#COVID#BACKTOSCHOOL: Qualitative study based on the voice of Portuguese adolescents

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Abstract
Due to the COVID-19 pandemic and the exponential increase in cases, educational institutions worldwide were forced to close, making way for digital learning. After a period of confinement and an online teaching methodology, a new school year has begun. However, this new school year included the application of a wide range of measures that transformed the educative setting. The present study aimed to understand the health consequences for adolescents and young adults (AYA) during the back to school period after the COVID-19 lockdown. This mixed-method study included 304 participants between 16 and 24 years old (M = 18.4, SD = 2.12), female (71.1%), Portuguese (90.8%) and students (85.2%). In general, it was with a pessimistic perspective that young people in general, particularly girls and university students, understood the new school reality postconfinement, the effects on friendship relations, leisure activities and physical activity. By demonstrating AYA’s ability and competence to identify and expose their problems, this study intends to raise awareness of the need for their involvement in the issues that affect them.

Keywords
COVID-19, pandemic, participation of AYA, Portugal, return to school
INTRODUCTION

All over the world, as the SARS-CoV-2 virus continued to spread and thousands of people died from COVID-19, attempts to reduce the infection rate were implemented, resulting in social distancing, home quarantine and closure of social spaces, such as schools and universities. In April 2020, 191 governments had closed schools from kindergarten to 12th grade, with around 91% of students worldwide being affected by the measure—1.6 billion children and adolescents (UNICEF, 2020a).

Several studies have shown the impact of social confinement on the entire population, including adolescents and young people (adolescents and young adults [AYA]) (ex. Branquinho et al., 2020b; Kecojevic et al., 2020; Singh et al., 2020). The COVID-19 confinement has affected AYA’s mental and physical health, emotional wellbeing (Branquinho et al., 2020a), educational development, nutrition, increased exposure to being bullied or abused (UNICEF, 2020b) and less opportunities to report abusive situations at home (Singh et al., 2020).

Regarding mental health, a systematic review on the impact of isolation showed that children and adolescents are at high risk of depression and probably anxiety during and after obligatory confinement, with the duration of loneliness being specially related with mental health issues than its intensity (Loades et al., 2020). In young adults, another study found that loneliness increased from January to April/May 2020, thus representing greater risks for depression (Lee et al., 2020). Also, a study with data from 26 countries and areas distinguished the characteristics of those who were in more stress during the confinement period, with youth and females being more prone to experience higher stress levels (Kowal et al., 2020).

Once again, unable to continue traditional education, with schools and universities closing down, online education, which had been adopted by numerous countries in the first phase of the pandemic (Golberstein et al., 2020), was yet again the solution. Although in this transition, many teachers had specific training, educational institutions tried to equip themselves and the students with technology, and many countries had broadcasted tv shows to support learning, we still don’t have enough data to conceive this change as having definitely impaired learning or not (Schleicher, 2020). Some data revealed that children spent less time studying, and this can lead to learning losses (Di Pietro et al., 2020). Also, a literature synthesis on university student disengagement, which is linked to performance, stated that the usage of online learning technologies appears to contribute to disengagement since it reduces the amount of time students spend on campus, interacting face-to-face with peers and staff and that they participate less on class group discussions (Chipchase et al., 2017). Moreover, those in more social and economic disadvantages might not have the space and the technology that support a comfortable and proper online learning (Di Pietro et al., 2020; Schleicher, 2020). Taken together, worldwide literature tended to support the opening of schools as a measure of public health. On one hand, research had shown that children and AYA seem to be at low risk of infection or high spreaders of the virus (Munro & Faust, 2021). On the other, the effects on isolation on mental and physical health and emotional wellbeing stated above impelled governments and education institutions to develop a back to school strategy.

Six months after schools closed and based on the available scientific evidence, schools opened again in the face-to-face mode for the academic year 2020–2021, but with strict rules. In a conjoint publication of World Health Organization United Nations Educational Scientific and Cultural Organization and United Nations Children’s Fund a set of key-measures regarding school-related public health in the context of COVID-19 were recommended, namely masks use, physical distancing, maintenance of social bubbles/circles and prohibition of contacts outside it, frequent space cleaning and ventilation, along with others. Considering this unprecedent back to school period, the present study main goal was to understand the health implications related to this period, under the current adverse circumstances.

