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Characteristics of Lung Cancer and Its Side Effect

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ABSTRAK (ENGLISH)

Lung cancer remains the leading cause of cancer death in men and women in the United States and around the world. Side effects of radiation include tissue damage near the tumor, usually the Lungs and esophagus (difficulty swallowing or pain), skin damage, tiredness, and loss of appetite. Hair loss occurs in directly irradiated areas and some side effects of chemotherapy can include fatigue, hair loss, nausea and vomiting, anemia (low red blood cell count), increased risk of infection, kidney and nerve damage.

TEKS LENGKAP

Description

Lung cancer treatments are persistent to improve and discuss all of your options exhaustively with doctors. There are two main types of lung cancer, NSCLC for Non-Small Cell Lung Cancer and SCLC for Small Cell Lung Cancer. The main subtypes of Non-Small Cell Lung Cancer are: Adenocarcinoma, Squamous cell carcinoma, and Large cell Lung cancer. Most cases of NSCLC can be subtyped. Treatment varies depending on the type or subtype of lung cancer you have affected. Small cell Lung Cancer (SCLC) is a very different cancer from NSCLC. The approach to treatment and staging in SCLC are different, so the treatments are described separately. Surgery puts pressure on the body and can be dangerous for people with other lung and heart conditions. This could make lung cancer surgery impossible to perform safely. Patients considered for surgery may need additional tests to monitor their lungs and heart to see if they can safely bear the surgery. These tests often include breath tests, a study of blood flow to the lungs with a ventilation perfusion scan (V/Q scan) and a cardiac stress test or (echocardiogram). Lung cancer remains the leading cause of cancer death in men and women in the United States and around the world. About 90% of lung cancer cases are caused by smoking and the use of tobacco products. However, other factors such as asbestos, air pollution, and chronic infections can contribute to the development of lung cancer. Lung cancer is divided into two broad histological classes that grow and spread differently: Small Cell Lung Cancer (SCLC) and Non-small Cell Lung Cancer (NSCLC).

Its side effects

Treatment options for lung cancer include surgery, radiation therapy, chemotherapy, and targeted therapy. Adenocarcinomas (Aden^oCA) make up about 40% of all lung cancers and consist of tumors that develop in the peripheral bronchi. Aden^oCAs progress to lobular atelectasis and pneumonitis. Bronchiolo Alveolar Carcinoma (BAC), now reclassified as Adenocarcinoma In situ (AIS) and Minimally Invasive Adenocarcinoma (MIA), arises in the alveoli and spreads through the interalveolar connections. AIS and MIA describe patients with a very good disease-free survival after complete resection (5-year rate close to 100%). Small cell lung cancer (SCLC), which is derived from the hormonal cells of the lungs. The specific side effects of each therapy in general, complications of surgery include infection, damage to areas near the surgical site, bleeding, and shortness of breath. Other risks are a heart attack, stroke, or a blood clot in the lungs. Side effects of radiation include tissue damage near the tumor, usually the Lungs and esophagus (difficulty swallowing or pain), skin damage, tiredness, and loss of appetite. Hair loss occurs in directly irradiated areas and some side effects of chemotherapy can include fatigue, hair loss, nausea and vomiting, anemia (low red blood cell count), increased risk of infection, kidney and nerve damage. Its effects vary

depending on the chemotherapy drug used. Specific side effects of therapy may include rash, diarrhea and, rarely, (pulmonary fibrosis). In Thoracic Lung and Chest Surgery of clinical practice to make significant advances in the evaluation and treatment of patients with aortic valve disease. The aortic valve and ascending aorta have included surgeons and cardiologists to improve the quality of care for patients.

Conclusion

Medical oncologist treats cancer with drugs such as chemotherapy and targeted therapy, the patient must be positive for Anaplastic Lymphoma Kinase (ALK) positive gene rearrangement. Although nearly half of their patients with advanced Non-Small Cell Lung Cancer (NSCLC) have been reported to have been tested, the ALK-positive genetic abnormality is positive for cancer in approximately 45% of patients with advanced NSCLC. The Symptoms and feelings, to find ways to treat them. It is important to discuss the risks and benefits of each therapy.

DETAIL

Subjek:	Hair loss; Lung cancer; Thoracic surgery; Cardiac stress tests; Blood; Cancer therapies; Radiation; Chemotherapy
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Dokumen 2 dari 5

Human Immunodeficiency Virus among Patients Attending ART Clinic, Ethiopia

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ABSTRAK (ENGLISH)

Description The Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS), is the world's leading development and public health competition. Since the beginning of the epidemic, 38 million people have been living with HIV/AIDS and 1.7 million newly infected people have been infected with HIV. According to a joint global estimate by the World Health Organization and the United Nations Program on HIV/AIDS 2019, 76 million people have been infected with the HIV virus and around 33 million people have died from HIV/AIDS since the epidemic began, and 38 million people are living with HIV/AIDS; 1.7 million people were infected with HIV in 2019 and 690,000 people died from HIV-related illnesses. Since 2008, the HIV incidence rate has increased by 10% and the number of new infections diagnosed annually has increased by 36% in all age groups and has doubled in adults.

TEKS LENGKAP

Description

The Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS), is the world's leading development and public health competition. Since the beginning of the epidemic, 38 million people have been living with HIV/AIDS and 1.7 million newly infected people have been infected with HIV. The increased availability and accessibility of ART has significantly improved survival rates by reducing the incidence of opportunistic infections in people living with HIV/AIDS. The risk of developing opportunistic infections in HIV patients depends on experience with potential pathogens, the virulence of the pathogen, the level of immunity, and the use of antimicrobial prophylaxis. In Ethiopia, however, a notable decline in new infections (81%) over decades, since 2008 the HIV incidence rate began to increase by 10% and the number of newly diagnosed infections increased each year by 36% in all age groups and duplicated in adults limited studies, describing the spectrum of opportunistic

infections and related factors in the study settings. A talent-based retrospective cross-sectional study was conducted from 2015-2019 G.C.

Human immunodeficiency virus

Accordingly (497) medical records of study participants were reviewed. A simple random sample was used to select the participants to be included in the study. Data were extracted from the ART follow-up database and the patient's medical records using a standardized checklist adopted by the ART for HIV from the Federal Ministry of Health. The result of our study documented that of several HIV-related OIs in patients with ART follow-up at the ART clinic at Nekemte Specialized Hospital, the most common types of OI were; Pulmonary tuberculosis (15.7%), oral candidiasis (14.3%), herpes zoster (11.3%), Cryptococcus meningitides (5.9%), upper respiratory tract infection (5.8%), persistent diarrhea (5th, 2%) and extra pulmonary tuberculosis (3.8%). The incidence of OI in adult patients with HIV in the initial stage of WHO was infected with 53% lower than in patients in the advanced initial stage of WHO II and higher {AOR: 0.468, 95% CI (0, 3050,716)}. Furthermore, urban dwellers were 1.6 times more likely to develop OI than rural dwellers. Clinical staging and WHO stay were identified as independent predictors of OI in HIV-infected adult patients. The Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Disorder (AIDS), is the most serious stage of development and public health in the world. According to a joint global estimate by the World Health Organization and the United Nations Program on HIV/AIDS 2019, 76 million people have been infected with the HIV virus and around 33 million people have died from HIV/AIDS since the epidemic began, and 38 million people are living with HIV/AIDS; 1.7 million people were infected with HIV in 2019 and 690,000 people died from HIV-related illnesses. This epidemic remains a global public health challenge for the 21st century in the absence of a vaccine and curative therapy. Since 2008, the HIV incidence rate has increased by 10% and the number of new infections diagnosed annually has increased by 36% in all age groups and has doubled in adults. The risk of developing opportunistic infections in HIV patients depends on experience with potential pathogens, the virulence of the pathogens, the level of host immunity, and the use of antimicrobial prophylaxis. Studies conducted in different parts of Ethiopia had shown that the incidence of OI after HAART increased, especially in hospitalized patients with HIV, and the prevalence of OI in HIV-infected patients ranged from 33.3% in Addisa Ababa to 88%. Dawro Zone Hospital Tuberculosis (TB), Oral Candidates, Pneumocystis Carini Pneumonia (PCP), Bacterial Pneumonia, Shingles, Cryptococcus meningitides, Persistent Diarrhea, Kaposi's Sarcoma, and Lymphoma are the opportunistic infections Common Most Commonly Reported 4,444 in HIV - Ethiopia Patients 4,444, but large differences in OI range observed across the country. Several references suggested that a history of opportunistic infections, Hgb levels, WHO clinical staging, CD4 counts, previous OI prophylaxis, ART adherence, monthly admissions, and occupation have been identified as predictors of OI development in OIinfected patients HIV.

