family and friends (making them feel less socially connected), and the closure of public spaces altered their leisure routines, restricting them to their homes<sup>(1,20,21)</sup>.

Recent studies<sup>(1,3,17,19,21-23)</sup>, have confirmed that the vast majority of adolescents experienced stress, anxiety, and demotivation during lockdown, with the long duration of confinement, fear of contracting the virus, frustration and boredom identified as the main causes<sup>(1,24)</sup>. Associated with restricted outings, these levels of stress, anxiety, and demotivation had a strong impact on the youngsters' lifestyles<sup>(25)</sup>, namely on physical activity levels<sup>(3,26,27)</sup>, eating habits<sup>(3,17,28)</sup> and sleep<sup>(3,17,25,29)</sup>. Nonetheless, during lockdown, the use of technology was the major strategy used by youngsters to maintain their level of socialization through social networks, with a significant increase in the time spent online<sup>(8,17,18,25)</sup>.

Therefore, one can consider that Covid-19 and lockdown came with very important issues regarding restrictions in occupational participation, of primary importance for occupational therapy<sup>(30)</sup>. For this reason, it becomes relevant to mention concepts such as occupational deprivation<sup>(31)</sup> and occupational imbalance<sup>(32)</sup>.

According to Whiteford<sup>(31)</sup>, occupational deprivation is defined as being a "state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors that remain outside the control of the individual", and it can arise when populations have limited choices of occupations due, for instance, to geographical isolation or other circumstances<sup>(33)</sup>, as in the case of confinement, which deprived youngsters of performing outdoor activities and socializing with friends<sup>(1,7,20)</sup>.

In turn, occupational imbalance was defined by Wilcox<sup>(32)</sup> as being "the lack of balance or disproportion between occupations", whereby an individual may be too or too little overwhelmed with occupations or spend excessive time in a single occupation to the detriment of others<sup>(30,34,35)</sup>.

During lockdown, adolescents started taking online classes, which often entailed more hours of individual study and a greater homework load, that may have led to a greater overlap of school over all other occupations of youngsters<sup>(8,36)</sup>. Although there are no in-depth studies in Portugal, as far as the authors are aware, on the effects that this period of forced social isolation had on the participation of young people, it seems important to investigate whether there is a relationship between lockdown and occupational imbalance.

Thereupon, it is important to conduct the present study, which aims to understand the Portuguese adolescents' perspective on the impact of Covid-19 on their occupational participation during periods of enforced lockdown.

## **2. Methods**

### **2.1. Study Design**

Given the goal presented, it was designed a qualitative and exploratory study, involving the collection, organization and interpretation of data obtained through interviews, focus groups or observation<sup>(37-40)</sup>. The study will be of the qualitative description type, since it involves a pragmatic approach, using a low-inference interpretation to present the facts<sup>(41,42)</sup>, aiming to explore the meaning of an event, through a direct description about the experience of the person who experienced it, in a language similar to that used by the person<sup>(41,43)</sup>.

This study will also have an exploratory nature, because it gives the study design sustainability in the search for information on a subject that has been little studied<sup>(44)</sup>.

### **2.2. Studied Group**

The group was constituted through a non-probabilistic sampling method by judgment<sup>(45-47)</sup>, from a target population consisting of young people of school age, given the fact that the first participants were recruited through the researchers' contact network. Thereafter, through a snowball process among the social network of the participants already recruited, new potential participants were indicated.

The inclusion criteria defined included participants having an age between 13 and 18 years old, being Portuguese and living in the metropolitan area of Porto. On the contrary, exclusion criteria excluded participants who had a diagnosed pathology – as it was considered that this could be an additional factor interfering with the routines and occupational participation of young people –, did not attend compulsory education up to the 12th grade, were not able to communicate

verbally, did not have a technological device with Internet access, and presented comprehension difficulties that could interfere with their answers.

After being contacted directly by the researchers, 10 young people who were available to participate in the study and who met the established eligibility criteria, were selected. Given the fact that the participants were minors, it was necessary to previously contact the legal representatives and request permission to participate in the study, having signed an informed consent form, based on the Declaration of Helsinki<sup>(48)</sup>, ensuring they had received information about the study goals, data collection methods, which included the collection and audio recording of the interviews, and the methods of treatment and preservation of the data, guaranteeing the anonymity of the participants and the possibility of giving up at any time, if they so wished.

Table 1 shows the sociodemographic data of the group studied.

Table 1 – Sociodemographic Data Regarding the Studied Group

ID	Gender	Age (years)	Schooling Year in 2020/2021	With whom they live	Siblings	Age of siblings
A1	Feminine	16	10 <sup>th</sup>	Mother/Father/Sister	1	10
A2	Masculine	16	10 <sup>th</sup>	Mother/Father	0	-----
A3	Feminine	17	12 <sup>th</sup>	Mother/Father	0	-----
A4	Feminine	16	10 <sup>th</sup>	Mother/Stepfather	1	36
A5	Feminine	17	12 <sup>th</sup>	Mother/Father/Sister	1	21
A6	Feminine	16	10 <sup>th</sup>	Mother/Father	1	30
A7	Masculine	15	9 <sup>th</sup>	Mother/Father/Sister	1	20
A8	Feminine	16	10 <sup>th</sup>	Mother/Father/Brother	1	3
A9	Feminine	17	12 <sup>th</sup>	Mother/Father/Sister/Brother	2	15/8
A10	Masculine	13	7 <sup>th</sup>	Mother/Father/Brother	1	3

### 2.3. Data Collection Methods

The data collection method chosen for this study consisted of a semi-structured interview (Appendix 1), which included sociodemographic questions – such as gender, age, schooling year in 2020/2021, people with whom they live, number and age of siblings –, as well as four open-ended questions, related to the theme under study – namely how the period of confinement affected the youngsters' routines, the strategies they used to deal with the routine changes, how the confinement impacted their relationships with their friends and family, and what changed in their lives after the pandemic.

This type of interview consists of asking a few key questions that define the themes that will be explored, allowing the researchers to intervene when necessary, providing some guidance to the participants as to what to talk about. Compared to structured interviews, this method of data collection allows for greater flexibility in the study, as it also enables the discovery of information that is important to the participants and that may not have been previously considered relevant to the study<sup>(49)</sup>.

## **2.4. Procedures**

To carry out this study, first it was obtained the approval of the Ethics Committee of the Porto Higher School of Health (process no. CE0047B).

After that, a literature review was carried out to understand which occupations were the most studied in other countries during the pandemic period and what were the most significant changes associated with each one of them. This way, it was possible to outline the interview script, that was analysed by two experts, occupational therapists with experience in the elaboration of qualitative studies, so that the reliability and validity of the script could be guaranteed. Along with this, a preliminary study was also conducted with one person to assess the clarity of the questions. As no changes in the wording of the questions were necessary, the final interview script was obtained.

After recruiting the participants, the interviews were conducted in August of the present year by a researcher trained in conducting interviews. Due to the current pandemic context, they took place through digital platforms, namely Zoom Video Communications<sup>(50)</sup>, and participants were recommended to choose a private place to participate in the call, to ensure data confidentiality and avoid interruptions. The interviews were audio-recorded through the same platform, and later transcribed verbatim by one of the researchers.

All data collected with the identification of the participants were hidden through alphanumeric codes, during the transcriptions, to ensure the anonymity, and the interviews were sent to the youngsters for their approval, before their content was used in this study.

## **2.5. Analytic Process**

After transcribing the interviews, which constituted the corpus of data, it was carried out a qualitative content analysis, with an inductive approach<sup>(51)</sup>, that aims to analyse data and

interpret its meaning, encompassing three phases: theoretical phase; descriptive–analytical phase; and interpretative phase<sup>(52–56)</sup>.

In the theoretical phase, the information collected was organized through an initial review of the transcripts<sup>(56)</sup>. Then, in the descriptive–analytic phase, the information was analysed through a process of a posteriori categorization, in order to group the data obtained in several categories, according to the common information between them<sup>(53–56)</sup>. To proceed with the categorization, certain assumptions were considered, namely homogeneity (there must be similarity between data from the same category) and mutual exclusion (data from different categories must be different from each other, and cannot have aspects that could be classified in more than one category)<sup>(55,56)</sup>.

Given the fact that, in qualitative studies, the sample size is only determined during the data collection process, it is necessary to mention that the number of participants of this study allowed, after a content analysis of the interviews, to achieve data saturation, since it was found that the analysis of new data no longer contributed with different information and perspectives to the process of content analysis, namely in the definition of new categories<sup>(51,57)</sup>.

For the categorization process, all interviews were read by the main researcher, and three were randomly chosen and analysed by a second researcher. The categories obtained were then analysed by the two researchers and disagreements were resolved by agreement between them. After this phase, a triangulation of these categories was made with the analysis of an external researcher who validated the results obtained, thus increasing, through the use of different perspectives, the reliability of the data<sup>(56)</sup>.

Finally, in the interpretative phase, the content analysis obtained was interpreted according to the categories defined in the descriptive–analytical phase, interpreting their meaning and how they interrelate<sup>(51,53,54,56)</sup>.

### **3. Interpretative Task**

After transcription, four categories were defined based on the youngsters' statements, through content analysis: 1) changes in routines; 2) negative aspects of confinement, with two subcategories (negative impact on occupations and negative impact on a physical and mental level); 3) positive aspects of confinement; 4) family dynamic.

