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ADOLESCENTS' LIVED EXPERIENCES OF COVID-19

Abstract

Adolescents experienced COVID-19 and the implementation of lockdown measures in various ways. The developmental phase of middle adolescence is a pivotal period characterised by various cognitive and social processes that contribute significantly to the creation of adolescents' identity. During this period, adolescents encounter significant events, both in terms of their personal growth and their lived experiences. These events may include transitioning to high school, obtaining their learner's licences, and other milestones. The implementation of lockdown measures and stay-at-home orders resulted in adolescents being restricted to their residential settings with their family members. Understanding adolescents' lived experiences of COVID-19 was described through a qualitative phenomenological descriptive research design. The data collection consisted of individual semi-structured interviews with 16 participants in Johannesburg (Gauteng), using an interview schedule. The data was analysed using thematic content analysis and three themes emerged: (1) Participants' experience of how COVID-19 Influenced their relationships, (2) Participants' experience of how COVID-19 impacted their mental health, and (3) Protective factors and risk factors that impacted their experience of COVID-19 positively or negatively. From this, conclusions have been drawn, as well as recommendations for future research and practice. Initiatives that can potentially be used to support adolescents during a crisis period, such as a pandemic, include interventions related to mental health, academic performance, and physical well-being.

Keywords: Coronavirus (COVID-19), lived experiences, lockdown, middle adolescence, pandemic.

Introduction

Coronaviruses, according to the US based Baton Rouge General Medical Center (2020), “are a large family of viruses that can cause illnesses ranging from the common cold to more severe diseases”. In response to the virus, many countries across the globe implemented lockdown measures during 2020-2021 (BBC News, 2020; Los Angeles Times, 2021).

South Africa had one of the strictest lockdown measures worldwide (BBC News, 2020; Los Angeles Times, 2020). This came about after the implementation of the Disaster Management Act 57 of 2002, which authorised the lockdown measures. Grover et al. (2020) described lockdown as a protocol instituted in emergencies that prevents the public from moving freely. Complete lockdown further indicates that people are required to remain in their current locations. This strategy acts as both a preventive and an emergency strategy to reduce the spread and health risks of vulnerable or at-risk people (Grover et al., 2020). In South Africa, schools had been locked down at several times, and when learners returned to school, it was only every second or third day. Additionally, participation in school sports was gradually stopped as COVID-19 cases increased (Department of Health, 2020; Department of Basic Education, 2021; ISASA, 2020; Isilow, 2020; Powell, 2020; South African Government News Agency, 2021; Van der Berg & Spaul, 2020).

The COVID-19 pandemic contributed to various challenges for people of all age groups (Arafat et al., 2020; Banerjee & Rai, 2020; Gwynedd Mercy University, 2020; Holmes et al., 2020; Smith et al., 2020). As such, there were debates about whether the lockdown measures that were put in place to protect the physical health of people were worthwhile, as this came at the expense of the general mental health of people of all age groups (Holmes et al., 2020). This was notable in the upward trend in depressive and anxious symptoms, as well as behaviours that could cause harm (including self-harm, suicide, and social disconnection) (De Figueiredo et al., 2021; O’Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). The high number of deaths caused by the virus has sparked fear reactions in millions of people, causing increased anxiety. This resulted in people fearing to step outside their homes (Smith et al., 2020), panic-purchasing items from stores (Arafat et al., 2020) and obsessive-compulsive behaviours regarding the washing and sanitising of hands and household items (Banerjee & Rai, 2020; Kaufman et al., 2021). Furthermore, the loss of loved ones was a traumatic experience. This sense of loss was heightened as many people were unable to spend the last moments of life with their loved ones due to hospital sanctions against visitors (Razdan, 2020). Various other spheres in people’s lives were also negatively impacted by COVID-19 and lockdown restrictions, leading to additional mental health challenges. This included relationships, finances, employment, and assets such as cars and homes that were

repossessed (as owners, due to financial constraints, could no longer afford the instalments) (Gwynedd Mercy University, 2020).

The above outcomes of COVID-19 were mostly discussed in terms of their impact on adults. Studies that were conducted with adolescents, have looked at the impact of COVID-19 on adolescents during early adolescence (10 to 13 years) and late adolescence (18 to 21 years) (Allen & Waterman, 2019; Centers for Disease Control and Prevention, 2020; Commodari & La Rosa, 2020; Rogers et al., 2021). At the time of conducting the study, there was however limited information on the developmental stage of middle adolescence in relation to COVID-19. This appeared to be an information gap in terms of middle adolescents' development.

Erikson's developmental theory for middle adolescence refers to the ability to distinguish between identity and role confusion – which is seen as the main task of adolescents during this stage. When adolescents develop a stable and strong identity, this is often associated with a better state of mental health (Branje, 2021; Ragelienė, 2016). Identity provides a sense of continuity in terms of the self and in interaction with others while also allowing one to differentiate between self and others, which is about discovering what makes one feel unique, and functioning autonomously from others (Branje, 2021; Erikson, 1968; Mcleod, 2023). In addition, positive relationships with peers have been linked to enhanced emotional and psychological wellbeing (Guy-Evans, 2023). In the context of the COVID-19 pandemic (including the strict lockdown measures), and coupled with the main developmental task that adolescents have to achieve, it was important to understand adolescents' lived experiences of COVID-19.

The systems examined in this study are the microsystem, mesosystem, exosystem, and macrosystem, which form part of Bronfenbrenner's Biological Systems Theory (Ettekal & Mahoney, 2017; Guy-Evans, 2023; Zaatari & Maalouf, 2022). Because adolescents are enmeshed in several ecosystems that include the home as a more intimate (micro) system, the larger school (meso) system, and the society and the culture of which they are part as the most expansive (exo/macros) systems. Each system interacts with one another and has a level of influence on all aspects of an adolescent's life (Psychology Notes HQ, 2021).

Literature Review

Adolescents undergo several developmental changes in the biopsychosocial sphere (De Figueiredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). These changes include the formation of their identity, the increased independence from their parents, and the learning of coping techniques for the challenges faced both at school and in their day-to-day lives. As a result, there is an increased need for social interaction (De Figueiredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). Yet, during

the pandemic, adolescents' need to interact with their friends was severely limited because of COVID-19 restrictions.

Petersen and Leffert (1995), as cited by Curtis (2015) argue that 14 years of age can be a key psychosocial baseline because adolescents at this age show an ability to maintain more “adult-like” reasoning patterns. However, their ability to reason as adults differs from their capacity to reason as adults, as this depends on factors such as life experience and other contextual influences. Curtis (2015) further noted that the parental relationship is transformed during this time and is characterised by less parent-child conflict but more intense emotional responses during disagreements (Branje, 2018; Curtis, 2015).

