

Adolescents amid emerging COVID-19 pandemic in Bissau, Guinea-Bissau: a qualitative study

Fatou N'dure Baboudóttir ¹, Zeca Jandi ², Bucar Indjai ²,
Jónína Einarsdóttir ¹, Geir Gunnlaugsson ¹

To cite: N'dure Baboudóttir F, Jandi Z, Indjai B, *et al.* Adolescents amid emerging COVID-19 pandemic in Bissau, Guinea-Bissau: a qualitative study. *BMJ Paediatrics Open* 2022;**6**:e001417. doi:10.1136/bmjpo-2022-001417

► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/bmjpo-2022-001417>).

Received 17 January 2022
Accepted 25 March 2022



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¹Faculty of Sociology, Anthropology and Folkloristics, School of Social Sciences, University of Iceland, Reykjavik, Iceland

²National Institute for Studies and Research (INEP), Republic of Guinea-Bissau, Bissau, Guinea-Bissau

Correspondence to
Professor Geir Gunnlaugsson;
geirgunnlaugsson@hi.is

ABSTRACT

Background Worldwide, governments have implemented restrictions on movement and gatherings to contain the COVID-19 pandemic. In the spirit of the Convention on the Rights of the Child, children have a right to express their opinion on matters of concern to them. The study aimed to describe and analyse how adolescents in the capital Bissau understood the unfolding COVID-19 pandemic and their lived experiences during the first 3 months of the pandemic.

Methods Collaborators identified participants in five urban areas in Bissau in June 2020. Semistructured, open-ended interviews were conducted with 30 adolescents aged 15–17 years, attending private and public schools or out-of-school. The interviews were conducted in Kriol, recorded, transcribed, translated and analysed.

Results All the participants were heavily affected by the confinement measures during a state of emergency. Almost all believed in the realness of coronavirus while there were some doubts about its arrival in the country. The consequences were staying at home, enforced with increased police violence. At the same time, other violence on the streets or between neighbours had decreased. A few participants said they liked staying at home because they appreciated spending more time with their families. Most participants claimed that they and their family members tried to follow preventive measures. Almost all participants voiced concerns about the worsening financial situation at home, leading to food scarcity. Nearly all the adolescents were tired of the lockdown and worried about the pandemic's implications on their future opportunities.

Conclusions Study participants, here adolescents in Bissau, have a clear notion of their existence and the current situation's potential negative impact on their future. Their voices need to be heard and acted on, which may soften the lockdown's negative impact on adolescents in Guinea-Bissau, as elsewhere.

INTRODUCTION

During the first months of the COVID-19 pandemic, children and adolescents were not at high risk for infection nor the drivers of community transmission^{1 2}; in case of infection, they had less severe symptoms, and mortality was lower than for other age groups.^{3 4} Yet, their lives were affected in many ways that exposed and aggravated inequalities,

What is known about the subject

- Adolescents across the globe have experienced lockdown and containment measures in response to the COVID-19 pandemic.
- The pandemic has exposed and compounded existing inequalities among adolescents within and between countries and continents.
- Increased violence and worse mental health among adolescents have been reported because of the pandemic.

What this study adds

- The realness of COVID-19 for adolescents was felt through the state of emergency and confinement measures, not by knowing people with the disease.
- COVID-19 led rapidly to a worsening financial situation, lack of food, boredom and postponement of the future with delayed education.
- The participating adolescents in Bissau have a clear notion of their existence and current situation due to the pandemic affecting their future aspirations.
- A child rights-based approach is needed to mitigate the negative impact of the pandemic.

not only within countries but also across and between continents.^{5–7} As a consequence of the pandemic, adolescents are reported to suffer from increased violence^{8–10} and mental health problems^{11–13}; however, there are variations.^{14 15} In line with the UN Convention on the Rights of the Child (UNCRC), it is vital to listen to children and adolescents and involve them in decision making on issues of concern to them during the pandemic.^{16–18}

Adolescents, individuals aged 10–19 years, comprise about a quarter of the population in sub-Saharan Africa. It is estimated that emergency policies and public health measures in response to COVID-19 will severely affect the group.¹⁹ The death rates have been low,²⁰ yet the group has been impacted through loss of

income, food insecurity and lack of access to healthcare and education.^{19 21–23}

In Guinea-Bissau, in response to the threat of COVID-19, the government declared a state of emergency in March 2020 with the implementation of strict restrictions on free movement, transportation and market activities.^{24 25} The overall aim of the study was to describe and analyse how adolescents aged 15–17 years in the capital Bissau understood the unfolding COVID-19 pandemic and their lived experiences during a state of emergency.