Conclusion

Therefore, the present study was designed to investigate the prevalence, range, and predictors of OI in HIV-infected adult patients in this setting. The global prevalence of opportunistic infections was 62%. The prevalence of opportunistic infections remains high, with pulmonary tuberculosis, oral candidiasis, and herpes zoster the main opportunistic infections in HIV-infected adult patients. Clinical staging and WHO stay were identified as independent predictors of OI in HIV-infected adult patients.

DETAIL

Subjek: Infections; Medical records; Pathogens; Human immunodeficiency virus--HIV; Pneumonia; Immune system; Public health; Age groups; Disease prevention; Acquired immune deficiency syndrome--AIDS; Virulence; Tuberculosis; Adults

Lokasi: Ethiopia

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An Evaluation of Domestic Violence against Jamaican Women during the Coronavirus Disease 19 (COVID-19) Pandemic

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ABSTRAK (ENGLISH)

Keywords: Domestic violence; Gender-based violence; Health insurance; Intimate partner violence; Social isolation

Introduction For centuries, many women have suffered domestic violence at the hands of their perpetrators, some of whom were close family members or husbands Bucknor, 2021 United Nations, 2021 World Health Organization (WHO), 2021 estimated that some 30% of women experienced violence where their intimate sexual partners were the perpetrator in most cases. [...]Mutori and Donald (2006) labelled domestic violence as a global problem requiring an urgent resolution [10]. [...]this growing challenge indicates the need for creating effective social intervention strategies. Domestic violence is a significant issue globally, and it infringes on women's fundamental rights and leads to substantial damage or even death (WHO, 2021). Since the COVID-19 pandemic, many questions and statements surrounding domestic violence have surfaced. [...]domestic violence victims suffer abuse because of the perpetrator's need for control and

TEKS LENGKAP

Headnote

Abstract

The first COVID-19 case in Jamaica was in March 2020 it has been an issue since then. This study targets victim of domestic violence, examines the factors that contribute to Jamaican women being victims of domestic violence, and determines whether domestic violence against Jamaican women has increased during the COVID-19 pandemic. Researchers conducted a random sampling correlation research design to collect data from 513 Jamaican women 18 years and older across the island using a standardized survey created using Google forms. The Statistical Packages for the Social Sciences (SPSS) for Windows, Version 25.0 with 95% confidence interval provided analysis of the collected data. Of the sampled respondents (n=505), 32% indicated being victims of domestic violence, with 60% reported being physically abused, 8.9% reported sexual abuse, and 31.1% reported being emotionally abused of the total sampled respondents, before the COVID-19 pandemic, 49% of them frequently experienced domestic violence compared to 53.1% during COVID-19. The majority of women who reported having a personality disorder (63.6%) were domestically abused compared to other women. Furthermore, of the 513 Jamaican women surveyed, 46.9% were between ages 18-25 years, 46.9% employed, 68.8% lived in rural communities, and 53.8% had a tertiary level education. In addition, most perpetrators of domestic violence were boyfriends (98%) compared to husbands (89.7%,) followed by family members (79.3%). Intimate partner violence has intensified since the COVID-19 pandemic, which means the home has become a battleground for women. Such a stark reality indicates that this public health matter requires immediate attention to mitigate further increase amid ongoing "stay at home orders" and social isolation.

Keywords: Domestic violence; Gender-based violence; Health insurance; Intimate partner violence; Social isolation

Introduction

For centuries, many women have suffered domestic violence at the hands of their perpetrators, some of whom were close family members or husbands Bucknor, 2021 United Nations, 2021 World Health Organization (WHO), 2021 estimated that some 30% of women experienced violence where their intimate sexual partners were the perpetrator in most cases. Furthermore, 27% of women aged 15-49 years experienced physical or sexual violence or both perpetrated by their intimate partners. Similarly, Hodges (2018) found a reported 15% of abuse among Jamaican women [1]. Furthermore, Jamaicans for Justice (JFJ) (2020) found that 25.2% of Jamaican women experienced domestic violence at some point in their lifetime [2]. Jamaica had increased violent incidents, resulting in gruesome violent acts committed against women as well as girls (Amnesty International, 2006; Gauntlett, 2020; Jamaica Family Planning Association, Sheil, 2020; Taub, 2020; Telson, 2020; United Nations Office on Drugs and Crime, 2018 [3]. Watson, Statistical Institute of Jamaica, Inter-American development bank, and united nations for gender equality and the empowerment of women, 2018) [4,5].

Recently, a Jamaican woman in St. James suffered severe burns after her boyfriend allegedly used a flammable substance to set her ablaze. The incident happened after a verbal altercation between the couple (Bucknor, 2021). In another violent case, a husband used a broomstick to beat his wife. Reportedly, the husband felt disrespected because the wife was speaking on the phone with a man he knew, and shortly after, he started to beat her (Taylor, 2021)[6]. Domestic violence is not just a local challenge but an international one as well [7]. Similar cases were reported in the United States, as domestic violence incidents rose to about 8.1% after the imposition of the COVID-19 lockdown (Levenson, 2021) compared to 15% of Jamaican women who have experienced intimate partner violence (Hodges, 2018), suggesting that the home is not a safe place during COVID-19 (Telson, 2020)[8]. The United Nations stated that rates of lifetime intimate partner violence varied among countries: Western Pacific (20%), high-income European countries (22%), WHO Regions of the Americas (25%), the WHO African region (33%), WHO Eastern Mediterranean region (31%), and WHO SouthEast Asia region (33%). These statistics provide some context to the extent of the problem but limited information on intimate partner violence in the Caribbean, including Jamaica.

Data from the Statistical Institute of Jamaica (StATIN) and the Jamaica Family Planning Association (JFPA) provide statistics on Jamaican women related to domestic violence. The data revealed that "27.8% of every partnered woman aged 15-49 years' experience intimate partner physical or sexual violence or both in their lifetime. Seven per cent of women 15-49 experienced physical or sexual intimate partner violence or both in the last 12 months and that there is a 23% lifetime prevalence of non-partner sexual violence (JFPA, n.d; StATIN, 2018).

Researchers contend that domestic violence has spread globally due to its increasing incidences (National Family Planning Board, 2021; The Gleaner, 2021) [9]. The United Nations (2021) contends that domestic violence against women is a public health matter. Similarly, Muturi and Donald (2006) labelled domestic violence as a global problem requiring an urgent resolution [10]. Therefore this growing challenge indicates the need for creating effective social intervention strategies. However, possible approaches in addressing this crisis require further research to investigate violence against women and unknown factors that influence this troubling societal threat.

The state of domestic violence occurring across the globe because of COVID-19 explains the justification for a statement made by the General Secretary of the United Nations on April 5, 2020, that he urged "all governments to put women's safety first as they respond to the pandemic." The perspective stops short of calling domestic violence against women a pandemic, but the high prevalence is embedded therein. Despite women's social and financial advancement, intimate partner violence continues unabated (Arscott-Mills, 2001)[11]. What are missing from the discourse are whether this has increased and its state due to the COVID-19 pandemic. Researchers of this study intend to address the missing piece of the puzzle. First, it is essential to define types of domestic violence and the behaviour of perpetrators.