Involvement with peers further increases as cliques and crowds are developed through the formation of peer groups (Brown & Klute, 2003; Curtis, 2015; National Academies of Sciences, Engineering, and Medicine, 2019). In addition, role development emerges which emphasises “identity vs. role confusion” – which is understood as defining their “self” versus their “self” in relation to the society in which they find themselves (Curtis, 2015; Erikson, 1968; National Academies of Sciences, Engineering, and Medicine, 2019). During middle adolescence, they become more aware of their sexual identity and identity formation, including experimentation and risky behaviour (Kar et al., 2015; National Academies of Sciences, Engineering, and Medicine, 2019; Peters, 2021; Raising Children Network, 2019).

Adolescents in the age group of 14 to 17 years also have newfound privileges, which means increased independence from adult guardians, as they are seen as capable of providing informed consent in certain circumstances (Curtis, 2015; Raising Children Network, 2019). For example, according to the Children's Act (38 of 2005), children over the age of 12 years can give their consent to medical treatment and operations, based on their level of maturity and understanding. In South Africa, adolescents can apply for a learner's license for a motorcycle from age 16, and for a learner's license for a motor vehicle from age 17 (National Road Traffic Act, Act 93 of 1996). This stage of adolescence therefore sees continued pubertal transition, high school transitions, and social independence transitions (Curtis, 2015).

Problem statement

Because of COVID-19, several changes occurred in adolescents' lives including school closures, being confined to the home environment as a result of lockdown measures, social distancing rules and regulations, and, in some cases, increased violence against children due to home confinement (O'Sullivan et al., 2021). Various studies have reported on the negative impact experienced by adolescents because of the restrictions they faced. This included feelings of social isolation, depression, fear about the future, anxiety, and an increase in maladaptive behaviours (De Figue-

iredo et al., 2021; O’Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021).

O’Sullivan et al. (2021) believed that the impact of COVID-19 on the youth is not fully understood, requiring further investigation to understand their current experiences as well as how these experiences will shape their transition into adulthood. Should the world ever face a similar phenomenon, this understanding will provide invaluable insight into what can be done to effectively mitigate factors that may have a negative long-term influence on adolescents.

Local Context

The study was conducted in the Gauteng province of South Africa. Combining both public and private secondary schools, there are 3116 schools in Gauteng (Department of Basic Education, 2021). Regionally, Gauteng (more specifically Johannesburg) reported the highest number of COVID-19 cases, amounting to 476 514 cases on 7 June 2021 (Statista, 2021). By 24 June 2021, these cases had increased to 588 009 (Statista, 2021). Gauteng also had the highest number of COVID-19 positive cases (Statista, 2021). Approximately 23% of Gauteng’s population is made up of people under 15 years of age, while 8.5% of the population is over 60 years old. This indicates that a significant portion of the population of Gauteng Province is made up of young people. This pattern is known as a youth bulge with 61% of Gauteng’s total population consisting of children and young adults (Gauteng Provincial Government, 2021; Stats SA, 2019; The Daily Vox Team, 2020). The COVID-19 pandemic has had a substantial influence on the mental well-being and educational pursuits of teenagers in South Africa. According to Pillay (2023), there has been a significant rise in anxiety levels among teenagers in the country, with an increase of 45% compared to the pre-COVID-19 period. Additionally, school-related anxiety has seen a notable increase of 42% (Pillay, 2023). The following observations have been documented in several scholarly articles about the COVID-19 pandemic: 1) The pandemic intensified pre-existing socio-economic and mental health pressures, especially among marginalised communities (Pillay, 2023). 2) The pandemic has had a significant impact on education, which is considered to be profoundly detrimental, and which has resulted in a significant setback for learners in South Africa, who are now lagging behind by almost one academic year (UNICEF, 2021). 3) According to Haag et al. (2022), the ongoing epidemic has resulted in a decline in the immediate mental well-being of young individuals in sub-Saharan Africa, including teenagers in South Africa. 4) There is a notable link between mental health problems in young people and various health and behavioural hazards, including an elevated likelihood of engaging in drug use, being subjected to violence, and participating in higher-risk sexual activities (Kvalsvig et al., 2023).

Methods

Approach and design

A qualitative research approach was employed as this study aimed to present adolescents' lived experiences of COVID-19 in their own words. Using participants' words to present data implies that a qualitative research approach was employed (Busetto et al., 2020; Clarke & Braun, 2013). A phenomenological design was considered most appropriate to explore and describe adolescents' subjective experiences of COVID-19. In phenomenological studies, a concept or phenomenon is studied in the context of the lived experiences of various individuals (Creswell, 2013; Haradhan, 2018). The qualitative phenomenological research design allowed the researcher to gain an understanding of the common meaning of adolescents' lived experiences of COVID-19 concerning the systems in which they found themselves.

Population and sampling

A purposive sampling method was utilised to recruit adolescents from various schools in Gauteng (Gauteng Provincial Government, 2021). Schools were not pre-selected for this study. After obtaining permission from all relevant authorities, various schools in the northern suburbs of Johannesburg were approached for their possible participation in the study. Purposive sampling was appropriate for the research design, as the experiences of a specific population group, namely adolescents, were explored and described in terms of the COVID-19 phenomenon.

Sample inclusion criteria

The sample inclusion criteria included the following: 1) Adolescents between the ages of 14 and 17 years, as this is the age group referred to as middle adolescents. 2) Adolescents who, at the time of the study, resided in Gauteng Province, South Africa. 3) English, Afrikaans, Xhosa, and Zulu-speaking adolescents, as these are the languages most commonly spoken in Gauteng (Alexander, 2018). 4) Adolescents with written permission from their parents or caregivers to participate in the study. 5) Adolescents who wanted to participate online had to have access to a stable internet connection, and a computer or cell phone.

Sample exclusion criteria

The exclusion criteria involved the following: 1) Adolescents who at the time of the study received therapy because of their experiences with COVID-19. 2) Adolescents who at the time of the study were on the researcher's caseload, as this could result in a conflict of interest and the possibility of being biased.

Procedures and recruitment

The researcher used gatekeepers, mediators, and independent persons from each of the schools to recruit participants for the study. The gatekeepers were the principals of the various schools. The primary responsibility of the gatekeepers was to provide consent for the research to be carried out inside the designated educational institution, subsequent to the acquisition of legal authorisation from the relevant educational governing body which was the Gauteng Department of Education (GDE). The gatekeepers were tasked with the responsibility of selecting mediators, including teachers from their schools, and an independent person serving as the school secretary. The mediators had signed a confidentiality agreement and subsequently delivered sealed envelopes with information about the study to the learners. The sealed envelopes were prepared in advance by the researcher. The envelopes contained several items, namely an informed consent form for parents to sign granting permission for their adolescent children to participate in the study and consent forms for the adolescents to sign, indicating their voluntary assent to take part in the study. The parents and adolescents were given seven days notice to ensure that they had adequate opportunity to thoroughly review the information before affixing their signatures in the presence of an impartial individual. The independent person obtained the informed consent from the participants. The researcher, the independent person, the adolescent, and the parent(s) were all present when the informed consent documents were signed. To obtain informed consent as part of the recruitment process, the researcher used the same method for both online and in-person interviews. The independent person also signed a confidentiality agreement to ensure that participants who consented to participate in the study would continue to have their privacy protected both during and after the process.