METHODS

Setting

Guinea-Bissau is a low-income country in West Africa characterised by political instability.^{26–28} The educational system, continuously paralysed by teacher' strikes and lack of resources, is marred with social inequality.^{29 30} The fragile health system struggles to address the needs of the population and combat the COVID-19 pandemic.²⁴ In response to the threat, the government implemented strict restrictions, even before the first two cases of COVID-19 were confirmed on 25 March 2020.^{24 25} At the time of data collection, 1,614 cases had been confirmed, mainly in Bissau (91%) and 21 deaths.³¹

Data collection

Data were collected in Bissau in the period 20–24 June 2020 in 5 out of 47 geographic areas. According to the last census in 2009, the five neighbourhoods belong to the most populated ones and are characterised by ethnic diversity. Through associations that represent each neighbourhood, permission to interview adolescents was granted. After that, youth associations in the neighbourhoods assisted the identification of participants with a keen eye on gender parity and equal proportion for school attending adolescents (public or private) and those out-of-school (see online supplemental material 1). In total, 30 adolescents aged 15–17 years were individually interviewed by two of the authors (ZJ and BI), six in each urban area. The intention was to recruit participants with diverse backgrounds regarding gender, school attendance, residence and ethnicity to increase the number of adolescent voices heard. This purposive sampling is a non-probability sampling that aims for diversity and does not provide representative data.³²

Data collection was based on a semistructured, open-ended interview guide with several subquestions piloted and adapted into Kriol, the participants' lingua franca (online supplemental material 2). All the interviews were audiorecorded without any personal information, transcribed into Portuguese and then translated to English, and prepared for content analysis in Atlas.ti. Inductive thematic coding was used, also referred to as open coding.³³ Codes were derived from coherent parts of the text rather than search for preconceived ideas of what codes should be there. Thereafter the codes were sorted and merged into more extensive categories or themes.

The UNCRC gives children the right to express their opinion, of particular importance during a pandemic that risks their developmental opportunities.^{7 17 34} Considering the participants were aged 15–17 years, they gave verbal consent without parental agreement.^{35–37}

Patient and public involvement

All authors designed the research protocol. The interviews were conducted in line with the participants' wishes, either in their homes, in a specific building in the neighbourhood or an open space under a tree in the area. During the interviews, due attention was given to precautionary COVID-19 measures. At the end of the interview, participants were allowed to express themselves about whatever issues concerning them.

RESULTS

For the aims of this research, four central themes are presented: realness of coronavirus, staying at home, practising prevention and fragile livelihood.

Realness of coronavirus

Most of the participants held that the coronavirus existed while recognising that many had doubts about its realness. The few participants who firmly argued that coronavirus did not exist admitted they did not know why they were of that opinion, or as a girl confirmed: 'I don't know why I don't believe'. A doubtful girl argued: 'I haven't seen anyone here in Bissau who has caught the disease, at least not in the neighbourhood where I live.' Some participants did not doubt the existence of coronavirus but argued that it was not yet in the country. A boy who believed the coronavirus had arrived pointed out that many people said there was no coronavirus in Guinea-Bissau, but the authorities said so 'because of the money.' A boy warned against waiting with preventive measures until someone got sick. Indeed, none of the participants did know a person who had caught the disease.

The main reason for believing in the existence of coronavirus was that 'all had stopped' because of the state of emergency. A girl claimed that the virus existed: 'It has killed many people. It has spread all over the world.' A boy confirmed: 'There are already many cases [in the country]. That's why I believe.' Opinions varied on the danger of catching the disease and access to treatment. Some underlined that it was perilous, and many worried about the lack of treatment. Others highlighted that anyway, many had survived; thus, there had to be available treatment. Simultaneously, many participants said that the future was in the hands of God, independent of whether there was a disease or not. What was real to all participants was the state of emergency and its consequences, including demands to stay at home.