Domestic violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours (United Nations, n.d.; US National Library of Medicine, 2021). There are different types of domestic violence, including physical, sexual, emotional, economic, and psychological abuse, including stalking (US National Library of

Medicine, 2021). Perpetrators of domestic violence often engage in this act due to several factors, including, but not limited to, history of exposure to violence, substance abuse, marital discord and dissatisfaction, difficulty communicating with partners, and male controlling behaviours towards their partners. Additionally, gender inequality and norms on the acceptability of violence against women cause domestic violence, possibly leading to serious short- and long-term physical, mental, sexual, and reproductive health problems for women (World Health Organization, 2021). To effectively address domestic violence on the local level, it is vital to acknowledge its effects globally.

Domestic violence is a significant issue globally, and it infringes on women's fundamental rights and leads to substantial damage or even death (WHO, 2021). Since the COVID-19 pandemic, many questions and statements surrounding domestic violence have surfaced. This research seeks to highlight the victimization of women and factors that contribute to Jamaican women being victims of domestic violence. Domestic violence against women in Jamaica may have increased since the COVID-19 pandemic.

The Social Conflict theory provides a framework through which this research will explore whether domestic violence against Jamaican women during the COVID-19 pandemic has increased. A total of 513 respondents completed a questionnaire created using Google Forms. The purpose of this research was to evaluate domestic violence among Jamaican women during the COVID-19 pandemic.

Theoretical framework

The Social Conflict theory by Karl Marx was developed in 1848 and proposes that tensions and conflicts occur due to unequal allocation of wealth, status, and power. These conflicts provide the catalyst for social change. Control of material resources, accumulated riches, control of politics, the institutions that makeup society domestic and one's social status compared to others are all the ways that power is illustrated and understood. It highlights that one's social status relative to others is determined not just by class but by race, gender, sexuality, culture, and religion (Crossman, 2019) [12].

The social conflict theory supports the premise that domestic violence occurs in an intimate relationship when one partner possesses more resources than the other partner. Furthermore, when one partner lacks the resources, a sense of inferiority is generated, followed by conflict. When the intensity of disputes rises, it results in abusive behaviour causing domestic violence. Often, conflicts arise in an intimate relationship when one partner possesses a better job than the other or earns more money than the other partner.

The social conflict theory underpins the constructs in this research to evaluate domestic violence among Jamaican women during the COVID-19 pandemic. The theory provides a framework for answering the three key research questions

* Are you a victim of domestic violence?

* Has domestic violence on Jamaican women increased during the COVID-19 pandemic,

* What factors contribute to Jamaican women being victims of domestic violence? Domestic violence occurs when one partner exerts more control over the other partner due to unequal distribution of resources.

As a result, domestic violence victims suffer abuse because of the perpetrator's need for control and power within the relationship (Blessing, 2021)[13].

Literature review

Studies conducted worldwide have shown that the issue of domestic violence against women is a global phenomenon. WHO (2021) found that nearly 1 in 3 (30%) women experienced physical or sexual violence by an intimate partner, non-partner, or both. The COVID-19 pandemic has influenced a surge in domestic violence against women. Reports from countries such as China, Australia, Brazil, the United States, and the United Kingdom provide evidence of the increase (WHO 2020). In China's Jianli County (central Hubei province), reported that domestic violence cases tripled in February 2020 compared to February 2019.

A survey of 400 front-line workers indicated that 40% reported increasing victim's requests for help in Australia. Furthermore, in 70% of the cases, there was an increase in complexities during the COVID-19 pandemic onset (Latouff, 2020). An increase in domestic violence cases was also recorded in countries such as France, Cyprus,

Singapore, and Argentina by 30%, 30%, 33%, and 25%, respectively since the onset of COVID-19 lockdown conditions (Mullapudi and Petikam, 2021). This increase in domestic violence influenced WHO to release a statement concerning COVID-19 and violence against women, addressing it as a significant global public health and women's health threat during emergencies[14].

The COVID-19 pandemic has changed the way of life of people globally. Measures implemented to control the spread, such as lockdowns and physical distancing that affect livelihoods and limiting access to social and health services, are likely to increase the risk of domestic violence (UN Women,2020). Perpetrators may use confinement measures to exert power and control over victims during this period, as victims have no route of escape and both formal and informal social networks are deprived (World Health Organization, 2020). Additionally, lockdowns provide an environment conducive to physical, financial, emotional, and sexual abuse because victims experience increased isolation with spouses and other family members who are the perpetrators of domestic violence (Gauntlett, 2020). Job loss and financial strains, moreover, provide a breeding ground for tension within the home.

Jamaica does not provide safe havens for women subject to acts of violence against them. According to Jamaicans for Justice, "One in four women (25.2%) has experienced physical violence by a male partner, with one in four women (24.4%) reporting sexual harassment during their lifetime (2020).A survey conducted by the Inter-American Development Bank found that domestic violence increased in the Bahamas, Barbados, and Jamaica by 11.4%, 12.3%, and 10.3%, respectively (Giles Alvarez and Khadan, 2021) [15].

Consequently, several news reports covered domestic abuse against women in Jamaica during the COVID-19 pandemic (Jamaica Observer, 2021). The most recent report involved a 21-year-old pregnant woman whose boyfriend allegedly "slashed" her throat in Clarendon on Father's Day (Jamaica Observer, 2021 b;Yardhype, 2021)[16]. In another incident in Trelawney, a 29-year-old female was reportedly chopped to death by her boyfriend (Bucknor, 2021)[17]. Domestic violence can lead to physical, psychological (suicide attempts, depression, anxiety, fear, low self-esteem, and post-traumatic stress disorder) and sexual injuries, significant public health consequences. It impacts other family members in addition to the victim. Children, who witness violence in the home, including extreme violence possibly culminating in the mothers' death, may experience lifetime trauma. To address the lack of safety initiatives for women, the Jamaica Constabulary Force (JDF) released a statement reaffirming its commitment to lessening domestic violence incidents through educating and empowering citizens to report incidences of domestic violence. The JDF has committed to the investigation of all reported domestic violence cases. They also said a "recent expansion of its domestic violence intervention (DVI) centres to St. Thomas, and others are on the way" (JDF, 2020). Because of the disturbing local trend of domestic violence among Jamaican women, researchers sought to evaluate domestic violence against Jamaican women during the COVID-19 pandemic for this current study. Due to the mounting statistics, a need exist to explore further the impact of the COVID-19 pandemic on domestic violence against women.

Methodology

This study employed a web-based, non-probability, cross-sectional and association research design (Babbie, 2010; Creswell, 2013; Neuman, 2014; Polit, 1996; Rea and Parker, 2014). Researchers evaluated domestic violence among Jamaican women during the COVID-19 pandemic [18]. Quantitative research refers to strategies, techniques and assumption used to study psychological, social and economic processes by observing numeric patterns. The primary purpose of quantitative research is to generate knowledge and create understanding about the social world (Allen, 2017; Creswell, 2013; Neuman, 2014)[19].

Using statistics from the Statistical Institute of Jamaica (2021) on the population of Jamaican women ages 18+ years (1,058, 420), a sample size was computed by way of a 95% confidence interval and four per cent margin of error (i.e., 600). Researchers collected data for the survey between May 30 and June 21, 2021. A total of 513 (85.5%) successful responses from Jamaican women over 18 years and older living in different parishes of the three Jamaican counties of Cornwall, Middlesex and Surrey served as data for further analysis to answer the research questions. The instrument was an adaptation of one developed by Jones (2021) to assess stress among Jamaicans. Using survey distribution via telecommunications, researchers obtained the sample target of 600 women in Jamaica.

Researchers disseminated messages containing the link to the survey via text messages, emails, and WhatsApp. The participants received information about the purpose of the research. Participants received instructions on completing the survey. Study participants had to be 18 years or older and a female living in Jamaica to participate. The survey provided anonymity, so participants were not required to disclose any personal information. Informed consent was implied based on the participants that completed the survey.

Random sampling was the technique applied in this research study. This technique allows each participant to have an equal chance of being chosen. Additionally, it provides for the research process to be fair and unbiased. Using telecommunications to distribute the survey allowed the researchers to promptly reach the target sample while adhering to COVID-19 restrictions. The data was collected and analyzed using the Statistical Packages for the Social Sciences (SPSS) for Windows, Version 25.0.

