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## Lessons from the experience of adolescent migrants during the COVID-19 lockdown in Switzerland : a qualitative study

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**UNIVERSITE DE LAUSANNE - FACULTE DE BIOLOGIE ET DE MEDECINE**

Département Femme-Mère-Enfant

Service de pédiatrie

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**Lessons from the experience of adolescent migrants during the COVID-19  
lockdown in Switzerland : a qualitative study**

THESE

préparée sous la direction du Professeur Joan-Carles Suris

et présentée à la Faculté de biologie et de médecine de  
l'Université de Lausanne pour l'obtention du grade de

DOCTEUR EN MEDECINE

par

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pour Le Doyen  
de la Faculté de Biologie et de Médecine

Monsieur le Professeur John Prior  
Vice-Directeur de l'Ecole doctorale

# Lessons from the experience of adolescent migrants during the COVID-19 lockdown in Switzerland: a qualitative study

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(Information about the authors can be found at the end of this article.)

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*Ethical approval:* This study was performed in line with the principles of the Declaration of Helsinki. The research protocol was approved by the Cantonal (Vaud) Ethics Committee for Research on Human Beings (Date 29/09/2022/No # 2020-01858).

*Informed consent:* Informed consent was obtained from all individual participants included in the study. According to the current Swiss law and the minimal risks of the study, adolescents over 14 years of age could participate in the study without the consent of a legal representative.

## Abstract

**Purpose** – Three years after the COVID epidemic and the measures put in place by governments, the authors still cannot measure the full impact of them on the well-being and mental health of adolescents. This population was particularly impacted by this crisis, and some subgroups of young people, such as those from migration backgrounds, have been confronted with additional challenges. This paper aims to explore and describe the perspective and experience of migrant adolescents during the lockdown period

**Design/methodology/approach** – The authors performed 13 semi-structured interviews with migrant adolescents (nine females, median age 16) at the pediatric policlinic of Lausanne University Hospital in Switzerland between November 2020 and January 2021. Participants had been living in Switzerland for an average of 2.3 years. Three of them were staying in a refugee reception centre. A thematic content analysis was carried out to extract themes and topics.

**Findings** – Participants had difficulty understanding information about COVID-19 in general. Remote learning was described as stressful due to various factors and lockdown had an impact on their future plans, such as finding an apprenticeship. Some young people were already socially isolated, but families were generally supportive. They expressed particular concerns, such as the family's financial situation and the difficulty of living in refugee reception centres.

**Practical implications** – In the event of further lockdown, special attention must be paid to these adolescents to ensure their proper development and integration. Comprehensive follow-up of this population during and after the pandemic is essential.

**Originality/value** – This study provides a better understanding of the pandemic experience of migrant adolescents and underlines their difficulties.

**Keywords** Adolescent migrants, COVID-19, Lockdown, Qualitative study

**Paper type** Research paper

## Introduction

The COVID-19 pandemic and the measures put in place by governments have changed our daily lives. In March 2020, the Swiss Federal Council ordered a semi-lockdown and, as in most countries, schools and non-essential businesses closed to slow the virus transmission (World Health Organization, 2020a). In Switzerland, schools were closed between March and May 2020 (Etat de Vaud, 2020), but throughout the waves of COVID, non-essential stores and leisure areas were closed repeatedly. In contrast to other countries with severe lockdown rules in terms of access or meeting, the Swiss government did not restrict essential outings, and outdoor activities were tolerated as long as sanitary measures could be applied (Le portail du Gouvernement Suisse, 2020).

Since 2020, multiple publications have explored the impact of the lockdown on the mental health and well-being of populations ([The Lancet Psychiatry, 2021](#); [Lindert et al., 2021](#); [de Quervain et al., 2020](#)). These studies, based on the current epidemic and other health crises, affirm that the pandemic and the measures adopted have a significant psychological and social impact on the short and long term, especially for children and adolescents ([Cao et al., 2020](#); [Esposito et al., 2020](#); [Fegert et al., 2020](#); [Guessoum et al., 2020](#); [Jones et al., 2021](#); [Lavigne-Cerván et al., 2021](#); [Trickey et al., 2012](#); [Brooks et al., 2020](#); [Schmidt et al., 2021](#)).