Table 2- Categories Characteristics

Categories	Occurrences (n)	Occurrences (%)	Interviews (n)	Interviews (%)
1. Changes in Routines	75	27,47	10	100
2. Negative Aspects of Confinement	79	28,94	10	100
2.1. Negative Impact on Occupations	44	16,12	10	100
2.2. Negative Impact on a Physical and Mental Level	35	12,82	10	100
3. Positive Aspects of Confinement	21	7,69	9	90
4. Family Dynamic	19	6,96	10	100

Note that, through a quick analysis of tables 2 and 3 (the latter located in Appendix 2), all categories and subcategories were mentioned by the entire study group, except for the category "positive aspects of confinement", which was not explored by A7.

### 3.1. Changes in Routines

The first category to emerge encompasses adolescents' perceptions of the changes in daily routines that occurred during periods of lockdown, also involving the adaptations adopted by participants to cope with the reported changes.

According to a study by Muñoz-Fernández and Rodríguez-Meirinhos<sup>(8)</sup>, the activities most performed among young people during lockdown were intellectual (namely studying and reading) and leisure activities (such as playing games, watching TV series and listening to music). This was also true in the present study, with all participants - with the exception of A6 - mentioning having had more time available for participation in leisure activities, such as going on family walks, watching series/movies, and playing computer games, as can be seen in the following transcripts: "I was out riding my bike, going on walks at night..." (A1); "I played computer..." (A2); "(...) we've been doing a lot more walking..." (A3); "It was always lying in bed watching a movie or a series..." (A5); "It was watching movies, it was talking, it was doing exercise, games..." (A9).

On the other hand, all participants also reported changes in their morning routine, ending up not always having breakfast and not getting ready to go out, remaining all day in their pyjamas or tracksuit: "I still did the basic hygiene stuff, obviously. But for example, I didn't have that getting ready thing anymore because I had to go to school." (A1); "I was in the habit of putting on a pair of pants, like... in a tracksuit and a jacket over it (...) I didn't have much concern about my clothes."

(A3); "It was pyjamas all day long. I wouldn't even change into tracksuits or anything." (A5); "I did the classes in my pyjamas because I was more comfortable. And then, being at home all morning in my clothes like that, right after waking up, it was kind of weird." (A10). These speeches are in line with the results of a recent study conducted in Portugal<sup>(58)</sup>, which found that during confinement more than half of the young people reported not feeling motivated to perform daily activities, having also found that the continued participation in these activities is related to good mental health, so the maintenance of routines, even during confinement, is of crucial importance.

In turn, sleeping habits were also reported to have been significantly different in the periods of confinement compared to the pre-pandemic period, and it was possible to verify that nine out of ten young people mentioned later sleeping routines, going to bed later than the time at which they used to do so in pre-pandemic periods: "I ended up going to bed much later..." (A1); "(...) I was in bed but I would fall asleep very late." (A4); "Some must have traded day for night like me." (A6); "(...) I would both go to bed at seven in the morning and go to bed at two." (A7).

The remaining participants also reported waking up later than usual – with the exception of A1, who only mentioned that she had to wake up around nine in the morning to take care of her younger sister, not having mentioned whether this was the usual waking up time or not –, since they did not need to prepare so much in advance for classes because they did not have the time to travel to school. Thus, the following speeches corroborate this fact: "(...) I got used to waking up later..." (A2); "I woke up later than usual (...) I think [we] started to get used to that. Of waking up later." (A4); "(...) sometimes I would wake up five minutes before class." (A6); "(...) I could wake up with fifteen minutes or so a little bit too late..." (A9). This may have occurred due to the fact that, during the confinements, the adolescents had to remain isolated in such a way that they were kept locked indoors, significantly reducing their exposure to sunlight, a crucial factor for the consistency of their sleep routines<sup>(59)</sup>. Additionally, online classes as well as the impossibility of in-person social interactions may have influenced sleep routines, in that the youth may have increased the amount of time they used technology during confinements, including just before going to bed<sup>(59,60)</sup>. Given that increased exposure to blue light emitted by technological devices such as computers and cell phones may impair melatonin production, adolescents may have had more difficulty falling asleep, as their bodies did not receive the biological information conveying that it was time to sleep<sup>(61)</sup> and, consequently, they were more sleepy in the morning and had more difficulty waking up early.

On the other hand, sleep routines may also have been different due to a greater flexibility in waking and sleeping times, as well as a greater availability for daytime naps. Although the youngsters may have experienced changes in these routines, they may also have improved certain aspects of sleep. Adolescents may have obtained enough rest since they did not need to spend time commuting to school and the morning class schedules were later, allowing them to establish and maintain a schedule more in line with the late circadian rhythm characteristic of adolescents<sup>(19,59,62)</sup>.

Eating habits were also widely referred to during the interviews as having been different during lockdowns. Nine out of ten participants mentioned eating more when they were at home, with some youth relating these behaviours to stress and periods of boredom to which they were subjected: "(...) I would eat more. I was snacking." (A1); "(...) being at home, I went to the pantry more often. You have more of that habit of «I'm hungry» and you go there to get something..." (A3); "I used to eat a lot. But it was really the stress." (A4); "I was in bed watching a movie and I would get food to be entertained." (A5); "(...) I would eat everything I could imagine (...) When nothing is done, it attacks me in hunger." (A6).

These statements are consistent with recent studies<sup>(28,63-65)</sup> that have established a relationship between stress and eating habits during periods of lockdown, concluding that when subjected to high levels of stress and anxiety, youngsters tend to use food as a coping strategy, eating more in response to negative emotions such as frustration and boredom. In addition to eating more, they also tend to resort more to "comfort" food, which, being rich in sugar and carbohydrates, increases serotonin production, improving mood<sup>(65,66)</sup>. These studies seem to be in agreement with the reports of the present group, with almost all participants reporting having acquired bad eating habits during confinement due to periods of boredom, showing a preference for less healthy food. As an exception to the other participants, only A10 mentioned that he was able to keep his eating habits the same as before the pandemic.

Adolescents also mentioned significant changes in social interaction, namely in the way they kept in touch with their relatives and friends, since they could not meet them in person. According to the literature on the changes that occurred during lockdown<sup>(8,18,63,67-69)</sup>, young people often used the virtual context to maintain relationships with friends and family, through phone calls and social networks such as WhatsApp and Instagram.

In the present study, nine out of ten young people reported implementing the use of technologies as a communicative strategy when asked about how they stayed in touch with their

friends and family: "I did a lot of video calls with my friends." (A1); "We [my family] didn't have any [online] groups. And when we came home because of covid, we created a group and talked a lot more there (...) with my friends I did a lot more calling on Instagram and stuff." (A3); "I was constantly on call with my friends. With family it was more video calling..." (A7); "We have a group as a family (...) we would talk by call and talk by messages." (A10).

In short, in this first category, it was possible to notice that the routines of the youngsters were significantly altered during lockdowns, with changes being mentioned in terms of leisure – reporting an increase in the time spent on this occupation, even if differently from the pre-pandemic period –, activities of daily living – mentioning worse eating habits and caring less about personal care routines, not getting ready on a daily basis –, sleep/rest – going to bed and waking up later – and social participation – exchanging face-to-face interactions for communication through technology.

### 3.2. Negative Aspects of Confinements

Regarding the second category, it involves the young people's statements of the negative impact of confinement in different aspects, and has been divided into two subcategories, namely: 1) Negative impact on occupations; 2) Negative impact on a physical and mental level.

#### 3.2.1. Negative Impact on Occupations

The first subcategory of negative aspects encompasses the adolescents' accounts of the negative consequences on their occupational participation.

Although, in the present study, participants did not consider changes in routines such as sleeping patterns, eating, and participation in leisure activities negatively, they reported the loss of routines they had in the pre-pandemic period as a negative aspect of the confinements: "All the routine that I had established before the confinement... It's basically gone. (A2); "(...) [during confinement] I had no routine. None. I couldn't keep it. It was all unregulated." (A6).

Since routines provide structure in the daily lives of young people, the loss of some of these daily routines may have harmed them. Muñoz-Fernández and Rodríguez-Meirinhos<sup>(8)</sup> demonstrated that adolescents who maintained their routines were less likely to experience feelings of frustration. In turn, according to a study by de Figueiredo and colleagues<sup>(70)</sup>, the deprivation of social life and other daily activities such as going to school, when combined with

fear, anxiety and unpredictability of the future, increased the risk of adolescents developing psychiatric disorders, even in the absence of any family history.

Supporting these studies, in this study two participants reported missing the structure that school brought to their routines: "Having to be worried: «I have to prepare my backpack... What subjects will I have tomorrow» (...) I missed having that thing like: «and tomorrow at school, what am I going to do? What do I have to bring?»" (A1); "The school routine guides us much better... When we were in confinement, we were kind of lost in what time it was and what to do." (A9). These reports are in agreement with some studies<sup>(70-73)</sup> that have demonstrated the importance of school routines as coping mechanisms for young people, associating the periods in which there is no school with decreased physical activity, increased screen time, irregular sleep patterns, and less healthy eating habits.