Result

The demographic characteristics of the sampled respondents (N=513 females across Jamaica). Most of the females were between 18-25 years old (60.7%), 38.2% were students who completed tertiary level of education (60.4%) and resided in urban areas (59.1%) (Table 1).

It reveals that 49.3% of women believed that men were the head of the household. Primary victims of domestic violence were 31.7%, while 60.8% of the respondents know victims of domestic violence; 63.5% of perpetrators of domestic violence were boyfriends, followed by husbands (18.2%). Some respondents were not predisposed to alcohol use (9.6%), smoking (15.4%), gambling (3.2%) or recreational drugs (2.8%); 20.9% experienced physical abuse; 41.5% of individuals selected that social service interventions are the best recommendation to alleviate domestic violence against Jamaican women (Table 2).

It indicated being victims of domestic violence (n=160, 31.7%), marginally more reported that these acts have occurred at least frequently during the COVID-19 pandemic (53.1%) compared to before this period (49.0%) (Figure 1).

COVID-19 measures impacted 90.3% of women experiencing domestic violence; 57.8% believed harsh economic conditions contributed to domestic violence against Jamaican women during the COVID-19 pandemic. While 81.3% thought that the COVID-19 pandemic affected the provision of essential services for victims, 70.7% of victims did not report domestic violence to the police, and 22.5% of the respondents agreed that the COVID-19 pandemic affected their relationship with their sexual partners (Table 3).

A cross-tabulation between the victims of domestic violence and perpetrators being exposed to domestic violence. The cross-tabulation revealed that there was a significant statistical relationship between the two variables mentioned above ($P < 0.0001$). The findings revealed that 89.7% of the respondents (victims) believed their partners were exposed to domestic violence during childhood compared to 50.9% of respondents who did not think their partners experienced domestic violence (Table 4).

A cross-tabulation between being a victim of domestic violence and selected demographic variables. Those women in the study who are victims of domestic violence were found to be younger (18-25 years old, 41.5%), employed (46.9%), dwelled in rural areas (68.8%), and educated (tertiary level, 53.8%) (Table 5).

The respondents' views of the relationship between the abuser and the abused victim with a statistical relationship between the variables ($P = 0.002$). Based on the views of victims of domestic violence, the majority of the cases involved boyfriends as the perpetrators (98%) compared to husbands (89.7%) and 79.3% of family members (Table 6).

A cross-tabulation between the victims of domestic violence and whether the COVID-19 pandemic affected their relationship with their sexual partners. Those who indicated being victims of domestic violence were more likely to agree with the statement that "The COVID-19 pandemic affected your relationship with your sexual partner" (67.6%) compared to non-victims of domestic violence (23.8%), ($\chi^2 = 89.704$, $P < 0.0001$) (Table 7).

A cross-tabulation between the victims of domestic violence and the reasons for increased domestic violence during COVID-19. Of those who indicated having a personality disorder, 63.6% were victims of domestic abuse compared to 23.5% of those with previous exposure to abuse, 29.8% of those who were experiencing harsh economic

conditions, and 34.0% of those who were stressed (3)=11.996, P=0.007) (Table 8).

It depicts a cross-tabulation between being a victim of domestic violence, and the highest level of educational attainment found a significant statistical association (4)= 18.497, P=0.001). Jamaican women with lower educational backgrounds were more likely to be victims of domestic violence than those with greater educational attainment (Table 9).

A cross-tabulation of the types of domestic violence and age group, in which the findings showed a significant statistical relationship (4)=18.497, P=0.001). Women ages 42+ years had the lowest rate of physical abuse, which was also the case for those reporting sexual abuse and the most significant rate of emotional abuse (Table 10).

Discussion

This study evaluated the prevalence of domestic violence against Jamaican women during the COVID-19 pandemic. The first COVID-19 case occurred on the island in March 2020, which eventually led to an early stage of the outbreak, forcing the Jamaican government to implement restrictive measures to contain the spread. Measures included the closure of schools and some workplaces, total curfew, and lockdowns, which only allowed access to food and other necessities.

However, these containment measures amounted to some unintended negative impacts, such as increased incidences of domestic violence. Though domestic violence was already on a 'meteoric rise' (Gauntlett, 2020), this research explored whether domestic violence has increased or decreased during the COVID-19 pandemic. This research investigated whether domestic violence has increased during the COVID-19 pandemic and the measures and restrictions imposed by the government of Jamaica under the Disaster Risk Management Act.

Researchers collected data from 513 participants. Statistics from reveals that 60.7% were between the ages 18 and 25 years, and 28.8%, 8.1% and 2.4% respectively were between 26 and 33 years, 34 and 41 years and 42+ years. Tertiary level education was the highest level of education achieved. 31.7% of the participants suffer primarily from domestic abuse and more than 60.8% suffered secondarily by knowing a victim of domestic violence. The majority of victims suffer mainly from physical violence (20.9%), with emotional violence (11.2%) being the second highest and sexual violence (3.2%) the least. This research revealed that perpetrators of domestic violence are significantly intimate partners boyfriends (98.0%), and husbands (89.7%) compared to family members (79.3%). The Social Conflict theory supports the results of this study, as perpetrators abuse their partners because of the desire for control over their partner due to unequal distribution of resources (Blessing, 2021). The majority of participants indicated that their perpetrator had been exposed to domestic violence as a child (27%) along with external factors, such as smoking, being the highest (15.4%) and alcohol being the second highest (9.6%).

The study also revealed that the COVID-19 measures and restrictions under the Disaster Risk Management Act imposed by the government of Jamaica to control the spread of the virus affected victims of domestic abuse. Consequently, 90.3% of participants agreed that the COVID-19 measures affected them by preventing them from accessing essential services, as reported by 81.3% of the respondents. As a result, 41.5% of the respondents recommended that the government provide social service intervention, such as counselling and advocacy for victims and alternate living environments.

This study revealed that the pandemic had affected victims of domestic violence, with the majority (81.3%) agreeing that it affected their access to essential services (e.g. police, health care and counselling) due to the COVID-19 measures and restrictions imposed by the government of Jamaica. In addition, the results showed that the number of abuses was under-reported. Several participants (70.7%) did not report their domestic abuse or ones they had witnessed. There is substantial evidence in support of these findings.

According to Vilic (2020), as cited in Mullapudi and Petikam (2021), restricted movement affected essential services and counselling sessions due to social distancing, thus necessitating phone calls, webinars, and emails as alternate methods of communication, which contributed to a decline in victims' requests for help. Evans, Lindauer and Farrell (2020) state that victims might live in areas with unreliable internet or cellular service or close to abusers who may be eavesdropping, making it difficult for the victim to disclose the abuse. Moreover, Mullapudi and Petikam (2021) argued that the absence of efficient resources to seek help had increased victims' difficulties in facing the wrath of

violence, evidenced by the fact that mandated reporters have limited opportunities to recognize, assess and report signs of abuse.

Conclusion

The hypothesis and research questions prompted the researchers to carry out two cross-tabulations which also supported the hypothesis from the results of the cross-tabulation. Twenty-three per cent of the respondents "rarely" experienced domestic violence before the COVID-19 pandemic, but are frequently experiencing domestic violence now. Similarly, 79.6% of women experienced domestic violence during and frequently after the COVID-19 pandemic. As mentioned earlier, the findings indicated a statistical relationship between the two variables (765.630, $df=16$, $p=000.<0.05$, with the critical value being 26.30). Also, illustrates that 59% of the respondents believed that the COVID-19 measures and harsh economic conditions contributed to increased possibilities of abuse.

Moreover, there was a statistical relationship between the two variables above (10.566, $df=2$, $p=0.005<0.05$) with a critical value of 5.991. If the Chi-square value is greater than the critical value, the researchers reject the null hypothesis. Since both cross-tabulations had a greater Chi-square value, the researchers rejected both null hypotheses.