Sample

A group of 16 individuals was selected as the sample (see Table 1). Deciding the sample size of a study is depicted by whether data saturation has been obtained or not. In this study data saturation occurred because no new themes or information emerged after 16 interviews. Fusch and Ness (2015) rightfully point out that there is no such thing as one size fits all in deciding about the sample size of a research study (Moser & Korstjens, 2018). Guest, Bunce and Johnson (2006) argued that data saturation occurred after they had analysed 12 interviews. Data saturation therefore seems to be depended on the nature of the data and not on the number of participants (Fusch & Ness, 2015; Moser & Korstjens, 2018). As a starting point to obtain data, the researcher approached schools in the northern suburbs of Johannesburg. These areas included Fourways, Bryanston, Randburg, Sandton, Parkhurst, Rosebank, Midrand, and Melville (Schools4SA, 2022). There are an average of

at least four high schools in each area. Once data saturation was obtained, the researcher did not approach schools in other areas of Johannesburg. In total six male and 10 female participants were interviewed from three private high schools.

Table 1. Biographic information of the participants

PARTICIPANT	AGE	GENDER	RACE
1	15	MALE	WHITE
2	17	FEMALE	BLACK
3	15	FEMALE	BLACK
4	15	MALE	WHITE
5	15	MALE	INDIAN
6	16	MALE	INDIAN
7	15	MALE	INDIAN
8	15	FEMALE	BLACK
9	15	FEMALE	BLACK
10	15	FEMALE	WHITE
11	15	FEMALE	BLACK
12	14	FEMALE	WHITE
13	14	FEMALE	WHITE
14	14	FEMALE	INDIAN
15	16	FEMALE	WHITE
16	17	FEMALE	BLACK

Data collection

The researcher obtained the data using semi-structured interviews, either in person or online, depending on the preference of the participant. To conduct a phenomenological interview, the researcher needs to engage in “bracketing” to avoid using personal knowledge (Bevan, 2014) and intuiting. Bracketing is the iterative process in which researchers are required to identify and set aside any predetermined beliefs and opinions about the phenomenon that is being studied so that the subject matter is approached in a non-judgemental manner (Polit & Beck, 2017; Sorsa et al., 2015). The researcher ensured that all interviews were conducted in a manner

that did not assume what the experience of the participants might have been. The semi-structured interview included the following questions:

1. Could you share with me how is it for you to be a teenager during the COVID-19 pandemic?
2. Could you tell me how you first became aware of COVID-19?
3. Could you tell me about what a typical day looks like for you since the start of COVID-19?
4. What do you think your day would have looked like if it was not for COVID-19?
5. Is there anything else that you would like to add?

Data analysis

Thematic analysis was used to analyse the data, and the six-phase guide by Braun and Clarke (2022) was implemented. The phases are (i) becoming familiar with the data, the researcher read all the transcripts to gain a proper understanding of the content. After each transcript was read at least once, the researcher highlighted important areas that stood out as the main initial findings. (ii) Generating initial codes, the help of a co-coder was employed to achieve this. The co-coder was a colleague who had completed a master's degree and who was familiar with qualitative data analysis. The co-coder, together with the researcher, made sure that the research findings were a true reflection of what the participants had shared, therefore ensuring trustworthiness. (iii) Searching for themes, the initial themes were based on the interviews and provided structure prior to granulating the information into main themes with subthemes. (iv) Reviewing the themes, the preliminary themes were then reviewed, modified, and developed by the researcher and the co-coder. (v) Defining the themes, to ensure that the themes reflected the essence of what the participants had shared, the researcher randomly asked 10 participants to participate in member checking. (vi) Writing up the findings, the outcome of defining the themes was the formulation of three main themes with supporting subthemes and categories.

Findings and discussion

The findings of this qualitative study are divided into three themes, with subthemes and supporting codes as illustrated in Table 2 below.

Table 2. Thematic findings

Theme	Sub-Theme	Supporting Codes
Theme 1: Participants' experience of how COVID-19 influenced their relationships	Family relationships	(i) Parent-adolescent relationships that were previously poor or weaker improved (ii) Sibling relationships that were previously poor or weaker improved (iii) Parent-adolescent decline in relationship (iv) Decline of sibling relationship (v) No change in relationship (remained the same, not positive or negative) (vi) Inability to communicate freely with family
	Relationships with friends	(i) Loss of friendships: growing apart and recognising incompatibility (ii) Improvement in friendship by strengthening bonds (iii) Importance of communication (social media, WhatsApp, gaming)
	Peer relationships	(i) Communicating in person again (ii) Becoming more social
Theme 2: Participants' experience of how COVID-19 impacted their mental health	Experiencing fear and grief and bereavement on different levels	(i) Bringing COVID-19 into the home (ii) Loved ones becoming sick and dying (iii) Remote mourning and closure amidst funeral restrictions
	Mental health challenges due to COVID-19 and lockdown	(i) Depression (ii) Anxiety
	Emotions experienced specifically related to the COVID-19 pandemic	(i) Anger (ii) Loneliness / Lack of connection (iii) Emotional impact of missing family events and milestones
Theme 3: Protective and risk factors that impacted participants' experience of COVID-19 positively or negatively	Risk factors	(i) Loss of routine (ii) Decline in academic performance (iii) Lack of support or inadequate support from parents and friends during the pandemic (iv) Received no therapeutic support
	Protective factors	(i) Maintaining routine (ii) Learning new skills (iii) Support from parents and friends throughout the pandemic (iv) Received therapeutic support

Theme 1: Participants' experience of how COVID-19 influenced their relationships

In Theme 1, the experiences of the participants regarding the impact of COVID-19 on their relationships are discussed. Theme 1 was divided into three subthemes, namely family relationships, relationships with friends, and peer relationships. The sub-themes are discussed in relation to the supporting codes as depicted in Table 2.

Family relationships

Parent-child relationships are described as the relationships that are formed between a child and their mother and/or father through their verbal and physical interactions, and that are crucial for the adolescent's mental and physical development (Shao & Kang, 2022). Several studies have documented that COVID-19 and the subsequent lockdowns led to an improvement in parent-child relationships due to the quality time spent between parents and their children (Öngören, 2021; Partington et al., 2022:12; Wong et al., 2023) [67-69]. Participant 1 mentioned the following about the improvement in the relationship he had experienced with his father:

... my dad has got much better; he talks, he goes out running now. So, I think he has got a place to let out his anger and his frustration with the running. But he has become more social, I can talk to him now but back then he was cordoned off. You'd only talk to him if you really needed something badly. That was it. (Participant 1)

Participant 9 saw this improvement specifically with her mother as she noted the following: *... definitely between me and my mom as well, as well as the external family. But I think I got closer to my mom evidently more. Our relationship advanced and in such a good way. I think the COVID period bought us closer because we were stuck, and we had to entertain each other.*" Participant 10 noted an improved relationship with her family as she believed that she *"grew closer to (her) family during that time [during COVID-19]."*

Furthermore, relationships between siblings also become evident. The sibling relationship between brothers and/or sisters plays a role in a person's understanding of their social, emotional, moral and cognitive context. It is developmentally appropriate for conflict to exist, which can be an opportunity to acquire conflict resolution skills, emotion regulation, and an understanding of another person's perspective (Howe et al., 2023). The participants mentioned that they experienced improved relationships with their siblings during the COVID-19 pandemic, especially with regard to accepting that they had to share things that previously would possibly have caused a fight. Participant 10 shared the following:

I think for us, at least my relationship with my brother, improved quite a lot, because now we were with each other 24/7. It was frustrating at times because

you'd want your moment of peace to do something you want to do, but now you have to take into consideration X, Y and Z. You have to take into consideration that there is only one TV and only so much space to do everything ...