On the other hand, another negative aspect identified by young people was the impact on teaching, with participants considering the implementation of online teaching as negative. Nine young people reported feeling more difficulty in following the subject and completing all the schoolwork, given the reduction of class hours, which led to an increase in the asynchronous workload and reduced the opportunities for students to ask questions directly with teachers, with some students even mentioning the negative impact of online classes on their school performance: "They [teachers] sent a lot more schoolwork... I used to stay up until half past midnight finishing assignments." (A1); "I ended up needing to study more because it seemed like the subject matter was underdeveloped... I ended up doing more schoolwork on my own. Not with the accompaniment of the teacher." (A2); "I lived for school. My teachers sent a lot of assignments." (A6); "There were subjects that at school I got very good grades but then at home I lowered them because I didn't... It was complicated to learn at home, at a distance (...) I had a lot of headaches because there were a lot of assignments..." (A8); "One teacher doesn't have a sense of what the other one sends and sometimes they send a lot of things, and we have a very big task load." (A9).

In fact, recent studies<sup>(25,74,75)</sup> have shown that, in general, young people have reported several difficulties related to distance learning, namely technological problems (such as a momentary network or Internet failure that interrupted the classes), difficulties in understanding the subject matter, the impossibility of asking the teacher questions about the assignments, and problems in terms of motivation. According to Magson and colleagues<sup>(74)</sup>, adolescents who experienced difficulties with distance learning during their confinements seemed to report

significantly more depressive symptoms when compared to those who did not experience problems with online learning. Thus, the levels of stress and fatigue felt during the lockdowns may have been exacerbated due to the excessive amount of schoolwork, as the youngsters felt more tired and under pressure to finish them in time, which allows to see the negative impact that online learning had on both the academic development of a large percentage of students and their mental health<sup>(76,77)</sup>. For this reason, some studies even advised that, in the future, schools should monitor the amount of work assigned to students, in order to ensure that it is adequate<sup>(36,75,78)</sup>.

On the other hand, young people also reported negative aspects of the confinements on their social participation, with half of the study group reporting feeling that technologies were not enough to satisfy their needs as social beings, highlighting the importance of sensations such as touch and smell in interpersonal interactions, which are only possible in face-to-face contact: "Being able to be with people and being able to touch them... Really feeling that you have someone in front of you and not through a screen." (A1); "[I missed] Being able to go out, being able to talk to other people." (A6); "(...) the lack of physical contact that affected several things for example like this... My mood and my personality." (A10).

In this sense, it is important to highlight the relevance of social touch for human development, namely in terms of cognition, emotions, and relationships<sup>(70,79)</sup>. On the other hand, it is also important for the physiological regulation of the body's responses to episodes of great stress<sup>(70)</sup>. Gallace and Spence<sup>(80)</sup> found that even if virtual relationships are established, they alone cannot satisfy the need for physical contact and all the sensory experiences involved, which are essential for the progression of interpersonal connections that contribute to the overall development of an individual.

In addition to the lack of physical contact with others, adolescents also mentioned another negative impact of lockdowns, namely online socialization through social networks. Some participants considered that they had spent more hours using their cell phones on social networks, with some youngsters even stating that they had become addicted: "(...) I spent a lot of time on social networks. I think my cell phone... The battery died there." (A4); "(...) it was always on social media. It was almost waking up, being on the cell phone. Maybe in class I was even on my cell phone too (...) I increased the time in front of the cell phone a lot more..." (A5); " I got addicted. On social networks." (A6). These statements are in line with the results of recent studies<sup>(18,27,67)</sup> that concluded that young people dramatically increased their use of technologies and social networks during periods of confinement.

According to Cauberghe and colleagues<sup>(18)</sup>, social networks often function as coping strategies for adolescents to deal with negative feelings such as boredom and frustration. However, although that study has considered social media important as social support, others<sup>(81-85)</sup> have linked social media use with poorer mental health, finding that the use of Facebook, Instagram, and Tik Tok is positively correlated with symptoms of depression and anxiety. Thus, overuse of Facebook is related to lower levels of self-esteem<sup>(86)</sup> as well as a greater sense of loneliness<sup>(87)</sup>, while overuse of Instagram is correlated with body image disturbances<sup>(88)</sup>. For this reason, it is noteworthy the negative impact that confinements had on these young people with regard to social media use.

### 3.2.2. Negative Impact on a Physical and Mental Level

Participants also identified a negative impact of lockdowns at a physical level – namely the increased sedentariness during these periods –, and mentally – with the experience of negative feelings such as demotivation, frustration, and fatigue.

At the physical level, recent studies<sup>(3,27,67,89,90)</sup> have found that Covid-19 restrictions are associated with decreased time spent outdoors and decreased levels of physical activity. As schools and sporting institutions were closed during confinements, young people were unable to participate in structured sporting activities and could only engage in unstructured physical activities, such as running or walking<sup>(89)</sup>. However, despite participating in these unstructured activities, the youth maintained lower levels of physical activity compared to the pre-pandemic period<sup>(36)</sup>, which may have negatively affected them, given that an abrupt decrease in physical activity levels may impact the manifestation of depressive symptoms, anxiety, fatigue, and decreased energy level<sup>(90)</sup>.

Seven adolescents mentioned missing the sports activities they used to do before the pandemic, highlighting that, despite trying to maintain some physical exercise habits during confinement, these proved to be insufficient, and some participants even reported having lost their physical shape: "(...) before I used to exercise but, in confinement, I stopped doing it because I used to swim and swimming had to close... I lost my shape." (A2); "I stopped doing sports... It was a sedentary life." (A4); "What pained the most was really not being able to train or play [indoor soccer]... when we came back I felt like I lowered the intensity a lot more, like, the pace of play that I had before..." (A5); "[Before] I either had games or training... Then it was over and I got a bit disoriented." (A7); "On a sedentary level I got a lot more still." (A8).

On the mental level, youths widely mentioned experiencing negative feelings such as demotivation, frustration, and fatigue during confinement: "(...) I was tired. I didn't feel like doing anything. I was completely down. I didn't even know myself, honestly." (A1); "Sometimes I would burst into tears because I couldn't cope (...) I was very down..." (A4); "Very tired, very exhausted (...) I was one of those people who got too anxious. And stressed" (A6). As already described throughout this study, the adolescents were subjected to high levels of stress during the confinements<sup>(10,91-96)</sup>, which also eventually led to their demotivation, mental exhaustion, and frustration.

In turn, loneliness was also addressed by a participant since having changed schools in the second confinement, A8 mentioned having lost contact with her friends from her old school, feeling "forgotten" by them: "It was that phase of forgetfulness. I'm not saying on my part, but on their part and that also on a psychological level at the time, plus the prophylactic isolation, it was something that let me down a lot (...) this isolation thing came, it was as if we weren't as important as we thought..."(A8). Indeed, social distancing and school closures were factors likely to cause an increase in loneliness among young people, as social contacts were significantly reduced<sup>(97)</sup> and adolescents feel lonely when they are disconnected from peers and friends<sup>(98)</sup>. According to Rogers and colleagues<sup>(68)</sup>, in a situation of confinement, youth reported feeling more alone, which may have had an impact on their mental health, since loneliness was associated with a greater propensity for anxiety and depression, in another study<sup>(97)</sup>.

Finally, regarding the post-lockdown periods, adolescents confided that they felt less safe around other people, having more difficulty trusting others, which is in line with recent studies<sup>(36,63)</sup>, in which young people also mentioned an increased feeling of distrust towards others. In the present study, this could be evidenced by the following expressions: "I don't feel as comfortable around people." (A7); "(...) I felt a bit of difficulty, for example, in talking to people or having trust in people because it was a lot of time locked away..." (A8); "The way I socialize with people. It gets more... More complicated (...) it's like an insecurity now." (A10).

This second category, through its two subcategories, allowed to see that adolescents perceived the confinements in a largely negative way, having reported: the lack of structure that was provided by daily routines; more difficulties in online learning; lack of physical contact with friends and family; addiction to social networks; negative feelings such as depression, anxiety, frustration, demotivation, fatigue, loneliness, and fear.

### 3.3. Positive Aspects of Confinements

The third category addresses those that were considered, by the participants, as positive consequences of the time spent at home. Despite the several negative aspects reported by the participants, in this study it was possible to verify that, during the confinements, young people did not only have negative experiences, but were also able to identify some positive aspects.

Two adolescents considered that their confinements allowed them to have a break from the fast-paced routines they lived before, providing them with more time to participate in leisure and relaxation activities: "I enjoyed it more than if I was in a normal school situation... It was those things like: «I can be relaxed here, and no one will bother me»..." (A1); "It was a break from school. Maybe from that more tiring routine that we were having." (A5). These reports are in line with previous studies<sup>(36,68,99)</sup> in which participants also considered it positive to have more time for themselves, having helped them relax and slowdown from the routines they had in the pre-pandemic period.

Although the adolescents experienced a drastic disruption in their routines during the confinements, they were not completely isolated, with their parents also confined at home. Thus, when youngsters felt more alone, they ended up fighting these feelings by spending more time with their families, strengthening their intra-family relationships<sup>(8,17,68,100)</sup>. Two girls in the present study also considered as a positive aspect of the confinements having more quality time available to spend with their families: "(...) it was also good in the aspect of being with the family and so on. Maybe it brought us closer together". (A5); "(...) it's also good sometimes to have some time together, which sometimes we don't have because of work and school..." (A9).