Reports of increased domestic violence during the COVID-19 pandemic occurred globally. Mullapudi and Petikam (2021) stated that domestic violence incidents increased 300% in Hubei, China; 25% in Argentina; 30% in Cyprus; 33% in Singapore; and 50% in Brazil. These results support the current findings of this study among Jamaican women 18 years or older. Furthermore, based on the findings in this present study there is a direct correlation between domestic violence and the COVID-19 pandemic, with a significant increase in domestic violence among Jamaican women during the COVID-19 pandemic and associated measures.

In light of these current findings and the recent publicized incidents of violence against women, it is imperative that the Jamaican government institute immediate safety measures for women of domestic violence. One such step could be to ensure and support the completion of the DVI centres the JDF is committed to establishing through the island. Long-term efforts through strategic, collaborative, and innovative approaches are also essential in mitigating the rising occurrences of violence toward women.

One such attempt may be establishing a system where women feel safe to report their abuse he witnesses abuse, thus impacting reporting accuracy. Further research is needed to study this population further. Future studies should consider the impact of domestic violence among other vulnerable groups and other age groups. Domestic violence not only threatens women's lives but unravels the very fabric of society, which makes it the duty of the collective Jamaican culture to demand effective measures leading to positive change.

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DETAIL

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Judul:	An Evaluation of Domestic Violence against Jamaican Women during the Coronavirus Disease 19 (COVID-19) Pandemic
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Dokumen 4 dari 5

The First Time Sexual Experience of Adolescent in Indonesia: A Survival Analysis

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ABSTRAK (ENGLISH)

Cox regression model is utilized to model both the event and censored data. Since the model failed to satisfy the proportional hazard assumption then stratification by education and having a boyfriend/girlfriend was required. Since it is well known that first sexual experience of a person is related to his/her health and psychological condition then it is important to understand which age group has the highest risk affected by sex prior to marriage. Stratification can be used to fix the problem. Since there are two variables that seem to violate the assumption, the categories of the strata can be formed by the combination of all categories in these variables. The final model reveals result that cigarette, alcohol, drug, friend, perception, and area are significantly influencing the age first time sex experience. [...]it also reveals that having a friend that had sex experiences before marriage provides the highest hazard ratio.

TEKS LENGKAP

Headnote

Abstract

Factors affecting adolescent sexual experience have been studied many researchers, but the concern on the age at the first exposure to sex experiences has not been studied. This study aims to investigate the age distribution of the first time of sexual experiences among adolescent in Indonesia as well as its determinant factors. The Indonesian Demographic and Health Survey (IDHS) 2017 data is utilized in this study. Cox regression model is utilized to model both the event and censored data. Since the model failed to satisfy the proportional hazard assumption then stratification by education and having a boyfriend/girlfriend was required. The results showed that the average age first time sexual experience among adolescent in Indonesia is 18.48 years. Consumption of cigarette, alcohol, drug, having friend who had sex before marriage, perception about sex, and the living area are significantly influencing the age first time they experienced sex. The results also showed that having a friend who had sex before marriage provides the highest hazard ratio. It also showed that the hazards in Maluku and Papua were the highest when compared to others areas.

Keywords: Sexual experience; Adolescent; Survival analysis

(ProQuest: ... denotes formulae omitted.)

Introduction

The behavior of adolescent towards premarital sex has attracted more concern from the government and society for several decades. The data collected by the National Population and Family Planning Board (BKKBN) (2018) showed that there were 8 percent of young men and 2 percent of young women claimed to have premarital sexual experience [1]. Although the percentage is small but the number of cases is relatively big. This problem is very important and need special attention from the government and the society since adolescent is the future generation. The adolescent must have positive activities and great experience in their young age for their future.

Analysis of variables which are related to adolescent sexual experience has been studied by many researchers. Susanto, (2016) investigated in 120 schools in East Java and found that among young males smoking habit as well as engagement to girlfriends was the determinant variables [2]. On the other hand, among young females the significant variable was the lack of access to information. Another study conducted by Rahmah (2017) concluded that 39 percent of the adolescent in Yogyakarta got information about sex from electronic media. Berliana, (2018) studied premarital sex initiation, but the focus was on the interval time between the first sexual contact and marriage [3]. Another research located in Bali by Pradnyani, (2019) showed that senior high school students had a low level of knowledge about the sexual reproductive process and risk [4]. Wells, (2010) examined the sexual behavior of adults who used to visit night clubs and they concluded that men had an odds ratio to have sex after drinking alcohol twice than women [5].

Although the above research has investigated adolescent sexual activities, but the age at which the adolescent exposed to the first sex activity has not been studied. Since it is well known that first sexual experience of a person is related to his/her health and psychological condition then it is important to understand which age group has the highest risk affected by sex prior to marriage. Data about the age at first sexual experience is required and a survival

model is necessary to understand such problem. However, although the data is only available for those who experienced with premarital sex but this data is essentially censored by those who have never had such experience. This study aims to investigate the distribution of the age of the first time sexual experience among adolescent in Indonesia as well as its determinant factors.

Methodology

The Indonesian Demographic and Health Survey (IDHS) 2017 data is utilized in this study. The sample is never married adolescents aged 15-24 years. The event is defined to be occurred if a person claimed to have sexual experience, whereas those who never had sexual experience until at the time of the survey are considered as censored cases give the information about number of sample, event, and censored in each area (Table 1). The dependent variable (Y) is something that happen in the past before the survey time whereas a few of independent variable (X) are something happen in the time of the survey. Due to difficulties of collecting the data, we use all of independent variable listed in with assumption the situation at the survey time is remaining same with the time they did sex for the first time (Table 2). To meet this assumption, we select cases with interval period from did sex for the first time to the time of survey is no longer than two years.

The Cox regression model is used to explore the relationship between the age at first sex and explanatory variables. This model allows us to estimate the hazard for an individual given the explanatory variables (Kleinbaum and Mitchel, 2005) [6]. The Cox regression model is as follow:

...

$h(t;$

With $h(t)$ represent the hazard ratio. The coefficient β is estimated using maximum likelihood and interpreted in a similar manner to that of multiple logistic regression. This model requires the Proportional Hazard (PH) assumption. Proportional hazard is a condition when the hazard ratio is constant by time. To test it, we use Schoenfeld residuals (R_{ji}) for j -th variable and i -th observation as follow:

...

$H_0: \rho=0$ (no correlation between Schoenfeld residuals dan time, the assumption meet) against $H_1: \rho \neq 0$ (the assumption doesn't meet). The test the hypothesis, we use the test of statistics: $z = \frac{r}{\sqrt{1/n_u}}$ with r is correlation between Schoenfeld residuals and time, n_u is total number of event. If we get $p\text{-value} > \alpha$, we can conclude that the assumption meet. If the hazard assumption does not meet, we stratified the model (Husain, 2018) [7]. In the stratified estimator, the hazard at time t for subject in group j is assumed to be

...

Literature review

The distribution of ages of first time sexual experiences among adolescent in Indonesia is visualized by Figure 1. The youngest age is 14 year old but it just a small number. The event increases dramatically for age 15 year. It may be caused by the average age of adolescent entering high school is 15 year. The mode is 17 year, the final year in school. In these ages, adolescent usually get more enthusiastic about new thing. The number of case was decreased in age 18 year and continued to decline in the following years. It is well known that legal age of marriage in Indonesia is 18 year. Those who married were not captured by the survey. Overall, the average age for first sexual experience of adolescent in Indonesia is 18.48 years with the standard deviation is 2.67.

Results

Gender, place of residence, household wealth, and internet using are not significant factors affecting the age an adolescent did sex for the first time. Although there are many improper contents of internet that are not suitable for adolescent, but certainly not all of adolescent want to watch it. They may use it for some positive thing. Education, cigarette, alcohol, drug, having a couple, having friend who did sex, the perception about sex, and area are significant factors affecting the behavior of adolescent toward premarital sex. The model coefficients and the significance level are provided in Table 3. It shows survival function of not significant variables (Figure 2). One important thing in the statistical analysis is assumption of PH hazard. All variables except school and couple were found to satisfy this assumption. The result of the test is shown in and visualized in Figure 3 and Table 4.