Adolescence is a key developmental period involving numerous changes with physical and psychosocial maturation ([Chulani and Gordon, 2014](#)). During this transition, young people acquire new social and cognitive skills while defining their own identity ([Waterman, 1982](#)). With the lockdown and crisis-related uncertainties, several elements that contribute to their healthy development and their daily lives have been transformed with the closure of schools ([Fegert et al., 2020](#); [Viner et al., 2022](#)), the separation from their peers ([Esposito et al., 2020](#); [Guessoum et al., 2020](#)), the increase in time spent at home ([Trickey et al., 2012](#); [Cobham et al., 2016](#)) and the change in their rhythm of life and their activities ([Lavigne-Cerván et al., 2021](#)).

Numerous studies have aimed to measure the impact of these changes on young people, with a particular focus on mental health ([Cao et al., 2020](#); [Esposito et al., 2020](#); [Fegert et al., 2020](#); [Guessoum et al., 2020](#); [Jones et al., 2021](#); [Lavigne-Cerván et al., 2021](#); [Brooks et al., 2020](#)). The results are clear: a lockdown puts adolescents at risk for anxiety, depression and post-traumatic stress disorder ([de Quervain et al., 2020](#); [Cao et al., 2020](#)). The main stressors are the duration of isolation, fear of infection, close contact with the disease, loss of daily routine, isolation from social contacts, lack of information and economic instability ([Cao et al., 2020](#); [Brooks et al., 2020](#); [Cluver et al., 2020](#)). However, the full extent of the impact of this crisis on the well-being and mental health of children and adolescents is not fully determined ([Bell et al., 2023](#); [Hawke et al., 2021](#); [Pierce et al., 2020](#); [Kola et al., 2021](#); [Lemkow-Tovías et al., 2023](#)).

The impact of the pandemic has not been uniformly felt ([World Health Organization, 2020b](#)), and the crisis has highlighted and exacerbated situations of inequity that were already present ([Patel et al., 2020](#)). As predicted by the United Nations in a report on children and COVID ([UNICEF, 2020](#)), “the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighborhoods, and for those in already disadvantaged or vulnerable situations” (page 2). Right from the start of the pandemic, many researchers and policymakers underlined the importance of including all populations in health measures and prevention messages. This may include refugees and migrants ([Brandenberger et al., 2020](#) ; [Kluge et al., 2020](#) ; [Orcutt et al., 2020](#)).

In Switzerland, 30% of young people under the age of 15 come from a migration background and 10% of them were born abroad and are, therefore, considered first-generation migrants [[Office fédéral de la statistique \(OFS\), 2022](#)]. They may be economic migrants or refugees forced to flee their country. This subgroup of adolescents is recognized as being in a vulnerable situation ([Jones et al., 2020](#) ; [Wood and Devakumar, 2020](#)) and could face more and different challenges than their peers. In addition to undergoing their transition to adulthood, they experience changes associated with migration, such as learning a new language and being exposed to the new beliefs and behaviours of the host country ([Berry et al., 2006](#); [Dimitrova et al., 2016](#)). They are more at risk to have reduced access to usual health services, financial instability, challenges at school, poor social support and difficult living conditions in refugee reception centres ([ISSOP, 2018](#); [Carrasco-Sanz et al., 2018](#)). They can also be exposed to stress related to uncertainties surrounding immigrant status ([Jones et al., 2020](#)). They are subject to trauma and grief before, during and after the migration ([Fazel and Betancourt, 2018](#)). Despite all

these possible challenges, these young people are also known to have a strong capacity for adaptation (Motti-Stefanidi and Masten, 2017), resilience and many strengths (Suárez-Orozco *et al.*, 2018).

Despite the high number of publications on adolescents regarding their COVID-19 experiences and mental health, few of them (Kluge *et al.*, 2020; Nakhaie *et al.*, 2022) focus on this underrepresented population of migrants and refugees. Although their experiences could be similar to those of other young people of the same age, we assume that they presented specific challenges in understanding COVID-related information, dealing with remote learning in a new language, with potential financial hardship or with their place of habitation.

As part of a larger exploratory qualitative study on adolescent's experiences regarding the pandemic and the lockdown (Barrense-Dias *et al.*, 2021), we interviewed adolescents with a migrant background. Through this exploratory research, we hope to understand these adolescents' experiences during the pandemic and lockdown to learn about their perspectives and their resources. The results will thus enable us to highlight some recommendations on specific support for this population in the event of another lockdown.