When questioned, in the post-lockdown period, about how these moments were experienced, the participants of this study considered that the time spent in social isolation was also positive given the fact that they began to value more the people they care about: "(...) I started to value much more the moments I spend with people." (A1); "(...) I value the moments a lot more now." (A5); "(...) value people more... Agree to be together like that more often and enjoy the moments because sometimes, from one moment to the next, we get all isolated and alone..." (A9). A study conducted in Portugal<sup>(36)</sup> found that after the first lockdown, youths began to value their family and friendships more, also attributing greater value to their freedom, having no knowledge of when they might be deprived of it again.

There were not only reports of positive aspects regarding leisure activities and relationships, but there were also changes regarding certain aspects of lifestyle. For example,

two young women who did not practice physical exercise before the pandemic, considered it positive that they started to have the habit of performing some activities of higher energy expenditure during the confinements, continuing to perform them even after returning to their usual routines: "Now I think we have that habit. Not so much when we were in here in the confinement, but I think we got into that habit of walking, for example, twice a week..." (A3); "I started exercising with my sister... It was a motivation to start exercising." (A9).

These results were also found in a study conducted by five Portuguese universities in partnership with the Portuguese Institute for Sport and Youth<sup>(101)</sup>, which concluded that Portuguese people increased their levels of physical activity during the confinements, compared to the pre-pandemic period, also showing that 45% of people who were physically inactive before the lockdowns, started doing some type of exercise or sport during these periods. Therefore, given the benefits of physical activity for mental health, it is possible that this has been a good coping strategy used by adolescents to deal with the stress inherent to the pandemic and to have a sense of control over their health<sup>(90)</sup>.

Moreover, A3 mentioned that the confinements allowed her to develop better study habits and become more autonomous in it: "(...) I think I feel much more autonomous in relation to my studies. Because I had to do my assignments online..." (A3), which is in line with the results of a recent study<sup>(102)</sup> in which some young people also appreciated the opportunity to work independently online, providing them with greater autonomy.

In turn, two youngsters reported having increased their level of socialization during lockdowns, considering that the virtual world allowed them to strengthen relationships with peers with whom they did not relate as much in person: "As we started talking more online, I ended up starting to get along with people I didn't even know I could get along with before..." (A2); "(...) I started talking more with people I had in my old classes..." (A10). These statements are in line with some studies<sup>(75,103)</sup>, which highlight the importance of online communication for adolescents in a situation of social isolation, since technology allowed to increase the social interaction and integration of young people, trying to somehow meet their socialization needs, although proven insufficient, as previously mentioned.

Regarding distance learning, the biggest challenges inherent to it were the need for efficient digital infrastructures and digital skills, both for students and teachers<sup>(104)</sup>. Thus, A8 mentioned as a positive aspect having acquired more skills in the use of online platforms and programs such as Microsoft Word and Power Point: "I didn't know very well how to work with the

platforms to access the classes, so I had to evolve a lot at this level... Even in Power Point assignments, Word and so on, because I started to do a lot of schoolwork there..." (A8). On the other hand, A4 highlighted the importance of online platforms in regular classroom teaching, noting that teachers had learned to use the platforms, since they had even started to implement these resources in face-to-face teaching: "Before we had to write everything in our notebooks and now, we ask the teacher "teacher, can you put it in the [google] classroom?" and that's it. She does and we have everything there. Even the teachers started to learn more how to use these things so they could give us what they had to give us." (A4).

Finally, it is also important to mention the impact of news on young people. Nowadays, with social media and the Internet, access to information has never been so fast and immediate<sup>(100)</sup>. Although exposure to news about the pandemic is described as being related to lower levels of mental health<sup>(105-107)</sup>, it is still of utmost importance that adolescents watch the news, whether it is about the pandemic or other subjects, as long as it comes from reliable and quality sources<sup>(58)</sup>. A6 mentioned that the lockdowns allowed her to acquire more awareness of what is going on around her, since spending more time at home led her to follow the news more and become aware of what is going on in the world: "(...) I think it may have opened some doors for me to other things that I wasn't aware of... Then, as we started staying at home, we started watching the news and the news, maybe, brings to our attention some things that we didn't realize when we were outside. When we weren't locked in." (A6).

In summary, the category of positive aspects of the confinements allowed to see that the participants consider as positive consequences having had a break from their fast-paced routines; having spent more time with their families; having started to value the good moments more; having started to exercise regularly; having increased their circle of friends through online socialization; having acquired new skills during these periods, namely in the use of technologies; having gained more awareness about the world around them.

### 3.4. Family Dynamic

The fourth and final category to emerge encompasses the youths' perceptions of the impact that confinements had on the family context.

As there were no single-parent families participating in this study, four adolescents reported always having both parental figures at home during the periods of confinement "I stayed with my parents and my sister in the two confinements" (A5), and, of the remaining youths, a

significant part mentioned the existence of some periods in which the whole family was confined at home, as was the case of A3: "I stayed with my... With my mother and my father. But then my mom went back to work so I stayed with just my dad..." (A3). Thus, since, in general, families spent more time together during the confinements, it becomes important to address the family dynamics that developed during these periods.

Given the current pandemic context, family dynamics had to change during periods of confinement, which forced families to spend all their time together<sup>(108)</sup>. While adolescents may have experienced some restrictions on their personal space, parents, in turn, faced increased stress levels due to several factors such as managing telecommuting and/or online schooling, financial insecurity, and the threat of contagion<sup>(8)</sup>. Thus, it can be seen that family functioning may have been negatively influenced by the lockdowns, since both the adolescents and the parents were under high levels of stress<sup>(10,91-96)</sup>. According to some studies<sup>(108-110)</sup>, family interconnections seem to imply that stressors that impact the functioning of one family member may also impact the functioning of the entire family. Along with this, another study<sup>(111)</sup> also found that when under stressful conditions, families show less interpersonal sensitivity, which encompasses issues such as clarity in communication and harmony between family members.

In fact, in the present study, some young people seemed to perceive that the confinements had a negative impact on the interfamilial relationship, feeling that, although initially they considered it positive to have had more time with family, the predisposition for family interactions decreased over time, generating some conflicts: "(...) We were always colliding with each other more because we were also getting tired of always seeing each other all the time... Being 24 hours under 24 hours with the same people... It gets to be exhausting because then... Some on one day are tired. Others are on other... The tempers start to clash..." (A1), "I was sick of listening to him [Dad]..." (A6) and "(...) sometimes it seems like it's too many people, it's too much... A lot of time locked in the house..." (A9).

As far as the limitations of this study are concerned, it is worth mentioning, above all, the conditions in which the interviews were conducted, that took place online, not always being possible to guarantee a calm environment for the participants to expose their experiences, having occurred interruptions during some interviews due to problems such as momentary internet failures and due to some youngsters participating in their interview with more people in the same room. The online interviews also made it impossible to have a direct interaction between the

researcher and the interviewees, so it may have been more difficult to create empathy between the two, which may have led to the participants feeling less comfortable exposing their personal lives and thoughts to the interviewer.

Additionally, the dates on which the interviews were conducted may also be a limitation to this study, since they occurred after the end of the lockdowns, leading the youths to recount their experiences by resorting to their memory, which may have led them to, unconsciously, not be completely faithful to what happened during the periods of confinement.

On the other hand, the fact that the studied group is mostly made up of adolescents inserted in a very similar family context, such as being part of traditional families, with no representatives of single-parent families or divorced parents, may have led them to have similar experiences, even with some discrepancies regarding the people who stayed together during confinement.

In turn, it is also important to mention that the participants are all residents in the same area, namely the metropolitan area of Porto. This may mean that their experiences cannot be generalized to the Portuguese adolescent population, as there may exist significant differences between the various regions of the country.

#### **4. Conclusions**

Given the restrictive measures that Portuguese adolescents were subjected to during their confinement, it becomes important to understand the impact of social isolation, imposed by Covid-19, on their occupational participation. With this study, it was possible to conclude, through the analysis of the youths' reports, that their routines completely changed, with a negative impact on their occupational participation, which was more limited.

Given that social participation was the occupation most addressed by adolescents when asked about what they most missed doing, it was possible to see that they were subject to what it was, from their perspective, a great occupational deprivation, since, despite staying connected online, they were deprived of physical contact, not being able to be with their friends in person and even to participate in group activities, such as team sports. In turn, it was also possible to conclude that youngsters were in a state of occupational imbalance, with school overlapping the other occupations – since the participants also widely reported an increased school workload that overlapped their rest and leisure time – and a lack of occupations – since, having spent so much time at home, they found themselves, at some point, deprived of their occupations.

Thus, the present study also found that these restrictions in occupational participation seem to interfere with young people's well-being and mental health, since most of the group reported feeling psychologically and emotionally worse during periods of confinement, associating these feelings with the deprivation and occupational imbalance to which they were subjected.

For future studies, it would be relevant to study a larger and representative group of the different regions of Portugal, especially urban and rural regions. Finally, should there be new confinements in the future, it would also be interesting to carry out studies that would verify the relationship between the levels of stress experienced during confinement and occupational participation, as well as the relationship between well-being and mental health with occupational participation in these periods, using adequate assessment instruments.

