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The COVID-School and Social Responsibility: Creative Expressions of Children's Rights and Agency in Iceland During the Pandemic

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ABSTRACT

This study examines children's experiences in Iceland during the COVID-19 pandemic through their creative expressions submitted to the Ombudsman for Children. Analysing 454 submissions, including narratives, drawings and videos from children aged 6–16, the research identified two main themes: the 'COVID-School' addressing educational disruptions and peer relationships, and 'Social responsibility' reflecting children's engagement with health measures. Using Spray's framework of embodied, social and public child dimensions, the study reveals how children navigated pandemic restrictions while demonstrating remarkable health literacy and social consciousness. The findings emphasise children's agency and the importance of including their perspectives in public health crisis responses.

1 | Introduction

The COVID-19 pandemic galvanised research examining the impact of government interventions on children, revealing a concerning pattern: children were systematically excluded from COVID-19 policymaking discussions (Spray and Hunleth 2020), and their interests and participation in research were often overlooked (Jörgensen et al. 2022, 2023). There was an evident need to incorporate children's voices into policymaking and research by applying child-friendly methods that aligned with the United Nations Convention on the Rights of the Child (UNCRC) and allowed them to express themselves freely on issues of concern to them (Cuevas-Parra and Stephano 2020; Jörgensen et al. 2022; Koller 2021; UN General Assembly 1989).

1.1 | Participatory and Arts-Based Methods for Children's Perspective

Researchers have employed various creative methodologies to capture children's perspectives. Blaisdell et al. (2018) recommend flexibility in children's research input to accommodate their preferences and enable them to express opinions as suitable for them individually. Visual methods create a space for meaning-making and allow unexpected narratives (Smørholm and Simonsen 2017; Woolhouse 2019), and drawings can provide a natural medium for children to express their identities visually (Clark 2011). Leigh (2019) recommends methods that include video creation, movement and bodily activities. Earlier, Darbyshire et al. (2005) and Thompson (2008) argued that flexible methods increase the understanding of children's

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experiences and enhance their role in meaning-making within the data collection. Campbell Galman's (2021) 'Gender Moxie Project' employed, for instance, graphic novels drawn by participants to study the experiences of transgender children.

Participatory and art-based methods have become increasingly prevalent in public health research and health-related issues (Guillemin 2004; Mitchell and Sommer 2017). These methods use, for instance, photovoice for adolescents with long-term health conditions (Drew et al. 2010). Drawing, combined with interviews, has also been used to explore perceptions of health and illness among child refugees (Liamputtong and Fernandes 2015).

1.2 | Children's Agency and Health

Research has consistently challenged the notion that children are passive recipients in health-related circumstances; instead, it highlights their roles as agents and decision-makers (Alderson 1990; Alderson et al. 2005; Bluebond-Langner 1978; Christensen 1999; Mayall 1998; Montreuil and Carnevale 2016). Children's agency has been explored through their illness narratives, revealing how they structure their worldview and make sense of their health experiences at home and in school settings (Christensen 1999), their active roles in hospital and clinical settings (Alderson et al. 2005; Bluebond-Langner 1978) and how they navigate public health discourses (Spray 2018, 2020).

Spray's (2020) framework of the embodied, social and public child provides a theoretical foundation for understanding how children engage with health-related circumstances. The embodied child reveals how children make sense of their physical and emotional experiences of health-related circumstances, recognising their rationale for health risks differing from adults. The social child examines how children influence and shape their social world through the lens of their health-related experiences, utilising their immediate social relationships. The public child situates children as engaged participants within broader society, showing how they interact with, and sometimes challenge, public health messages as a part of their civic identity. The framework offers a nuanced lens to examine how children process, internalise and respond to public health messages, connecting physical experiences, social relationships and broader societal engagement.

1.3 | The COVID-19 Pandemic and Children

Globally, the COVID-19 pandemic impacted children multifacetedly (Kyeremateng et al. 2022; Rajmil et al. 2021; Spencer et al. 2023). Reviews indicate wide-ranging effects on child and adolescent mental health and wellbeing, ranging from stress and anxiety to profound boredom (Orban et al. 2024; Wolf and Schmitz 2024). While children in high-income countries primarily faced challenges related to social isolation and remote learning, those in low- and middle-income countries were often confronted with additional challenges, not least hunger and food insecurity, with related psychological implications (Birner et al. 2021; Hassen and El Bilali 2024; Wei et al. 2024). Global trends in domestic violence are unclear due to lack of data, yet they are likely to have increased (Kim and Royle 2024). Further, school closures

posed significant disruptions in all income categories of countries (Rajmil et al. 2021), affecting learning outcomes and social development (Hammerstein et al. 2021) and intensifying already existing inequalities (Datzberger et al. 2023).

Researchers faced difficulties contacting children to document their pandemic experiences (Jørgensen et al. 2022). During the early stages of the pandemic, Bray et al. (2021) collected drawings and narratives online from children in an international study on children's health literacy and knowledge that provided insight into children's understanding of government interventions, their experiences, and comprehension of the societal changes following the pandemic. Further, Woodgate et al. (2023) co-designed mental health workshops with youth participants using online platforms, and initiatives for online creative engagement in the pandemic were used in research design by Lyngnegård et al. (2023) and Lomax et al. (2022).

Research conducted during the pandemic has documented children's agency and how they resisted restrictions (Donegan et al. 2023; Favretto et al. 2023), alongside experiencing increased social support during times of distress (Lehmann et al. 2022). Furthermore, children demonstrated notable resilience and a renewed sense of purpose (Lopatovska et al. 2022), finding opportunities for creative expression, intellectual engagement and exploration of novel activities (Díaz et al. 2023; Koller et al. 2023; N'dure Baboudóttir et al. 2022). A study based on data from Brazil, Kenya, Pakistan, South Africa and Turkey shows disruptions in children's wellbeing but also how they drew on internal and external resources to cope with the pandemic, including 'meaning-making, faith, self-regulation, and distraction' (Haffejee et al. 2023, 18).

1.4 | The COVID-19 Pandemic in Iceland

During the COVID-19 pandemic, the Icelandic government prioritised safeguarding central infrastructures, particularly the healthcare system (Peterson et al. 2023). The pandemic officially lasted from 28 February 2020 to 25 February 2022, and preventive measures included, for instance, social distancing, mask-wearing, restrictions to group gatherings, quarantine and isolation protocols, and tracking and tracing viral infections (Cook and Jóhannsdóttir 2021). Three professionals referred to as 'The Trio' (Icelandic: Þríeykið), including the Chief Medical Officer and the Chief Epidemiologist at the Directorate of Health and the General Director of Iceland's Civil Protection and Emergency Management, became the face of civil protection throughout the pandemic. The Trio attempted to mobilise collective social action and adherence to preventive measures for public health. Its suggestions for preventive measures were submitted to the government, which decided on appropriate strategies, which they continuously revised in line with the trajectory of the pandemic (see Table S1). Complete lockdown was never implemented, and the population was not confined to their homes (Ólafsson 2021).

