

## ORIGINAL

# A Quantitative Assessment of Coping Strategies among Jamaican Males 18+ years old: Post-COVID-19

*Una evaluación cuantitativa de las estrategias de afrontamiento entre los varones jamaicanos mayores de 18 años: Post-COVID-19*

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## Abstract

**Introduction:** The importance of a gendered perspective on men's unhealthy coping strategies for mental health is becoming more widely recognized in the literature. There is no literature on Jamaican males and how they are coping and what coping strategies they are engaged in during the post-COVID-19 period.

**Objectives:** The aim is to examine the types of coping strategies used by Jamaican males who are 18 years and older used to address problematic situations that arose in their life during the COVID-19 pandemic.

**Methods and materials:** The study used cross-sectional web-based survey data on Jamaican men 18 years and older from the fourteen parishes of Jamaica, the survey commenced on October 1, 2022, and ended on November 25, 2022. The Systematic Sampling Technique was utilized to draw a sample of 1088 respondents utilizing a randomized selection of every fifth male in the population.

**Results:** Substance use has been strongly employed by Jamaican males to address the challenges of life post-COVID-19 (three in every four Jamaican males have been using hard drugs). In addition, religion and denial have been strongly employed by sampled Jamaicans to address the challenges of life post-COVID-19. Furthermore, self-blame and self-distraction have also been a part of the strategies employed by Jamaican males to deal with life post-COVID-19. In addition to the aforementioned issues, Jamaican males have been venting and acceptance of the challenges experienced in their lives post-COVID-19.

**Conclusion:** This research has provided insight into the stressors experienced by Jamaican males post-COVID-19 and is as such forwarding a need for social intervention programmes to assist them to deal with the new normal set by the pandemic..

**Keywords:** Coping, coping strategies, stress.

## Resumen

**Introducción:** La importancia de una perspectiva de género en las estrategias de afrontamiento no saludables de los hombres para la salud mental es cada vez más reconocida en la literatura. No existe literatura sobre los hombres jamaicanos y cómo están afrontando y qué estrategias de afrontamiento están llevando a cabo durante el período posterior a COVID-19.

**Objetivos:** El objetivo es examinar los tipos de estrategias de afrontamiento utilizadas por los varones jamaicanos mayores de 18 años para hacer frente a las situaciones problemáticas que surgieron en su vida durante la pandemia COVID-19.

**Métodos y materiales:** El estudio utilizó datos de encuestas transversales basadas en la web sobre hombres jamaicanos de 18 años o más de las catorce parroquias de Jamaica, la encuesta comenzó el 1 de octubre de 2022 y finalizó el 25 de noviembre de 2022. Se utilizó la técnica de muestreo sistemático para extraer una muestra de 1088 encuestados utilizando una selección aleatoria de uno de cada cinco varones de la población.

**Resultados:** Los varones jamaicanos han recurrido en gran medida al consumo de sustancias para hacer frente a los retos de la vida tras el COVID-19 (tres de cada cuatro varones jamaicanos han consumido drogas duras). Además, los jamaicanos de la muestra han recurrido en gran medida a la religión y a la negación para hacer frente a los retos de la vida tras el COVID-19. Además, la autoculpabilización y la autodistracción también han formado parte de las estrategias empleadas por los varones jamaicanos para hacer frente a la vida posterior a COVID-19. Además de las cuestiones mencionadas, los varones jamaicanos se han desahogado y han aceptado los retos experimentados en su vida tras el COVID-19.

**Conclusiones:** Esta investigación ha proporcionado una visión de los factores de estrés experimentados por los varones jamaicanos después del COVID-19 y, como tal, plantea la necesidad de programas de intervención social para ayudarles a hacer frente a la nueva normalidad establecida por la pandemia.

**Palabras clave:** Afrontamiento, estrategias de afrontamiento, estrés.

## Introduction

The importance of a gendered perspective on men's unhealthy coping strategies for mental health is becoming more widely recognized in the literature. According to Mental Health Foundation<sup>1</sup>, in 2017, nearly 6000 suicides were recorded in Great Britain. Of these, 75% were men. In a study by CBHS Health<sup>2</sup>, it was compared that more men than women turn to negative coping strategies such as anger, alcohol, drugs, gambling, excessive use of technology and binge eating in an attempt to deal with mental health issues; on the other hand, there are several positive coping strategies that men may choose from when coping with their problems such as eating healthy, keeping busy, exercising, using humour, and helping someone.