## Bibliographic References

1. Orgilés M, Morales A, Delvecchio E, Francisco R, Mazzeschi C, Pedro M, et al. Coping Behaviors and Psychological Disturbances in Youth Affected by the COVID-19 Health Crisis. *Front Psychol.* 2021;12(March):1–9.
2. de Oliveira WA, da Silva JL, Andrade ALM, de Micheli D, Carlos DM, Silva MAI. Adolescents' health in times of COVID-19: A scoping review. *Cad Saude Publica.* 2020;36(8).
3. Zhang X, Zhu W, Kang S, Qiu L, Lu Z, Sun Y. Association between physical activity and mood states of children and adolescents in social isolation during the COVID-19 epidemic. *Int J Environ Res Public Health.* 2020;17(20):1–12.
4. Kumar A, Singh R, Kaur J, Pandey S, Sharma V, Thakur L, et al. Wuhan to World: The COVID-19 Pandemic. *Front Cell Infect Microbiol.* 2021;11(March):1–21.
5. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 [Internet]. 2020. Available from: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
6. Ravens-Sieberer U, Kaman A, Erhart M, Devine J, Schlack R, Otto C. Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. *Eur Child Adolesc Psychiatry* [Internet]. 2021; Available from: <https://doi.org/10.1007/s00787-021-01726-5>
7. Commodari E, La Rosa VL. Adolescents in Quarantine During COVID-19 Pandemic in Italy: Perceived Health Risk, Beliefs, Psychological Experiences and Expectations for the Future. *Front Psychol.* 2020;11(September):1–11.
8. Muñoz-Fernández N, Rodríguez-Meirinhos A. Adolescents' concerns, routines, peer activities, frustration, and optimism in the time of covid-19 confinement in Spain. *J Clin Med.* 2021;10(4):1–13.
9. Cost KT, Crosbie J, Anagnostou E, Birken CS, Charach A, Monga S, et al. Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *Eur Child Adolesc Psychiatry* [Internet]. 2021;(0123456789). Available from: <https://doi.org/10.1007/s00787-021-01744-3>

10. O'Sullivan K, Clark S, McGrane A, Rock N, Burke L, Boyle N, et al. A qualitative study of child and adolescent mental health during the COVID-19 pandemic in Ireland. *Int J Environ Res Public Health*. 2021;18(3):1–15.
11. Munasinghe S, Sperandei S, Freebairn L, Conroy E, Jani H, Marjanovic S, et al. The Impact of Physical Distancing Policies During the COVID-19 Pandemic on Health and Well-Being Among Australian Adolescents. *J Adolesc Heal*. 2020;67:653–61.
12. Ricoca Peixoto V, Vieira A, Aguiar P, Carvalho C, Rhys Thomas D, Abrantes A. Initial Assessment of the Impact of the Emergency State Lockdown Measures on the 1st Wave of the COVID-19 Epidemic in Portugal. *Acta Med Port*. 2020;33(11):733–41.
13. Gloster AT, Lamnisos D, Lubenko J, Presti G, Squatrito V, Constantinou M, et al. Impact of COVID-19 pandemic on mental health: An international study. *PLoS One*. 2020;15(12 December):1–20.
14. Yen-Hao Chu I, Alam P, Larson HJ, Lin L. Social consequences of mass quarantine during epidemics: A systematic review with implications for the COVID-19 response. *J Travel Med*. 2020;27(7):1–14.
15. Presidência do Conselho de Ministros. Decreto-Lei n.º 10-A/2020. *Diário da República [Internet]*. 2020;52/2020(2):22–(2)–22–(13). Available from: <https://dre.pt/home/-/dre/130243053/details/maximized>
16. World Health Organization. Adolescent Health [Internet]. 2021. Available from: [https://www.who.int/health-topics/adolescent-health/#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health/#tab=tab_1)
17. Salzano G, Passanisi S, Pira F, Sorrenti L, La Monica G, Pajno GB, et al. Quarantine due to the COVID-19 pandemic from the perspective of adolescents: the crucial role of technology. *Ital J Pediatr*. 2021;47(1):1–5.
18. Cauberghe V, Van Wesenbeeck I, De Jans S, Hudders L, Ponnet K. How Adolescents Use Social Media to Cope with Feelings of Loneliness and Anxiety during COVID-19 Lockdown. *Cyberpsychology, Behav Soc Netw*. 2021;24(4):250–7.
19. Bates LC, Zieff G, Stanford K, Moore JB, Kerr ZY, Hanson ED, et al. COVID-19 Impact on Behaviors across the 24-Hour Sedentary Behavior, and Sleep. *Children*. 2020;7(138).

20. Brown T. The response to COVID-19: Occupational resilience and the resilience of daily occupations in action. *Aust Occup Ther J.* 2021;68(2):103–5.
21. Jiao WY, Wang LN, Liu J, Fang SF, Jiao FY, Pettoello-Mantovani M, et al. Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *Eur Paediatr Assoc.* 2020;221:264–2266.
22. O'Reilly A, Tibbs M, Booth A, Doyle E, McKeague B, Moore J. A rapid review investigating the potential impact of a pandemic on the mental health of young people aged 12–25 years. *Ir J Psychol Med.* 2021;38(3):192–207.
23. Liu R, Chen X, Qi H, Feng Y, Xiao L, Yuan X-F, et al. The proportion and associated factors of anxiety in Chinese adolescents with depression during the COVID-19 outbreak. *J Affect Disord.* 2021;284:114–9.
24. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* [Internet]. 2020;395(10227):912–20. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7158942/pdf/main.pdf>
25. Ali A, Siddiqui AA, Arshad MS, Iqbal F, Arif T Bin. Effects of COVID-19 pandemic and lockdown on lifestyle and mental health of students: A retrospective study from Karachi, Pakistan. *Ann Med Psychol (Paris).* 2021;
26. Mittal VA, Firth J, Kimhy D. Combating the Dangers of Sedentary Activity on Child and Adolescent Mental Health During the Time of COVID-19. *J Am Acad Child Adolesc Psychiatry.* 2020;59(11):1197–8.
27. Chambonniere C, Lambert C, Fearnbach N, Tardieu M, Fillon A, Genin P, et al. Effect of the COVID-19 lockdown on physical activity and sedentary behaviors in French children and adolescents: New results from the ONAPS national survey. *Eur J Integr Med.* 2021;43.
28. Teixeira MT, Vitorino RS, da Silva JH, Raposo LM, Aquino LA de, Ribas SA. Eating habits of children and adolescents during the COVID-19 pandemic: The impact of social isolation. *J Hum Nutr Diet.* 2021;34(4):670–8.
29. Beck F, Léger D, Fressard L, Peretti-Watel P, Verger P, Peretti-Watel P, et al. Covid-19 health crisis and lockdown associated with high level of sleep complaints and hypnotic

- uptake at the population level. *J Sleep Res.* 2021;30(1):6–11.
30. Yazdani F, Harb A, Rassafiani M, Nobakht L, Yazdani N. Occupational therapists' perception of the concept of occupational balance. *Scand J Occup Ther.* 2018;25(4):288–97.
  31. Whiteford G. When People Cannot Participate: Occupational Deprivation. In: Christiansen C, Townsend E, editors. *An Introduction to Occupation: The Art and Science of Living.* NJ: Prentice Hall; 2003. p. 221–42.
  32. Wilcox AA. *An Occupational Perspective of Health.* 2nd ed. Thorofare, NJ: Slack Incorporated; 2006. 384 p.
  33. Townsend E, Wilcock AA. Occupational justice and client-centred practice: A dialogue in progress. *Can J Occup Ther.* 2004;71(2):75–87.
  34. Håkansson C, Ahlborg G. Occupational imbalance and the role of perceived stress in predicting stress-related disorders. *Scand J Occup Ther [Internet].* 2018;25(4):278–87. Available from: <http://dx.doi.org/10.1080/11038128.2017.1298666>
  35. Backman CL. Occupational balance: Exploring the relationships among daily occupations and. *Can J Occup Ther [Internet].* 2004;71:202–9. Available from: [http://video.med.ubc.ca/videos/osot/faculty/cb/Muriel\\_Driver\\_Memorial\\_Lecture11830.pdf](http://video.med.ubc.ca/videos/osot/faculty/cb/Muriel_Driver_Memorial_Lecture11830.pdf)
  36. Branquinho C, Kelly C, Arevalo LC, Santos A, Gaspar de Matos M. “Hey, we also have something to say”: A qualitative study of Portuguese adolescents' and young people's experiences under COVID-19. *J Community Psychol.* 2020;48(8):2740–52.
  37. Colorafi KJ, Evans B, Innovation H. Qualitative Descriptive Methods in Health Science Research. *HHS Public Access.* 2020;9(4):16–25.
  38. Malterud K. Qualitative research: standards, challenges, and guidelines. *Lancet.* 2001;358:483–8.
  39. Maxwell JA, Reybold LE. Qualitative Research [Internet]. Second Edi. Vol. 19, *International Encyclopedia of the Social & Behavioral Sciences: Second Edition.* Elsevier; 2015. 685–689 p. Available from: <http://dx.doi.org/10.1016/B978-0-08-097086-8.10558-6>