## Methods

To capture youth perceptions, feelings and experiences, we used a qualitative approach through individual semi-structured interviews. This methodology allowed us to focus on the individuals' perspective, to better understand the meaning given to the experiences and to deepen the comprehension of it (Rich and Ginsburg, 1999), which was described as particularly appropriate for studies in the context of migration (Dona *et al.*, 2019; Zapata-Barrero and Yalaz, 2018). This methodology also seems particularly adapted to the target population because it allows oral expression rather than written, as some participants who have recently arrived in Switzerland may still have difficulty reading French. In addition, an environment of trust is necessary to approach these young people, which is possible with an in-depth interview (Minhat, 2015).

When conducting research with participants who have lived through a migration experience, it is important to be aware of certain particularities to ensure an ethical approach. The investigator must adopt a reflexive posture and a culturally sensitive attitude (Ogilvie *et al.*, 2008) by examining her/his own role and be aware of the impact of her/his own representations, culture, history, beliefs and values in the encounter with the participant (Nguyen *et al.*, 2013). It is also essential for the interviewer to have a good knowledge of the asylum system in the country of study and of the implications of the migration process for the person being interviewed (Ogilvie *et al.*, 2008). Researchers must recognize the power dynamic that can be induced between the young participant and the investigator (Dona *et al.*, 2019), as it could have consequences, such as making a young person feel obliged to participate (Salam *et al.*, 2021).

The participants were recruited at the pediatric outpatient clinic at the University Hospital of Lausanne by the medical staff. This consultation provides pediatric follow-up for all children and adolescents who have recently arrived in the canton of Vaud in Switzerland, regardless of their residency permit. As trust and security are important factors in encouraging participation in studies with youth with migration backgrounds (Enticott *et al.*, 2017), this allowed participants to carry out the interviews in a familiar place. The interviewer worked in this clinic and, therefore, had a good knowledge of the asylum system in Switzerland and of the possible path taken by young people and their families since their settlement. The participation in the study was proposed to all patients with a migration background, aged between 14 and 18 years and being able to understand and respond in French or English.

We created an interview guide with open-ended questions to explore different topics related to the pandemic (knowledge, perceived gravity, overall feeling, respect of and opinions on

sanitary measures) and the lockdown (first reaction, comprehension), how they managed it (activities, daily routine, relation with friends and family, school, emotions).

Thirteen interviews were performed between November 2020 and January 2021. They lasted between 18 and 60 min with an average of 34 min. The interviews were conducted at the hospital by the first author. One of the interviews was done via a secured videoconference platform due to the health situation and the preference of the patient not to come to the hospital.

All participants received an information letter and a consent form, either directly before the interview or by mail in case of the online interview. A brief questionnaire was administered to obtain the sociodemographic background, including some questions about the pandemic. The documents were available in French and in English. The key points comprised in the information letter, as well as the confidentiality issue, were orally reminded before starting the interview. All interviews were audio-recorded and transcribed verbatim in an anonymous way (all identifiable elements were removed). As the level of oral French or English was sometimes very basic, some verbatim had to be slightly adapted during the transcription to ensure comprehension and allow their translation from French into English. The interviews were deleted after their analysis. Participants received a gift card worth 30 Swiss francs in appreciation for their participation in the study.

The research protocol was approved by the Cantonal (Vaud) Ethics Committee for Research on Human Beings. According to the current federal law and the health risks of the study, adolescents over 14 years of age could participate in the study without the consent of a legal representative.

We used the programme MAXQDA to code and process the data obtained from the transcribed interviews. To extract the different themes and topics raised by the participants, we carried out a thematic content analysis, a method for extracting interpretations and subjective meanings using a process of classification and categorization of data. The first author read several times the transcriptions to obtain a general idea of the data and then coded and classified the data according to the themes and sub-themes identified for the analysis. These analyses were systematically reviewed by the other authors to discuss any discrepancies. This process allowed for a form of triangulation, avoiding the risk of bias.

## Results

Thirteen adolescents were interviewed, nine of them were females. The median age was 16 years [between 14 to 18 years]. They were originally from Somalia, Eritrea, Syria and Mongolia. Seven of them had refugee status, three of them had a less stable status with temporary refugee permits or were awaiting an answer about their application for refugee status. Three participants were unclear about their migration situation. They had been living in Switzerland for an average of 2.3 years. They all had access to ordinary school or French classes. Three of them were living in refugee reception centres. The rest lived in independent apartments and one youth lived with her mother and roommates. The vast majority of youth had to share a room with a family member, either with siblings or with one of their parents. Half of them had access to an outdoor space, such as a balcony or a garden. The complete socio-demographic characteristics of the sample can be found in [Table 1](#).