Unlike most studies done about COVID-19’s impact on AYA, the present study also included a qualitative methodology to reach out to AYA’s participation. As far as we know, only two studies (Branquinho et al., 2020b; O’Sullivan et al., 2021) investigated the impact of COVID-19 on AYA through this method, and this is the first one to focus on the back to school period (after the first confinement). Also, this study addresses not only mental health and wellbeing issues but also dietary patterns, physical practice, sleep, educational reality and perceived impacts of confinement on school performance, family and peers’ relationships.

Based on the principle that young people can contribute with essential knowledge related to their problems and needs (Ozer & Piatt, 2017), and based on their voice and experience (Cammarota & Fine, 2008; Kim, 2016;
Livingstone et al., 2014), AYA’s participation can be an important resource during and after COVID-19. With the development of this study, and after a first paper (Branquinho et al., 2020b) in which we investigated the impact of the first general lockdown on the health behaviours and well-being of this population, we intend to investigate the perception of the new school reality (resumption of classroom teaching) by Portuguese AYA, as well as the changes in their relationships (family, friends, friendship) and health behaviours (leisure, sleep, physical activity, and diet) after the end of the first general lockdown. We also studied their perception of what is being more and less enjoyable.

2 | METHOD

This research is included in the study “Dream Teens: The Youth Voice in direct speech” (Branquinho & de Matos, 2019; Branquinho et al., 2020a; Matos et al., 2015), which had ethical approval from the Ethics Committee of the Lisbon Academic Medical Center. The legal guardian’s informed consent for AYA under 18 years old was described in the instrument, with mandatory acceptance to proceed with the filling. A contact from the research team was included for any clarifications.

2.1 | Design and participants

This study was designed and conducted in an exclusively online methodology and disseminated by the contacts of the research team, institutions linked to youth work, and Jovem Cascais/Municipality of Cascais. Data were collected from 15 October to 8 November 2020.

In total, 313 responses were collected, of which 304 were considered valid, after excluding incomplete or duplicate responses. The 304 participants had an average age of 18.4 years ($SD = 2.116$ years; Min = 16 and Max = 24); 71.1% were girls and 90.8% had Portuguese nationality. Most were students (85.2%), 50.5% of which attended secondary school and 49.5% university.

2.2 | Instrument

The online tool for data collection was directed to AYA aged between 16 and 24 years old, living in the Lisbon district (capital of the country and, at this stage, the locality most affected by the COVID-19 pandemic). The questionnaire covered sociodemographic variables such as age (16–24 years old), gender, nationality, level of education and work-related conditions (student, working/student, other), alongside 11 open-ended questions based on the return to school after confinement: the new school reality ("How is the return to school post-confinement going?"); perceived impact on academic performance ("How is it affecting academic performance/success?"); and how it was affecting family relationships, friendships, love affairs, leisure activities, sleep, physical activity and dietary patterns; as well as what they found more pleasant ("Which was more pleasant?") and less pleasant ("What was most difficult?") in the new post-confinement reality. The time to complete the instrument was 10–15 min.

3 | METHODS

This study used a mixed-method methodology. First, all qualitative data was transported to a word file, subject to a new content analysis, coded and processed using the qualitative analysis software MAXQDA 2020, believing that the computer-aided qualitative analysis can facilitate more reliable results (Souza et al., 2015) and a more transparent process (Woods et al., 2016).
3.1 | Data analysis

After a first content analysis, the rule of thumb principle (line by line procedure) was used. Key-thematic areas were identified, and the speeches were grouped by categories and subcategories: (C1) school—(SC1.1) the new school reality; (C2) relationships—(SC2.1) family, (SC2.2) friendships and (SC2.3) loving relationships; (C3) health behaviours—(SC3.1) leisure activities, (SC3.2) sleep patterns, (SC3.3) physical activity and (SB3.4) dietary pattern; alongside with what was more pleasant (C4) and less pleasant (C5), in their opinion. Also, categories and subcategories were coded according to their perception of the impact: "positive", "negative", or "neutral".

This coding was also used in the quantitative component of the study.