40. Grosseohme DH. Overview of Qualitative Research. *J Health Care Chaplain.* 2014;20(3):109–22.
41. Sandelowski M. Focus on Research Methods – Whatever Happened to Qualitative Description? *Res Nurs Health.* 2000;23:334–40.
42. Sullivan–Bolyai S, Bova C, Harper D. Developing and refining interventions in persons with health disparities: The use of Qualitative Description. *Nurs Outlook.* 2005;53(3):127–33.
43. Neergaard MA, Olesen F, Andersen RS, Sondergaard J. Qualitative description—the poor cousin of health research? *BMC Med Res Methodol.* 2009;9(1):1–5.
44. Sampieri RH, Collado CF, Lucio PB. *Metodología de la Investigación.* Quinta Edi. McGraw Hill; 2010.
45. Taherdoost H. Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. *SSRN Electron J.* 2018;5(2):18–27.
46. Moser A, Korstjens I. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *Eur J Gen Pract [Internet].* 2018;24(1):9–18. Available from: <https://doi.org/10.1080/13814788.2017.1375091>
47. Sedgwick P. Convenience sampling. *BMJ.* 2013;347.
48. Association GA of the WM. World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. *J Am Coll Dent.* 2014;81(3).
49. Gill P, Stewart K, Treasure E, Chadwick B. Methods of data collection in qualitative research: Interviews and focus groups. *Br Dent J.* 2008;204(6):291–5.
50. Inc. ZVC. Zoom Video Communications. 2016.
51. Cristancho SM, Goldszmidt M, Lingard L, Watling C. Qualitative research essentials for medical education. *Singapore Med J.* 2018;59(12):622–7.
52. Bengtsson M. How to plan and perform a qualitative study using content analysis. *NursingPlus Open [Internet].* 2016;2:8–14. Available from: <http://dx.doi.org/10.1016/j.npls.2016.01.001>
53. Graneheim UH, Lindgren BM, Lundman B. Methodological challenges in qualitative content

- analysis: A discussion paper. *Nurse Educ Today* [Internet]. 2017;56(December 2016):29–34. Available from: <http://dx.doi.org/10.1016/j.nedt.2017.06.002>
54. Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. Qualitative Content Analysis: A Focus on Trustworthiness. *SAGE Open*. 2014;4(1):215824401452263.
  55. Laurence B. *Análise de Conteúdo*. Edições 70; 2008.
  56. Canet-Vélez O, Botigué T, Santamaría AL, Masot O, Cemeli T, Roca J. The perception of training and professional development according to nursing students as health workers during COVID-19: A qualitative study. *Nurse Educ Pract* [Internet]. 2021;53. Available from: [www.elsevier.com/locate/cca](http://www.elsevier.com/locate/cca) Review
  57. Sawatsky AP, Ratelle JT, Beckman TJ. Qualitative Research Methods in Medical Education. *Anesthesiology*. 2019;131(1):14–22.
  58. Vieira DA, Meirinhos V. COVID-19 Lockdown in Portugal: Challenges, Strategies and Effects on Mental Health. *Trends Psychol*. 2021;29(2):354–74.
  59. Becker SP, Gregory AM. Editorial Perspective: Perils and promise for child and adolescent sleep and associated psychopathology during the COVID-19 pandemic. *J Child Psychol Psychiatry Allied Discip*. 2020;61(7):757–9.
  60. Lavigne-Cerván R, Costa-López B, Juárez-Ruiz de Mier R, Real-Fernández M, Sánchez-Muñoz de León M, Navarro-Soria I. Consequences of COVID-19 Confinement on Anxiety, Sleep and Executive Functions of Children and Adolescents in Spain. *Front Psychol*. 2021;12(February):1–11.
  61. Dijk DJ, Cajochen C. Melatonin and the Circadian Regulation of Sleep Initiation, Consolidation, Structure, and the Sleep EEG. *J Biol Rhythms*. 1997;12(6):627–35.
  62. Gruber R, Saha S, Somerville G, Boursier J, Wise MS. The impact of COVID-19 related school shutdown on sleep in adolescents: a natural experiment. *Sleep Med*. 2020;76:33–5.
  63. Pietrabissa G, Volpi C, Bottacchi M, Bertuzzi V, Guerrini Usubini A, Löffler-Stastka H, et al. The impact of social isolation during the covid-19 pandemic on physical and mental health: The lived experience of adolescents with obesity and their caregivers. *Int J Environ Res Public Health*. 2021;18(6):1–20.

64. Ammar A, Brach M, Trabelsi K, Chtourou H, Boukhris O, Masmoudi L, et al. Effects of COVID-19 Home Confinement on Eating Behaviour and Physical Activity : Results of the. *Nutrients*. 2020;12(1583):13.
65. Di Renzo L, Gualtieri P, Pivari F, Soldati L, Attinà A, Cinelli G, et al. Eating habits and lifestyle changes during COVID-19 lockdown: An Italian survey. *J Transl Med* [Internet]. 2020;18(1):1–15. Available from: <https://doi.org/10.1186/s12967-020-02399-5>
66. Pietrobelli A, Pecoraro L, Ferruzzi A, Heo M, Faith M, Zoller T, et al. Effects of COVID-19 Lockdown on Lifestyle Behaviors in Children with Obesity Living in Verona, Italy: A Longitudinal Study. *Obesity*. 2020;28(8):1382–5.
67. Sciberras E, Patel P, Stokes MA, Coghill D, Middeldorp CM, Bellgrove MA, et al. Physical Health, Media Use, and Mental Health in Children and Adolescents With ADHD During the COVID-19 Pandemic in Australia. *J Atten Disord*. 2020;
68. Rogers AA, Ha T, Ockey S. Adolescents' Perceived Socio-Emotional Impact of COVID-19 and Implications for Mental Health: Results From a U.S.-Based Mixed-Methods Study. *J Adolesc Heal*. 2021;68:43–52.
69. Deolmi M, Pisani F. Psychological and psychiatric impact of COVID-19 pandemic among children and adolescents. *Acta Biomed*. 2020;91(4):1–5.
70. de Figueiredo CS, Sandre PC, Portugal LCL, Mázala-de-Oliveira T, Chagas L da S, Raony Í, et al. COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Prog Neuropsychopharmacol Biol Psychiatry*. 2021;106.
71. Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Heal* [Internet]. 2020;4(6):421. Available from: [http://dx.doi.org/10.1016/S2352-4642\(20\)30109-7](http://dx.doi.org/10.1016/S2352-4642(20)30109-7)
72. Cusinato M, Iannattone S, Spoto A, Poli M, Moretti C, Gatta M, et al. Stress, resilience, and well-being in Italian children and their parents during the COVID-19 pandemic. *Int J Environ Res Public Health*. 2020;17(22):1–17.
73. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet*. 2020;395(10228):945–7.

74. Magson NR, Freeman JYA, Rapee RM, Richardson CE, Oar EL, Fardouly J. Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *J Youth Adolesc* [Internet]. 2021;50(1):44–57. Available from: <http://dx.doi.org/10.1007/s10964-020-01332-9>
75. Ezpeleta L, Navarro JB, de la Osa N, Trepal E, Penelo E. Life conditions during COVID-19 lockdown and mental health in Spanish adolescents. *Int J Environ Res Public Health*. 2020;17(19):1–13.
76. Ellis WE, Dumas TM, Forbes LM. Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Can J Behav Sci*. 2020;52(3):177–87.
77. Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *J Am Med Assoc Pediatr*. 2020;
78. Commodari E, La Rosa VL. Adolescents and distance learning during the first wave of the covid-19 pandemic in italy: What impact on students' well-being and learning processes and what future prospects? *Eur J Investig Heal Psychol Educ*. 2021;11(3):726–35.
79. Cascio CJ, Moore D, McGlone F. Social touch and human development. *Dev Cogn Neurosci* [Internet]. 2019;35(September 2017):5–11. Available from: <https://doi.org/10.1016/j.dcn.2018.04.009>
80. Gallace A, Spence C. The science of interpersonal touch: An overview. *Neurosci Biobehav Rev*. 2010;34(2):246–59.
81. Hunt MG, Marx R, Lipson C, Young J. No more FOMO: Limiting social media decreases loneliness and depression. *J Soc Clin Psychol*. 2018;37(10):751–68.
82. Donnelly E. Depression among Users of Social Networking Sites (SNSs): The Role of SNS Addiction and Increased Usage. *J Addict Prev Med*. 2017;02(01).
83. Lup K, Trub L, Rosenthal L. Instagram #Instasad?: Exploring Associations Among Instagram Use, Depressive Symptoms, Negative Social Comparison, and Strangers Followed. *Cyberpsychology, Behav Soc Netw*. 2015;18(5):247–52.
84. Tandoc Jr EC, Duffy M. Facebook use, envy, and depression among college students: Is

- facebooking depressing? *Comput Human Behav.* 2015;43:139–46.
85. Sha P, Dong X. Research on adolescents regarding the indirect effect of depression, anxiety, and stress between tiktok use disorder and memory loss. *Int J Environ Res Public Health.* 2021;18(16).
  86. Kalpidou M, Costin D, Morris J. The relationship between facebook and the well-being of undergraduate college students. *Cyberpsychology, Behav Soc Netw.* 2011;14(4):183–9.
  87. Song H, Zmyslinski-Seelig A, Kim J, Drent A, Victor A, Omori K, et al. Does Facebook make you lonely?: A meta analysis. *Comput Human Behav [Internet].* 2014;36:446–52. Available from: <http://dx.doi.org/10.1016/j.chb.2014.04.011>
  88. Tiggemann M, Slater A. NetGirls: The internet, facebook, and body image concern in adolescent girls. *Int J Eat Disord.* 2013;46(6):630–3.
  89. Schmidt SCE, Anedda B, Burchartz A, Eichsteller A, Kolb S, Nigg C, et al. Physical activity and screen time of children and adolescents before and during the COVID-19 lockdown in Germany: a natural experiment. *Sci Rep [Internet].* 2020;10(1):1–12. Available from: <https://doi.org/10.1038/s41598-020-78438-4>
  90. Wright LJ, Williams SE, van Zanten JV. Physical Activity Protects Against the Negative Impact of Coronavirus Fear on Adolescent Mental Health and Well-Being During the COVID-19 Pandemic. *Front Psychol.* 2021;12(March).
  91. Liébana-Presa C, Martínez-Fernández MC, Benítez-Andrades JA, Fernández-Martínez E, Marqués-Sánchez P, García-Rodríguez I. Stress, Emotional Intelligence and the Intention to Use Cannabis in Spanish Adolescents: Influence of COVID-19 Confinement. *Front Psychol.* 2020;11(December):1–9.
  92. Di Cagno A, Buonsenso A, Baralla F, Grazioli E, Di Martino G, Lecce E, et al. Psychological impact of the quarantine-induced stress during the coronavirus (COVID-19) outbreak among Italian athletes. *Int J Environ Res Public Health.* 2020;17(23):1–13.
  93. Li X, Tang X, Wu H, Sun P, Wang M, Li L. COVID-19-Related Stressors and Chinese Adolescents' Adjustment: The Moderating Role of Coping and Online Learning Satisfaction. *Front Psychiatry.* 2021;12(March):1–7.