According to Lazarus and Folkman<sup>3</sup>, coping strategies are "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." The COPE Inventory created by Charles Carver has two main components namely problem-focused coping and emotion-focused coping. Research done by Endler and Parker as well Matud<sup>4,5</sup>, proved that men are more likely to utilise problem-focused coping strategies to deal with stressful situations, which involves taking action to resolve stressful situations by addressing the underlying cause.

Emotion-focused coping involves directing one's feelings and emotional response to the problem instead of addressing the problem<sup>6,7</sup>. Coping strategies are cognitive tactics that have been used to evaluate the consequences of various stressful events. Using suicides in Jamaica, the majority of the cases were committed by males and this speaks to the males' difficulties to cope with life's challenges compared to females (Annexe). The question is 'what strategies did Jamaican males employ post-COVID-19 (October 1 - November 25, 2022)? Hence, in this research, the aim is to examine the types of coping strategies used by Jamaican males who are 18 years and older used to address problematic situations that arose in their life during the COVID-19 pandemic.

## Theoretical Framework

The theoretical framework that will be utilized for this research is the cognitive theory of coping coined by Folkman and Lazarus<sup>3</sup>. This theory was selected as it correlates to the construct central to our study, 'An Examination of Coping Strategies among Males during COVID-19'. According to the theory, learning can be partially attributed to studying other people through social interactions, experiences, and external media influences. Folkman and Lazarus<sup>3</sup> defined coping as a change in cognitive and behavioural efforts to cope with specific external and internal demands that are perceived as extreme. The theory posits three meta-theoretical

assumptions: transaction, process, and context that claim one's coping strategy are determined by their emotional experience and the context of the environment, rather than its effectiveness. This framework is consistent with the topic of this study and allows a thorough examination of survival techniques used by men in COVID-19 in the context of human, environmental and social interactions<sup>8-10</sup>.

## Literature Review

COVID-19 has impacted a lot of men negatively, and as such, it is key for them to seek help<sup>11-14</sup>. One way that men had to cope was to seek assistance<sup>15-17</sup>. Coupled with what we already highlighted, there are more ways that men have used to cope during the pandemic. "Getting informed about their current mental and physical health conditions." "Put that knowledge into practice by working on improving yourself to improve stress conditions." "Asking your friends or even getting professionals to help you during times of duress is always a good idea." "Connecting with others on social media platforms." "Overcome the stigma and the negative attitudes when it comes to personal development." "Shifting your mind toward positive thoughts should be a daily recurring activity<sup>18</sup>.

"Dr Peter Bajic, a physician associated with the Cleveland Clinic survey, notes that men are "not great about going to the doctor," and physicians need to stress to men that taking care of themselves is important. "Many men see depression and anxiety as weakness, and by seeking mental or physical health treatment, they are vulnerable or weak"<sup>10</sup>. The stress and the implications of the COVID-19 pandemic have left most men tight-lipped about their struggles and stress<sup>19-21</sup>. As a result, men have opted to bottle their inner feelings as a means to cope with tough times, to them, they see this as a sign of strength. This accounts for the rise in alcohol consumption and the use of other stimulants during the COVID-19 pandemic<sup>22-24</sup>. According to Roberts et al.,<sup>22</sup>, the proportion of people consuming other substances during the pandemic ranged from 3.6% to 17.5% in the general population."

Stress has always been an issue that affects men on a large scale, as men tend to have great difficulty dealing with stress which causes their stress levels to be very high. Quote from Hans Selye "Adopting the right attitude can convert a negative stress into a positive one"<sup>25</sup>. From Selye's statement, we can notice that focusing on negative stress can only affect us negatively, whether physical or mentally. Applying this to the additional stress brought on by the COVID-19 pandemic, one can argue that these additional stressors negatively impact an individual's health<sup>26</sup>. The World Health Organization found that there has been a 25% increase in selected mental health conditions during the COVID-19 pandemic (i.e., anxiety and depression).