Staying at home

The state of emergency resulted in a sharp change in daily routines for all participants. Suddenly they had

to stay at home most of the time, which meant staying within the house or outside, for instance, in the backyard. A girl explained: 'We only stay at home because if someone violates [the curfew], the police will reprimand him. We are forced to stay at home.' Many were unhappy staying at home and complained about having nothing to do and being bored. Many missed their friends and school colleagues and were concerned about their well-being. One participant said: 'I miss my classmates and teachers and the things we used to do at school.' Relations with friends had weakened, and a girl argued: 'If we were together playing, you would feel closer to each other. Now, when we meet, we just greet and pass. It's not like it used to be.'

A few girls appreciated spending more time with their families. 'I think that before, each one had his errands to run, we didn't have the time to sit at home, to talk to each other,' a girl explained, 'but today, when there is nowhere to go, we sit, we stay having fun at home.' Some participants described how they began to engage in house chores and took on new tasks, such as weaving, embroidering, helping younger siblings with schoolwork, and informing them about how to protect themselves from the virus. Preoccupation with small children was shared, or as one girl explained: 'They get up in the morning, they take a shower, they have breakfast, and they sit inside from the morning until the sun goes down, they don't go out on the street, because of coronavirus.'

Accounts on violence were mixed. Four participants argued that there was no problem with violence at home, and one meant that it had decreased. These participants explained that family members were united in avoiding the disease and tried to create a friendly atmosphere at home. A girl pointed out that it was not easy to detect violence within the house, and only a few participants talked about such violence. Only occasionally did they mention specific cases. A girl reported no such problems in her home except that her mother scolded her and her siblings a lot. Another one experienced tense relations between siblings, and a boy disclosed that his uncle and his wife began arguing in the wake of the pandemic.

Almost all observed change in violence within their neighbourhood, with 22 out of 30 participants reporting a decrease, seen as a positive aspect of the lockdown. A girl explained: 'There are no fights nowadays because of the disease; everyone avoids each other, nobody fights.' Another one pointed out that before the pandemic, there were fights all the time: 'Now, since this illness came, all these things have diminished, everyone stays at home.' Three argued there were no problems with violence in the streets, while two argued it had increased due to drunkenness and thefts. Some highlighted that police violence had increased against those who did not follow the curfew rules or correctly practice preventive measures.

Practising prevention

The participants got information about the coronavirus from radio, some on television, others from friends and one learnt about the disease and prevention in church. Most participants claimed that they and their family members tried to follow preventive measures while pointing out that many failed to do so, mainly because they did not believe in the disease. Yet, conscious of the contradiction, a girl maintaining that the disease did not exist said that she did 'everything to prevent it.' Three main preventive measures were mentioned: wearing masks, washing hands with soap or bleach, and keeping physical distance.

Wearing masks was mandatory when meeting other than family members and going on the street. A boy did his best to 'avoid crowding, to always keep distance from each other, and to wear masks.' A girl explained that 'where there are many people, especially in the market, you have to wear a mask.' Running errands or going to work, when allowed, was problematic, and with a lack of transport, it could be difficult to reach home in time. Those confronted with the police along the way had bad luck. The police would pick up people, even adults and imprison them. 'They only leave if they pay a fine of 5,000 CFA francs [about €7.6],' a girl stated. The police would not bother to ask for the reason for staying on the street during curfew, and 'if you don't have the money to pay, they beat you.'

A few participants described that family members would even wear masks at home. A girl explained: 'We wash our hands with soap, we sit away from each other at home, everyone keeps their distance. One sits here, another sits there, we don't approach each other, and we use masks.' At times, a particular family member controlled the in-household behaviour. 'Even watching television at home, my grandmother makes us sit far away from each other,' a boy said. Another one explained that his father kept family members apart, though it was easy to forget the distance when having fun. Others admitted difficulties in keeping physical distance due to circumstances. 'Because we sleep in the same room and eat from the same bowl, we cannot distance from each other,' a boy explained.