The vast majority of children in Iceland attend public school, and during the COVID-19 pandemic the government aimed to keep the pre-primary (0–5 years) and compulsory education levels (6–16 years) open. In general, interventions differed between

schools; in 2019/2020, about a third of the students were unaffected, and about half missed one or 2 days due to school closures (Statistics Iceland 2024). For the whole pandemic period, the number of reduced school attendance days varied from none in some schools to up to 43, with fewer school closures among the youngest pupils. Teaching for adolescents was often transferred to online platforms, while after-school programmes were largely cancelled, with exceptions such as in the capital Reykjavík (Bernharðsdóttir et al. 2022).

1.5 | The Purpose of the Study

Iceland presents a noteworthy case as the government attempted to balance children's right to health and protection with their right to education. The Ombudsman for Children in Iceland (hereafter, the Ombudsman), an agency directly under the Prime Ministers's Office has also acted as children's legally official spokesperson since 1995. Adhering to the principles established in the UNCRC (UN General Assembly 1989), the Ombudsman created a study allowing children to express their views about the pandemic with minimal adult intervention.

The study explores the research question: How do children and adolescents in Iceland narrate their lived experiences during the COVID-19 pandemic? We extend Spray's framework to examine how children understand, rationalise and mediate public health messages in physical, social and systemic spaces during a public health crisis. The embodied child exposes the physical experiences of the restrictions imposed, the social child seeks to maintain old and new relationships despite constraints, and the public child critically engages with and evaluates the interventions implemented.

Through our analysis, we describe children's experiences and highlight their agency during the crisis, seeking to enrich the theoretical understanding of children's active roles in health-related situations, including emergencies. The analysis builds on our extensive experience of social paediatrics, child-focused research and rights-based methods, seeking to amplify children's voices during a national public health crisis and support informed policymaking and advocacy efforts in future public health emergencies.

2 | Methods

The study adopted a qualitative research design, allowing flexibility in how children shared their pandemic narratives. This child-centred design was founded on two key principles: enabling children to reflect on their COVID-19 experiences in ways they found comfortable (Hunleth 2019) and eliminating barriers when in-person interactions were impossible (Lomax et al. 2022). The design allowed the participants to exercise agency throughout the research process (Lundy 2018). Thus, to uphold children's right to participation under Article 12 of the UNCRC, the Ombudsman opened an online platform for children to submit narratives, drawings and other submissions of their choice to express their views on and experiences of the pandemic and governmental measures. Bray et al. (2021), Lomax et al. (2022) and Kirby et al. (2023) have

employed similar approaches. Following the approach of Kirby et al. (2023) and given that all participants were under 18 years of age, we refer to them as 'children' throughout this work, as stated in the UNCRC.

2.1 | Participants and Procedure

The Ombudsman initiated the project to document the experiences of children aged 6–16 by inviting all compulsory schools to participate. With approximately 4500 births annually, as of 2022, 47 115 children were enrolled in the compulsory school system across the country (Statistics Iceland 2023). The project was also advertised via children's television in the National Broadcasting Service (RÚV) and social media. As schools mainly remained open for the lower levels, teachers were encouraged to assist younger children with their submissions in the classroom to ensure equitable participation opportunities. The project emphasised voluntary participation, anonymity and inclusivity for all individuals protected under the UNCRC treaty.

Participants sent videos, pictures, drawings, written narratives and audio files to the Ombudsman's email address, barn@barn.is or submitted them through SurveyMonkey's digital platform. No personal information was requested to maintain anonymity, resulting in limited demographic data. However, analysis indicated that most submissions originated from urban areas, primarily in the capital and northern regions, with Icelandic as the predominant language. While some submissions were in English, participants' linguistic backgrounds could not be determined due to the high English proficiency among Icelandic children. Data collection occurred in four sessions throughout the government interventions, yielding 396 narratives, 16 videos, 38 drawings and four audio recordings (Table 1).

2.2 | Analysis

The analytical approach combined a top-down content analysis with a bottom-up, data-driven thematic generation. The content analysis provided structure and organisation for the extensive dataset, while the thematic generation captured patterns and meanings, ensuring participants' voices shaped the findings. The top-down analysis triangulated and validated the bottom-up themes, resulting in a robust framework. For the qualitative analysis, Atlas.ti 9 was used throughout; the software is designed for qualitative studies to facilitate the organisation, coding and scrutiny of unstructured, non-numerical data and can accommodate the analysis of various data, such as text, images, audio and videos.

First, we familiarised ourselves with the submissions through repeated reading and reviewing all materials, following Braun and Clarke's (2022) reflexive thematic analysis approach. Then, following Marvasti (2004, 91) and Silverman's (2006) recommendation of using content analysis to sort large qualitative datasets, the second author (S.B.B.) performed the first phase of data sorting, organising the data into four datasets corresponding to distinct COVID-19 waves in Iceland (see Table 2). Within this phase, the second author performed a content analysis to

TABLE 1 | Dates and kinds of submissions by children aged 6–16 submitted to the Office of the Ombudsman of Children in Iceland in four distinct data collection periods from 20 April 2020 to 12 March 2022.

Dataset	Dates for submissions	Submissions	Status of COVID-19
1	20 April to 10 June 2020	<ul style="list-style-type: none"> • 114 narratives • Nine videos • 13 drawings 	1st wave of government mandates: March–June 2020
2	24 November 2020 to 6 January 2021	<ul style="list-style-type: none"> • 190 narratives • 2 videos • 24 drawings 	2nd/3rd waves: July 2020–March 2021
3	6 May to 10 June 2021	<ul style="list-style-type: none"> • 18 narratives 	4th/5th waves: March 2021–February 2022
4	4 January to 12 March 2022	<ul style="list-style-type: none"> • 74 narratives • 5 videos • 1 drawing • 4 audio recordings 	4th/5th waves: March 2021–February 2022

TABLE 2 | Frequency of themes identified in the content analysis of the four datasets submitted by children aged 6–16 to the Office of the Ombudsman for Children in Iceland from 20 April 2020 to 12 March 2022.