94. Rothe J, Buse J, Uhlmann A, Bluschke A, Roessner V. Changes in emotions and worries during the Covid-19 pandemic: an online-survey with children and adults with and without mental health conditions. *Child Adolesc Psychiatry Ment Health* [Internet]. 2021;15(1):1–9. Available from: <https://doi.org/10.1186/s13034-021-00363-9>
95. Imran N, Aamer I, Sharif MI, Bodla ZH, Naveed S. Psychological burden of quarantine in children and adolescents: A rapid systematic review and proposed solutions. *Pakistan J Med Sci*. 2020;36(5):1106–16.
96. Nearchou F, Hennessy E, Flinn C, Niland R, Subramaniam SS. Exploring the impact of covid-19 on mental health outcomes in children and adolescents: A systematic review. *Int J Environ Res Public Health*. 2020;17(22):1–19.
97. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid systematic review: The impact of social isolation adolescents in the context of COVID-19. *J Am Child Adolesc Psychiatry*. 2020;59(11):1218–39.
98. Yuan Y. Mindfulness training on the resilience of adolescents under the COVID-19 epidemic: A latent growth curve analysis. *Pers Individ Dif*. 2021;172.
99. Fioretti C, Palladino BE, Nocentini A, Menesini E. Positive and Negative Experiences of Living in COVID-19 Pandemic: Analysis of Italian Adolescents' Narratives. *Front Psychol*. 2020;11(November):1–11.
100. Guessoum SB, Lachal J, Radjack R, Carretier E, Minassian S, Benoit L, et al. Adolescent psychiatric disorders during the COVID-19 pandemic and lockdown. *Psychiatry Res*. 2020;291.
101. Instituto Português do Desporto e Juventude. Análise dos Padrões de Atividade Física e Comportamento Sedentário em Situação de Isolamento Social e Confinamento Físico [Internet]. 2020. Available from: [https://ipdj.gov.pt/documents/20123/36310/SNVAFD\\_Isolamento+Social.pdf/89ab4f90-2a59-6910-e680-ec44e95af2d0?t=1588605102333](https://ipdj.gov.pt/documents/20123/36310/SNVAFD_Isolamento+Social.pdf/89ab4f90-2a59-6910-e680-ec44e95af2d0?t=1588605102333)
102. Cockerham D, Lin L, Ndolo S, Schwartz M. Voices of the students: Adolescent well-being and social interactions during the emergent shift to online learning environments. *Educ Inf Technol* [Internet]. 2021;(0123456789). Available from:

<https://doi.org/10.1007/s10639-021-10601-4>

103. Potas N, Açıklan ŞN, Erçetin ŞŞ, Koçtürk N, Neyişci N, Çevik MS, et al. Technology addiction of adolescents in the COVID-19 era: Mediating effect of attitude on awareness and behavior. *Curr Psychol*. 2021;
104. Chaturvedi K, Vishwakarma DK, Singh N. COVID-19 and its impact on education, social life and mental health of students: A survey. *Child Youth Serv Rev*. 2021;121.
105. Canet-Juric L, Andrés ML, del Valle M, López-Morales H, Poó F, Galli JI, et al. A Longitudinal Study on the Emotional Impact Cause by the COVID-19 Pandemic Quarantine on General Population. *Front Psychol*. 2020;11.
106. Huang Y, Zhao N. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Res [Internet]*. 2020;288(March):112954. Available from: <https://doi.org/10.1016/j.psychres.2020.112954>
107. Olagoke AA, Olagoke OO, Hughes AM. Exposure to coronavirus news on mainstream media: The role of risk perceptions and depression. *Br J Health Psychol*. 2020;25(4):865–74.
108. Prime H, Wade M, Browne DT. Risk and resilience in family well-being during the COVID-19 pandemic. *Am Psychol*. 2020;75(5):631–43.
109. Carr A. The Evolution of Systems Theory. In: *Handbook of Family Therapy*. 1st ed. Routledge; 2015. p. 17.
110. Fiese BH, Celano M, Deater-Deckard K, Jouriles EN, Whiskman MA. *APA Handbook of Contemporary Family Psychology: Volume 1: Foundations, Methods, and Contemporary Issues Across the Lifespan*. 1st ed. American Psychological Association (APA); 2018.
111. Browne DT, Leckie G, Prime H, Perlman M, Jenkins JM. Observed sensitivity during family interactions and cumulative risk: A study of multiple dyads per family. *Dev Psychol*. 2016;52(7):1128–38.



## Appendix 2

Table 3- Categories and Participants' Transcripts Examples

Categories	Transcripts Examples
<p><b>Changes in Routines</b></p>	<p><b>A1:</b> "I would go out, riding bike, going for walks at night..."; "I would end up going to bed much later..."; "I had to wake up 9 o'clock because I had to take care of my [younger] sister while she was taking classes..."; "During lockdown as I was at home, it seemed like I was hungrier, so I ate more. I would snack."; "I used to make a lot of video calls with my friends."; "I watched a lot of TV series, movies..."; "I would still do the basic hygiene stuff, of course. But for example. I no longer had that thing of getting ready because I had to go to school." <b>A2:</b> "I would play on the computer..."; "(...) I got used to waking up later..."; "I didn't have to get so dressed up for classes."; "I could wake up later."; "I used to be able to go to bed later and wake up later without any consequences."; "[I stayed connected] With online calls, messages." <b>A3:</b> "In online classes I would get up about half an hour earlier, for example. I used to wear trousers... A pair of trousers like a tracksuit and a jacket on top, but already like this, I didn't have much concern about my clothes."; "Both myself and my family, my parents, have been doing a lot more walking."; "(...) being at home... I go to the pantry more often. You have more of that habit of 'I'm hungry' and you go and get something."; "My family on my father's side didn't... We didn't have any [online] group. And when we came home because of covid we created a group, and we talked a lot more there. And also, I think with my friends I made a lot more calls on Instagram and stuff." <b>A4:</b> "We [our family] were always on calls... we kept in touch, never lost touch..."; "I used to watch TV series. And films."; "I would go to bed very late. I mean I was in bed, but I'd fall asleep very late."; "I ate a lot. But it was really the stress. In the first [confinement] I ate a lot of junk food."; "In the first [confinement] I went to class in my pyjamas." <b>A5:</b> "I was in bed watching a movie and I was going to get some food like... To keep me entertained."; "I'd wake up five minutes before class started. I'd just sit in my chair and go to class". <b>A6:</b> "(...) disrupted my sleep."; "Some must have exchanged day for night, like me."; "Sometimes I would wake up five minutes before class. And I wouldn't get dressed. I just wore a sweatshirt."; "I ate everything I could imagine. Whatever I felt like. I did lots of things I shouldn't do about food... When I don't do anything at all, it attacks me in hunger." <b>A7:</b> "In the first confinement I would wake up like five minutes before the hour, go inside and stay there, sometimes even eating during classes. But in the second I woke up a bit earlier. I had to be at least more presentable for class."; "In the first one I didn't have any habits. In the first one I could either go to bed at seven in the morning or at two."; "I was constantly on call with my friends. With family it was more calling by video call, very now and then." <b>A8:</b> "In the first quarantine I was almost always in my pyjamas at home or in a tracksuit"; "There were days when I was sleepy at like ten o'clock at night and there were days when it was one o'clock in the morning and so on and I wasn't sleepy. It was really out of control." <b>A9:</b> "In the beginning we tried to have a routine of 'let's get dressed, let's have breakfast, let's go to the computer'. Then after a while it was more put on a tracksuit, put a shirt over it and go because I'd be more comfortable. You'd realize that after being</p>

