

Adolescent behaviors during the preventive and mandatory social isolation in Argentina in 2020

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ABSTRACT

Introduction. In March 2020, Argentina established a preventive and mandatory social isolation policy (ASPO, for its acronym in Spanish) due to the COVID-19 pandemic.

Objective. To explore the behaviors and habits of the adolescent population during the ASPO and the extent of compliance.

Population and methods. Qualitative and quantitative, cross sectional study in Argentine adolescents aged 12-20 years. An anonymous, semi-structured questionnaire was administered during epidemiological weeks 34 to 36.

Results. A total of 1535 questionnaires were analyzed. Participants' average age was 16 years; 72% were females. Non-compliance with the ASPO during the first 3 months was 27% versus 59% during the past month. A good to excellent family environment was described by 73%, and 87% performed educational activities. The average non-educational screen time was 6.8 hours per day.

Seventy percent of participants said they did not use drugs in the past month. Positive aspects described included strengthening family bonds (34%) and discovering or returning to activities (20%); whereas negative aspects were emotional distress (23%) and not being able to see family members or friends (21%).

Conclusions. Most adolescents maintained their educational activities, spent a lot of non-educational screen time, and referred a low drug use. Adherence to the ASPO decreased progressively over time. The main positive aspects were strengthening family bonds and discovering or returning to activities; whereas negative aspects were emotional distress and not being able to see family members or friends.

Key words: adolescence, habits, family, education, COVID-19.

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INTRODUCTION

Adolescents, as social subjects, participate in a world of primary and secondary relationships that support, affect, and transform them. During adolescence, human beings experience a series of physical, psychological, and social changes, known as the adolescent crisis, a life and regulatory crisis. Any other crisis occurring during this period will have an impact on the search for independence and social interaction typical of adolescence.¹

In March 2020, Argentina established a preventive and mandatory social isolation policy (ASPO, for its acronym in Spanish) due to the COVID-19 pandemic. The World Health Organization recommended the conduct of studies to assess the psychological impact of lockdown and to explore the effects on mental health.²⁻⁴

The ASPO caused a major and sudden routine change on the adolescent population, from full time family life to virtual classes, activities, and bonding.^{5,6} The study by Bazan, conducted in Argentine adolescents in April 2020, showed that 63% of adolescents suffered an impact on their physical, mental, and social health. Upsetting feelings included distress, anxiety, sadness, and frustration due to the changes in their routines and socialization spaces.⁷ In addition, other study showed that Spanish adolescents felt that interrupting school activities had a negative psychological impact, although staying at home offered them an opportunity to strengthen family bonds.⁸ As in the study by Etchevers, it has been described that younger people have more

psychological symptoms than older people.²

Our objective was to explore the behaviors and habits of adolescents during the ASPO and the extent of compliance during 2020.

POPULATION AND METHODS

This was a qualitative and quantitative, cross sectional study. The population included adolescents aged 12-20 years living in Argentina. It has been estimated that there are approximately 5 600 000 adolescents in this age group. The sample was selected by purposive, non-probability sampling using the snowballing technique by contacting representatives (pediatricians and adolescent physicians) and social media (Facebook® and Instagram®). Participants were invited to take an anonymous, voluntary questionnaire using Google Form® during epidemiological weeks 34 to 36 of 2020 (08/16 to 09/05). The willingness to complete the questionnaire was deemed as consent (see *Annex*).

A semi-structured questionnaire with closed-ended and open questions was designed. A committee of experts on adolescence made up of three medical professionals conducted a literature review to determine the content validity. An apparent validity test was performed in a sample of 7 adolescents, which led to adjustments. No reliability tests were done.

The following variables were analyzed: age, sex (female, male, other), stage of lockdown, level of education, adults (older than 20 years) and children sharing the household, availability of personal space at home, average hours of sleep, meals per day (breakfast, lunch, afternoon snack, and dinner), type of school and educational proposal, average hours of leisure screen time per day (mobile phone, computer, video game console, etc.), family environment (bad, regular, good, very good, and excellent), person chosen to discuss feelings (no one, friends, mother, father, other adult family member, partner, girlfriend, boyfriend, teachers, and others), non-compliance with isolation between 03/20 and 06/20 and between 08/05 and 09/05, drug use (alcohol, tobacco, marijuana, others), consultation with health care provider (in person, teleconsultation, telephone, e-mail), sexual behavior (no sex drive, masturbation, communication with partner, boyfriend, girlfriend, dating apps, non-compliance with isolation to have a sexual encounter). Also, 2 positive and 2 negative aspects of the lockdown were assessed using free text.