The analysis of the interviews generated seven main themes: lack of knowledge and access to information; challenges with remote schooling; family relationships; life in the refugee reception centres; activities during the lockdown; social relations; and special concerns during the pandemic and the lockdown.

### *Lack of knowledge and access to information*

Participants encountered difficulties in understanding the COVID-19 related information, whether it was about the virus or related to the lockdown. While adolescents had good

**Table 1** Characteristics of the sample

No.	Age	Sex	Origin	Living in Switzerland (CH) since (years)	Activity	Siblings (age in years)	People living at home	Housing type	Sharing a bathroom and kitchen with other people than family	Sharing a room with a family member	Access to the outside	Date interview
1	16	F	Somalia	1	Mandatory school	2 (18, 15)	5	Apartment	No	1 sister	Balcony	October 2020
2	17	F	Eritrea	2	Transition schoola	4 (14, 11, 9, 4)	6	Apartment	No	2 sisters and mother	No access	October 2020
3	14	M	Eritrea	2	Mandatory school	4 (17, 11, 9, 4)	6	Apartment	No	1 brother	No access	October 2020
4	17	F	Syria	7	High school	1 (21)	4	Apartment	No	1 brother	Balcony	October 2020
5	16	M	Somalia	6	Mandatory school	7 (18, 17, 14, 11, 9, 5, 3)	9	House	No	Alone	Garden	October 2020
6	14	M	Syria	1	Mandatory school	2 (16, 10)	X	Refugee's Centre	Yes	1 brother	No access	November 2020
7	18	F	Somalia	1	French classb	2 (16, 14)	5	Apartment	No	1 sister	Balcony	November 2020
8	14	M	Eritrea	2	Mandatory school	3 (18, 10, 2)	5	Apartment	No	Father	Balcony	December 2020
9	14	F	Mongolia	1	Mandatory school	None	4	Sharing Apartment	Yes	Mother	No access	December 2020
10	16	F	Syria	1	Mandatory school	2 (14, 10)	X	Refugee's Centre	Yes	Alone	No access	December 2020
11	17	F	Eritrea	2	Transition schoola	2 (18, 12)	4	Apartment	No	1 sister and mother	Garden	December 2020
12	17	F	Syria	1	Mandatory school	2 (23, 21)	X	Refugee's Centre	Yes	Mother and father	No access	December 2020
13	18	F	Syria	3	French classb	4 (22, 16, 14, 4)	7	Apartment	No	1 sister	Balcony	January 2021

**Notes:** <sup>a</sup>Transition school is a structure for young people who have finished mandatory school but who have not yet found a training/apprenticeship position; <sup>b</sup>French class are offered to young people who are too old to be in the mandatory school system

Source: Table by authors



knowledge of the origin of the virus and its mode of transmission, knowledge of the symptoms of the disease was very poor. "It's hot [pointing her head], it's a headache. And just like that, I don't know (Laughs). My mom knows but I don't". (*Girl, Mongolia, age 14*). Those who were able to mention symptoms spoke of flu with cough, fever and sore throat. The more severe symptoms were unknown and young people only mentioned some words like "death" and "severe" consequences.

Some of them experienced significant comprehension problems at the announcement of the lockdown and the sanitary measures, creating a source of significant distress. For example, a young girl understood that the grocery stores would close as well, resulting in limited access to food and did not understand the time-limited nature of the lockdown. "My teacher told me that it would close on Monday. And immediately I called my mother and I told her to go to the shop and buy something to eat because my teacher told me that everything would be closed. I thought it was all the shops too [...] I felt very bad because I thought it would close forever". (*Girl, Eritrea, age 17a*). Another youth went to school after the lockdown started as he did not understand the information he received. "But I went to school. [...] Afterwards, I tried to pull the door but it was closed and afterwards, I read the sheet on the door". (*Boy, Eritrea, age 14a*).

This misunderstanding could be not only partly related to the language barrier but also to difficulties in accessing quality media as the main source of information cited by the youths were social media and the internet in general. Few of them had access to the Swiss media and official information. "The most important thing is to watch the news but we don't have a TV in Switzerland because of that, I had to watch on Facebook". (*Girl, Eritrea, age 17a*).

Unlike other youths of the same age, these adolescents could not always rely on their parents to provide them with information because they were not always able to read and write. It was then the responsibility of the youth to inform their parent. "We told her [mother] because she can't understand or she can't read". (*Girl, Somalia, age 17*).