	<p>home for so long, you might as well be comfortable.”; “I always went to bed a little later. I stretched the night a little longer.”; “It was watching films, it was talking, it was exercising, playing games...”.</p> <p><b>A10:</b> “I used to attend class in my pyjamas. I used to do my classes in pyjamas because it was more comfortable. And then staying the whole morning in my clothes like that at home just after waking up was a bit strange. But the rest, I still brushed my teeth, I went to have breakfast...”; “I was more used to getting up at six in the morning to go to school at eight o'clock and then I could get up at seven forty-five because I was right next to the computer and it was easier.”.</p>
<p><b>Negative Aspects of Confinement</b></p>	<p><b>Negative Impact on Occupations</b></p> <p><b>A1:</b> “Having to be worried... I have to prepare my backpack... What subjects am I going to take tomorrow...”; “I missed having that thing like «and tomorrow at school what am I going to do? What do I have to bring?»”; “I always had lots of assignments. It was four, five assignments for the same day. On the same day I had that many assignments to send, so I used to stay up to half past midnight finishing assignments.”; “To be able to be with people and be able to touch them... It's different. Sometimes even to be able to smell. Even though sometimes that doesn't seem like it, it makes a difference. To really feel that you have someone in front of you. And not through a screen.”. <b>A2:</b> “I had more of a need to study because it seemed that the subject matter would be underdeveloped...”; “I lost study habits.”; “The whole routine that I had established before the confinement... had basically disappeared.”. <b>A3:</b> “In the first confinement I felt more burdened from schoolwork.”. <b>A4:</b> “The worst part was not being with my friends in person.”; “My mother used to say that I studied much more when I was online schooling than I do now, because I used to spend all my time at my desk. Because I was always full of assignments.”; “I stopped practising sport. It was a sedentary life.”; “(...) spent a lot of time on social media. I think my mobile phone... The battery went down, there. Now my battery lasts a long time. It didn't last during lockdown.”. <b>A5:</b> “And then it was always on social networks. It was almost waking up, being on your mobile phone. Like... Maybe in class you'd be on your mobile phone too when it wasn't that important. So, I think I've increased the amount of time I spent on my phone a lot more. In front of the phone, or in social networks, which is what we do most on the phone.”; “For me, the worst part wasn't even staying at home. What was hardest was not being able to train or play [indoor football].”. <b>A6:</b> “I lived for school. My teachers sent me too many assignments.”; “[what I missed most was] Talking to different people.”; “I was addicted. On social networks.”; “In the first confinement I had no routine. None at all. I couldn't keep it up. It was all erratic.”. <b>A7:</b> “Then it was over [my routine] and I was a bit disorientated. I didn't know what to do. So, it wasn't very good for me. I was a bit distraught.”. <b>A8:</b> “[online school] It was a bit more complicated I think. Learning the subject at home, because at school in person I think you can learn much more and even clear up doubts more easily, while online I think it is very complicated for you to learn the subject. and.... That happened to me at least. There were subjects that at school I got very good marks but then at home I lowered them because I didn't... It was complicated to learn at home at a distance.”; “In terms of sedentariness, I became much more inactive...”; “I had a lot of headaches because there was a lot of assignments on top of assignments.”. <b>A9:</b> “The school routine guides us much better. It seems that when we're in... When we were in confinement, we were kind of lost in the</p>

		<p>hours and what to do.”; “The teachers are always sending us lots of assignments. And one teacher doesn't know what the other one is sending and sometimes they send a lot of things and we have a heavy workload.” <b>A10:</b> “I think it was the lack of physical contact that affected several things, for example... My mood and my personality.”; “It was the difficulty of the teachers explaining and giving the subject. The difficulty for us to understand the subject. Then the exercises the teachers sent seemed that, for example, as we were at home, the teachers automatically thought we had all the free time, so they sent us more homework.”.</p>
	<p><b>Negative Impact on a Physical and Mental Level</b></p>	<p><b>A1:</b> “I was already super tired, because I felt that I wasn't recovered from the other [lockdown]. That was the last straw... I was completely down. I didn't even know myself, honestly.”; “I think I was still tired of the previous one... It was worse. I was more down... I didn't feel like doing anything... I was very like ‘when is this going to end?’”; “I was not doing well psychologically.”; “I was... Psychologically... It wasn't working out for me anymore.”. <b>A2:</b> “(...) before I used to exercise but, during lockdown, I stopped doing it because I used to swim and... Swimming had to close so I... Then I started to have online workouts but during the first lockdown I didn't have it.”; “I lost my physical shape.”. <b>A3:</b> “I felt very bad at home. For example, I felt very tired of looking at my walls.”. <b>A4:</b> “Sometimes I would burst into tears because I couldn't cope...”; “I was very low [psychologically]”. <b>A5:</b> “Maybe I got more discouraged.”; “It was the indoor football... For example, when we came back, I felt that my game intensity dropped a lot more. The pace of the game that I probably had before.”. <b>A6:</b> “It took away my sporting activities”; “Very tired, very exhausted. Because of the schoolwork, there were days when I thought I wouldn't be able to deliver anything, so I cried. Alone.”; “I was one of those people who got too anxious. And stressed.”. <b>A7:</b> “It's like everyone's a stranger and I don't feel so comfortable around people.”; “It seemed that I was more stressed in the second [confinement]. I was fed up with it and felt more upset.”. <b>A8:</b> “After the confinement ended during the summer holidays, more or less, we had more freedom and so I felt... A little difficulty, for example, in talking to people or trusting people because it I was locked up a long time...”; “At the level of friends, in the ninth grade, which was last year, I had very little, almost no contact with them because then there was that transfer of school and so on. And it was that phase of forgetfulness. I don't mean on my part, but on their part and that also at the psychological level at the time plus the isolation, was something that let me down a lot.”. <b>A9:</b> “It was a shock because we also wanted to go to them [the grandparents] but then we were afraid... Because they're older, they might've gotten infected or something. It's always a risk.”. <b>A10:</b> “The way I socialise with people, it gets more complicated. I don't know how to explain it properly but it's like an insecurity now. It isn't not feeling safe with other people. But it's feeling less secure. I still feel a little bit. But it's less.”.</p>
<p><b>Positive Aspects of Confinement</b></p>		<p><b>A1:</b> “(...) I started to value much more the moments that I spend with people.”; “I enjoyed it [leisure activities] more than if I were in a normal school situation...”; “It was those things like. I can be here relaxed, and no one will bother me...”; “Everything is made much easier in home schooling. Because it's not... They don't know who is doing what, who is copying from whom.”. <b>A2:</b> “We [my family] ended up being more together.”; “(...) talking to people I didn't talk to before and who are now part of a</p>

group of friends of mine who are quite dear to me... As we started talking more online, I ended up starting to get along with people that before I didn't even know that I could get along...". **A3:** "I think we got into the habit of walking for example twice a week or so."; "I think I feel much more autonomous about my studies... Because I had to do my homework online.". **A4:** "Before, we had to write everything in our notebooks and now, we ask the teacher 'teacher, can you put it in the [google] classroom?' and that's it. She does and we have everything there. I think that was the big difference. Even the teachers started to learn how to use these things to give us what they had to give us.". **A5:** "It was actually 'good', because it was a break from school, from that tiring routine we were having. I had training and so I probably didn't have time to study... So, in that matter, it was good."; "It was good in the sense of being with the family and stuff. Maybe it brought us closer together."; "I think I value moments much more now. Whether it's with people or even just the trainings, the games... Now I go to every game like it's like the last one because you never know when you're going to go home or something. So, I think I value much more the things that are happening now and not thinking like... Later on.". **A6:** "(...) I think it may have opened some doors for me to other things that I wasn't aware of... Then, as we started staying at home, we started watching the news and the news, maybe, brings to our attention some things that we didn't realize when we were outside. When we weren't locked in.". **A8:** "I didn't know very well working with the platforms to access the lessons and so I had to evolve a lot at this level, because it was rare for me to even use computers to do assignments and so, in this aspect I had to evolve a lot. Even in power point works, words and so on because I started to do a lot of them...". **A9:** "(...) it is also good sometimes to have time together which sometimes we don't have because of work and school."; I also started exercising. I started exercising with my sister. Which I think a lot of people also started in quarantine. It was a motivation to start exercising."; "To plan, to be together more often and enjoy the moments because sometimes from one moment to the next we are all isolated and alone and it's a bit sad. I think that's what's going to change [in the future]". **A10:** "I started to talk more with the people that I had in the old classes and because it was easier to be at home and they were also at home, so it was easier to make contact since we couldn't be in person, we were more here.".

**Family Dynamic**

**A1:** "We kept colliding more and more because we were also getting tired of seeing each other all the time..."; "In the first lockdown... We were all at home. Because dad's work stopped (...) And mom didn't have a job."; "... my father went back to work when they slowly started trying to open things up. My sister and I stayed at home anyway, both taking classes.". **A2:** "The ones who were at home with me were my parents. Because they were also teleworking.". **A3:** "I stayed with my... With my mother and father. But then my mother went back to work, so I stayed only with my father.". **A4:** "I was always with my mother and stepfather.". **A5:** "I stayed with my parents and my sister, in the two confinements.". **A6:** "I was with my father that my father was teleworking. We weren't in the same room. I was in one room, and he was in another, but it was boring. I was sick of listening to him.". **A7:** "My mother and father were mostly working so I had my sister at home, and my dog.". **A8:** "Those who stayed at home with me were my father and my brother because my mother continued to work."

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<p>My father stopped working to stay at home with us." <b>A9:</b> "As for the people who were here with me it was my parents and my sister and brother. And my dog too. There was a time at the beginning and then in the middle here too that we all stayed at home."; "(...) sometimes it seems like it's too many people... Too much time locked up at home." <b>A10:</b> "I was with my parents but all morning I was 'alone'. I was locked up o my room so that my brother wouldn't disturb the classes...".</p>
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