Compound regions were defined: province of

Buenos Aires, Autonomous City of Buenos Aires, Central Region (Córdoba, Santa Fe, and Entre Ríos), New Cuyo Region (Mendoza, San Juan, and San Luis), Great North Region (Tucumán, Salta, Misiones, Chaco, Corrientes, Santiago del Estero, Jujuy, Formosa, Catamarca, and La Rioja), and Patagonia (Río Negro, Neuquén, Chubut, La Pampa, Santa Cruz, and Tierra del Fuego).

Continuous variables were described as mean and standard deviation; and categorical variables, as absolute frequency, relative frequency, and 95% confidence interval. A χ^2 test was used, and a p value < 0.05 was considered significant.

Qualitative variables were grouped into categories based on iterative reading of *verbatim* answers and a triangulation among 3 health care providers who were experts in adolescence and the bibliography.

The study was approved by the Research Study and Protocol Committee of Hospital Italiano de Buenos Aires (no. 5670).

RESULTS

A total of 1727 individuals completed the questionnaire; 41 were excluded because they were out of the age range, 11 because adolescents were living in a different country, and 140 because they were duplicate. A total of 1535 questionnaires were analyzed.

Participants' average age was 16 years; 72% were females. *Table 1* describes their level of education and the number of adults and children sharing the household.

Adolescents from every province in the country completed the questionnaire; 65% were from the province of Buenos Aires and the Autonomous City of Buenos Aires. Almost 50% were not aware of which stage of the lockdown was in place in their district (*Table 2*).

In addition, 27% did not comply with the isolation without due reason as per the regulations established in each district during the first 3 months of the ASPO, and 59%, during the past month.

Also, 26% indicated that their family environment during the isolation was bad or regular, while the rest said it was good to excellent. The family environment (good to excellent versus bad and regular) was not related to the type or number of people sharing the household ($p = 0.07$).

In relation to meals, 60% had breakfast every day, whereas only 18% shared it with adults. In addition, 89% had lunch, 73% had an afternoon snack, and 89% had dinner. Also, participants

slept an average of 8.1 ± 1.6 hours per day.

In addition, 87% completed activities proposed by their schools, 8% did not receive any activity proposed by their school, and 5% was not involved with the education system. In 88% of cases, adolescents stated that they had a place for their own in their house. The average non-educational screen time per day was 6.8 ± 3.8 hours.

Most adolescents chose to share their feelings with their friends (67.9%) in the first place, and then with their mother (34.8%).

In relation to drugs, 70% said that they did not use any legal or illegal drug in the month prior to the questionnaire. Among the rest, 26% used alcohol; 9%, marihuana; 9%, tobacco; and 2%, other drugs. Participants stated that they used less drugs than before the ASPO: alcohol (17%), marihuana (4%), tobacco (4%), and other drugs (1%). It was observed that, at an older age, drug use was higher (Table 3).

Table 4 describes the sexual behaviors of adolescents during the lockdown by age. No sex drive was referred by 45%.

TABLE 1. Demographic characteristics of adolescents ($n = 1535$)

| Age (years); mean, SD | | 16 | 2.2 | |
|--------------------------------|---|------|------|-------------|
| Variable | | n | % | 95% CI |
| Sex | Female | 1111 | 72.4 | 0.70-0.74 |
| | Male | 417 | 27.1 | 0.25-0.29 |
| | Other | 7 | 0.5 | 0.002-0.009 |
| Level of education | No education | 3 | 0.2 | 0.004-0.014 |
| | Complete or attending primary school | 50 | 3.2 | 0.10-0.13 |
| | Complete or attending secondary school | 1051 | 68.6 | 0.53-0.58 |
| | Attending tertiary school or university | 431 | 28 | 0.23-0.30 |
| Adults sharing the household | None | 13 | 0.8 | 0.002-0.009 |
| | 1 | 184 | 12 | 0.1-0.13 |
| | 2 | 857 | 55.9 | 0.53-0.58 |
| | More than 2 | 481 | 31.3 | 0.24-0.33 |
| Children sharing the household | None | 494 | 32.2 | 0.29-0.34 |
| | 1 | 597 | 38.9 | 0.36-0.41 |
| | 2 | 329 | 21.4 | 0.19-0.23 |
| | More than 2 | 115 | 7.5 | 0.05-0.08 |

SD: standard deviation; CI: confidence interval.