Home and family	School-related	Regulations	Feelings
Cannot meet with extended family members ($n = 60$)	Changes in school curriculum ($n = 161$)	Two-meter rule ($n = 47$)	Hope ($n = 90$)
More time with family ($n = 25$)	Home school positive ($n = 19$)	Mask-mandate positive ($n = 7$)	Negative disposition ($n = 348$)
Worries about grandparents ($n = 62$)	Home school negative ($n = 29$)	Mask-mandate negative ($n = 63$)	Positive disposition ($n = 201$)
	Shorter school days positive ($n = 44$)	Mask-mandate neutral ($n = 87$)	
	Shorter school days negative ($n = 11$)	Vaccinations ($n = 54$)	Fun ($n = 66$) Loneliness ($n = 17$) Fear ($n = 44$) Weirdness ($n = 70$) Anxiety ($n = 58$) Nostalgia ($n = 50$) Boredom ($n = 28$)

identify and quantify recurring mentions across datasets; see Table 3 (also Benediktsdóttir 2022).

In the second phase, the first author (E.J.) split the entire dataset again into written narratives and other data submissions and coded them. The narratives and the visual material were coded separately. Here, the narratives were coded openly in an iterative process and sought to generate descriptive and latent codes to capture the nuances within the themes, as described by Braun and Clarke (2022). This stage involved cross-referencing the content analysis themes with the codes to ensure consistency and to identify patterns in participants' experiences and expressions of agency. As these patterns were developed and refined through team discussions, we recognised how they mapped into Spray's (2020) framework of the embodied, social and public

child. To accommodate the different forms of expression in our dataset (written, visual and audio), we maintained a flexible approach to Spray's framework rather than imposing rigid categorisations to keep true to the participants' narratives.

For visual material analysis, the first author followed Bray et al.'s (2021, 4) simplified version of the interpretive framework by Rose (2023) and Guillemin (2004). The following questions guided this analysis:

- What is being shown?
- Which words are used?
- What relationships are established between image components?

TABLE 3 | Two main themes and sub-themes in the total dataset of submissions by children aged 6–16 to the Office of the Ombudsman of Children in Iceland from 20 April 2020 to 12 March 2022.

	Sub-themes	Codes
Theme 1: 'COVID-School'	Navigating school disruption	(a) Staying at home
		(b) Online classes
		(c) Upheaval of routine
		(d) Simplified school environment
Peer relationships		(a) Separation from friends
		(b) Social isolation and boredom
		(c) Opportunities for new friends
Theme 2: Social responsibility	Health literacy	(a) Representations of the virus
		(b) Attitude towards government mandates
		(c) Understanding the guidelines
Protecting vulnerable groups		(a) Adherence to guidelines
		(b) Keeping family safe
		(c) Reasoning for compliance

- What colours and materials are used?
- What is being represented?
- What are our overall impressions of the picture?

In the third and final phase, the first author, in consultation with co-authors (S.B.B., G.G. and J.E.), consolidated the data from all 454 submissions. Spray's framework was continuously used to structure a more profound analysis of how children navigated the pandemic across different dimensions of experience. This approach enhanced our understanding of children's pandemic experiences while preserving their expressions of agency across various contexts. Our application of Spray's framework aligns with Braun and Clarke's (2022) emphasis on theoretical flexibility in thematic analysis, as reflected in the final thematic structure (Table 3).

2.3 | Ethics

In Iceland, the Ombudsman operates under a legal mandate to support children's participation, independent of parental consent, and to foster an environment where children feel empowered to express their views. Participation in the project was

judged as low risk; therefore, parental consent was waived to reduce participation barriers, and submission was taken as consent to participate. No demographic data was collected to protect anonymity, and all identifiable details were systematically redacted from submissions. Visual materials were modified using Procreate software to reduce the likelihood of recognition while preserving the submissions' authenticity (Woolhouse 2019). The University of Iceland's Science Ethics Committee reviewed and approved the study (SHV2020-024).

3 | Findings

The data analysis generated two key themes: the concept of 'COVID-School' and 'Social responsibility', each with its sub-themes and codes (Table 3).

3.1 | The COVID-School: Ruptures in Routines and Relationships

The COVID-School pays homage to a noun the participants coined to describe the changed school environment. They frequently mentioned the COVID-School to express views on online schooling, ruptures in daily routines, and how they navigated peer relationships when social distancing mandates were at the strictest levels (Table S1).

3.1.1 | Navigating School Disruptions: Online Learning and Routine Changes

Participants submitted material that often reflected how the COVID-19 pandemic disrupted their school routine, including divisions of classrooms to reduce student numbers and a shift to remote learning platforms. One comic (Figure 1, 2nd/3rd wave) vividly illustrated the effects of these daily interruptions and how the initial excitement gave way to new challenges as the pandemic persisted, eloquently demonstrating the transition between different pandemic phases.

Here, the participant creates a scene-for-scene depiction of an announcement of school closure and returning to an altered school in line two. Line three depicts social distancing, with all characters being demonstrated waving far away, and line four eloquently showcases the transition to the emphasis on online media and phones in communicating with friends. In the last line, the participant draws himself back in school, with the space between tables extended and feelings of confusion. Here, the comic ends, indicating that the participant has not received a resolution.

The submissions also included comprehensive descriptions and visual elements, exemplified by Figure 2 (2nd/3rd wave), which evaluated the advantages and disadvantages of educational disruptions. Students faced several challenges, including technical difficulties and lack of engagement with remote instruction, the closure of extracurricular activities and social isolation from peers, significantly affecting their academic progress and social interactions. As depicted in Figure 3 (2nd/3rd wave), participants also revealed unexpected



FIGURE 1 | A comic showing the trajectory of the COVID-19 pandemic. Rows 1 and 2 depict the announcement of no school, which is initially exciting but becomes boring after a while. Row 3 depicts social distancing and the inability to see friends, and row 4 shows communication happening primarily via the phone and social media. The last row shows the participant going back to school but sitting alone (boy, age unknown, Dataset 1). [Colour figure can be viewed at wileyonlinelibrary.com]