MAXQDA facilitated the study of the categories to be created, the analysis of results obtained in the quantitative component of the study, and of the categories (C4) what was more pleasant and (C5) less pleasant, not subcategorised in their "positive", "negative" and "neutral" perception of the impacts. The study of word clouds—words frequency was used to select representative excerpts from each category and subcategory.

All procedures were recorded in a project memorandum to ensure greater detail in the presentation of the results.

In the quantitative analysis, SPSS software (version 26) was used, performing a descriptive statistical analysis of the sociodemographic data, as well as the open questions, coded according to the responses to the subjects (the new school reality and how COVID-19 confinement affected their relationships and health—positive, negative and neutral perceptions). A Chi-Square test allowed the analysis of variables by gender and educational level.

4 | RESULTS

4.1 | Quantitative study of confinement effects in the back to school period

In the study of percentages of confinement effects in the back to school period (See Table 1), 43.8% perceived the new school reality in a more pessimistic way, although 28.1% considered it positive or without significant changes (28.1%). In academic performance, 57% of AYA considered that it had negative effects, 11.1% positive and 31.9% that it did not affect this component.

In family relationships, although 50.3% of them reported not feeling any impacts, 41% reported negative impacts and 8.7% positive ones. In turn, 57.8% described that friendship relationships were negatively affected, although 37.5% considered that they have not been affected and 4.7% that they have been positively affected. In love relationships, 62.3% have reported no changes, although 32.2% referred to negative impacts and 5.5% considered that love relationships have been positively affected.

As for leisure activities, 70% of the AYA perceived the effects as negative, 27.6% considered that it did not affect anything and 2.4% that it affected positively. Concerning sleep, even though they considered that it was not harmed or benefited (57.7%), 37.8% stated negative impacts and 4.5% positive.

In the physical activity area, the majority reported negative effects (53.1%). However, 38.1% reported neutral effects and 8.7% positive. Finally, as for dietary patterns, 62.2% of the AYA did not describe any changes, with 28.6% reporting negative effects and 9.2% positive.

4.2 | Gender: school, relationships, and health behaviours

A $\chi^2$ test of independence was performed to examine the relation between gender and school, relationships and health behaviours.
| (C1) school | (SC1.1) the new school reality |
|-------------|--------------------------------|
| "I was already longing to return to face-to-face classes, even with the obligatory use of a mask. I also miss colleagues and friends and to learn face-to-face." (M, HS); "Strange, in a way there is a general happiness that we are no longer confined at home and taking classes online, but on the other hand, there is a fear of hanging over each of us and a distrust of those who are closest to us, as colleagues or teachers." (F, U) |

| (SC1.2) school performance |
| "It only affected the schedule, but in terms of subject matter, it improved because we prefer it and like to have face-to-face classes." (M, HS); "In my ability to concentrate, I feel that I am easily distracted at home." (F, U) |

| (C2) relationships | (SC2.1) family |
|-------------------|----------------|
| "I have been at home longer which is positive." (M, HS); "The times are terrible and as we want to avoid public transport because of possible contagions, they cause great inconvenience to working parents." (F, U) |

| (SC2.2) friendships |
| "There is more socialisation, then it gets better." (M, HS); "They are no longer so affectionate." (F, U) |

| (SC2.3) loving relationships |
| "It is difficult to reconcile everything, since the pandemic, that things are less stable." (M, HS); "Before the pandemic I saw my boyfriend every day for most of the day because we were in college together. I now see him once a week when it is possible for both. It costs a little because we have a recent relationship and I wanted to enjoy certain moments closer to him and with him." (F, U) |

| (C3) health behaviours | (C3.1) leisure activities |
|------------------------|---------------------------|
| "I stopped practicing all the activities I practiced before." (M, HS); "I practically don't leave the house because college consumes all my time. When I finish studying or working for college, I just feel like sleeping." (F, U) |

| (SC3.2) sleep patterns |
| "When I spent a lot of time at home I saw the quality of my sleep decrease. But now it's back to normal." (M, HS); "I lie down late because I spend all the time in the room, doing nothing but classes and studying, and I take the night to try to distract me a little." (F, U) |