TABLE 2. Compound country regions and awareness of the stage of lockdown during epidemiological weeks 34 to 36 ($n = 1535$)

| Regions | n | % |
|---------------------------|-----|------|
| CABA | 364 | 23.8 |
| Province of Buenos Aires | 643 | 41.8 |
| Great North | 225 | 14.6 |
| Central Region | 123 | 8 |
| New Cuyo Region | 112 | 7.3 |
| Patagonia | 68 | 4.4 |
| Stages of lockdown | | |
| Unknown | 666 | 43.4 |
| 1 | 146 | 9.1 |
| 2 | 90 | 5.9 |
| 3 | 250 | 16.3 |
| 4 | 145 | 9.5 |
| 5 | 238 | 15.5 |

CABA: Autonomous City of Buenos Aires; Central Region: Córdoba, Santa Fe, and Entre Ríos; New Cuyo Region: Mendoza, San Juan, and San Luis; Great North Region: Tucumán, Salta, Misiones, Chaco, Corrientes, Santiago del Estero, Jujuy, Formosa, Catamarca, and La Rioja; Patagonia: Río Negro, Neuquén, Chubut, La Pampa, Santa Cruz, and Tierra del Fuego.

Thirty-eight percent of participants referred that they had consulted the health care system: 26%, in person; 11%, teleconsultation; 9%, telephone; and 2%, e-mail.

The qualitative analysis of positive aspects allowed to identify 7 categories: strengthening family bonds and self-esteem; discovering or returning to activities; strengthening the bond with friends and partner; introducing healthy habits; improving academic performance; nothing positive; and buying stuff (Table 5).

The qualitative analysis of negative aspects allowed to identify 8 categories: emotional distress; not seeing family members, friends, and partner; loss of educational spaces, bonds, and learning opportunities; nothing negative; disease and death of loved ones alone on their own; interruption of different projects; physical discomfort and weight gain (Table 6).

DISCUSSION

This study was conducted 5 months after the establishment of the ASPO and showed that most adolescents maintained their educational activities, spent a lot of non-educational screen time, and referred a low drug use. The main positive aspects were strengthening family bonds and discovering or returning to activities; whereas negative aspects were emotional distress and not being able to see family members or friends.

Most respondents were females; this is a frequent finding because they are usually more aware of health care and tend to make more consultations.⁷

The initial compliance with the ASPO during March, April, and May 2020 reduced to almost a half during August. This is an understandable behavior because social contact is highly relevant in this population group.

TABLE 3. Drug use among adolescents during the preventive and mandatory social isolation (n = 1535)

| Use | Total | | 12-14 years old | | 15-17 years old | | 18-20 years old | |
|-------------|-------|------|-----------------|-----|-----------------|------|-----------------|-----|
| | n | % | n | % | n | % | n | % |
| Alcohol | | | | | | | | |
| Less | 259 | 16.9 | 4 | 1.3 | 100 | 16.3 | 155 | 25 |
| Same | 70 | 4.6 | 2 | 0.7 | 18 | 2.9 | 50 | 8 |
| More | 69 | 4.5 | 3 | 1 | 15 | 2.4 | 51 | 8.2 |
| Tobacco | | | | | | | | |
| Less | 72 | 4.7 | 2 | 0.7 | 21 | 3.4 | 49 | 7.9 |
| Same | 30 | 1.9 | 2 | 0.7 | 7 | 1.1 | 21 | 3.4 |
| More | 38 | 2.5 | 2 | 0.7 | 10 | 1.6 | 26 | 4.2 |
| Marihuana | | | | | | | | |
| Less | 70 | 4.6 | 2 | 0.7 | 22 | 3.6 | 46 | 7.4 |
| Same | 31 | 2 | 2 | 0.7 | 8 | 1.3 | 21 | 3.4 |
| More | 44 | 2.9 | 2 | 0.7 | 16 | 2.6 | 26 | 4.2 |
| Other drugs | | | | | | | | |
| Less | 23 | 1.5 | 3 | 1 | 5 | 0.8 | 15 | 2.4 |
| Same | 8 | 0.5 | 3 | 1 | 1 | 0.1 | 4 | 0.6 |
| More | 9 | 0.6 | 2 | 0.7 | 5 | 0.8 | 2 | 0.3 |