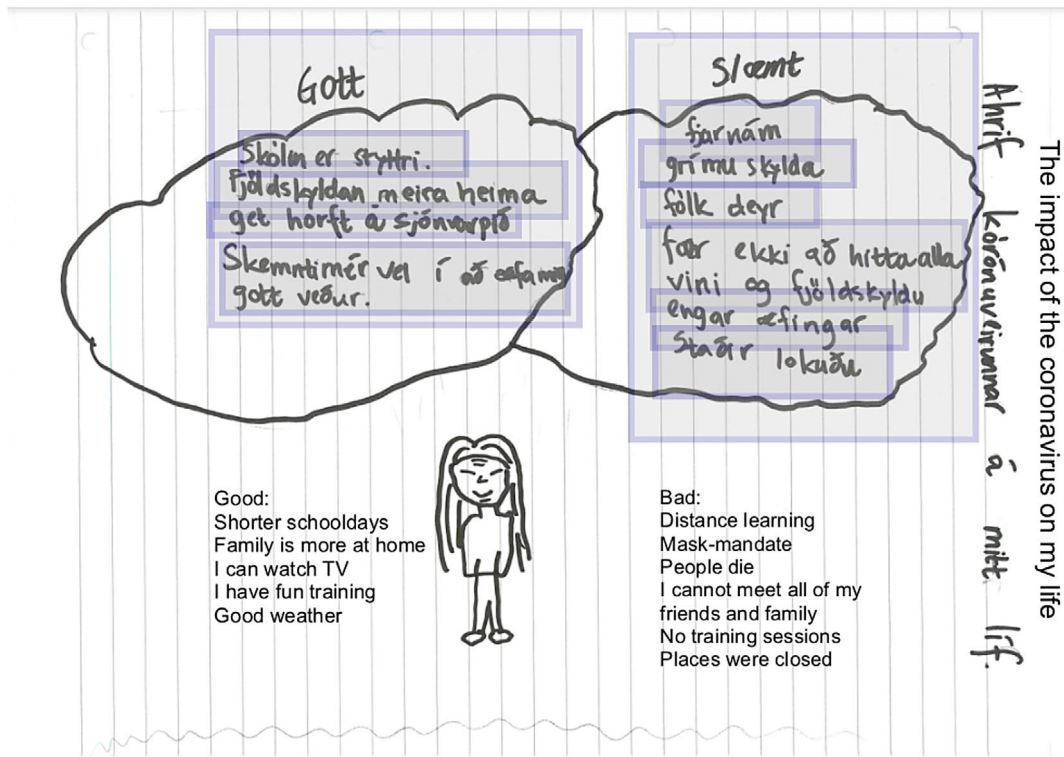


FIGURE 2 | A drawing weighing the pros and cons of the coronavirus (girl, age unknown, Dataset 2). [Colour figure can be viewed at wileyonlinelibrary.com]

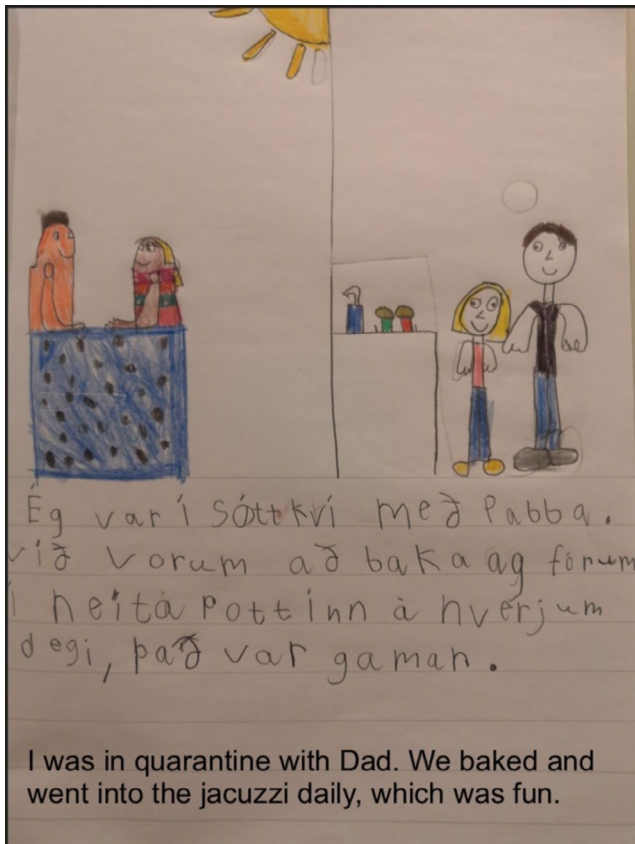


FIGURE 3 | Drawing of a girl and her father (girl, age unknown, Dataset 2). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/olso.12958)]

positive aspects of the disruption, such as spending extended hours in pyjamas and discovering new-found opportunities to strengthen family bonds through increased shared time and activities.

The transformation of the educational environment emerged as a central theme in participants' experiences, particularly regarding class segregation and virtual learning. Research by Larivière-Bastien et al. (2022) documents the detrimental effects of online classrooms on children's socialisation. However, Amadasi and Baraldi (2022) argue that the pandemic shifted the perspective of children's agency, moving away from their ability to engage with and influence their environment (see e.g., Abebe 2019; Spyrou 2018). Instead, children came to be seen as mere vessels for learning, a view enforced by the transition to distance education, which risks reducing them to disembodied mediums for learning. Correspondingly, Kwon and Lee (2023) discuss opportunities for students to exercise their agency in navigating new online school platforms. Our findings reveal that the participants' experiences with online classrooms varied, and many described their efforts to make the best out of a restricted situation. The participants' agency was evident in how they navigated the new routine offered by the COVID-School and through their chosen modes of narrative expression.

Social distancing restrictions, at its strictest 10 to 50 people were allowed to meet, were often referred to as 'gathering bans' and were experienced at various times throughout the pandemic measures (Table S1). Participants' opinions towards the

shift from classroom to online learning were somewhat diverse during gathering bans, with some experiencing the change negatively, highlighting how it impacted their academic success and overall wellbeing. In contrast, others had a more positive experience adapting to the online learning environment. One girl (age unknown) described her experience: 'I felt alright during the gathering ban. I liked studying at home, although my ambition and interest in the school material diminished. After we returned to the classroom, my grades were significantly lower' (Dataset 1, 1st wave). Others expressed dissatisfaction with their schools' responsiveness to their needs, citing heightened stress levels and inadequate support, as illustrated by the following account by one of the participants (age and gender unknown):

The teachers weren't going easy on the workload. They triggered my anxiety, which I still have today. A few had exams straight after the gathering ban, which was horrible. I had no issue with the gathering ban until the teachers ruined it with stress.

(Dataset 1, 1st wave)

The imposed social distancing hindered social interactions. Simultaneously, they offered a welcome break from the usual frenetic pace of their everyday routines and aspirations in school and other extracurricular activities. A participant (age and gender unknown) said: 'Everyone just needed a little break from everything... I was constantly training and barely had time for anything except that and homework. I needed some time off to relax; many... needed this break' (Dataset 1, 1st wave). Another participant (age and gender unknown) felt like having 'a short summer break where ... I got to hang out more with my family and relax' (Dataset 1, 1st wave).

Amid the increased uncertainty and constantly shifting restrictions due to the evolving COVID-19 situation, participants initially welcomed the pause from daily routine. However, as disruptions to school and social life continued, this sentiment often shifted towards a longing for stability and predictability. The unpredictable nature of closures, re-openings and changes in schooling formats left some participants unsettled, heightening their desire for a consistent structure that could anchor their routines and help them regain a sense of normalcy amidst the ongoing crisis.