COVID-19 has proven to be unpredictable and a pandemic the world was not prepared for. The frequency of its transmission and how lethal it is causing the most developed countries economic and healthcare systems to go under severe stress or near collapse causing stress on everyone. Jamaica recorded its first case of COVID-19 on March 10, 2020; COVID-19 affects individuals differently based on social class, ethnicity and gender. As known males tend to have higher rates of mortality including suicides than females and this is owing to their risky behaviour, engagement in stressful activities, healthcare hesitancy, and COVID-19 may have brought with it a different state of stress on them.

Pre-COVID-19 studies indicate men's self-reported coping strategies, avoidance-Oriented strategies typified by excessive use of drugs or alcohol to cope with one's distress<sup>28,29</sup>. Over-focusing at work as a distraction from issues, along with trying to hide or minimize symptoms by withdrawing and disengaging from relationships; are avoidance-oriented strategies that typically exacerbate distress in the long term. Many of these strategies are linked to traditionally masculine norms, concealing and avoiding negative emotions and partaking in risk-taking behaviours; represent efforts of men to regain a feeling of control and power or discordant emotions when a sense of emasculation is noted. Men's mental health and other illnesses play a role in poverty, and unhealthy coping mechanisms and make people more vulnerable to prolong mental health issues<sup>30,31</sup>. Hence, this study used a national probability study to examine the coping strategies employed by Jamaican males post-COVID-19.

## Materials and Methods

The study used cross-sectional web-based survey data on Jamaican men 18 years and older from the fourteen parishes of Jamaica, the survey commenced on October 1, 2022, and ended on November 25, 2022. The Systematic Sampling Technique was utilized to draw a sample of 1088 respondents utilizing a randomized selection of every fifth male in the population. The Statistical Institute of Jamaica (STATIN) reported that there are 1,350,633 males 18+ years in Jamaica as of the end of 2018<sup>33</sup>. The sample size was calculated based on the 2018 male population for Jamaica, which was 1,350,633. The researcher used the 2018 male population, a 95% confidence level, and a 2.97% margin of error.

The survey was anonymous, so participants were not required to disclose any personal information. Informed consent was implied based on the participants that completed the survey. Participants completed the survey voluntarily and were able to withdraw at any time without any form of liability. A 32-item questionnaire was used to collect the data. The 32-item questionnaire was subdivided into 4 general demographic profiles

of the sample and 28 items from the Brief Cope Scale (coping orientation to a problem experienced). The Brief Cope Scale was divided into eight subscales namely, Resting, Guarding, Relaxation, Asking for assistance, Task persistence, Seeking social support, Coping self-statements and exercise/strength and each item was scored using the following statements; I haven't been doing this at all, I've been doing this a little bit, I've been doing this a medium amount and I've been doing this a lot<sup>8</sup>. The researcher sought and received permission from the late Dr Charles Carver's wife who was also a collaborator in the development of the Brief Cope Scale<sup>8</sup>.

Data were stored, retrieved and analyzed, using the Statistical Packages for the Social Sciences (SPSS) for Windows, Version 28.0. The data were analyzed by way of descriptive statistics, reliability analysis, and per cents, and presented using tables and graphs. Evans' interpretation of correlation coefficients was used to assess the reliability valuations<sup>34</sup>. Evans forwarded that a very weak correlation ranges from 0 to 0.19; weak is 0.20 to 0.39; moderate is 0.40 to 0.59; strong is 0.60 to 0.79; and, a very strong correlation is 0.80 to 1.00<sup>34</sup>. Based on Evans' interpretation of statistical correlation coefficients, 0.70 (or 70%) is used to indicate a good Cronbach alpha, and construct validity of Brief Coping strategies.

## Results

**Table I** presents the sociodemographic characteristics of the sampled male respondents. Of the sampled male respondents (n=1088), most of them were less than 28 years old (29.0%, n=31%, lived in St. Catherine (18.85, 204), where single people (43.1%, 469), and have tertiary level education (40.6%, 442).

**Table II** presents the reliability testing of the subscales and overall Brief Coping Inventory using a sample of 1088 Jamaican males 18 years and older. Using Evans' interpretation of correlation coefficients [Evans, 1996], items for the subscales and overall Brief Coping Inventory are very good to employ for assessing the construct of coping among Jamaican males.