Fragile livelihood

Almost all the participants agreed that the lockdown negatively impacted their financial situation. Parents or other family members were unable to earn money for enough food. They mentioned higher prices for transport and groceries. A girl explained how her father was forced to stop working as his clients ran out of money: 'We are having difficulties, some days we cook, and other days we don't.' Many talked about hunger. One admitted his family sometimes only ate at lunchtime and 'then we eat a little bit and save the rest for the night. But if you're hungry, you eat everything at once and at night, you have no food.'

Most of the participants, who engaged in work within the informal sector, had quit. That applied to both out-of-school adolescents and those working along with their studies. A girl said: 'I used to prepare cassava couscous, which I took to the street to sell, and that is what I do in my spare time.' Another one explained: 'I used to go to school in the morning, ... after I finished with the studies, I went out to sell on the street.' Nonetheless, some had taken up new activities; a boy, who was attending a private school, began training as a mechanic under the tutelage of his uncle. Further, some participants or friends had travelled to help with farming in the rural areas.

Many participants worried about the impact of COVID-19 on society at large. One girl explained: 'It has had a negative impact because people are not working, and they are not getting paid. How are they going to eat ... how are they going to survive with their families?' Another confirmed: 'I feel for those who provide for their families, like our parents, if you stop their work ... the family will die of hunger.'

Almost all the participants were concerned about school closures. The out-of-school participants had the dream to return to school one day, given the economic means, and they worried about how the pandemic might hamper that dream. Those attending school, public or private, wanted to continue their education. They were all upset over the school closures and the lack of support during the lockdown. Some participants did not worry about the impact of COVID-19. A girl argued: 'I don't think this disease influences my future. It will end. God will help.' Many admitted praying for the disease to disappear for them to continue with their lives.

DISCUSSION

This qualitative study aimed to explore how adolescents in the capital understood the emerging COVID-19 pandemic and its impact on their lives. Most participants believed coronavirus was real, while some doubted its existence within the country. Confinement measures affected their lives at home, school, and work. Descriptions of domestic violence varied, while community violence was reported as reduced and police abuse increased. Most participants highlighted worsening financial situation, lack of food, and the postponement of the future with delayed education.

The strength of the research is that it captured the diverse voices of adolescents living in the capital city of Guinea-Bissau during the lockdown in the early phase of the pandemic. An exploratory focus allowed participants to express their opinion on a broad spectrum of issues affecting their daily lives. Yet, it did not allow in-depth exploration of the themes raised. Due to the pandemic, focus groups and prolonged participatory observations were impossible. Further, the long-term impact of the pandemic was not evident at the time. It is a limitation that the original interview data were translated from Kriol to Portuguese and then to English. Despite the authors'

collective good demand of all the languages involved, translations always inherit a potential loss of nuances conveyed in the participants' narratives. Another limitation is that the voices and experiences of rural adolescents are missing. Further, while the sampling was chosen to include the diverse voices of adolescents in Bissau, it risks ignoring hidden groups.³²

In line with findings among adolescents in Burkina Faso, Nigeria and Ethiopia,²³ most study participants agreed that coronavirus was real and caused severe disease. Aware of debates about the realness of the virus and mistrust towards authorities, they based their opinion on common sense, own experience of the pandemic's consequences and news reports. Nonetheless, like young Ghanaian miners³⁸ no participant knew someone who had got sick. Further, they were knowledgeable about preventive measures and tried to adhere to these, though crowdedness sometimes hindered physical distancing.

Studies indicate that violence against children and adolescents has increased during the pandemic, yet some give mixed results.^{8 9 14 15} Our study focused on adolescents' diverse experiences of lockdown, including violence. Some participants described improved family relations explained with family unity, and roughly two-thirds reported a reduction in community violence, explained consistently with individuals' fear of coming close to another person due to the risk of becoming infected. Simultaneously, as reported elsewhere,^{39 40} violent police enforcement of lockdown regulations was observed.