| (SC3.3) physical activity |
| "Physical education classes are being strange and complicated due to safety distances so we don't have classes with as good performance as before COVID." (M, HS); "I used to go to the gym and go running and I don't feel safe in the gym and even on the promenade there are sometimes too many people." (F, U) |

| (SB3.4) dietary pattern |
| "Does not affect continuous with the same food that I had before COVID." (M, HS); "Many hours at home generate many unnecessary trips to the kitchen, which makes it even more difficult to maintain a balanced diet." (F, U) |

| (C4) more pleasant |
| "Reviewing my colleagues was most enjoyable. Besides, I love face-to-face teaching method." (M, S); "The reunion with colleagues and teachers. Take face-to-face classes." (M, HS); "I can sleep until the last minute before class starts." (F, U); "Family time and less time spent transporting to college." (F, U) |

| (C5) less pleasant |
| "Not having sports competitions." (M, HS); "Many hours of mask." (M, HS); "Not being able to be with my friends as before." (F, U); "Continue to take classes online, have no academic spirit, prohibition of practices, tuning events, socialising." (F, U) |
In the study between gender and school, the variables gender and the new school reality (postconfinement) showed an association that was significant, $\chi^2(2) = 11.432$, $p = <0.01; N = 296$. The effect size for this finding, Cramer’s V, was small, 0.146 (Cohen, 1988). The male gender, when compared to the female one, revealed less perceptions of negative impacts in the new school reality ($M = 28.2%$; $F = 49.8%$), more neutral impacts ($M = 36.5%$; $F = 25.1%$) and positive impacts ($M = 35.3%$; $F = 25.1%$). There was no association between gender and the influence of postconfinement on academic performance.

In the “relationships” analysis, the association between gender and impacts on family relationships, friendship and love relationships was not significant.

As for health behaviours, an association between gender and impacts on leisure activities was revealed, $\chi^2(2) = 9.812$, $p = <0.01; N = 290$, with a small effect size, Cramer’s V, 0.196 (Cohen, 1988) The male gender showed less negative impacts ($M = 60.2%$; $F = 73.9%$) and less positive impacts ($M = 0%$; $F = 2.9%$), but more neutral ones ($M = 39.8%$; $F = 23.2%$); regarding sleep, $\chi^2(2) = 11.978$, $p = <0.01; N = 288$, with a small effect size, Cramer’s V, 0.150 (Cohen, 1988), associations showed the male gender to perceive less negative impacts ($M = 27.5%$; $F = 41.3%$), more neutral impacts ($M = 72.5%$; $F = 52.4%$) and less positive ($M = 0%$; $F = 6.3%$). In what dietary patterns are concerned, $\chi^2(2) = 22.607$, $p = <0.001; N = 280$, a medium effect size is observed, Cramer’s V, 0.247 (Cohen, 1988), the male gender presented less negative results ($M = 15%; F = 34.5%$), but also less positive ($M = 1.3%; F = 11.5%$) and more neutral ones ($M = 83.8%; F = 54%$). Between gender and the impacts on physical activities, no significant association was found.

4.3 | School level: school, relationships, and health behaviours

The study of the variables educational level and new postconfinement school reality, a positive association was found, $\chi^2(2) = 9.812$, $p = <0.01; N = 290$. The effect size for this finding, Cramer’s V, was small, 0.182 (Cohen, 1988), revealing university (U) students to perceive more negative impacts, when compared to high school level (HS) students (HS = 36.4%; U = 51.4%) and less positive impacts (S = 35.8%; U = 20.5%) and less neutral impacts (HS = 27.8%; U = 28.1%). An association between educational level and the influence of post-confinement on school performance was found, $\chi^2(2) = 9.840$, $p = <0.01; N = 295$, with a small effect size, Cramer’s V, 0.183 (Cohen, 1988), in which university students were once again those who reported more negative impacts (S = 47.7%; U = 65.8%), less positive impacts (S = 13.4%; U = 8.9%) and less neutral ones (S = 38.9%; U = 25.3%).

In the study of family, friendship and love relationships, no significant association with educational level was found.