**Table III** presents descriptive statistics for fourteen<sup>14</sup> pairs of double coping subscales. The fourteen<sup>14</sup> pairs of double coping subscales provide insights into the various types of coping strategies employed by Jamaican males post-COVID-19 to deal with the hardship of life. Based on the mean values for each of the pair double coping strategies, Jamaican males have been employing all fourteen pairs of coping strategies post-COVID-19. The results revealed that substance use has been strongly employed by Jamaican males to address the challenges of life post-COVID-19. In addition, religion and denial have been strongly employed by sampled Jamaicans to address the challenges of life post-COVID-19.

Furthermore, self-blame and self-distraction have also been a part of the strategies employed by Jamaican males to deal with life post-COVID-19. In addition to the aforementioned issues, Jamaican males have been venting and acceptance of the challenges experienced in their lives post-COVID-19.

**Table I:** Sociodemographic Characteristics of the Sampled Male Respondents, n=1088.

Details	% (n)
<b>Age cohort</b>	
18 - 27 Years Old	29.0 (315)
28 - 38 Years Old	23.1 (251)
39 - 48 Years Old	15.3 (167)
49 - 58 Years Old	11.7 (127)
59 - 68 Years Old	8.6 (94)
69 - 78 Years Old	6.7 (73)
79+ Years Old	5.6 (61)
<b>Parish of residence</b>	
Manchester	6.9 (75)
St. Elizabeth	5.4 (59)
Westmoreland	5.2 (57)
Trelawny	2.8 (30)
Hanover	2.5 (27)
Kingston	18.5 (201)
St. Catherine	18.8 (204)
Portland	3.2 (35)
St. Andrew	5.6 (61)
St. James	7.5 (82)
St. Mary	4.6 (50)
St. Ann	6.3 (68)
St. Thomas	3.4 (37)
Clarendon	9.4 (102)
<b>Marital status</b>	
Single	43.1 (469)
Divorced	8.4 (91)
Married	37.1 (404)
Widowed	11.4 (124)
<b>Educational level</b>	
None	3.3 (36)
Primary level	8.9 (97)
Secondary level	28.9 (314)
Vocational training	18.3 (199)
Tertiary level	40.6 (442)

**Table II:** Reliability Testing of Subscales and Overall Brief Coping Inventory.

Details	Cronbach alpha
Problem-focused Coping Inventory	0.935
Emotion-focused Coping Inventory	0.947
Avoidant Coping Inventory	0.929
Overall Brief Coping Inventory	0.976

**Table V:** Descriptive Statistics for Avoidant Coping Strategy.

Details	Mean	SD	N
1. I've been turning to work or other activities to take my mind off things	2.46	0.998	1088
3. I've been saying to myself "this isn't real"	2.44	1.069	1088
4. I've been using alcohol or other drugs to myself feel better	2.39	1.070	1088
6. I've been giving up trying to deal with it	2.40	1.046	1088
8. I've been refusing to believe that it has happened	2.38	1.022	1088
11. I've been using alcohol or other drugs to help me get through it	2.41	1.068	1088
16. I've been giving up the attempt to cope	2.38	1.049	1088
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping	2.48	1.024	1088

Notes: The maximum value is 4 for each item.

**Table IV** presents descriptive statistics for the three general subscales of coping strategies employed by Jamaican males as well as the overall Brief Coping strategies employed by them to deal with the hardship of life post-COVID-19. Jamaican males have been moderately employing various coping strategies to deal with the hardship of life post-COVID-19 (overall Brief Coping Index = 69.3±22.6, maximum value = 120). On disaggregating the various sub-components of coping strategies, the results revealed that the sampled males have been strongly employing problem-focus, emotion-focused, and avoidant coping strategies to deal with life's difficulties post-COVID-19. Based on the results of the current study, a potent deduction is that males are not effectively dealing with the hardship of life post-COVID-19. This extrapolation from the findings is based on the widespread utilization of all the established coping strategies as developed by Carver (1997), and Carver and colleagues (1989), particularly the avoidant coping strategies.

The high utilization of avoidant coping strategies speaks to delay behaviour, penned-up feelings, and challenges that must be addressed in the future. Some of the avoidant coping strategies and their degree of employment of these are presented in **table V**.