When the PH assumption is violated, the true hazard ratio is changing overtime implying that the parameter actually being estimated may not be a meaningful measure of the between group differences. Stratification can be used to fix the problem. Since there are two variables that seem to violate the assumption, the categories of the strata can be formed by the combination of all categories in these variables. Strata 1 is for junior high school and having a boyfriend/girlfriend, strata 2 is for junior high school and doesn't have a boyfriend/girlfriend, strata 3 is for senior high school and having a boyfriend/girlfriend, strata 4 is for senior high school and doesn't have a boyfriend/girlfriend. Parameter estimation after stratified is in Table 5.

The final model reveals result that cigarette, alcohol, drug, friend, perception, and area are significantly influencing the age first time sex experience. Moreover, it also reveals that having a friend that had sex experiences before marriage provides the highest hazard ratio. The hazard is 2.93 times higher than those who do not have such a friend. This is an alert to all parents in order to take much care about the friendship circle of their children. Another improper behavior among adolescent also need our attention. Drinking alcohol has the hazard 2.84 times than those who never drink alcohol while the hazard ratio is 2.33 for drug behavior and 1.78 for cigarette. Perception about sex i.e. whether adolescent approves on sexual before marriage for some reason or disapproves, also affect this issue. Surprisingly, the hazard of the group who said approve is smaller than those who said disapprove. Approval to free sex before marriage does not always mean that the adolescent agree to do so. In fact, there are some adolescent who did sex even they disapprove it.

Discussion

The model shows Maluku Papua get the highest hazard. It is in line with the highest percentage of the event in Maluku Papua that mentioned in Table 1. According to the data, about 99.4 percent of those who did sex are having a boyfriend or girlfriend and about 84.5 percent of them having friend that have sex before marriage.

Bali Nusa Tenggara has the biggest hazard ratio compare to Maluku Papua than others area. As we know, this area is a famous for tourist destination. A lot number of foreign tourist whose coming with their western behavior may affect the local people, especially about sexual behavior. But it needs another deep study. The smallest hazard ratio is reached by Jawa. As we know, Jawa has a strong custom and maintain a good manners which may determine the sexual behavior of the adolescence.

If we look more into area level, we find that the model in each area is different as well as the determinant factor. The model in Sumatera, Kalimantan, and Maluku Papua do not need stratification while Jawa, Bali Nusa Tenggara, and Kalimantan do. The strata are education for Jawa and perception for Bali Nusa Tenggara and Kalimantan [8].

Gender is remain not significant in all area except Maluku Papua. The type of place of residence, variable that not significant in national level, is significant in Sumatera, Kalimantan, and Maluku Papua. Beside that, cigarette is not significant in all area while drink alcohol is the opposite. It significant in all area. Having a friend who had sex experience before marriage has the biggest hazar ratio in Sumatera, Klimantan and Sulawesi. Alcohol is the most risk factor in Jawa but drug is dominant in Bali. Having a girl friend or boyfriend give a very high hazard ratio in Maluku Papua summarizes all model (Table 6).

Conclusion

The youngest age first time sexual experience among adolescent in Indonesia is 14 year old, the mode is 17 year, and the average 18.48 years with the standard deviation 2.67. The final model is stratified by education and having a boyfriend/girlfriend. Consumption of cigarette, alcohol, drug, having friend who had sex before marriage, perception about sex, and area they live in are significantly influencing the age first time they did sex. The study also shows that having a friend who had sex before marriage has the highest hazard ratio. Maluku Papua get the highest hazard than other areas.

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DETAIL

Subjek:	Young adults; Sexual behavior; Cigarettes; Age; Marriage; Health surveys; Variables; Alcohol; Middle schools; Secondary schools; Survival analysis; Personal relationships; Parameter estimation
Lokasi:	Indonesia
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Basis data:	Public Health Database

Dokumen 5 dari 5

Impact of Alcohol Consumption on the Psychological Wellbeing of Jamaicans during the Coronavirus Disease-19 (COVID-19) Pandemic

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ABSTRAK (ENGLISH)

[...]of the COVID-19 outbreak, many people have been affected by mental health issues [14,15]. According to the Household Drug Survey conducted by the National Council on Drug Abuse (NCDA) in Jamaica, "alcohol continues to be the most widely used drug in Jamaica, with 40 per cent of the population or four out of every ten people reporting that they currently use the substance". According to the NCDA, there were more than 200 calls to the Council's national substance abuse helpline between June and September 2021 compared to less than 50 for the corresponding period in 2020. [...]Jamaica's Health Ministry launched a COVID-19 Mental Health Response Programme to mitigate the progression of emerging mental health issues resulting from the COVID-19 pandemic.

TEKS LENGKAP

Headnote

Abstract

This study seeks to highlight the impact of alcohol consumption on the psychological well-being of Jamaicans since the start of the COVID-19 pandemic. This study aims to answer the following three questions: 1. How has COVID-19 affected the drinking habits of Jamaicans? 2. What are the factors that contribute to the consumption of alcohol during the COVID-19 pandemic? And 3. What are some positive ways to cope with stress during the pandemic? A probability sampling approach enabled data collection from respondents across Jamaica. The researchers used Google Forms to create a standardized survey for data collection. The Statistical Packages for the Social Sciences (SPSS) for Windows Version 25.0 served to analyze the collected data. A p-value of 0.025 determined the level of significance for a sample size of 500. The results revealed that 92.2% (n=460) of respondents had consumed alcohol; 44.7% (n=222) indicated that they have started consuming more alcoholic beverages since the COVID-19 pandemic; 49.4% (n=244) used alcohol as a means of coping throughout the pandemic; 57.3% indicated that they consumed an alcoholic beverage at least 4 times weekly; and 54.4% mentioned that alcohol consumption has affected their health status [1]. The current findings revealed that 69.2% of the sampled respondents expressed some state of psychological issue during COVID-19 (i.e., depression, 34.3%; anxiety, 18.8%; suicidal thoughts, 10.7%; 5.4%, paranoia) and 58.0% indicated that social isolation has decreased their psychological and physical well-being [2,3]. Positive ways to manage alcohol consumption, such as therapy, may aid in overcoming the issue. It is evident from the research that persons have used alcohol as a means of coping during the pandemic, while participants who reported they suffered from emotional issues also increased their alcohol consumption [4].

Keywords: Alcohol consumption; Binge drinking; COVID-19 ; Excessive drinking; Psychological well-being

Introduction

According to Steffen, Schlichtiger, Huber, and Brunner (2021), alcohol consumption has increased by 14% in young adults and 17% in mature adults in Bavaria, Germany, since the start of the Coronavirus disease 2019 (COVID-19) pandemic due to worry and stress about the virus [5]. Another study of U.S. adults ages 21+ years in May 2020 found that 60% of them indicated consuming more alcoholic beverages (Grossman, Benjamin-Neelon, and Sonnenschein, 2020) furthermore, Panchal [6]. (2020) conducted a multisite study in Australia, Austria, Brazil, France, Germany, Ireland, the Netherlands, New Zealand, Switzerland, the United Kingdom and the United States between May-June 2020 and found a 36% increase in alcohol consumption among adults [7]. Younger adults (18-25 years) were 25% more likely to report substance abuse than older adults, accounting for 13% of the sample. Garcia-Cerde, Valente, Sohi [8]. (2021) found a statistical association between frequency in alcohol consumption and drinking in the presence of children among adults in Latin America and the Caribbean as a possible indication of their declining mental health status [9]. Hodges (2021) argued that Jamaicans between the ages of 15 to 34 ranked high among the population for "overall prevalence of depression", as stated by Dr Christopher Tufton [10].

An increase in psychological distress triggered by the stress of financial difficulties, social isolation and uncertainty about the future during and after crises such as the COVID-19 pandemic can worsen patterns of alcohol use (Rehm 2020)[11]. Over the past four months, excessive alcohol consumption has quadrupled due to the stress and anxiety from COVID-19 that pushed people towards the bottle (Wilson-Harris, 2020)[12]. The first recorded case of COVID-19 emerged in Wuhan, China, on December 19, 2019 (World Health Organization, 2020a)[13]. The first COVID-19 case in Jamaica was on March 10, 2020. As a result of the COVID-19 outbreak, many people have been affected by mental health issues [14,15].