Participant 12 mentioned her experience with her brother and how this was managed: *"I think my brother and I got closer during COVID. We never had the best relationship but it was like fighting, teasing each other. Then I guess being stuck in the same household we had to learn to get along with each other."*

In contrast, there was also a decline in family relations. The lockdown that confined families in the same home environment took a toll on some parent-adolescent relationships as they had to navigate their "new normal", the clash of different personalities and, in some instances, the mental health challenges experienced by members of the family. This was especially observed during the first few months of the pandemic (Feinberg et al., 2022). Grigoropoulos (2023) conducted a study to determine whether parents, who felt emotionally burdened as a result of the COVID-19 pandemic, considered their relationship with their children in a negative way. Öngören (2021) found a decline in the relationship between mothers and their children. It was found that children disobeyed rules because they were at home all the time, leading to higher levels of conflict between mothers and children specifically. Additionally, the shift from work in an office (away from home) to work at home caused higher levels of stress and, subsequently, burnout among mothers as they attempted to balance their increased workload with routine tasks such as cooking and cleaning at home (Öngören, 2021). Vaterlaus et al. (2021) stated that lockdown, limited interaction outside the home, and the greater role parents now play in their children's lives (such as helping with schoolwork, spending more time together, and having less time away from their children, such as at the office) have put a strain on the parent-child relationship. The participants shared the following about their experience of how the COVID-19 lockdown impacted their relationship with their parent(s):

Participant 3:

... absolutely horrible, absolutely horrible. Like my family, every time I tried to get peace and sleep, my parents would wake me up and get me to do something. It's that thing where parents don't like seeing their children in peace ... I felt like everybody was watching my every move, like somebody was not allowing me to be at home and have peace.

Participant 16:

My dad really got on my nerves because he didn't work. He is retired so he basically sat there and said that he does this all day, and he doesn't know what to do now that there are more people to help. So, he would start getting on our nerves. So, it could be quite horrible for the people who were actually talking ... My

dad started calling me names and back chatting me and mocking me. He started fighting with me a lot.

Sibling relationships declined in the same way parent-adolescent relationships declined. Being confined to the home sparked conflict among siblings. Participant 1 referred to the challenge of being confined in the same home with his brother for an extended period of time and how this impacted their relationship:

... back then [during the COVID-19 lockdown], it was like butting heads. We didn't really speak on the same level, since I thought I was bigger than him. I was two years older than him, so I thought I was more important. So, we just kept butting heads for a long time, and only recently we've started to understand each other. Back then we used to fight and beat up each other all the time. Now we look back at its kind of a waste of time, waste of family time, to just beat him up.

Cassinat et al. (2021) noted that sibling relationships have higher levels of ambivalence in that they experience high levels of both intimacy and conflict. Sibling conflict is one of the most prevalent forms of conflict in families. This was exacerbated by the unprecedented amount of time they were spending together, causing them to become more conflictual. Furthermore, this was exacerbated by higher levels of household chaos, as there was less intimacy between siblings and more conflict (Cassinat et al., 2021). Hughes et al. (2023) found that there was a deterioration in the relationships between siblings during COVID-19, as this was a stressful period that resulted in increased conflict in the home.

However, some participants experienced that their relationships with family and friends did not change, which means they did not improve or decline. Participant 9 shared a similar view to Participant 4 about the relationship with their mother: *"I'd like to say that my mother and I have a good relationship. Obviously, some days it's a bit rocky because she is always shouting at me because of the stress. But I think we have a good relationship."* Participants 13 and 14 have also not experienced a change in the relationship with family and friends during the COVID-19 pandemic. Participant 13 said her relationships were *"pretty much the same"*. Likewise, Participant 14 experienced her relationship with her sister as *"the same"*.

Three participants experienced that they were unable to communicate freely with members of their family during the COVID-19 pandemic. Adolescents do not always feel comfortable divulging personal details of their lives and thoughts with family members out of fear of judgement (Frijns et al., 2010; Hale et al., 2005), overreaction (Schwartz, 2022), feeling misunderstood (Anhalt & Morris, 2008), having their feelings invalidated (Zhang et al., 2021), or not wanting to burden their family with their challenges (Vélez-Grau et al., 2023). The participants primarily referred to their relationships with their mothers, with whom, based on the interviews, they felt closer. Participants cited different reasons for this decline. Participant 1 referred to his mother as the main support structure of the family. He men-

tioned that although his mother was “*the main person (he) went to*”, he was not able to “*tell her lots of things*” as he stated: “*I kept lots of secrets. I didn’t tell her about my life. She helped me (with) lots of things, but I didn’t open up to her.*” Participant 2 found it challenging to share with her family certain feelings and emotions she had during COVID-19 due to the dynamics of tradition and the stigma attached to mental health:

I come from a very traditional family and speaking about things like depression is very taboo. It was hard for me to express. My father had left (in) 2019. So, I was supposed to ... visit him in 2020, and I wasn’t able to and it kind of hurt me because I’m close with my dad as well. So, it was just hard for me to just express myself to my family members.

Based on the interviews, it was apparent that the outcome of the family relationships were influenced positively or negatively based on several factors such as the pre-existing relationship prior to lockdown, and the specific challenges faced by each family - for example, parents focusing on other factors such as the loss of their own parents and therefore less focus on the adolescents.

Relationships with friends

Through self-discovery conducted during lockdown, some participants experienced that they were no longer compatible with some of their old friends due to differences in interests, opinions, or desires in life (Lu et al., 2021). This led to new friendships being formed as old ones ended (Nahkur & Kutsar, 2022). The participants in this study also experienced how they, during lockdown, grew apart from some of their old friends.

Participant 8 found that friendships formed prior to COVID-19 lockdown were superficial, as these friendships were based purely on time spent together as opposed to the quality of their interactions. Through her experience, she found that she held onto friendships that served no purpose other than to not be alone at school:

... and then on the issue of my old friends, usually friends drop you or you drop them. If it was a close friendship, then you can say, oh, you may still be friends. But if it was a friendship based on that you see each other every day and I like your company, then I don’t think it’s going to last, because I think I lost 90% of my friends but I also had friends I became close with.

Participant 12 shared a similar sentiment to Participant 8 and added the following: “*I lost contact with them [my old friends] this year. I was hanging around them and they were actually really toxic and treated me badly. I should have got them out my life sooner than I did.*” The time away from the so-called friends appeared to have given her clarity about what she wanted from her friendships.