Our study was not designed to evaluate the mental health of the participants. However, it was evident that most of them talked about tiredness, boredom and worries about the future. The pandemic compounded, in particular, the prepandemic vulnerable economic situation of the families, leading to food insecurity, in line with other research.^{41 42} Participants who were out-of-school wished to continue with their education, yet precluded by their precarious financial circumstances.^{5 16} School attending adolescents also worried that they would have to repeat the academic school year, as reported elsewhere.⁴³ The pandemic was an additional burden for socially disadvantaged adolescents in Bissau,²⁵ increasing inequality and inequity as found elsewhere within and across countries and continents.⁴⁴

The research reveals that the interviewed adolescents in Bissau have a clear notion of their existence and the current situation affecting their future life, experiences likely to be shared by their peers. Their voices need to be heard and acted on to mitigate some of the negative impacts on adolescents; to be successful, such mitigation measures need to be framed within a child right-based approach, as outlined elsewhere.¹⁷ Governments and other stakeholders need to seek opportunities to include adolescents in formulating such policies.

Acknowledgements We are grateful to our contact persons in the five suburban areas that helped to identify participants and arrange meetings with them for interviews. We would also like to forward our gratitude to the many engaged professionals in the research group of the International Society for Social Paediatrics and Child Health (ISSOP) and International Network for

Research on Inequities in Child Health (INRICH), who inspired us to conduct the study.

Contributors FNB took part in the conception and design of the study, analysis and interpretation of data, wrote the first draft, took part in subsequent revisions, approved the final version, and agrees to be accountable for all aspects of the work. ZJ took part in the conception and design of the study, acquisition and interpretation of data, revisions of earlier drafts of the manuscript, approved the final version, and agrees to be accountable for all aspects of the work. BI took part in the conception and design of the study, acquisition and interpretation of data, revisions of earlier drafts of the manuscript, approved the final version, and agrees to be accountable for all aspects of the work. JE took part in the conception and design of the study, interpretation of data, revisions of earlier drafts of the manuscript, approved the final version and agrees to be accountable for all aspects of the work. GG took part in the conception and design of the study, and interpretation of data, revisions of earlier drafts of the manuscript, approved the final version and be accountable and guarantor for all aspects of the work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval The study was approved by the Ethics Committee of the University of Iceland (no: SHV2020-020) and by the Minister of Education in Guinea Bissau (No/Ref 250/MEES/GM/2017), in line with national regulations.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement No data are available. Not applicable.

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ORCID iDs

Fatou N'dure Baboudóttir <http://orcid.org/0000-0002-0063-5175>

Zeca Jandi <http://orcid.org/0000-0003-1116-7685>

Bucar Indjai <http://orcid.org/0000-0002-8044-9849>

Jónína Einarsdóttir <http://orcid.org/0000-0002-5868-4615>

Geir Gunnlaugsson <http://orcid.org/0000-0002-6674-2862>

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Supplemental material 1

Manuscript: *Adolescents amid emerging COVID-19 pandemic in Bissau, Guinea-Bissau: A Qualitative Study*

COREC guidelines

Domain 1: Research team and reflexivity

Personal characteristics

1.		
2. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Zeca Jandi and Bucar Indjai.
3. Credentials	What were the researcher's credentials? E.g. PhD, MD	Zeca Jandi, licensure in sociology (Lusophone University, Bissau, Guinea-Bissau, 2010), and PhD candidate in Sociology, Federal University Bahia, Brazil and researcher at the National Institute of Studies and Research (INEP), Bissau, Guinea-Bissau. Bucar Indjai, MA in Anthropology (2015) from NOVA University of Lisbon – School of Social Sciences and Humanities (NOVA FCSH), Lisbon, Portugal.
4. Occupation	What was their occupation at the time of the study?	Both are active researchers in the National Institute of Studies and Research (INEP), Bissau, Guinea-Bissau. Zeca Jandi is the coordinator of the Centre of Socio-Economic Studies. Bucar Indjai is the coordinator for the Centre for Environmental Studies and Appropriate Technology.
5. Gender	Was the researcher male or female?	Zeca Jandi and Bucar Indjai are males.
6. Experience and training	What experience or training did the researcher have?	Both researchers have extensive experience in field work and research methodology, supported by appropriate educational backgrounds.