**Table III:** Descriptive Statistics for the 14 pairs of double coping subscales.

Details	Mean±SD, 95% CI
Self-distraction	4.9±1.85, 4.8 - 5.1
Active coping	5.1±1.86, 5.0 - 5.2
Denial	4.8±1.91, 4.7 - 4.9
Substance use	4.8±2.01, 4.7 - 4.9
Use Emotional	4.8±1.89, 4.7 - 5.0
Instrumental Support	4.9±1.87, 4.8 - 5.0
Behavioural Disengagement	4.8±1.93, 4.7 - 5.0
Venting	5.0±1.85, 4.8 - 5.1
Positive Reframing	5.1±1.88, 4.9 - 5.2
Planning	5.1±1.90, 5.0 - 5.2
Humour	4.9±1.91, 4.8 - 5.1
Acceptance	5.1±1.91, 5.0 - 5.3
Religion	5.0±1.91, 4.9 - 5.2
Self-blame	5.0±1.89, 4.8 - 5.1

Note: The maximum value for each subscale is eight<sup>8</sup>.

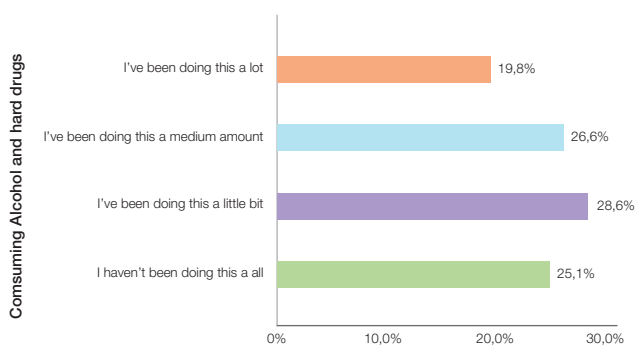
**Table IV:** Descriptive Statistics of the 3 subscales.

Details	Mean±SD, 95% CI
Problem-focused Coping	20.1±6.8, 19.7 - 20.5; maximum = 32
Emotion-focused Coping	30.0±9.8, 29.3 - 30.5; maximum = 48
Avoidant Coping	19.3±6.8, 18.9 - 19.8; maximum = 32
Overall Brief Coping Index	69.3±22.6, 68.0 - 70.7; maximum = 120

**Table V** presents the descriptive statistics for the items in the avoidant coping strategies. On average, Jamaican males have been turning to work or other activities to take their minds off things ( $2.46 \pm 0.998$ , out of 4), I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping ( $2.48 \pm 1.024$ , out of 4), I've been saying to myself "this isn't real" ( $2.44 \pm 1.069$ , out of 4), and so forth. A point of emphasis of this study is the utilization of substances as a coping mechanism ( $2.41 \pm 1.068$ , out of 4).

**Figure 1** depicts the prevalence of Jamaican males using alcohol and hard drugs post-COVID-19. Of the sampled male respondents ( $n=1088$ ), the response rate to the statement 'I've been using alcohol or other drugs to help me get through it.' The results revealed that three in every four Jamaican males have been using hard drugs and consuming alcohol post-COVID-19. In addition, one in every 5 Jamaican males has been utilizing hard drugs or consuming alcohol frequently post-COVID-19 as a coping mechanism.

**Figure 1:** Using Alcohol and Hard drugs.



## Discussion

The COVID-19 pandemic has changed the population/demographic composition of the world's human population. Many measures were implemented by governments across the globe to address the COVID-19 pandemic, and the byproducts of these measures include unemployment, low social interventions, reduced living standards, increased frustrations, and fright of the pandemic. The pandemic has been lifted by the World Health Organization and the Centers for Disease Control and Prevention; but, there are many challenges during this post-COVID-19 period. In fact, "Experiencing post-COVID conditions can be confusing and frustrating, and a person who feels sick long-term may feel isolated. Everyone experiences these conditions differently and may want different types of support or even no support at all" [35]. The current study revealed that the psychological/mental health status of Jamaican males

has been exponentially compromised and has left them searching for solutions, and as a result employing many coping strategies in this post-COVID-19 era. 1) three in every four Jamaican males have been using hard drugs and consuming alcohol post-COVID-19. In addition, one in every 5 Jamaican males has been utilizing hard drugs or consuming alcohol frequently post-COVID-19 as a coping mechanism, 2) on average, Jamaican males have been turning to work or other activities to take their minds off things ( $2.46 \pm 0.998$ , out of 4), I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping ( $2.48 \pm 1.024$ , out of 4), I've been saying to myself "this isn't real" ( $2.44 \pm 1.069$ , out of 4), and so forth, 3) Jamaican males have been moderately employing various coping strategies to deal with the hardship of life post-COVID-19 (overall Brief Coping Index =  $69.3 \pm 22.6$ , maximum value = 120). On disaggregating the various sub-components of coping strategies, the results revealed that the sampled males have been strongly employing problem-focus, emotion-focused, and avoidant coping strategies to deal with life's difficulties post-COVID-19.