New friendships were created and existing friendships strengthened (James et al., 2023; Spiekerman et al., 2023) for some participants due to the increased time

spent conversing on online media (social media, WhatsApp, video calls, and online gaming) during the COVID-19 lockdown (Pennington, 2021; Spiekerman et al., 2023). Participant 4 mentioned how his relationship with one of his classmates had grown from peers to friends: *“If it wasn’t for me having COVID, I wouldn’t have gotten to know him [a new friend for Participant 4] that much better. And I don’t think our business [an online company that Participant 4 started with his friend] would’ve started because I don’t think I would’ve gotten to know him better and then wouldn’t have realised that we were that similar.”* Participant 5 found that the improvement in his friendships was due to the increase in virtual contact with his friends throughout the day, rather than simply communicating while at school: *“I’ve also gotten closer to my long-time friends because we ended up spending hours and hours on calls.”*

The importance of communication (social media, WhatsApp, gaming) (Pennington, 2021) found that for adolescents, communication with people outside the home environment became crucial during the COVID-19 lockdown, as people were confined within their homes and lacked social connection with others outside of their families. WhatsApp was a popular platform to engage with others, not only for the participants but also for participants in other studies (Moawad, 2022; Seufert et al., 2022). Participant 4 shared that WhatsApp was his most used method of communication: *“I did have Instagram, but I’d pretty much just use WhatsApp to contact family and friends. And during that time after lockdown, I had lots of family and friends moving to different countries, and everything like that. I think WhatsApp helped (to) connect.”* Similarly, participant 13 mentioned: *“So, usually, we’d talk over WhatsApp or call while we were playing games ...”*

Referring to social media and gaming, this view was shared by Participant 3 who found these methods helpful but not crucial in terms of her daily need to connect with friends: *“I did contact my friends a bit. It wasn’t that often. It was every now and then during the day. Normally, I’d be on social media, Instagram, TikTok, YouTube, and I would just be playing games mostly or watching videos.”* Participant 8 found that she relied more on online communication to connect with others: *“I’m a social and an extrovert person. So, I found it hard that I couldn’t see my friends for a very long time. The only communication we had was online.”* Participant 12 concurred by mentioning the following: *“... a couple friends, we stayed pretty close, we played games together, and spoke pretty much every day.”*

By eliminating in-person contact, the participants found that this took away ‘distractions’ regarding the connections they had. Some realised they were only friends with certain individuals purely due to seeing them on a regular basis; whereas others found that by not being part of their usual friendship circles at school, they were able to connect to others that they would not ordinarily engage with, and this led to new friendships being formed. Social media was clearly considered an important

commodity during COVID-19 and helped the participants keep in contact with their friends where possible.

Peer relationships

When isolated from in-person contact for extended periods of time, it is not uncommon to find it difficult to reconnect with people (Hutchinson et al., 2021). This was true for most participants as they had to readjust to something they once found so natural. This led to feelings of awkwardness (Branje & Sheffield Morris, 2021), and challenges in creating and maintaining conversations (Larivière-Bastien et al., 2021). Participant 5 made the following comment in this regard: *“It was weird because I changed; they matured and changed a lot. So, we kind of had to get to know each other again from the start ... I learned a lot about my friends and what they went through. It wasn't really negative. It was pretty nice. I learned from them, so it was good.”* Participant 7 already found it challenging to interact with others before locking down. Since lockdown, this became harder as he felt that he *“didn't have as much social interaction ...”* He mentioned that because he did not have much social interaction during COVID-19, he became *“very awkward and wasn't very talkative with people ...”* Participant 6 also mentioned that even though his awkwardness got better over the years, he still *“didn't really open (himself) up”*.

The increase in online communication made the participants more social, strengthening their desire to connect again in person because they realised the importance of connection. Therefore, some participants experienced that they became more social or extroverted. Participant 2 noted that she had to push herself outside of her comfort zone to be more social: *“Now I have to be around people. I have to help them or say hi.”* During lockdown, she could simply isolate herself and avoid social interactions. Participant 5 also shared her experience of how she became more talkative and outgoing: *“I liked spending time with my friends and not anybody else ... but now it's kind of different. I can just talk to anybody, it's not really a problem.”* Participant 9 experienced that the reintroduction of in-person schooling allowed the development of new friendships. Here, she mentioned the following: *“As soon as I went to high school, it became very different because I made new friends, formed new friendships and I felt like myself again. Mostly because I could get out into the world and do what teenagers are normally expected to do, like have friends, go to some parties.”*

Peer groups are a critical component of adolescent development (Clark et al., 2022), and social interaction with peers is crucial to identity formation and social learning, enabling adolescents to understand desirable versus undesirable behaviour based on the social groups with which they connect. Peer feedback, approval, and a sense of belonging that arises from this feedback are important factors that contribute to both self-concept and identity development (Giletta et al., 2021). Friend-

ships play a significant role during the adolescence stage due to the impact of such friendships on general social and personal identity formation (Bora & Vaida, 2023).

Through the use of frequent online communication with no in-person contact, some adolescents found it difficult to readjust to engaging with people again. They referred to feelings of awkwardness. It appears that for many, even those who are not adolescents, it is easier to engage with people when the ‘human’ component is eliminated and contact is through a screen. This allows people to also show a different side to themselves, especially for those who may naturally be introverts in person. It could be that online interactions are a preferred method to communication as it provides “(1) fewer nonverbal cues, (2) greater potential for anonymity, (3) more opportunity to form new social ties and to bolster existing weak ties, and (4) wider dissemination of information” (Lieberman & Schroeder, 2020:16). For some participants however, this adjustment was positive and allowed them to push themselves to be more engaging with others and allowed them to develop more confidence in their communication skills. It is unclear however to find an exact correlation into why reintroducing in-person contact was experienced differently.

Theme 2: Participants’ experience of how COVID-19 impacted their mental health

Theme 2 included three sub-themes with various anecdotal elements the three sub-themes included: 1) Experiencing fear and grief and bereavement on different levels. 2) Mental health challenges due to COVID-19 and lockdown. 3) Emotions experienced specifically related to the COVID-19 pandemic.