Relationship with participants

7. Relationship established	Was a relationship established prior to study commencement?	No prior relationship with study participants who were on behalf of the researchers identified by a contact person in the urban area in focus. In case of expressed interest to participate, a date and time for the interview was arranged. The participants met the researchers for the first time at the time of the interview and took no part in the design of the study.
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8. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Before the interview, the participants were given information on the research, who the researchers were, where they worked, and why they were doing this interview.
9. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. bias, assumptions, reasons and interests in the research topic	After short presentation of who the researcher was, the participants were informed that the researcher was interested to know more about COVID-19 and the experience of Bissau-Guinean adolescents during the pandemic. The researcher informed that they were conducting a study on the disease in the main urban centres in Bissau and would like to discuss with them about Covid and hear from themselves about their ideas and experiences. The interview would be anonymous, and it was highlighted that it would be impossible to track back to them any comments that they might make. It was emphasized that it was important that they told the researcher what they knew about the disease – the researcher was not here to tell them about Covid – rather the participant should tell the researcher about their own experience of Covid in their daily life. It was pointed out that everybody had their own ideas, knowledge, and experience on Covid that was interesting for better understanding of the impact of the pandemic on adolescents in Bissau. Thereafter the participants were asked for permission to audio-record the interview, and once again emphasised that it would be without any personal identification.

Domain 2: study design*Theoretical framework*

10. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Content analysis. Semi-structured and open-ended interviews. The interview guide was adapted in the Kriol language for better comprehension of the participants, and how to communicate the questions in a local context.
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Participant selection

11. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Purposive sampling. a. Five urban areas selected out of 47 in the capital Bissau. Based on the last national census from 2009, these areas were among the most populated ones but also
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Supplemental material 1

		<p>characterized by diverse ethnic background and separate locations.</p> <p>b. Target group was adolescents, aged 15-17 years.</p> <p>c. In each urban area, there should be parity in number of participants attending public school, private school and being out-of-school</p> <p>d. Gender parity</p> <p>e. Contact persons with good knowledge of the urban area were identified in each of the five urban areas, i.e., three males/two females, with consideration given to ethnic diversity. The researchers explained to them what was the profile of participants that they wanted to invite for participation. Based on that information, the contact person identified potential participants and verbally invited him/her to participate in the study. In case of willingness to participate, the contact person informed the researchers.</p>
12. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Face-to-face.
13. Sample size	How many participants were in the study?	Six interviews per urban area; in one urban area there was one additional interview. In total, 31 interviews, i.e., 15 conducted by Zeca Jandi, and 16 by Bucar Indjai.
14. Non-participation	How many people refused to participate or dropped out? Reasons?	No systematic collection on the number or reasons of those few who were invited to participate by the contract persons in the urban areas, but declined to participate.

Setting

15. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	<p>In the respective urban area where the participant lived. It was conducted in different settings and based on individual judgement of the contact person in the urban area, the researcher, or the participant. Thus, the interviews were, e.g., conducted in an open space, at home, close to home under a tree, or in a neighbourhood school.</p> <p>Both interviewers conducted their interviews in each urban area at the same time, but in separate locations.</p> <p>Participants in the study did not mix or have contacts within the group.</p>
16. Presence of non-participants	Was anyone else present besides the	Only the researcher and the participant.

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	participants and researchers?	
17. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Adolescents, aged 15-17 years, 15 girls, 16 boys.

Data collection

18. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The interview guide (both in English and Portuguese) was adapted by the researchers to the local situation and translated to Kriol, the lingua franca of the participants. There was no formal pilot of the interview guide.
19. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No.
20. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Audio-recording.
21. Field notes	Were field notes made during and/or after the interview or focus group?	Few written field notes kept by each researcher to help in the work, for planning, etc..
22. Duration	What was the duration of the interviews or focus group?	20-30 minutes for each interview.
23. Data saturation	Was data saturation discussed?	The study protocol aimed for 30 interviews to be conducted. During implementation, similar information in different urban areas gradually emerged.
24. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No.