3.1.2 | Peer Relationships: Social Isolation and New Opportunities

Participants submitted much material discussing the effects on peer relationships inside and outside school grounds. Student segmentation was initially alphabetical, and their interactions were restricted to those within the same cluster, meaning many children were not allowed to interact with their friends. The arrangement was mainly applied in the first wave of the pandemic, while in the second wave (Table S1), children were allowed to form clusters. Nevertheless, they could not always maintain contact with their closest peers. Participants mediated their feelings in various ways; they submitted comics and pictures depicting profound boredom and interruption to their social lives. Figure 4 (1st wave) shows screenshots from a video,

including the dramatisation of a person so bored they turned into a skeleton.

Social distancing mandates prompted some students, to equate their situation with confinement, drawing stark parallels to involuntary isolation, thus characterising their circumstances as tantamount to incarceration (Figure 5, 4th wave). Descriptions of ‘imprisonment’ permeated the narratives, which we interpret as a rhetorical device to narrate feelings of social isolation. This sentiment is exemplified by a girl aged 13–15: ‘I feel rather good... I can just Facetime those I’m not allowed to meet. I get lonely sometimes, and it feels a bit like being imprisoned’ (Dataset 2, 2nd/3rd wave). Others described loneliness when not being allowed to interact with others, and some simply stated:

‘I’ve felt lonely’ (Dataset 2, 2nd/3rd wave). Loneliness may have been prevalent, especially among those who faced difficulties in establishing new friendships and suddenly felt deprived of peer support, as illustrated by another 13–15-year-old girl:

A lot has changed during COVID-19 times, including school. That’s one of the most significant changes for me. We’ve only attended [school] between 8 and 12 o’clock over the past few weeks. ... I’m missing out on my social life and want to see my friends again. This has been distressing for me, but I’ve learned to deal with it.

(Dataset 2, 2nd/3rd wave)

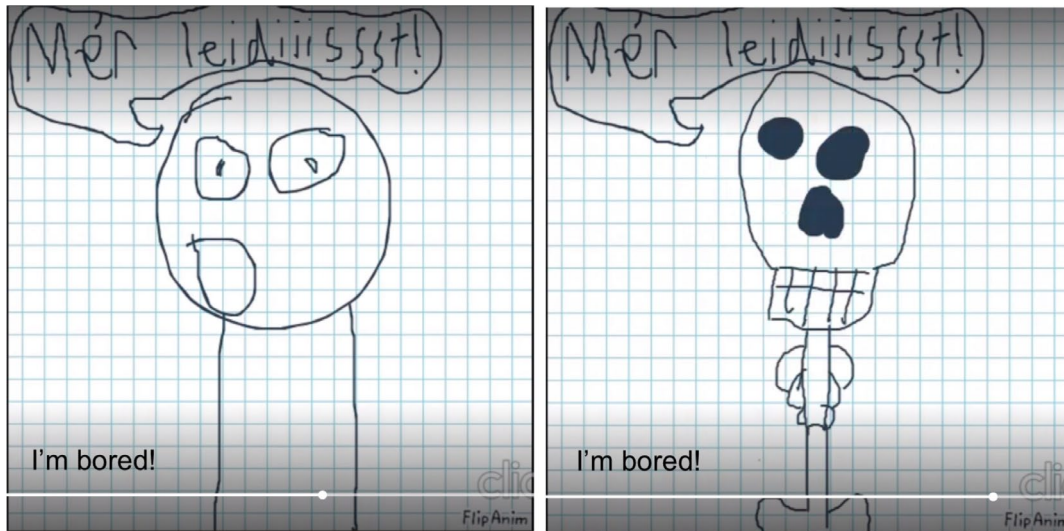


FIGURE 4 | Two screenshots from a cartoon drawing where a boy is so bored he turns into a skeleton (age and gender unknown, Dataset 1). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

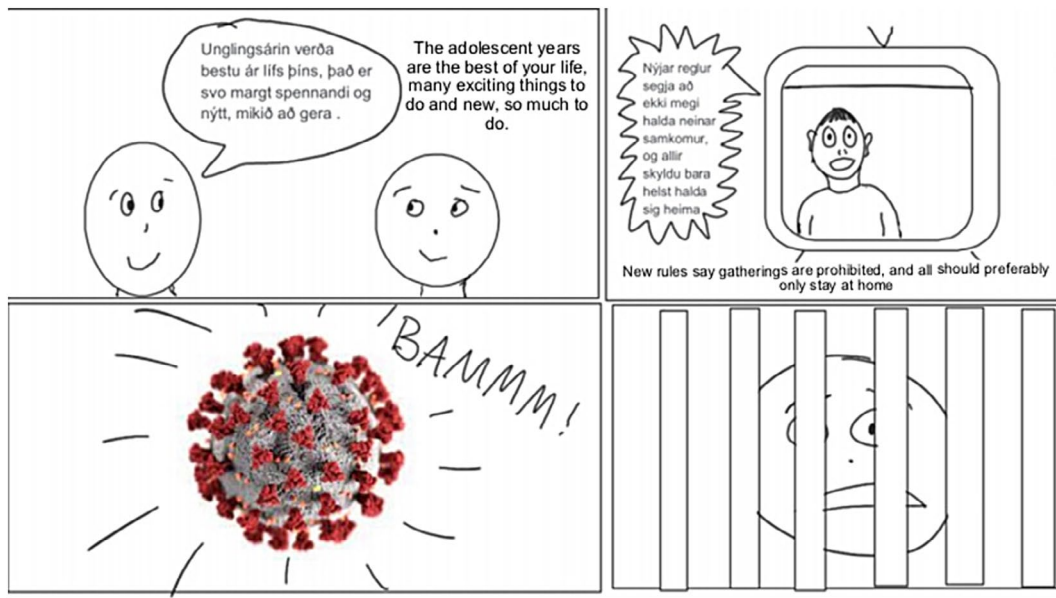


FIGURE 5 | An adult says to an adolescent that the adolescent years are the best years of people’s lives. A news anchor announces the implementation of new government mandates, followed by the appearance of the coronavirus. In the last segment, the adolescents find themselves behind prison bars (age and gender unknown, Dataset 4). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

Nevertheless, the situation provided new opportunities and prospects for some participants as they embraced the chance to build new friendships. A girl aged 13–15 said the pandemic taught her a lot, and despite ‘a boring year’, she had ‘met many new girlfriends’ (Dataset 2, 2nd/3rd wave). Feelings towards school interventions were grounded in factors relating to the school’s social life in many submissions; some were negative, some optimistic and others more nuanced, as described by a girl aged 10: ‘I wasn’t allowed to see 2 of my best friends, who I meet every day:=(, but fortunately, I have 3 best friends, and 1 of them is in my group:-)’ (Dataset 1, 1st wave).

The concept of COVID-School provided multifaceted insights into the participants’ experiences during the government interventions. The first submissions often demonstrate some excitement and mention appreciating more time off from school. However, as the waves progressed, the narratives reflected mounting frustration and a longing to return ‘back to normal’.