Experiencing fear and grief and bereavement on different levels

COVID-19 is more infectious and dangerous to older individuals (Lee et al., 2020; Romain et al., 2021; Sinaei et al. 2020) while children are more likely to be asymptomatic carriers of the virus (Romain et al., 2021; Chiwandire et al., 2023). As a result, many participants were afraid that, through their interactions outside of the home, they would contract the virus and bring it into their homes, infecting their loved ones who could become fatally ill (Lentoor & Maepa 2021; Quadros et al., 2021). In this context, Participant 1 mentioned his fear of infecting his grandparents: *“They’re old [his grandparents]. So, every time I came back from doing something I was scared that I could infect them ... I was scared that I could not be the blame, but I could be the one to pin [be blamed] if something bad happened to them.”* Similarly, participant 16 experienced fear that she or her family members might contract COVID-19: *“I think it was the fear what if my gran gets it, because she works at a hospital, or what if my grandad gets it? So, it was just a lot of fear that something might happen to me or my family and it might be devastating.”*

Losing a loved one to death can be an incredibly traumatic experience with the painful emotions over the long term. It can also be traumatic when loved ones become sick and there is no way of knowing whether they will survive the illness. COVID-19 infected many, causing huge uncertainty whether those infected would survive, especially if they were older (Nahkur & Kutsar 2022; Spurio 2021). Participant 9 also mentioned that she had experienced the deaths of her loved ones during COVID-19 as unexpected saying that, “*Some died way in the pandemic when lockdown was still very hard. I didn’t get to go to all the funerals ... it was very hard.*”:

Participant 10 shared that her grandmother was already immunocompromised due to her cancer diagnosis and pre-existing medical conditions which made her more susceptible to contracting severe symptoms of COVID-19. Participant 10 experienced this as particularly scary: “*My Ouma had cancer at the time [of the COVID-19 pandemic] and so ... we were very stressed because COVID could affect her a lot ... My grandmother died during the lockdown and my dad moved about eight months prior to the lockdown.*” Participant 14 also experienced the loss of loved ones, making her realise the severity of COVID-19: “*I lost my great grandmother, my grandmother, my other grandmother, my grandfather, my other grandfather, my aunt and my uncle.*”

Mortazavi et al. (2020) pointed out that lockdown saw a change in many traditional practices, such as how funerals were conducted. During this time, most funeral services were conducted online (MacNeil et al., 2021). However, this made people feel as though they could not fully respect those who passed away by giving them the send-off they felt their loved ones deserved (MacNeil et al., 2021). Therefore, many did not receive closure as part of the bereavement process (Slomski, 2021; Weinstock et al., 2021).

Participant 4 commented that he was not able to mourn his grandfather’s death: “*His [grandfather’s] funeral was on a Zoom call.*” Similarly, Participant 10 mentioned that:

... I didn’t really have a chance to mourn my grandmother, not really because then we had the relatives over for the funeral and we couldn’t do it in person. We had to do it online, like a Zoom meeting. That was a lot less personal than my Ouma deserved, but it is what it is. We only actually got to scatter her ashes this year.

In contrast to the other participants, Participant 6 was unable to attend any funeral service due to the lockdown restrictions, including an online service. He experienced this to be very hard: “*Unfortunately, my grandfather, my mom’s dad, passed away due to infections of COVID-19 in January 2021. And because it was at such a height of COVID cases at that time, we couldn’t go down to Durban to attend his funeral. So, it was very hard to face that.*”

It was evident that, during the COVID-19 pandemic, funeral services were not conducted in a traditional manner or in the way the participants had been accustomed to. This made it difficult for the participants to say their last goodbyes to family members and receive closure.

Grief is a complex emotion and processing grief had additional challenges due to the COVID-19 pandemic as a result of the restrictions placed that prohibited ‘typical’ processes from taking place – such as visiting a loved one that is ill, and commemorating their life through a dignified funeral service. Funerals are an important part of the healing process, and for many of the adolescents who experienced loss, they were unable to receive this (Becker, Taniyama, Kondo-Arita, Sasaki, Yamada & Yamamoto, 2022).

Mental health challenges due to COVID-19 and lockdown

Depression is a common mental disorder that often leads to a loss of pleasure or interest in activities for extended periods of time (Racine et al., 2021; WHO, 2023). Although it requires a formal diagnosis, various participants experienced depressive symptoms during lockdown.

Participant 2 mentioned that she “*went into a very depressive state*”. This included feelings of being “*trapped in my feelings and thoughts*”, which she experienced as a result of being indoors where she “*got tired of (her) family because you wake up, sleep, wakeup, sleep with the same people*”. However, she had noticed the change once lockdown restrictions were eased: “*It’s not as worse as it was before, because you’re in a confined space, and when you are out, and your thoughts aren’t as loud as when you are confined inside.*”

Participant 14, who had lost many of her loved ones to COVID-19, experienced that her mental health was impacted because of what she went through: “*Ja, so that [COVID-19] did impact my mental health a lot because losing so many people and at the same time – I couldn’t reach out to anyone because everyone was losing a bunch of people like everyone was like losing one family member.*” Participant 16 had a similar experience to Participant 10 and attributed the decline in her mental health to various causes: “*I fell into a bit of a depression because of my dad [who was verbally abusive] and my grades. I think that was the most scary part of lockdown and also knowing that people can just pass away for no reason, from just getting a cold or a symptom of COVID.*”

Anxious behaviour is the result of anticipation of a future concern and often manifests as muscle tension and avoidance behaviour. The DSM-V (2013) describes anxiety as an “anticipation of a future threat”. The anxiety experiences of participant 13 were not caused by fear of losing loved ones but rather by her fear of germs. This led to extreme hygiene practices with her hands becoming dry, raw and bleeding from washing and sanitising: “*... because I feel uncomfortable because of*

germs, COVID has made me realise how much germs there are and I feel disgusted when I go out because I am horrified of germs and stuff. That's why my hands look like this ... From washing a lot because I do not like germs, I'm scared of them."

The anxiety experience of the 16-year-old participant was caused by not knowing how many loved ones could become infected with the virus and how severe the infection would be. This led to increased anxiety, as she lived in fear, wondering whether someone they knew would contract COVID-19 next. When she was asked how she felt, she said, *"I guess, anxious"*, with her reasoning pertaining to not knowing whether she or a family member would contract COVID-19 next amidst the large number of people dying from the virus at the time.

Based on the above, it appears that anxiety was a common emotion experienced by the participants. This largely centred on the fear that loved ones would become sick and die and that they would not know how the people in their lives were doing in relation to their health. Fear of the unknown, therefore, fuelled their anxious thoughts. This was intensified by the isolation as they felt as though they were alone with their thoughts with little to no distraction from these negative thoughts.

Emotions experienced specifically related to the COVID-19 pandemic

According to the American Psychological Association (2022) and the Cambridge Dictionary (2023), anger is an intense emotion characterised by displeasure or hostility and caused by antagonism towards something or someone because it is felt that a situation or person is being unfair or unkind. Anger was one of the common emotions experienced during lockdown (Branje & Sheffield Morris, 2021). Participant 4 described the emotions he experienced by saying: *"I was literally angry and I think it was a tiny part of why I actually got lazy. I was just thinking to myself, there's no point in me training if COVID is happening. As it went on, I developed this mind set, but I'm glad I'm out now. I was pretty angry."* Participant 10 highlighted that the reason for her anger was the missed opportunities and experiences that she had been looking forward to: *"I was definitely quite angry about it [Covid-19] because I had so many plans and they had just kind of been laid to waste ..."*

Loneliness is a feeling of unfulfilled social connections (Macia et al., 2021) that lack in quantity and quality relationships. It is a subjective experience where a person can be alone and not feel lonely and can feel lonely even when with other people (Hawkley, 2023). Participant 9 needed to connect directly with other people his age to feel less lonely. Therefore, he experienced that the communication with his family members and the online communication were not enough:

I think the fact that I was alone; it's not the same communicating with someone online. I was alone and it felt overwhelming. I think the toughest part of the first

few months was being alone. Yes, I was with my mother but it's not people my age. So, I felt very lonely and, ja, I think the toughest part is (feeling) alone.