TABLE 4. Sexual behavior among adolescents during the preventive and mandatory social isolation (n = 1535)

| | Total | | 12-14 years old | | 15-17 years old | | 18-20 years old | |
|---|-------|------|-----------------|------|-----------------|------|-----------------|------|
| | n | % | n | % | n | % | n | % |
| No sex drive | 696 | 45.3 | 232 | 76.3 | 292 | 47.7 | 172 | 27.8 |
| Masturbation | 658 | 42.9 | 75 | 24.6 | 260 | 42.5 | 323 | 52.2 |
| Living with a partner/girlfriend/boyfriend | 66 | 4.3 | 3 | 1 | 16 | 2.6 | 47 | 7.6 |
| Communication with a partner/girlfriend/boyfriend | 207 | 13.5 | 9 | 3 | 70 | 11.4 | 128 | 20.7 |
| Communication through dating apps | 33 | 2.1 | 5 | 1.6 | 12 | 2 | 16 | 2.6 |
| Breaking the isolation to have a sexual encounter | 146 | 9.5 | 4 | 1.3 | 34 | 5.6 | 108 | 17.5 |

In our study, most participants chose to share their feelings with friends in the first place and their mother in the second place. The study by Martínez Muñoz noted that children younger than 13 years were more willing to talk to their parents than older adolescents, but most referred that they are willing to talk to them if necessary.⁸ According to Bazan's publication, one-third of adolescents considered that they had no

one at home to talk to; although mothers were mentioned in the second place as someone with whom they could share their feelings.⁷

The adolescent population may describe problems related to cohabitation due to the prolongation of the ASPO. However, the family environment was defined as bad or regular only by 25% of respondents, and this was not related to the number of people sharing the household,

TABLE 5. *Positive aspects of preventive and mandatory social isolation among adolescents*

| Aspect | n | % | Phrase |
|---|--------------------|------|---|
| 1. I strengthened the bond with my family and my self-esteem. | 53 ^a ,6 | 34.3 | "Having fun with my mom", "Spending more time with my mom is the best thing about the lockdown", "I've learned to love myself as I am". |
| 2. I discovered or returned to activities (reading, cooking, painting, business project, etc.). | 321 | 20.5 | "I started reading for pleasure again", "I found out I like doing things I didn't know because I didn't have time to do them", "I've learned to play an instrument and connected with music a lot". |
| 3. I strengthened the bond with my friends and my partner. | 237 | 15.1 | "I've met and reconnected with a lot of people online", "My friendships improved, virtuality brought us closer". |
| 4. I've introduced healthy habits (exercise, food, sleep, rest, etc.). | 227 | 14.5 | "I eat healthier food and do exercise", "I fixed my bike to exercise". |
| 5. My academic performance has improved. | 192 | 12.2 | "I took and passed 6 courses from a teaching degree and that encouraged me to start another degree", "I passed my first university finals". |
| 6. There was nothing positive. | 165 | 10.5 | "Nothing good happened to me". |
| 7. I've bought stuff. | 77 | 4.9 | "I bought a lot of stuff in Mercado Libre and that made me happy", "I bought colorful lights and redecorated my room". |