In the analysis of health behaviours, like leisure activities, sleep and physical activity, no association was found. Only in dietary patterns was an association with educational level found, $\chi^2(2) = 13.191$, $p = <0.001; N = 281$, medium effect size, Cramer’s V, 0.217 (Cohen, 1988), in which university students were yet the ones to reveal more negative impacts (S = 19.9%; U = 36.4%) and less neutral impacts (S = 38.9%; U = 25.3%), but also more positive impacts (S = 7.1%; U = 11.4%).

4.4 | Qualitative study of confinement effects in the back to school period

Based on the quantitative component results, excerpts from all subcategories belonging to the categories of school, relationships and health behaviours will be presented, along with what was more and less pleasant according to them. In this study, the subcategories with statistically significant differences in the quantitative study will be analysed to complement previous results.

In the new (SC1.1) postconfinement reality, knowing in advance based on the quantitative study that most AYA reported negative effects are girls and university students who report them more frequently. Those who have
already returned to face-to-face classes, and mostly girls, describe it as disorganised and defiant, and reported an increase in feelings of insecurity and nervousness in institutions where social distance is not met. University students, who largely maintain a mixed-method, describe it as strange, tiring and confusing and report that teachers are not yet prepared for online teaching. They still feel that their integration into university life has been hampered. Boys and students of secondary education described it as strange, tiring and confusing and reported a greater acceptance of the new school reality, saying that the new normality is better than taking remote classes and that they missed face-to-face classes.

Also, with a greater report of negative impacts on (SC1.2) school performance, and statistically significant differences regarding the level of education, especially among university students, it was common to report that the mixed method hinders productivity, concentration and motivation. They add that this is less dynamic. In turn, secondary school students reported that the face-to-face method has improved their performance and that returning to the classroom makes up for everything. Even though, they mentioned that understanding the school subject was hampered by masks and that teachers also felt more tired and uncomfortable.

Regarding impacts at (SC2.1) family level, although a large number of AYA reported neutral impacts, some mentioned that the time spent in coexistence decreased after postconfinement since everyone had different schedules; and that increased the fear of contagion to family members. Also, those who maintained a mixed learning regime reported feelings of irritation and anxiety, adding that there were several arguments, less affection and that it was unbearable to be at home. However, some said that the confinement had improved family dynamics and that they remained positive.

In (SC2.2) friendly relationships, negative reports were again in evidence, stating that they had alternating school hours with some of their friends and that the distance from friends of others schools had increased; that they felt less affectionate with the decrease of physical contacts; that going out with friends still did not happen; and that there was no time for socialising at school. In the positive effects, they emphasised that confinement reduced the circle of friends, but that now real friendships are strengthened.

In turn, in (SC2.3) romantic relationships and family relationships, they described neutral impacts. A high percentage of the participants reported not being in a relationship. The negative impacts reported were related to incompatible schedules and that the decrease in physical contact had reduced the stability of their relationships. The positive impacts were that the face-to-face and post-confinement regime allowed them more time and freedom to be with their boyfriend/girlfriend.

Although there were no statistically significant differences regarding gender and education level in relationships, these were found regarding leisure activities. (SC3.1) Leisure activities was the subcategory with the highest percentage of negative impacts, especially among girls. They pointed out that the offer of available activities was minimal, that it was difficult to find something safe, their lack of motivation, and that they currently had less free time. In turn, for boys, even though they reported that they had adapted some indoor activities (home), they missed their outdoor hobbies. Even for a small number of young people, the positive impacts were reported by those who had a preference for individual activities.

In (SC3.2) the sleep subcategory, major changes were not reported either, and those who reported negative effects referred to the decrease in hours of sleep with the return to face-to-face classes; not being able to go to bed early; and exchanged and unregulated sleep habits for those who remained in a mixed method. The most positive speeches are contrary to the last ones and are given by those who returned to classroom teaching, reporting that their sleep was now more regulated.

Their (SC3.3) physical activity was also negatively affected, and the schedules are described as obstacles to sports practice; greater sedentary lifestyle after being deprived of playing sports for so long; very limited physical education classes, as well as gym practices. However, there are those who said that they now practice more physical activity than when they were at home.