Participant 14 found that her experience of being lonely was due to the loss of friendships, peers, and family members who were no longer there to provide emotional support to her. She said that “*No one was there to help me*” and compared it to when she was younger: “*When I was younger, I had so many people to help me when I cried, when I laughed, and then we would sit in my room.*”

Various studies highlighted the emotions that adolescents felt when they could not experience important milestones and special occasions (Boyd, 2020; Glasper, 2021; Racine et al., 2021). Participant 3 felt that the period of their life that was spent in lockdown was meant to be for socialising and engaging in activities that she assumed were part of normal childhood. However, she was denied this due to the lockdown order that prohibited contact with her friends. She described this in the following way: “*I feel like I missed out on my childhood, because I wanted to go out and have fun with my friends at school, do things that we normally did, but COVID restricted that. So, it was kind of an issue, kind of a bummer.*”

Participant 9 found that lockdown denied her the achievements she had worked so hard for, such as being the head girl of her grade. Becoming a head girl is a privilege that comes with various responsibilities. However, she was unable to experience this: “*I was really bummed because that year I was chosen to be head girl, and that meant that I couldn't actually be head girl that year. And most of our stuff was done online, so I didn't react positively to the news. It was not a very good time period for me ...*”

Their response to the absence of these experiences stemmed from their expectations and comparisons with their peers who had the opportunity to experience developmental milestones (Racine et al., 2021). In addition, a multitude of emotions were frequently encountered, including feelings of isolation (Macia et al., 2021), anger (Branje & Sheffield Morris, 2021), depression, and anxiety.

Theme 3: Protective and risk factors that impacted participants' experience of COVID-19 positively or negatively

In Theme 3, the researcher discusses the risk factors and protective factors that shaped the experiences of the participants.

Risk factors

During the lockdown period, many participants experienced a loss of routine with respect to their sleep schedules, schooling schedules, and extracurricular activities (Caroppo et al., 2021; Ray et al., 2022). Referring to the loss of routine in the case of online classes, Participant 2 said, “*I'd wake up ten minutes before school starts. Then I'd carry on with my day and then I will have my laptop in the kitchen*

while I was making food ... I just take my laptop everywhere I go, like when I went to the bathroom, I'd have the laptop in here during class." She felt that all she needed to do was the bare minimum: *"It was just like, man, as long as I join the class, that's enough for me."*

Loss of routine also affected sleep schedules (Fasano et al., 2021; Panchal et al., 2021). Participant 4 said that pre-COVID-19 he would *"wake up at 04:30 or 05:00"*. However, during COVID he only *"woke up at 06:00"*. During COVID, Participant 5 only woke up *"five minutes before the first (class) meeting"*. Participants 4 and 5 added that pre-COVID they both *"went to bed at 21:00"* and during COVID they only *"went to bed at 21:30 to 22:00"*. Participant 6 noted *"a major, major change"* in how he spent his time during lockdown, as he became aware of *"what free time can do to you, or freedom of schedule can really help you"*. It should be noted that even the slightest change in their previously strict bedtime schedule, were experienced as contributing to participants losing interest in their usual activities, which created challenges to adjust when they were expected to attend to their normal school activities.

Lockdown and the subsequent online or self-taught schooling saw a lack of academic support, with test and term marks dropping noticeably (Cortés-Albornoz et al., 2023; Kuhfeld et al., 2022). Participant 3 said that it was challenging for her as the worksheets *"wouldn't really explain much, it would just tell us what to do, but then didn't give us much understanding"* and subsequently she *"didn't understand the work"*. The only feedback that they received from the school about their work was to *"tell us we did badly"*. Participant 3 felt as though the teaching was not up to standard: *"They'd tell us we should try harder or really put effort into it, while they didn't explain the work. So, it was pretty complicated."*

Participant 7 found that it was easy to lose focus *"because of the online classes, since we're at home we could switch off our cameras and do our own thing in our room and it was very distracting. We couldn't focus or actually pay attention in class ..."* Participant 9 stated that she *"didn't work as much as (she) did before COVID"*. She added that she would *"work for two hours"* only, and that she *"didn't really bother doing any homework on the weekends"*. Additionally, she stated: *"It was a lack of motivation because it felt like I had nothing to do now. So, I may as well just do nothing, because I was no longer obligated to do things."* Participant 9 mentioned that being fully present in all classes was not enforced *"because we didn't need to switch on our cameras"*. Therefore, this led to her *"for the first couple of weeks ... (to) do other things with the lesson taking place in the background"*. Participant 16 noted that the lack of academic support contributed to the decline in her academic work: *"When I would go to school, there would be someone to help us and online there was no one to help us. And I felt my grades were not good. They*

were going down and everyone else said their grades were doing bad ... I felt like there was just not enough to help me."

The participants also struggled to find the motivation to engage in activities as hobbies or their academics (Al-Maskari et al., 2021). As a result, many participants became lazy during lockdown (Stassart et al., 2021). Participant 7 stated that he *"became lazier because of Teams"*. He downloaded Teams on his phone and, *"when it was (time to take) register, I would stay in bed, I wouldn't get up, and just say 'Yes ma'am, I'm here'. Like I didn't have anything to get me up and get ready for the day."* He gained *"a lot more weight"* as he *"would barely leave the room"*. He stated that the only time he would leave the room *"was to go to the bathroom and to grab food"*. As a result, he became *"unhealthy" and "unfit"*.

Participant 9 felt that she *"really had no motivation"* as she thought that *"the world was ending because we were threatened with a life-threatening disease"*. She added that *"nothing pushed me to work the way I would normally work. There was no motivation and I think just not having physical contact with any of my classmates or my teachers, that drained my motivation even more."* Participant 11 also noted that she *"wouldn't concentrate as much as (she) would in class, because there's television at home, there's cell phones, which is something that is not in class at school."* Participant 12 found that she would sometimes tell herself, *"No, I'll do it later"* when she had work to complete while at home.

Participants felt that the lockdown exacerbated their mental health challenges and negative feelings and that their parents and friends did not truly understand what they were going through which aligns with findings in studies by Bell et al. (2023) and Lee (2020). Participant 5 thought that he had received the wrong support: *"To be honest, a lot of the things adults tried to do to make things better just make it harder. Like a lot of the time, I wouldn't want someone to try make it easier."* Participant 13 found it difficult seeing friends engage in-person when she was not allowed to and therefore felt left out. She stated that her *"best friend, she got to visit other friends. I don't know how her parents allowed it, but she got to visit friends during COVID and I was a bit jealous because my aunt and uncle wouldn't allow that."*

Participant 2 said she would have appreciated mental support and getting the *"reassurance (that) ... 'Guys, it's going to be okay'"*. Participant 2 also mentioned that *"it was hard for us [adolescents] to adjust"* as *"a lot of the people ... went into a depression and became so iffy"*.