3.2 | Social Responsibility

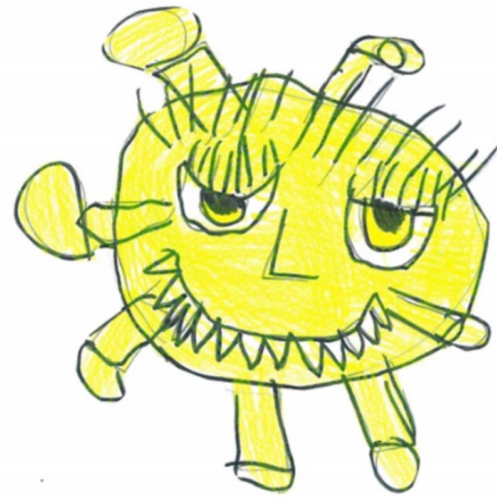
Social responsibility addresses the participants’ sense of responsibility and commitment to health compliance during the pandemic and wishes to protect vulnerable groups. This theme captures how participants navigated mandates such as social distancing and mask-wearing, balancing personal needs with the needs of their community.

3.2.1 | Health Compliance

The submissions demonstrate a commendable level of health literacy across all age groups, particularly evident in second-grade students’ drawings, where the depiction of the virus consistently showcased its spike proteins, giving evidence that an image of the coronavirus modelled the drawings. Often, participants portrayed the virus with aggressive features like fangs, which we interpret as an awareness of the virus’ threat and even demonstrate resistance towards the virus’ influence on society (Figure 6, 1st wave).

Some submissions, such as Figure 7 (1st wave), demonstrate an understanding of the mandates’ requirements. The drawing shows adherence to government mandates but with sad figures. A checkmark was used to affirm the proper mask wearing and adherence to the social distancing guidelines. Yet, the illustration conveys sadness over the social separation. Others addressed the government mandates and the confusion they could elicit with humorous remarks, such as Figure 8 (1st wave), where a girl drenches her friend in liquid from a hand sanitising bottle, adamantly telling her to ensure she sanitises. The scene is humorous and cleverly mocks the government mandates by subtly drawing out any ambiguity in the guidelines.

The accurate depictions of the coronavirus and the mockery of mandates in the drawings reinforce Bray et al.’s (2021) findings that children’s artwork is a valuable indicator of their understanding and interpretation of government mandates. Also, humour frequently can serve as a coping mechanism for daily stressors (Cameron et al. 2010; Dowling 2014) or convey



Damned



FIGURE 6 | A boy raises his fist against the coronavirus as a sign of resistance, shouting: ‘damned!’ (age 7, gender unknown, Dataset 1). [Colour figure can be viewed at wileyonlinelibrary.com]

resistance, as described among Nigerian adolescents during the pandemic (Inyabri et al. 2021) or by Mayes and Center (2023), where school strikers’ use of humour can be considered a form of political intervention and source of public pedagogy. In our study, participants used humour to mock government mandates while shedding light on their experiences challenging social norms and expectations. Humour emerged as a manifestation of agency, serving as a vehicle for social commentary through which participants articulated complex ideas and emotions and tactically navigated the crisis.

Understanding the government mandates was often confusing, as evidenced in a narrative submitted by a girl aged 10: ‘Then, they implemented the 2-meter rule ... WHAT IS THAT!!! The 2-meter rule means there should be 2 meters between people to reduce the risk of infection’ (Dataset 1, 1st wave). Other narratives revealed the motivations for following government mandates, which frequently echoed government guidelines to protect vulnerable groups, such as disabled and older people. A girl aged 13–15 quoting the slogan ‘I obey Víðir’ argued as follows: ‘I’ve missed being in school and meeting my classmates... you must obey Víðir and look out for yourself and others, and I understand that well. Still, I hope this will be over soon’ (Dataset 2, 2nd/3rd wave).

The quote mentions Víðir, the General Director of Iceland’s Civil Protection and Emergency Management, who was often a reference of correct behaviour and social compliance. He encouraged the public to practise social distancing and other preventive measures to slow down the spread of the virus, similar to *Dugnad*, encouraging the Norwegian public to participate in government efforts to slow down the virus by practising social distancing and other preventive measures (Eklund Nilsen and Skarpenes 2022). While children’s statements about ‘Obeying Víðir’ might initially appear as simple compliance, viewing this