Even if they presented some difficulties of comprehension at the beginning, the sanitary measures were well understood and accepted. "For me a rule is a rule and it was good for you, for me and for the people around me. I don't have problem with this rule". (*Girl, Somalia, age 16*). During the lockdown, the families stayed in their homes and respected extremely well the barrier measures. "Wash your hands, disinfect the hands, wear the mask!". (*Girl, Eritrea, age 17b*).

For some of these young people learning French, wearing a mask could also be a barrier to good understanding, especially at school. "And sometimes, some teachers talk like that [imitation] and with the masks, I can't hear anything". (*Girl, Mongolia, age 14*).

### ***Challenge with remote schooling***

Difficulties with remote schools were particularly high among the participants and related to different factors.

Firstly, they reported difficulties due to the lack of computer equipment. "We are 4 children, we were not ready to buy computers or to buy printers. Especially my mother, she was very sad because without the computers, we could not work. All the time my mother was very sad because she didn't buy the computer for us". (*Girl, Eritrea, age 17b*).

Even if technological equipment was available, participants reported a lack of knowledge on its use. "It is very difficult for me, I do not understand anything when studying with the internet. With the computer, I don't understand anything [...] it was very complicated the first time, but my teacher she tried to explain it to me on a mobile phone, with a video but [...] it was very complicated; I didn't know how to do anything". (*Girl, Eritrea, age 17a*).

Some received computer support from the school: "I asked if I could take [a computer] and they said yes". (*Boy, Syria, age 14*).

Secondly, they had difficulties with understanding the homework in general, especially because of the lack of interaction with teachers. "[...] It was very difficult because there were things that we didn't understand. If the teacher explained it to me, she would have given me all the information [...]. I've done some things but there are things that were very wrong. It's better that we go back to school so it's better for us and for a better understanding". (*Girl, Syria, age 16*).

Difficulties were also specifically related to the French language and have led to a certain frustration of not being able to progress in learning the language during this period. "You could not have contact with other people or learn more French. And you couldn't even contact the teacher or understand what she was saying. Of course, you can understand what the exercise is about but you couldn't understand much French [...] I feel that I lost the whole year of my school. Because when I came here [Switzerland] the first two months I was in a school and then it was over and I didn't know French, I couldn't learn French and I couldn't do more". (*Girl, Somalia, age 16*).

Furthermore, support within the family was limited, particularly in relation to language barriers. "It was not easy. I didn't understand anything, because my family speaks a little French, my brother speaks better, but he had his job. And I couldn't say 'come here, explain to me what it means'. It was not easy when I was alone. And I didn't understand anything and I was crying [Laughs] because really, how to say, it was complicated". (*Girl, Syria, age 18*).

For some, homework and related difficulties were part of their daily lives and their lockdown focused on this issue. "Above all, we are a family, we are all at home. We don't go out, we do homework all the time, we don't understand all the homework, we stress [...] [tears]". (*Girl, Eritrea, age 17b*).

For others, it was the organization of the day and finding a rhythm without school schedules that was difficult. "During the first week, I was a little too lost. I didn't know how to do the homework for the whole day. I would do the evening, morning, and afternoon but then if I woke up around 11 o'clock like that and even 12 o'clock, I didn't have time to do all my homework so there was homework that I didn't do and I skipped". (*Boy, Somalia, age 16*).

Some did not have space to study on their own and, therefore, encountered difficulties:

I was nervous to study at home on "Zoom". Yeah because I was with my mom and dad, there was no room for me. (*Girl, Syria, age 16*).

Participants mentioned a significant impact of the lockdown on their future plans, particularly for the research of an apprenticeship position. "I didn't feel good because I really wanted to do my apprenticeship fast, and finish and learn to get pharmacy degrees and there I wasted time". (*Girl, Eritrea, age 17a*).

Internships were also difficult to find due to sanitary measures and future prospects were reported negatively. "Now when I call to find an internship, they say that, the stores are small, it's not just pharmacy assistant but also sewing or florist or hairdresser. That's all they said, it's because of the corona, the stores are too small it's not possible, we're going to make the rules like that. They are not going to take this year and next year, it's very difficult". (*Girl, Syria, age 16*).

### ***Family relationships***

It was interesting to note that the families were generally very close and used to spend a lot of time together, so the lockdown seemed to have little/no effect on this point. "It did not impact a lot our family because we are always together but it was hard to stay indoors all day, looking at each other". (*Girl, Somalia, age 16*).