TABLE 6. *Negative aspects of preventive and mandatory social isolation among adolescents*

| Aspect | n | % | Phrase |
|---|-----|------|--|
| 1. Emotional distress. | 355 | 22.7 | "I felt hopeless, like crying all the time", "I've lost a year of my adolescence, I'm depressed", "I can't find anything that makes me feel good really". |
| 2. Not seeing family members, friends, and partner. | 334 | 21 | "I miss them so much that I feel whacked", "Missing someone so much that I was weeping uncontrollably", "Not being able to visit my grandparents". |
| 3. Family conflicts resulting from living together. | 246 | 15.7 | "Everything with my family is wrong", "I found out my parents think ill of me", "I don't have a place for my own, I can't stand my sister anymore". |
| 4. Loss of educational spaces, bonds, and learning opportunities. | 217 | 13.9 | "I couldn't enjoy the experience of my senior year", "My brain doesn't understand I'm not on vacations", "I feel stressed because of university, virtual classes are really hard". |
| 5. There was nothing negative. | 208 | 13.3 | "Nothing bad happened, I don't mind the lockdown". |
| 6. Disease and death of loved ones alone on their own. | 152 | 9.7 | "Losing 2 friends and not being able to say goodbye", "My grandpa died and my grandma is sad and alone". |
| 7. Interruption of different projects (sports, parties, moving, etc.) | 144 | 9.2 | "It was my 15 th birthday but I didn't have a party", "I didn't enjoy any of the senior year stuff, like a trip or party or anything". |
| 8. Physical discomfort and weight gain. | 123 | 7.8 | "I feel lots of back pain because I'm sitting down all day", "My hair is falling out because of stress", "I gained weight". |

similar to what has been reported by Bazán.⁷

Most adolescents in our study performed educational activities. These results are similar to the study by Bazán, who reported that adolescents had a private space for their own, Internet connection, and devices to continue with remote learning. Many countries have designed different strategies to maintain education.⁹ However, a survey indicated that even though 91% of respondents said they continued with educational activities, 31% did not receive their teachers' feedback and 23% did not have any contact with them.¹⁰ Lastly, there is consensus that not attending school affects the development of social, educational, and emotional skills.¹¹

Entertainment and communication with peers were only possible through a screen, which may account for the high level of non-educational screen time. The survey on cultural consumption in Argentina reported that 80% of Argentinians use Internet, 63% have Internet connection at home, 90% have a mobile phone, and 75% use it as a multifunction platform to listen to music, watch movies and series, read, and play video games.¹²

Likewise, Vijil pointed out that 91% of students worldwide did not attend school and that information communication technologies (ICTs) were indispensable for learning, communication, leisure, and the protection of rights. It was also possible to confirm that devices are not harmful; their inadequate use by some people is harmful.¹³

Several studies demonstrated that routine changes favored certain habits, such as a sedentary lifestyle, unhealthy diet, irregular sleep patterns or more screen time.¹³ It is known that, in Argentina, 17% of adolescents aged 10-19 years have excess weight,¹⁴ a problem that has increased during the pandemic. The study by Kang referred that physical inactivity among Chinese adolescents increased from 21% to 65% and screen time, to 30 hours per week. Health organizations have pointed out that the challenges and opportunities during the pandemic entail establishing a routine in relation to habits, learning, and leisure time.¹⁵

It is worth noting that drug use was low. And among those who did use drugs, consumption was lower than usual. These results contrast with the report by Sedronar, which indicates that illegal drug use and alcohol abuse increased in the population aged 12-17 years.¹⁶ The lack of peer meetings may have been critical to limit drug use. The study by Tara in Canadian adolescents

showed a reduction in most drug use.¹⁷

In our study, adolescents referred a lack of sex drive, while older adolescents described an increase in masturbatory practice. The study by Nebot-García in Spanish adolescents showed that 82% masturbated, 33% did online sexual activities, and 10% had some sort of in person sexual encounter.¹⁸

In addition, 25% of adolescents mentioned that they attended in person medical consultations due to a health problem. Scheduled consultations and pediatric immunizations during the pandemic have been delayed.¹⁹ The study by Schnaiderman showed that 30% of parents did not take their children to the doctor's office due to fear of the pandemic.²⁰

Adolescents in our study manifested several positive aspects of the ASPO, such as strengthening bonds with their family and friends, introducing healthy habits, discovering or returning to activities, etc. According to the study by Sánchez Boris, Cuban adolescents described learning new things, skills, and the conveyance of positive messages to their peers and the general population, together with the strengthening of bonds with family and friends.¹³ In addition, a study in Polish adolescents showed an increase in the selection of healthy foods and the importance of weight control.²¹