In research from the United Nations (2016), alcohol is the most widely used drug in Jamaica, accounting for 40% of the entire population [16]. Alcohol is one of the major contributing factors in homicides, suicides and mental disorders. Alcohol is an intoxicating ingredient found in wine, beer and liquor, produced by the fermentation of yeast and starches (Centers for Disease Control and Prevention, 2021)[17]. The level of consumption is evident in the annual sales of pure alcohol in litres per person aged 15 years and older (Organization for Economic Co-operation and Development, 2019), and this can be used to evaluate excess alcohol use or binge drinking [18]. Jamaicans

consume an average of 11.9 litres of alcohol per year (Alcohol Consumption by Country, 2021). Centers for Disease Control and Prevention (CDC) (2019) forwarded that " Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 g/dl or above", which may indicate deepseated psychological issues experienced by an individual[19].

Burns (2016) states that psychological well-being is an inter-and intra-individual level of positive functioning, including an individual's relatedness to others and self-referent attitudes Makela[20]. It (2014) found a correlation between alcohol consumption and deterioration in mental health status; individuals with psychological distress often use alcohol as a means of relief from their problems [21]. However, due to the action of ethanol on the central nervous system, alcohol exerts an inhibitory effect at high volumes, resulting in reduced discernment and weakened attention and memory (Calina 2021)[22]. Undoubtedly, COVID-19 has plagued the lives of individuals across the island, not just financially but also affecting their psychological well-being [23]. This study examines the impact of alcohol consumption on the psychological well-being of Jamaicans since the start of the COVID-19 pandemic.

Theoretical framework

Victor H. Vroom formulated the Expectancy theory in 1964. This theory focuses on what influences our decisions and behaviour (Parijat and Bagga, 2014). Now referred to as the Alcohol Expectancy Theory, it serves as the framework for analyzing the reasons behind alcohol consumption [24]. It emphasizes the causes for increased alcohol consumption and both the positive and negative effects (Goldman 1999)[25]. Therefore, the Alcohol Expectancy theory is the framework for this study. The researchers seek to evaluate how the COVID-19 pandemic has affected Jamaicans' drinking habits, the factors contributing to alcohol consumption during the COVID-19 pandemic, and some positive ways to cope with stress [26]. The researchers speculate on the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID- 19 pandemic [27]. The researchers of this study sought to demonstrate a correlation between the new disease's emergence and its impact on alcohol use (Figure 1).

Literature review

This research aims to examine the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID-19 pandemic. This study also seeks to identify the availability of alcoholic beverages during the COVID-19 pandemic, focuses on the negative impacts of alcohol use between 2019 and 2020, and explores the impact of alcohol consumption on the psychological wellbeing of Jamaicans during the COVID-19 pandemic. The expectancy theory lends support to this current research.

In one study, the expectancy theory framework enabled researchers to evaluate persons who experienced PTSD and their use of alcohol to cope. The researchers explored the negative and positive effects of PTSD on the use of alcohol; negative effects causes a person to feel guilty or lose motor coordination, while positive effects include increased social interaction or relieving tension. Soldiers who have PTSD used alcohol to alleviate anxiety and depression by numbing emotional symptoms. For some, the use of alcohol allows them to be more social. However, soldiers who effectively managed their PTSD could control their alcohol use by finding better ways to cope with life crises (Pederson , 2014).

According to the Household Drug Survey conducted by the National Council on Drug Abuse (NCDA) in Jamaica, "alcohol continues to be the most widely used drug in Jamaica, with 40 per cent of the population or four out of every ten people reporting that they currently use the substance". The survey further stated that "seventy-five per cent of the population acknowledged using alcohol at some point in their lifetime" (United Nations, 2021). The excessive use of alcohol quadrupled in the last four months, raising concerns among substance abuse experts that stress and anxiety caused by COVID-19 may be driving more people to the bottle (Wilson-Harris, 2020).

According to the NCDA, there were more than 200 calls to the Council's national substance abuse helpline between June and September 2021 compared to less than 50 for the corresponding period in 2020. It further suggested that "Jamaica is one of the several countries in the Caribbean and Latin American currently participating in a hemispheric survey aimed at determining the impact of the COVID-19 pandemic on drug use" (Wilson-Harris, 2020).

Consequently, Jamaica's Health Ministry launched a COVID-19 Mental Health Response Programme to mitigate the

progression of emerging mental health issues resulting from the COVID-19 pandemic. Among "the general population", there are "elevated levels of fear, anxiety and loneliness from children and parents who access the child and adolescent mental health clinics". Many people expressed feeling "overwhelmed and unable to manage the demands of online schooling" (WilsonHarris, 2020). As stay-at-home orders began in some U.S. states as a mitigation strategy for the COVID-19 transmission, NielsenIQ(2020) reported a 54% increase in national sales of alcohol for the week ending March 21, 2020, compared with one year before; online sales of alcohol increased by 262% from 2019 as reported by Grossman(2020). Three weeks later, the World Health Organization warned that alcohol use during the pandemic might potentially exacerbate health concerns and risktaking behaviours (WHO, 2020b).

Materials and Methods

This quantitative research used a descriptive cross-sectional research design to answer the research questions, "What is the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID-19 pandemic?" The researchers used quantitative research to objectively collect and analyze numerical data to describe, predict, and control the variables of interest (McLeod, 2019). Probability sampling was the method used to select the population for the research.

Data for this research was collected during the period May 31 to June 21, 2021. The research entails the collection of data from 500 participants, both male and female, from all three counties in Jamaica: Cornwall, Middlesex and Surrey, consisting of a total of 14 parishes. Participants were informed about the aim and purpose of the study. A web-based survey questionnaire was created using Google Forms and consisted of sixteen closed-ended questions. The survey tool for the research was distributed to individuals 18 years and older social media and going out into communities and towns. The researchers analyzed the collected data using Statistical Packages for the Social Sciences (SPSS) Version 25 for Windows. Data analysis occurred using frequencies and percentages, bivariate analysis (chi-square), and logistic regression (Lewis-Beck, 1980; Mamingi, 2005; Polit, 1996; Rea and Parker, 2014). Logistic regression determined the factors influencing Jamaicans' alcohol consumption during the COVID-19 pandemic. A p-value of 0.025 served to determine statistical significance

Results

It presents the demographic characteristics of the sample respondents and includes gender, age cohort, and area of residence. There were 245 (49%) male and 255 (51%) female respondents. The respondents' ages were as follows: 145 (29%) from 18 to 25 years, 159 (31.8%) from 26 to 32 years, 111 (22.2%) from 33 to 40 years, and 85 (17%) from 41 years and over. The respondents' areas of residence were Manchester 50 (10%), St. Catherine 51 (10.2%), St. Mary 38 (7.6%), St. Ann 28 (5.6%), St. James 73 (14.6%), Clarendon 52 (10.4%), Portland 26 (5.2%), St. Elizabeth 35 (7%), Westmoreland 17 (3.4%), St. Thomas 15 (3%), Hanover 17 (3.4%), Trelawny 25 (5%), and Kingston and St. Andrew 73 (14.6%) (Table 1).

It presents data on issues faced during the COVID-19 pandemic. The findings showed that 40.6% of respondents indicated that their issues did not influence their alcohol consumption. In comparison, 28.2% attributed it to financial instability, 15.7% indicated isolation from friends and family and 15.5% from worries about being infected by the virus. Table 2 also shows that 58% of respondents indicated that socialization was impaired due to emotional issues while the remaining 42% stated that their socialization was not affected; 34.3% accounts for respondents who faced depression during the pandemic, 30.8% indicated not applicable. Also, 18.8% indicated anxiety issues, 5.4% accounted for paranoia, and 10.7% were troubled with suicidal thought (Table 2).