Very few conflicts were reported in the families, but some youth described difficulties related to proximity for those who had to share a room with a sibling or sometimes with their parents. “[...] *Being in a room with my mom, it was too stressful [...] because other people were in a big house and didn’t need to see their parents always and to stay in their room, and it’s hard because it was like this for me, I was with my mom*”. (Girl, Mongolia, age 14).

A young girl known to have a chronic illness encountered practical difficulties with tele-medicine by having to share her room with her sibling and felt strongly about the lack of privacy. “Sometimes she gave me an appointment by phone (her doctor), it was not easy because I didn’t understand anything and I couldn’t talk because my family was with me at home. And yes, and my sister, she was with me in the room and really, I couldn’t talk”. (Girl, Syria, age 18).

### ***Life in the refugee reception centres***

A small proportion of interviewed youth was living in refugee reception centres. All of them expressed great difficulties, especially with the hygiene in the shared spaces like the toilets and the kitchen, or in relation to the proximity with the other inhabitants. “We were very afraid because there are some families who have caught COVID and we were afraid because there were several people touching the same things. We were in the same toilet, the same shower, the same kitchen, the same dining table, all that. And we were very afraid, we always disinfected, we always cleaned the room and the kitchen”. (Girl, Syria, age 16). This same girl also mentioned logistical problems with small shared spaces for family life. “We all met together in my parents’ room, but it is very small. We stayed for a maximum of 30 minutes and then we went back to our own room because it is very small”. (Girl, Syria, age 16).

After their arrival in Switzerland, refugees usually spend an initial period in refugee centres. After that, the families are housed in independent apartments. Due to the pandemic, their move was delayed with little certainty about the waiting time. “We get used to it, we try to get used to staying here. And they tell us, we stay here 6 months but we stayed a year”. (Boy, Syria, age 14).

This delay was a big disappointment for youth and their families. “And after the corona, they told us that we have to stay. We wanted to visit an apartment but they say that’s not possible. That’s what pissed me off and is the saddest thing for us”. (Girl, Syria, age 17).

### ***Activities during the lockdown***

Despite the fact that Switzerland ordered a semi-lockdown, interviewed youths did not take the liberty to go outside for activities. “Why should I go out alone, it’s not possible. Because we are afraid, we stayed at home. Why should I go out? That’s what they say, it’s forbidden”. (Girl, Eritrea, age 17b).

Even leaving their own room was only done for specific moments such as eating. “I was always in my room, I don’t go out, unless it’s to cook or to eat something [Laughs]”. (Girl, Mongolia, age 14).

The time spent on screens was perceived as having significantly increased for several activities, and some mentioned that it was a way to progress with learning French. “Yes on Youtube, I was watching the videos in French. After the lockdown, my French was actually better”. (Girl, Mongolia, age 14).

For some very isolated youths, the lockdown made no difference in terms of activities. “If there is COVID or no COVID, I stay at home. So it doesn’t change anything for me, but my brother for example, he always stays outside with his friends, so it always bothers him because he doesn’t like to stay at home”. (Boy, Syria, age 14).

### ***Social relations***

None of the young people had real contact with their friends. Many described an initial weak social network with significant isolation outside of their families. “Up to this day, I have no friends. There are no friends. Yes, because [...] I don’t know everyone in the school and [...] it was, I speak a little bit of French, I can’t get in touch with people and I don’t have many friends”. (*Girl, Syria, age 18*).

For the adolescents who had recently arrived in Switzerland, school was often the only place where they could meet other people of their own age. “I felt that I was alone. We laughed a lot in the classroom, we played together but when it closed, there are no things like that”. (*Girl, Syria, age 16*).

Social networks or online games were the way to stay in touch with their friends in Switzerland but also those in their own country. For some, social networking and chats took so much space in daily life that they did not seem to suffer from the situation and the lack of contact during the pandemic. “It’s okay not to see my friends. It’s not a big deal. For me, it’s normal”. (*Boy, Syria, age 14*).

### ***Special concerns during the pandemic and the lockdown***

The death of a parent was a major source of concern. “I am afraid for her [mother]! Of her death, because we are all alone in Switzerland, we only have our mother for us”. (*Girl, Eritrea, age 17*). This concern was associated with the fear of being alone. “Afterwards, the parent dies and you are left all alone”. (*Boy, Eritrea, age 14b*).