Participant 14 also had parents who undermined her mental health, but her parents did not immediately dismiss her request for support. Instead, they appeared to acknowledge her mental health challenges but did not do anything about it. She communicated her need for therapeutic intervention to her parents but this was de-

nied: *“I wanted to go. I asked my mom and she said she would take me, and then it just never happened. So, I never asked again.”*

There was a significant need for therapeutic support among adolescents. In fact, they mentioned how they could have benefitted from additional support. However, this was, due to different reasons not made available to them (Chavira et al., 2022; Meherali et al., 2021).

Protective factors

Lockdown challenges included isolation and troubling family dynamics. However, learning new skills during lockdown became a protective factor for adolescents who wanted to protect their mental health (Ellakany et al., 2023). This was due to the desire to use their time during lockdown to acquire a new skill or participate in new pastimes (Ellakany et al., 2023; Salzano et al., 2021). Participant 5 used the lockdown time to generate an income for himself, stating that he *“started trying to make money online”*. Participant 6 had taken up *“a few hobbies”* which included photography: *“In my garden there was a lot of flowers, and my dad had a camera. So, I’d take photos of plants and the little insects in my garden.”* He had also learned how to play a musical instrument, mentioning, *“... my dad had bought a guitar before the lockdown, so I started to play”*.

Some participants, after the initial slump of losing their work ethic and motivation, rekindled their motivation and work ethic later during the lockdown. This led to them working harder and wanting to achieve more (Hall et al., 2023). Participant 6 found that he *“started catching on a very big interest in academics”*. Participant 14 found a shift in her thinking patterns as she wanted *“to make (her) parents proud”*. She explained how she did this: *“So, my sister and I would go and do all our homework together and then by the time she was done, she would get to relax, and we could do our own thing.”*

Research has shown that increased parental support and friendship support during lockdown lessened the mental health challenges of adolescents (Klootwijk et al., 2021; Suresh et al., 2021; Qi et al., 2020). This was due to feeling supported and having someone to talk to about their mental health challenges. Participant 8 stated: *“My parents were obviously motivating me.”* However, he also noted the role of self-motivation during this time: *“I used to remind myself that I’m not working for other people, but I’m working for myself and my future. So, the effort I put in now will determine the amount of stuff I achieve later on.”* Participant 12 found that her friends were a support system for her as she mentioned: *“If you had questions, you could message them or phone them and they would help you.”* She also received academic support from her mother, who is a teacher and found this very helpful. Participant 16 felt that her mother supported and guided her. However, she believed that she could not speak to her mother about everything: *“Even though at*

home my mom is my support system, I thought there are things I need to get through by myself.”

For many, the continuation of online therapeutic assistance was still required during lockdown. Some participants found that the benefits of receiving therapy online outweighed any negatives (such as those explored under the risk factors) (Meininger et al., 2022). Participant 2 had received informal therapeutic support from a previous teacher and not from a registered counsellor. She said:

... a teacher, she is my mentor. Still to this day, even though I am not in the same school, she is my mentor. She would come over most of the time, when lockdown was a little lighter, she would come over, help me with some of my schoolwork, and when we went back to school she was the person that kind of helped me get back into society.

Participant 2 noted the lack of available school psychologists as the psychologists at their school were usually fully booked. However, Participant 2 believed that the school psychologist played an important role:

... the school I was at previously, when they got us a psychologist, like a lot of people were booking for her and going through her. And they were all saying she understands and she actually knows how to think about how we feel, because one thing I know for a fact is that during lockdown, most of the teenagers were like suppressing their feelings because they were at home. They were not with their friends. They were with their family and if they were with their family they know it's taboo to talk about depression and things like 'I'm feeling sad and I'm feeling this type of way'. Then you don't know how to explain it to your mom because your mom also doesn't know. When our school brought in a psychologist, it just helped us a lot like there was a new energy; you could feel there was a new energy.

Participant 2 also mentioned the group-style therapy provided by her church's "youth section". She explained that the church "brought that new energy ever since they opened up, like it was just new ... They didn't hit us with 'You must do this, this, and that'. They were like 'Guys, it's going to be okay, just pray, meditate, do all those things'. Just giving us pointers on how to better ourselves."

Limitations and recommendations

The researcher encountered challenges in recruiting participants and therefore only 16 participants were interviewed for this study. Several schools who initially agreed to participate did not continue with the process, and a few participants after initially agreeing to participate, withdrew from the study. These participants, although they were fully informed beforehand, preferred to complete a questionnaire, and not to do in-person or online interviews.

The limited number of participants meant that the demographics of the participants were not as representative of the sample group as anticipated, referring to the types of schools and their locations. A more comprehensive study could have provided a broader understanding of the extent to which the experiences of adolescents could have been similar.

Recommendations for future practice include: 1) Making mental health services available to adolescents. This can be done through schools as well as through the education of parents to make them aware of the importance of allowing their adolescents to attend therapy and the dangers of not acknowledging their children's mental health challenges. 2) Mental health practitioners provide therapeutic services to adolescents, they should be sensitive to the various challenges that the adolescents have experienced during COVID-19 and the impact of this on the adolescents' mental health. 3) Providing educational support to those who struggle with school during pandemics and subsequently underperform academically. Support in this context can include the appointment of tutors or the provision of extra lessons to help learners successfully complete their high school careers. 4) Develop methods to provide therapeutic services during crisis times that work effectively online and in person. This includes government-level interventions focused on adolescents. It is imperative to provide interventions and solutions that are age-appropriate and aligned with the developmental stage of adolescents.

Conclusions

Based on the study's findings, the adolescent participants mostly experienced COVID-19 as challenging even though some had positive experiences. The challenges involved relationships with family, friends and peers, and the decline of mental health and academic performance.

From a developmental milestone point of view, many adolescents felt that they missed out on social events and rites of passage during lockdowns that intensified negative emotions because adolescents compared their "slimmed-down" experiences (such as celebrations and entering high school) with what others had experienced prior to the pandemic. The lack of socialisation with peers had various consequences. Once the lockdown measures had been eased, some participants found it more difficult to re-integrate with their peers as they became more introverted. Others became more extroverted because they felt that they needed to push themselves out of their comfort zones to engage more with others. The participants also had to navigate the changing dynamics of family and friendship caused by the differences between the virtual connection and in-person connection. Most of the participants struggled with feelings of anger, loneliness, depression, and anxiety.

Initiatives that can potentially be used to support adolescents during a crisis period, such as a pandemic, include interventions related to mental health, academic performance, and physical well-being.

Declarations

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Competing interests

The authors have no financial or non-financial interests that are directly or indirectly related to the research to declare.

Data and code availability

The authors do not have the permission of the participants to make the data available.

Authors' contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Kirstyn Layton and Issie Jacobs. The first draft of the manuscript was compiled by Ryan du Toit and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Compliance with ethical standards

The study was approved by the Health Research Ethics Committee (HREC), Faculty of Health Sciences, North-West University, South Africa. The approval ethics number for this research study: NWU-00323-21-A1. All participants included in the final sample completed an informed consent form prior to data collection.

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