Although there are no statistically significant differences in sleep and physical activity, they were found in (SC3.4) dietary patterns. In this field, the impacts are mostly neutral, with girls and university students reporting more negative impacts. In addition to the weight gain that confinement has brought them, they reported that
returning to school had increase the difficulty to maintain a healthy diet and adequate meal times. In turn, boys reported fewer changes, but those who reported them revealed that they ate fewer meals a day and that they were unregulated. As for the educational level, university students reported that they tended to skip meals when they were at home, and that their diet was not balanced. In turn, some said that now in the postconfinement, they practiced a healthier diet and that they had managed to maintain it.

Finally, in (C4) more and (C5) less pleasant, we highlight: socialisation and interaction with teachers, reconnecting to friends and face-to-face classes—as positive points; and the least physical contact with others, the rules, negative feelings of anxiety, fear, instability and insecurity, mixed learning regime, less socialisation and riding public transport—as negative points.

5 | DISCUSSION AND CONCLUSIONS

The present study used a mixed-design with AYA from 16 to 24 years old to better understood the confinement effects on school and also to analyse the back to school period regarding perceptions in the new academic reality, social relationships (family, peers, and loved ones) and health-related issues, such as dietary patterns, sleep and physical exercise.

Our results as to the confinement effects in the back to school period showed that the majority perceived the new school reality in a pessimistic way, especially for females and university students. Also, most participants reported that the confinement had adverse effects on academic performance, with the university students being more prone to report this impact. Bower (2019) argues that if the student does not feel confident in technology, if they are not cognitively engaged, and if the social connection is nonexistent, learning will be affected. As the qualitative analysis showed, this may be linked to the fact that at university, there is a mixed online versus face-to-face approach reality that does not occur in secondary schools, where the face-to-face format was taken. University students also shared that they felt that online classes were not adequately prepared. Even though teachers had a great amount of training offers to add equality deliver online classes and help them shift to the online method (Schleicher, 2020), best practices are still being under exploration or will be explored (Petrie, 2020). One might speculate that some did not have the time to restructure their classes or are not yet at ease creatively changing the teaching model. Studies on student engagement enforce that online learning is a risk factor for disengagement (Chipchase et al., 2017). Our results support this perspective since students reported that the online and the mixed method (part online, part face-to-face) hinders productivity, concentration and motivation, contrary to studies that support that confinement altered learning strategies and that it enhanced efficiency (Gonzalez et al., 2020). On the other hand, the results of the present study may be supported in a study conducted by Di Pietro et al. (2020) in which the authors argue the closure of educational establishments and online methodology may affect learning through four means: less time devoted to learning, more symptoms of stress, changes in relational patterns, and low motivation.

Regarding relationships, neither family or love relationships (which a large part of AYA did not maintain) were seen as having been affected according to most participants, with no differences either for gender or school level. Nevertheless, some young people, particularly those who had returned to face-to-face teaching, pointed out that the different timetables had reduced the time they spent with their families, and those who maintained a mixed regime that their feelings of anxiety and irritation caused more discussions, which made the family environment more difficult. About half of the participants reported that peer relationships were affected by this new back to school period due to schedules mismatch, and as Lee et al. (2020) found the disruption of the social routines’ contacts was one of the risk factors for loneliness, and depression-related symptoms increase. In a previous study in Portugal, in the first confinement, the loss of social contacts had already been reported by youth, along with the reporting of more symptoms of anxiety, depression, and feelings of loneliness (Branquinho et al., 2020b).

Most of the AYA did not state that the back to school period had harmed their habits on dietary patterns and sleep. Even though some report decreased number of hours of sleep (face-to-face teaching) or switched
sleeping habits (blended teaching). Though a different reality was observed for leisure and physical activities, a negative perception was reported, with female participants to express more negative feelings once more. Considering the impact of leisure activities and physical exercise for health maintenance, it is worrying to note that, despite the present study analysing the post-lockdown situation, the impact in these areas continues to be verified, as observed previously during the lockdown with participants at the same ages and in the same country (Branquinho et al., 2020b). Leisure activities are the area with the highest perceived negative impacts, reporting that they have nothing safe to do or motivation to do, and that time was also shorter. Also in physical activity, timetables are seen as a hindrance. They also report a greater sedentary lifestyle after the deprivation of practice resulting from the first confinement and the changes in physical education classes, which are now very limited to comply with hygiene and safety measures.