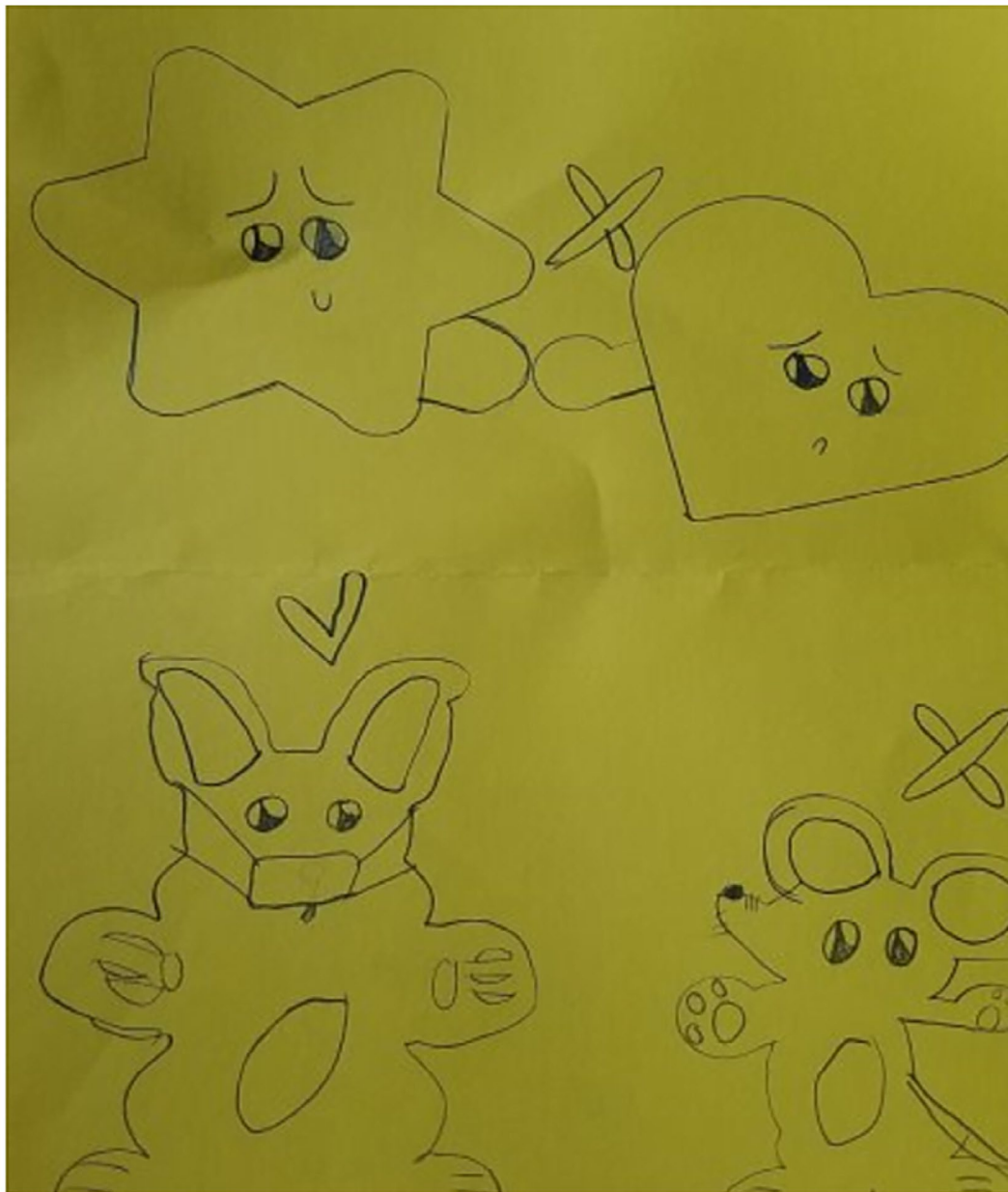


FIGURE 7 | A drawing showing the correct adherence to government mandates, social distancing and mask-wearing. Sadness is portrayed as the star and the heart not being allowed to touch (age and gender unknown, Dataset 1). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/ciso.12958)]

through Spray's framework reveals a more complex picture. As the public child in Spray's framework, participants actively engaged with and interpreted public health messages. They chose to comply not out of mere obedience but as part of their understood role in protecting their community. This demonstrates how children's rights to participation and protection can intertwine; children exercise their agency by consciously choosing to follow guidelines they understand and value.

3.2.2 | Protecting Vulnerable Groups

To contextualise the importance of adhering to government mandates and protecting vulnerable groups, and as a part of those who decided to 'Obey Víðir', children were encouraged to wear masks (see Table S1) and not to hug and cuddle their

grandparents. Shortened school days meant some participants spent more time at their grandparent's home. For others, protecting grandparents by staying away from them became the source of compliance and guilt. As one 13–15-year-old girl expressed: 'One of the things most important to me is my family; I want to see my grandma and grandpa without feeling guilty like I'm doing something wrong' (Dataset 2, 2nd/3rd wave). The emphasis on compliance with government interventions to protect grandparents was often accompanied by anxiety about potentially transmitting the virus to family members and causing their deaths. This emotional burden is evident in a reflection from a girl aged 16, who discussed COVID-19-related anxiety: 'I felt the ... stress around COVID-19, that is, the anxious feelings about possibly carrying the virus to infect my grandparents, to be overwhelming. Attending school was uncomfortable because of my anxiety towards infections' (Dataset 4, 6th wave).



FIGURE 8 | A snip from a skit showing a girl dowsing her friend in a liquid from a bottle of hand sanitiser (girls aged 13 to 14, Dataset 1). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/ajso.12958)]

Participants' emotions are reflected in the following narrative, submitted by a girl aged 13–15 whose parents belonged to a vulnerable group:

I'm scared; I'm afraid that grandma and grandpa will catch it [COVID-19], but I'm most afraid that my mum will get Covid. When she gets a cold ... she gets so sick ... I've been alone a lot during these times ... I try not to cross other people's boundaries, but sometimes I need a hug. A shimmer of hope is ripped away when everything shuts again and again.

(Dataset 4, 6th wave)

The girl's account harmonises with other narratives of anger, disappointment and hurt feelings. However, some attempted to remain balanced when expressing their experiences, for instance, describing the times simply as tricky, different or strange. Those narratives were often followed by wishful thinking about returning to normal and sometimes contemplations about what that normal might look like. A girl aged 13–15 described wishing to return to normal:

Of course, I understand that we're facing a pandemic, but I want a normal life where I can hug my friends and see my family. It's a difficult time for all, and we must accept what we have.

(Dataset 2, 2nd/3rd wave)

Many submissions suggested social consciousness, feelings of responsibility towards themselves and others, and opinionated thoughts, as is evident in a girl aged 10–12: 'None of this has been easy. My family and I were cautious around people' (Dataset 3, 4th/5th wave). The narrative continues to describe a longing for hugs; however, as others described, she, too, refrained from it to

protect others. Similar attitudes were evident in two audio recordings where friends (girls, age unknown) interviewed each other in the form of a podcast, where they encouraged everyone to be vaccinated as 'it's best for everyone' and to 'protect everyone in their community' (Dataset 4, 6th wave). In another submitted video, an 8-year-old boy looked directly at the camera with a message he wished to send to the world. Speaking in Icelandic, Spanish and English, he stated the same message: 'I hope the whole world feels better, and also, stay home' (Dataset 1, 1st wave).

Although the government mandates were at times confusing for participants, they attempted to understand what they entailed. Some would mock them, which we interpret to exercise agency. Throughout the datasets, the written narratives demonstrate increased worry for family members belonging to vulnerable groups, especially grandparents, and anxious writings were often embedded with a humble understanding and willingness to obey the mandates to protect others.

4 | Discussion

This study describes and analyses the experiences and perspectives of children aged 6–16 in Iceland through the five waves of the COVID-19 pandemic. During a global shortfall in safeguarding their rights (Human Rights Watch 2020; Jørgensen et al. 2022, 2023), the Ombudsman provided a platform and written guidance for data collection to empower minors by allowing them to exercise their rights to voice and participation, as recognised by the UNCRC (Nordal et al. 2021; UNICEF 1990). The study also highlights children's active roles and contributions during the pandemic. Our analysis identified two subthemes: the pandemic's impact on school routines and peer relationships and participants' views on and engagements with the government mandates. These themes were identified through the abductive analysis of multimodal artistic submissions and

narratives and sought to highlight participants' agency within times of emergency.