A young girl shared significant concerns related to her family’s financial situation and the significant impact of her mother’s stress on her. “Really at first it was good because it was like on vacation, there was no homework. And I didn’t think about money or stuff like that. Afterwards my mom, she started to stress because she didn’t have money. If you don’t have money, you can’t pay [...]. She was too stressed out about it [money] and she talked about it all the time. It was a bit stressful”. (*Girl, Mongolia, age 14*).

### **Discussion**

This study provides a better understanding of the pandemic and lockdown experience of migrant adolescents in Switzerland and confirms some of our initial hypotheses. Furthermore, our results regarding the challenges this population may face are in line with other studies carried out at the time of the pandemic among young migrants arriving in high-income countries ([Nakhaie et al., 2022](#); [Couch et al., 2021](#); [Campbell-Scherer et al., 2021](#); [Ahmed et al., 2021](#); [Clarke et al., 2021](#); [Kellock and Ntalianis, 2020](#); [Gautham et al., 2021](#)).

Firstly, we note that there were gaps in the access to information and in the understanding of the sanitary measures and the virus itself. This finding has also been observed by other authors who point misinformation in migrant communities linked to language barriers and possible cultural distance from the information given ([Campbell-Scherer et al., 2021](#); [Ahmed et al., 2021](#)). In another study conducted in Switzerland ([Ruedin et al., 2022](#)), it was shown that despite language barriers, surveyed migrants were able to obtain information about the virus, notably from data available in their country of origin. In our study, young people mainly used social media to access information.

The adolescents we met mentioned that their parents also lacked information with limited access due to language or literacy barriers. As emphasized by the literature, well-informed parents will be better able to support and communicate with their children ([Wang et al., 2020](#)). In addition, it is noted that youth who communicate about COVID with their parents are less likely to have experienced depression, anxiety and stress ([Tang et al., 2021](#)). In the

context of migration, it is common for family roles to change. Adolescents often integrate more quickly into the host society than their parents thanks to faster language learning and school attendance. They can then play an informative role for the family (Titzmann and Gniewosz, 2018). In the pandemic context, we note that many of the adolescents we met had played a key role for their families in translating and transmitting COVID-related information. This point was also underlined in a study carried out in Australia with a similar population (Couch *et al.*, 2021; Centre for Multicultural Youth, 2020). As emphasized by the literature (Brooks *et al.*, 2020), we note that this lack of information and misinformation produced a lot of stress among our participants. Additionally, some authors mention that lack of information can also have consequences for access to care, social support (Enticott *et al.*, 2017) and compliance with measures (Ruedin *et al.*, 2022).

Secondly, remote schooling was another major source of stress in the present study. The lack of access to technological equipment and little knowledge on how it works have been major challenges for many of these young people and have also been described in other studies (Campbell-Scherer *et al.*, 2021; Meyer *et al.*, 2023; Kellock and Dhieu, 2021). Participants also mentioned additional issues linked to their low level of French, with difficulty asking teachers for help and understanding the homework, accentuated by the lack of face-to-face support. Unlike other young people, they could hardly count on their parents' help, being allophones themselves. In a study carried out in Canada, parents of refugee children (Gautham *et al.*, 2021) expressed great concern about the impact of the COVID-19 crisis on their children's education. Although materials were provided, few felt comfortable using them, and half the parents felt unable to help their child with school tasks in the host country's language.

According to the World Health Organisation (United Nations, 2020), the COVID-19 crisis has increased educational inequalities and reduced educational opportunities for the most vulnerable, and long-term consequences can be expected (Kollender and Nimer, 2020). This is expressed in our study along with the youth's impression of having wasted time in and having little opportunity to find an apprenticeship position, leading to unclear prospects. This was also described in an Australian study (Kellock and Ntalianis, 2020) in which young refugees mentioned their difficulties to hold a stable job, with an impact on housing security and the possibility of achieving academic goals.

The young people we met placed great importance on their education. As emphasized in the literature, academic achievement is one of the main protective factors for mental health among migrant adolescents (Fazel and Betancourt, 2018) and a strong indicator of current and future adaptive success (Berry *et al.*, 2006; Motti-Stefanidi and Masten, 2013; Schachner *et al.*, 2018).