Another aspect related to healthy behaviours, it is noteworthy that those in university reported having felt negative effects on their dietary pattern. One can think that this may have been related to the fact that most university students do not live with their family, but instead in shared homes or residencies, thus being on their own to prepare and have healthy and nutritious meals. On the other hand, most of them spent the lockdown period with their families (and had access to home-cooked meals), so it is possible that after that they may have needed a period of re-adaptation regarding these home management-related tasks. Previous studies (e.g., Fulkerson et al., 2018; Simmons & Chapman, 2012) support that closer contact with family and being at home can promote their food-related knowledge and improve their dietary behaviours.

Regarding the less pleasant reported topics, attention must be given to feelings of loss of social contact and loneliness. Lee et al. (2020) found that female participants, those with more COVID-19-related concerns and those with more significant disruptions in their social lives, are more vulnerable to loneliness and the consequent increase in depressive symptoms. Moreover, adolescence and youth stages are characterised by a great time as for "peers" socialisation and having social experiences that are life relevant (such as parties, prom, and finalist travels), and hence consequences of social distance and home confinement were immediately foreseen and confirmed by several studies (Brooks et al., 2020; Tomé et al., 2020).

6 | STRENGTHS AND LIMITATIONS

Regarding limitations, although some social contacts were allowed during the period of data collection, the present study took place in an online format to reach out for a greater number of participants and decrease the possibility of SARS-CoV-2 virus exposure. Despite the efforts related to the dissemination of the study, an equal distribution between genders was not attained. We had previously reported this fact (Branquinho et al., 2020b), and it was not possible for us to improve at this level. Other studies developed in the country show higher participation of girls in studies (e.g., BePositive—Positive Youth Development in Adolescents—Matos et al., 2017; HBSC 2014—Matos et al., 2015).

Notwithstanding the mentioned limitations, the present study has several strengths. First, and as far as we know, this is the first study to give a voice to AYA under the back to school period. We hope that the present findings may impact educational practices and policies regarding the influence of the adopted measures to contain the virus spread into AYA mental health, wellbeing and educational outcomes. Another relevant strength is related to the number of participants included in the content analysis, which increased the validity of our findings. Also, the mixed-method design allowed further regard into AYA perspective in the back to school period. Moreover, a similar distribution between university students and high school students was observed, giving us greater confidence in differences between the two groups. Finally, the content analysis was developed using a qualitative data analysis software (MAXQDA) with the aim to increase transparency (Woods et al., 2016) and reliability (Souza et al., 2015), and after a quantitative analysis complemented it.
In general, young people have a pessimistic perspective concerning the new school reality after home confinement, the effects on friendships, leisure activities, and sports. Girls and university students stand out as revealing a more negative perspective overall of the back to school period.

Those who expressed adverse effects of the back to school period regarding family relationships, highlight the difficulty of matching schedules.

Students overall reported a negative impact home confinement on family relationships, more feelings of irritation and anxiety.

Those who expressed negative effects of the back to school period regarding family relationships, expressed the increased fear of family "members" contagion.

Students overall reported negative impact on their back to school period in academic performance.

Leisure activities is the subcategory with the highest percentage of negative impacts on their back to school period, especially among girls.

Students who returned to the face-to-face method reported academic performance improvement and better sleep patterns.

Results highlight the extreme importance of Public policies at an Institutional, local and National level so as to address these issues to optimise the new return to school/university, after the second home confinement.

In this scenario with impacts on the most diverse areas of AYA lives, and with unpredictable consequences in the medium and long term on the health and well-being of this generation, the need to encourage youth social participation is further reinforced:

—Creating spaces and opportunities (community/municipality and school) to listen to the current needs and problems (arising from the pandemic) of adolescents and young adults;

—Family, teachers, psychologists and other health promotion actors alert and able to support adolescents and young adults in adapting to the new reality and challenges to their health and well-being;

—Make Stakeholders aware of the importance of truly including this generation in the decisions and issues that concern and affect them.

PEER REVIEW
The peer review history for this article is available at https://publons.com/publon/10.1002/jcop.22670

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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