4.1 | Children's Mental Health and Wellbeing

Our study reveals a complex emotional landscape in children, characterised by an interplay of anxiety, boredom, responsibility and social commitment. Initially, many participants expressed excitement; however, frustrations with online schooling quickly led to boredom, reflecting a common need for creative outlets and play, as noted by Diaz et al. (2023) and Koller et al. (2023). As the pandemic continued, submissions increasingly conveyed heightened anxiety and concerns for family and vulnerable groups, often linked to a sense of social responsibility. This aligns with the findings by Lopatovska et al. (2022) on children's resilience and community awareness and supports research on the mental health impacts of school closures, which have been associated with increased levels of depression and anxiety (Samji et al. 2022), including Iceland (Thorisdottir et al. 2023). Despite these challenges, children identified unexpected positives, such as a slower pace of life and more family time, underscoring their capacity for adaptation and their role as engaged participants in navigating public health mandates. These experiences reflect broader themes of social commitment and support seen in other studies (Donegan et al. 2023; Favretto et al. 2023; Lehmann et al. 2022; Oosterhoff et al. 2020), emphasising the importance of recognising children's voices during crises.

4.2 | Preventive Measures and Child Rights

Government approaches in the Nordic countries reflected global variations in pandemic responses (Peterson et al. 2023). Sweden kept primary schools open, maintaining children's routines and social interactions (Jenholt Nolbris et al. 2022). Iceland aimed for a similar approach to Sweden, to minimise interventions as much as possible, while the other Nordic countries implemented restrictions to a varied degree. All Nordic countries except Denmark have incorporated the UNCRC into domestic law, yet children's participation in pandemic-related decisions was limited, and structural inequalities were exacerbated across the region (Finnish Youth Research Network 2023).

Our findings reveal a tension in how children's rights were enacted during the crisis. While Iceland is recognised for its strong commitment to children's rights and participation, the pandemic response often defaulted to compliance expectations rather than full participation. However, our analysis shows that children in the study navigated this complex terrain remarkably well. Even when faced with traditional expectations of compliance, they found ways to exercise their voice, whether through humour in their artwork, critical commentary in their narratives, or creative interpretations of public health guidelines. This demonstrates how children's agency persists and adapts even when adult-centred decision-making predominates during crises. Their submissions often balanced the acceptance of protective measures with their own interpretations and critiques, suggesting that children's rights and protection need not be opposing forces. This engagement with public health measures illustrates how children can be both protected subjects and active

participants during health emergencies, although maintaining this balance requires constant attention from institutions and policymakers.

4.3 | Participatory Framework

Spray's (2020) framework of the embodied, social and public child helps us structure a cohesive narrative of children's diverse pandemic experiences, linking the public health rhetoric to individual experience. While originally developed for routine health contexts, it proved valuable for us to interpret children's experiences during the public health crisis during the COVID-19 health crisis. The embodied child dimension revealed how participants internalised public health measures through physical experiences such as social distancing and processed the emotional weight of protecting vulnerable family members. This was evident in their creative expressions of frustration and discontent, such as drawings of prison bars symbolising physical confinement or a raised fist against the virus representing bodily resistance. The social child aspect highlights how children actively reconstructed their social worlds when faced with unprecedented disruptions. While social distancing disrupted existing peer relationships, many participants found creative ways to maintain connections and even saw opportunities to forge new relationships within restricted social circles. Rather than actively accepting these changes, they demonstrated agency in rebuilding their social networks within health mandates' constraints. The public child was particularly revealing in this emergency context, showing how children balanced compliance with critical engagement. Their sense of responsibility often reflected ties with their family and near community, as depicted in their sense of duty to protect loved ones, mainly grandparents. Yet, they maintained their capacity for critique, using humour and artwork to mock government mandates while still adhering to them, demonstrating sophisticated navigation of their roles as protected subjects and active citizens.

Our extension of Spray's framework to a crisis demonstrates how children's agency manifests under health-related constraints, albeit outside of a clinical setting, as it links public health rhetoric and individual action. The participants' submissions showed a sophisticated understanding of public health messages while maintaining their capacity for critique and creative interpretations. This adaption of the framework helps us understand why children's rights to protection and participation are important, even during emergencies. In response to the findings, the Ombudsman has used them to advocate for the inclusion of children's perspectives in policymaking and future pandemic preparedness efforts (Benediktsdóttir 2022; Nordal et al. 2021). The synergy between research and practice is crucial, as it leads to a deeper understanding of how children perceive public health measures and navigate crises. This emphasises the importance of honouring their right to participate in research.

4.4 | Strengths and Limitations

This study provides unique insights into children's experiences during the COVID-19 pandemic in Iceland, drawing on a large dataset of multimodal submissions, including narratives,

drawings and videos. The research offers a rich understanding of their perspectives by employing child-friendly methods. The Ombudsman's initiative to actively engage children represents a notable strength, particularly given the general lack of children's participation during the early waves of the pandemic; the partnership between the researchers and the Ombudsman strengthens the study, combining methodological rigour with rights-based advocacy. These strengths highlight the study's potential to inform future policymaking and pandemic preparedness by emphasising children's agency and experiences. However, several limitations should be acknowledged. First, the voluntary nature of participation and reliance on digital submissions may have excluded children without access to digital tools, those less inclined to participate or those without access to adult assistance if needed. Second, the lack of demographic information, such as socioeconomic background, limits the study's representativeness. Also, participation was reliant on good internet access, which limits the inclusivity of the study, potentially excluding children from lower-income families or rural areas with limited connectivity and less access to adult assistance. Finally, while offering depth, the focus on two key themes inevitably omits other dimensions of the dataset. Despite these constraints, the study underscores the importance of including children's voices in research and policy, particularly during public health crises.

5 | Conclusions

The study underscores the importance of recognising children as active and responsible participants in public health crises. The analysis of the children's artistic expressions and narratives revealed their complex emotional landscape and agency during the COVID-19 pandemic in Iceland. Their unique perspectives and experiences provide valuable insight into the social and emotional impact health interventions can have on the demographic. The study highlights how the children addressed changes in school settings, social isolation and opportunities for new social interactions. Looking at participants' experiences through the lens of embodied, social and public children deepens the understanding of their critical engagement with government mandates.

The participants' creative expressions and health literacy demonstrate how the children managed and communicated their experiences, often reflecting feelings of responsibility towards protecting loved ones. Using an open platform that allows artistic submissions and recognises children's perspectives can foster empathy, improve government responsiveness, and lead to more effective strategies in developing knowledge regarding child health. Policymakers should employ child-friendly methods to capture the lived experiences of children under these policies and ensure that health interventions are included and resonate with the demographics' needs and responsibilities. By doing so, we can better support children as active decision-makers in health crises, ultimately enhancing the effectiveness of public health policies.

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Ethics Statement

The University of Iceland Ethics Committee approved the study about the experiences of adolescents and health professionals of COVID-19 (no: SHV2020-024).

Consent

The authors have nothing to report.

Conflicts of Interest

E.J., S.B.B., G.G. and J.E. declare no conflicts of interest. S.N. is the Ombudsman for Children in Iceland.

Data Availability Statement

The data presented in this study are available on reasonable request from the corresponding author. The data are not publicly available due to confidentiality laws under the European GDPR Act 2018.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.