Thirdly, young people have globally been socially isolated during the pandemic. It is important to note the general isolation of the participants as, even before the lockdown, many of them said that they had no friends. This result can be particularly worrisome as socialization and contact with peers are key to the development of all adolescents (Blakemore and Mills, 2014). This process contributes to the construction of identity and self-affirmation (Orben *et al.*, 2020). Social support is also described as an important protective factor for mental health and resilience in every youth (van Harmelen *et al.*, 2017; Masten and Motti-Stefanidi, 2020). While social contacts with peers were very weak among participants, relationships with the family were very strong and provided essential support and could be considered as a protective factor (Nakhaie *et al.*, 2022; Orben *et al.*, 2020; Burgos *et al.*, 2017). However, social isolation can have an impact on the whole family. As described in a framework concerning the influence of COVID-19 on refugee children and families' health (Browne *et al.*, 2021), social disruption has a significant negative effect on all factors that promote resilience and family well-being.

Fourthly, another of the difficulties encountered by the participants was the lack of available space. Almost all of them had to share a room with another family member. This was not

only a problem for family time, for remote schooling but also when telemedicine was used. This last point underlines the limitations of telemedicine for some people when a confidential environment is required for the person at home (Fegert *et al.*, 2020). As described in other studies (Cluver *et al.*, 2020; Jones *et al.*, 2020), young people who suffered most from the lack of space were those living in refugee centres, sharing common spaces with other families such as kitchens and bathrooms. This situation also generated a considerable amount of stress, in part due to the fear of COVID infection. The literature mentions housing density for a family as associated with impaired mental health during COVID (Nakhaie *et al.*, 2022). This could also be due to the intersection between living in overcrowded housing and having a low socio-economic status, which has been widely described as a major source of stress (Brooks *et al.*, 2020; Campbell-Scherer *et al.*, 2021; Gautham *et al.*, 2021). In this line, financial difficulties were an important concern for some of the young people we met.

Finally, some participants mentioned a major fear of losing a family member like their parents and of seeing their family separated. Migration increases the risks of traumatic events during different steps of the process (before the migration, during the journey and upon arrival in the host country) (Pumariega *et al.*, 2005). These young people have already been exposed to potentially traumatic events in the past, such as the separation of a family member, lack of access to food or even war and this may influence the impact of such a crisis and their reaction to a new emergency situation such as a pandemic (Fazel and Betancourt, 2018).

In light of these results, several recommendations can be outlined to ensure adequate support for this population with specific needs in the event of a new crisis. It is essential for policymakers to provide quality information in different languages and with terms and through channels, such as social media, that are appropriate for young people (Dardas *et al.*, 2020). To reach the whole population with a migration background, certain information channels such as community and cultural resources could be used to disseminate information to this population (Campbell-Scherer *et al.*, 2021; Clarke *et al.*, 2021; Ruedin *et al.*, 2022). These communication approaches would ensure that the message is also understood by all parents.

Concrete material support, such as technological equipment, must be provided promptly in the case of homeschooling, along with training in its use. Special attention must be paid to ensuring that these young people are not left behind, as they may find difficult to ask their teachers for help and have limited parental support due to language proficiency.

All organisations, whether medical, psychosocial or educational, must maintain access to facilities that contribute to young people's resilience (Browne *et al.*, 2021; Weine *et al.*, 2014). This involves ensuring a social link with young people and their families (Browne *et al.*, 2021) supporting language learning and education (Fazel and Betancourt, 2018). It is also important to provide social support to ensure financial security for the basic needs of the family. Access to healthcare facilities should also be ensured (Fegert *et al.*, 2020).

Given the long-term repercussions of a health crisis, interventions must be sustained and ensured over time. Resources are available (Centre for Multicultural Youth, 2016) to guide organizations in improving their engagement with migrant youth, and these frameworks could be used as resources. At the heart of this framework are the young people themselves, whose experience and voice should guide our approach.

This study brings information on the pandemic and lockdown experiences through young migrant voices, a very understudied population difficult to recruit. However, some limitations need to be highlighted. As one of the inclusion criteria was comprehension of French or English, we could not include all young migrants in this study and more specificities/different experiences might be found if those not speaking these languages were included. As the interviews were conducted eight months after the first measures and the lockdown were put in place, a memory bias can not be excluded.

## Conclusion

Coping with the changes of adolescence and migration requires skills. Migrant adolescents may face additional challenges with the integration process, learning a new language, understanding a new school system and with the socialisation process with peers. Our qualitative study reveals that the COVID crisis has added further difficulties for this population in some areas like the understanding of information difficulties in their education and socialisation. In the event of a further lockdown, special attention must be paid to this population to ensure their proper development and integration. A holistic follow-up of this young population during and after the pandemic is needed.

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