The present study highlights that Jamaican males are engaged in various activities to address the challenges encountered as a result of the COVID-19 pandemic. The reality is, they are engaging in different activities only because of wanting to cope with post-COVID-19. The Centers for Disease Control and Prevention provides a rationale for men employing various measures to live, post-COVID-19, which is aptly "Learning to cope with stress healthily will help you, the people you care about, and those around you become more resilient"<sup>36</sup>. Jamaican males are in the process of dealing with the challenges that emerged during COVID-19, which has been equally presented in the literature<sup>37-42</sup>.

During this learning process, they have employed both negative and positive measures to learn the right measures to deal with issues that emerged during the pandemic. Hence, this accounts for the substance use that has been strongly engaged by Jamaican males to address the challenges of life post-COVID-19. This study is not forwarding that a judgement should be ascribed to Jamaican males, but the literature provides a context for understanding the behaviour of people post-COVID-19. The Mount Sinai Hospital cited, "It makes a lot of sense that people are feeling anxious and unsettled right now. Just when we were finally adjusting to a new normal with some predictability and flow, the world is preparing to change all over again. Future uncertainty and a sense of not knowing what to expect can fuel anticipatory anxiety. There is even a diagnosis for this feeling: adjustment disorder"<sup>40</sup>. As a result, they are engaged in destruction practices simply because of the anxiety, uncertainty, unsettled mental state, unknown, and wanting to settle their experiences

post-COVID-19. The employment of the various coping strategies by Jamaican males is simply in keeping with what Bhattacharjee and Ghosh<sup>43</sup> referred to as 'Coping with the new normal.

## Conclusion

The current study revealed that **1)** three in every four Jamaican males have been using hard drugs and consuming alcohol post-COVID-19, **2)** Jamaican males have been turning to work or other activities to take their minds off things ( $2.46 \pm 0.998$ , out of 4), I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping ( $2.48 \pm 1.024$ , out of 4), I've been saying to myself "this isn't real" ( $2.44 \pm 1.069$ , out of 4), Jamaican males have been moderately employing various coping strategies to deal with the hardship of life post-COVID-19 (overall Brief Coping Index =  $69.3 \pm 22.6$ , maximum value = 120). On disaggregating the various sub-components of coping strategies, the results revealed that the sampled males have been strongly employing problem-focus, emotion-focused, and avoidant coping strategies to deal with life's difficulties post-COVID-19. This research has provided insight into the stressors experienced by Jamaican males post-COVID-19 and is as such forwarding a need for social intervention programmes to assist them to deal with the new normal set by the pandemic.

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## Annexe

Table Number of Suicides by Gender and Male to Female Ratio.

Year	Male	Female	Total <sup>1</sup>	Male to Female <sup>2</sup>
2000	66	11	77	6:1
2001	62	13	75	5:1
2002	51	6	57	9:1
2003	55	9	64	6:1
2004	6	4	10	2:1
2005	48	10	58	5:1
2006	42	5	47	8:1
2007	46	4	50	12:1
2008	41	6	47	7:1
2009	51	3	54	17:1
2010	29	6	35	5:1
2011	47	5	52	9:1
2012	45	8	53	6:1
2013	45	10	55	5:1
2014	46	6	52	8:1
2015	51	8	59	6:1
2016	50	5	55	10:1
2017	42	5	47	8:1
2018	56	5	61	11:1
2019	51	7	58	7:1
2020	37	6	43	6:1
2021	44	7	51	6:1
2022*	46	4	50	12:1

\*This figure is for January 1 to November 28, 2022

<sup>1</sup>Source: Jamaica Constabulary Force. (various years)

<sup>2</sup>Computed by Paul Andrew Bourne

## Competing Interests

Authors have declared that they have no competing interests.

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