Domain 3: analysis and findings

Data analysis

25. Number of data coders	How many data coders coded the data?	One coder, Fatou N'dure Baboudóttir who has a MA in development studies, and extensive experience in conducting fieldwork and coding qualitative data. Baboudóttir is a PhD candidate in development studies at the Faculty of Sociology, Anthropology and Folkloristics, University of Iceland, Reykjavík, Iceland.
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26. Description of the coding tree	Did authors provide a description of the coding tree?	No.
27. Derivation of themes	Were themes identified in advance or derived from the data?	The interview guide was set up with the following themes, with several sub-questions: general, background, education, family, neighbourhood, friends, internet and future. See supplementary material. The themes and sub-questions guided the data collection and the interview. During the coding of the data, themes emerged and continuously developed.
28. Software	What software, if applicable, was used to manage the data?	Microsoft Word and Atlas.ti
29. Participant checking	Did participants provide feedback on the findings?	No.

Reporting

30. Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Yes, quotations are presented to illustrate the themes. Each quotation is not identified, however.
31. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes.
32. Clarity of major themes	Were major themes clearly presented in the findings?	Yes, four major themes are reported in this manuscript.
33. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	No.

Supplemental material 2

Manscript: *Adolescents amid emerging COVID-19 pandemic in Bissau, Guinea-Bissau: A Qualitative Study*

Theme	Questions
General	<p>Can you tell me a little about you?</p> <ol style="list-style-type: none"> 1. Gender? 2. When and where are you born? 3. Are you a student? If yes, which school do you attend? Is it a private or public institution? 4. If not a student, what do you do? 5. Where are you currently living? Urban area?
Background	<p>Can you tell me a little about what you know about Covid-19?</p> <ol style="list-style-type: none"> 1. What is Covid-19? 2. What impact can Covid-19 have? 3. Are you afraid of getting the disease? Why? 4. How is it transmitted/how do people get this disease? 5. Do you believe there is an infectious disease epidemic in Guinea-Bissau? Where does it come from? 6. Through what channels do you get information on Covid-19?
Education	<p>In case you are a student, can you tell me a little bit about how you feel Covid-19 has influenced your education?</p> <ol style="list-style-type: none"> 1. Do you still get school assignments from your teachers? 2. Is your school using alternative ways to teach students in these times? 3. Do you meet with your classmates to study together? How are they doing? 4. Do you lack any service or support from your school at this stage of the pandemic? 5. What educational strategies did your school adopt during the Covid-19 pandemic to decrease threats to successful teaching and learning? 6. What type of service or support would you like to have?
Family	<p>Can you tell me a little bit about how you feel Covid-19 has influenced your family life?</p> <ol style="list-style-type: none"> 1. Has it affected your daily life? How? 2. Has it had any positive impact/negative impact on your life? 3. How is your family reacting to the disease? 4. Do you and your family adhere to physical distancing of 2-meter, if not, why? 5. Have you noticed any mental impact of the epidemic on your family members? 6. Have you noticed financial impact on your family? 7. Has someone in your family needed to go to a health centre for services but do does not go because of Covid-19? 8. Has anyone in your family who had Covid-19? 9. Does your family have children less than 10 years of age and adults who are 60 years or older that your family is worried about?
Neighbourhood	<p>Can you tell me a little bit about how you feel Covid-19 has influenced your neighbourhood?</p> <ol style="list-style-type: none"> 1. Have you noticed any changes in your neighbourhood? 2. Do people follow the 2-meter physical distance rule in your opinion? Why/why not?

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	<ol style="list-style-type: none">3. What is the most difficult thing to do under the current restrictions of movement?4. What about violence now compared to before the restrictions? In the family? On the streets? Among neighbours?5. Do people go to health centre when sick?6. Has anyone in your neighbourhood been infected by Covid-19? In that case, what was the reaction of your neighbours?
Friends	<p>Can you tell me a little bit about how you feel Covid-19 has influenced your social life?</p> <ol style="list-style-type: none">1. Have your activities in your free time/work/daily activities changed? How?2. What do you do during the day?3. What would you like to do but has been negatively impacted by Covid-19?
Internet	<p>Can you tell me a little bit about if Covid-19 has influenced how you use the internet or social media?</p> <ol style="list-style-type: none">1. In your opinion, what has been the role of internet to fight Covid-19?
Future	<p>Can you tell me a little bit about how you feel Covid-19 has influenced your future?</p> <ol style="list-style-type: none">1. Do you believe Covid-19 can influence your future long term? How?