The negative aspects described included emotional distress, family conflicts, not being able to see family and friends, disease and death of loved ones alone on their own. These aspects are all similar to those obtained by Cabana et al.²² Schnaiderman's study described that almost all parents observed emotional changes in their children, including boredom, irritability, and reluctance. Adolescents expressed a great level of sadness, in addition to the fear of losing loved ones, family, and friends. In addition, they also reflected on the current situation and uncertainty about the future. They had a greater concern about the consequences, not only at a personal, but at a community level, in terms of health, finance, and the vulnerability of certain populations. They missed their friends, felt overwhelmed by loneliness and the loss of initiation or ending rites.²⁰ Espósito described the need to have a strict monitoring of mental health in infants and adolescents during the shutdown of schools.²³

This study has several limitations: the results were obtained through a survey with close-ended and open questions, which may entail certain

information biases; in addition, adolescents may have felt conditioned in their answers. On the other side, the sampling was heterogeneous and, most likely, respondents were adolescents from urban areas with good Internet connection. However, we believe that this questionnaire provides valuable information about adolescent behaviors during the ASPO.

CONCLUSION

Most adolescents maintained their educational activities and referred spending a lot of non-educational screen time and a low drug use. Adherence to the ASPO decreased progressively over time. The main positive aspects were strengthening family bonds, improving self-esteem, and discovering or returning to activities; whereas negative aspects were emotional distress and not being able to see family members or friends. ■

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ANNEX

Questionnaire

Hi. We're a team of health care providers from Hospital Italiano de Buenos Aires working with adolescents. We would like to invite you to participate in a research study by completing this brief questionnaire about the activities of adolescents aged 12-20 years during the isolation. If you are interested in taking part, you should know that the questionnaire is completely anonymous. Please tell your friends about it in social media.

Thank you.

Age: years

Sex: female-male-other

District of residence: (Indicate city and province)

What is the stage of lockdown in your city at this time?

(Mark with an X 1-2-3-4-5-Unknown)

What is your highest level of education?

Incomplete primary education - Attending primary school - Complete primary education - Incomplete secondary education - Attending secondary school - Complete secondary education - Incomplete tertiary/university education - Attending tertiary school/university - No education.

How many adults share your household at this time?: 0 to 10

How many children or adolescents younger than 20 years share your household at this time?: 0 to 10

Do you have a place for your own during the day? Yes/No

Approximately, how many hours do you sleep per day?: 1 to 24 hours

Predominately, what are your bedtime hours at this time?:

From_to_.

Mark with an X which of the following meals you usually have at this time:

Breakfast - Lunch - Afternoon snack - Dinner

Do you share any of these meals with the adults who are in your household?

Mark with an X which one(s):

Breakfast - Lunch - Afternoon snack - Dinner - I don't share any meal

Is your school currently sending you activities? Yes/No/I don't go to school

Approximately, how many hours per day do you spend using a screen (mobile phone, computer, tablet or video game console) for activities that are not related to your education?: 0 to 24 hours

Who do you choose to talk about your feelings at this time?

No one - Friends - Father - Mother - Other adult family member - Boyfriend/girlfriend/partner - Teachers - Other

How would you describe your family environment during the lockdown? Bad - Regular - Good - Very good - Excellent

During the lockdown, did you talk to a health care provider to solve a problem? Yes/No

If you answered "Yes" above, please indicate the means of communication (you may select more than one option): Telephone - Teleconsultation - E-mail - In person

During the first 3 months of the lockdown, did you break the rules established by the government without due reason? Yes/No

During the past month? Yes/No

Could you tell us about your drug use behavior in the past month? You may select more than one answer:

I don't do drugs - I smoke less tobacco - I smoke the same amount of tobacco - I smoke more tobacco - I drink less alcohol - I drink the same amount of alcohol - I drink more alcohol - I smoke less marihuana - I smoke the same amount of marihuana - I smoke more marihuana - I use less drugs (others) - I use the same amount of drugs (others) - I use more drugs (others)

Could you tell us about how you have expressed your sex drive in the past month? You may select more than one answer:

I have no sex drive - Masturbation - I live with my partner/girlfriend/boyfriend - I talk to my partner/girlfriend/boyfriend - I use dating apps - I break the lockdown to meet other people

Please tell us 2 bad things that happened during the lockdown?

Please tell us 2 good things that happened during the lockdown?

Thank you for your help!