It shows that most respondents indicated having an alcoholic beverage (92.2%). Furthermore, 68.1% of respondents indicated that they began consuming alcohol between 18 and 25 years of age, while 16.8% began at 26 to 32. The findings revealed that 44.7% of the respondents' drinking habits had been affected by the pandemic, corresponding with 42.4% who stated that alcohol consumption has increased. On the other hand, 39.2% indicated that their alcohol consumption levels remained the same (Table 3).

It presents data on the health status of respondents: 44.2% of respondents indicate that they strongly agree that alcohol can affect health whilst only 1.4% stated that alcohol does not affect health. The findings also indicate that

49.7% of respondents do not have to exert extra strength to complete a task, whilst 35% stated that they used extra strength.

H0: There is no relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic.

H1: There is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic.

It presents a cross-tabulation between alcohol consumption and emotional distress/ problems experienced during the COVID-19 pandemic. Based on the findings, there is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic because the critical value is less than the calculated value ($\chi^2_{critical}=5.024 < \chi^2_{calculated}=7.010$, $P=0.025$). Hence, we reject H0 and accept H1 .

H0: There is no relationship between psychological well-being and alcohol consumption.

H1: There is a relationship between psychological well-being and alcohol consumption.

It presents a cross-tabulation between psychological well-being and alcohol consumption of Jamaicans. Based on the findings, there is a relationship between psychological well-being and Jamaicans' alcohol consumption because the critical value is less than the calculated value ($\chi^2_{critical}=11.143 < \chi^2_{calculated}=11.575$, $P=0.025$). Hence, we reject H0 and accept H1.

Discussion

Alcohol consumption has dramatically impacted the psychological well-being of Jamaican citizens since the onset of the COVID-19 pandemic in December 2019. Many countries around the world have imposed lockdown measures to reduce virus spread. Social isolation is known to have a significant psychological impact (Clair, Gordon, Kroon, and Reilly, 2021; Dagnino, Anguita, Escobar, and Cifuentes, 2020; Pietrabissa and Simpson, 2020), potentially triggering alcohol misuse in adults. People who reported drinking alcohol as a means of coping with stress consumed more alcohol when experiencing stress. Thus, this research offers some insight into the adverse psychological effects of alcohol use on Jamaicans' health.

The expectancy theory is based on an individual's influences and the behaviour resulting from those influences. This theory has been used to analyze alcohol consumption and its effects on individuals whether positive or negative.

The expectancy theory is used in this research to shed light on alcohol consumption and the relationship with the psychological well-being of the Jamaican people. The current study found that 92.2% of respondents have consumed an alcoholic beverage/alcohol at some

point in their lives, while 49.4% indicated that they used alcohol as a means of coping during the pandemic.

In this research, a cross-sectional study was done in Jamaica to examine the effects of alcohol consumption on both older and younger adults since the pandemic. This study reveals that, of the sample of 500 individuals, 51% (255) of the respondents were females, and 49% (245) were males. It can be observed that most individuals are of the female gender, which is reported as the most to consume alcohol since last year. Respondents aged between 26 and 32 years amounted to 31.8% (159), 29% (145) of the sample population were between 18 and 25 years, 22.2% (111) were between 33 and 40 years of age, and 17% (85) were persons 41 years and older. Most of the respondents were from the parish of St James, with 14.6% (73) of the total sample respondents, while a minor portion was from the parish of St. Andrew-6% (3).

About what drives individuals to consume alcohol during the pandemic, more than 405 reported that none of the listed options matched their reasons for consuming alcohol. Financial instability was the reason given by 28.2% (140) of the sample, 15.7% (78) cited isolation from family and friends and 15.5% (77) were worried about being infected by the virus. Financial challenges may have caused more individuals to drink alcohol than other associated factors among Jamaicans since the pandemic. The current study shows that 58% (289) agreed that their physical and emotional well-being had been affected by decreased socialization, while 42% (209) stated that they were not being affected. Based on these findings, it can be stated that socialization was impeded due to emotional issues. Further findings revealed that depression had affected 34.3% (166) of respondents in Jamaica since the pandemic, while 30.85% (149) indicated that none of the options as applicable to them; 18.8% (91) indicated that they had

anxiety issues, and 10% (52) were troubled with suicidal thoughts. Therefore, depression is the most likely psychological issue faced since the pandemic. Research on the prevalence of depression during COVID-19 was 3.44% in 2017. Our pooled prevalence of 25% appears to be seven times higher, thus suggesting an essential impact of the COVID-19 outbreak on people's mental health (Notivol 2021).

From the survey of 500 Jamaicans, the researchers found that 92.2% (460) reported they had an alcoholic beverage, and 7.8% (39) have never consumed an alcoholic beverage. This finding shows that most respondents consumed alcohol, and only a few may avoid this type of beverage. Another finding revealed that more than 68% (340) of participants started drinking alcohol from the ages 18-25 years, 16.8% (84) started in their mid-twenties from 26-32 years, 3.4% (17) started between the ages 33-40 years and 11.6% (58) of the respondents indicated 'not applicable.' This finding shows the age group at which most Jamaicans started consuming alcoholic beverages, bringing the researchers to the conclusion that most individuals started as younger adults. Research from China and the Philippines explains why young people may have been more impacted during the COVID-19 pandemic. The research highlighted that they were more likely to be students and that student status was a risk factor for anxiety, depression, and stress (Wang 2020).

It presents the respondent's health status. Most of the respondents (34.7% or 173) indicated that they were in good health, while the least number of persons (1.8% or 9) were experiencing poor health; 60.4% (302) of respondents stated that they could have a peaceful night sleep after drinking; on the other hand, 39.6% (198) stated that they have problems sleeping due to drinking. When asked, "Do you have to exert extra strength to complete tasks since the pandemic?" 49.7% (247) indicated that they do not need to utilize extra strength to complete tasks since the pandemic; however, 35% (147) stated that they must exert extra effort to complete daily tasks. At a rate of 44.2% (221), most respondents strongly agreed that alcohol consumption could affect one's health, while 1.4% (7) strongly disagree that one's health can be affected by drinking alcohol (Table 4).

It shows the analysis of the cross-tabulation between alcohol consumption and emotional distress/ problems experienced during the COVID-19 pandemic. Respondents stated that they had consumed alcoholic beverages due to emotional distress since the pandemic numbered 336, which is more than the 160 that stated they did not. There is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic. The interpretation of the findings was $\chi^2_{critical}=5.024 < \chi^2_{calculated}=7.010, =0.025$. Hence, we accept the alternate hypothesis (Table 5).

It presents the analysis of the cross-tabulation between psychological well-being and alcohol consumption. The findings interpretation was $\chi^2_{critical}=11.143 > \chi^2_{calculated}= 11.575, P=0.025$. Therefore, we rejected the null hypothesis and accepted the alternate hypothesis that there is a relationship between alcohol consumption and psychological well-being in (Table 6).

To overcome drinking problems, individuals must develop positive coping mechanisms to survive stressful events. According to Good Therapy (2016), "Coping mechanisms are the strategies people often use in the face of stress or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them maintain their emotional well-being". Coping mechanisms include: therapy or counselling expressing feelings can be liberating and being able to receive positive advice instead of being consumed by negative thoughts; meditation-it allows the individual to focus on what happened, to observe internal feelings and to achieve acceptance; exercise due to the endorphins released during physical activity, exercise is a great way to relieve anxiety, stress, and feelings of depression.

Coping mechanisms help to rid the body of chemicals and toxins from drug abuse. In addition, eating healthy to maintain good physical health, using distraction therapy, engaging in activities such as watching television, playing music or reading will replace negative moods with positive moods. Furthermore, journaling about one's thoughts and feelings can be a way to release tension instead of internalizing such emotions (10 Coping Skills for Substance Abuse, n.d.). Everyone experiences stressful events or internal conflict; however, finding a positive method to cope with such issues will preserve health.

Conclusion

The COVID-19 pandemic and its lockdown measures have affected individuals' drinking habits. Alcohol consumption has increased since the start of the COVID-19 pandemic. 42.4% of the respondents indicated that their increase in alcohol consumption was due to financial instability. The research also indicates that persons have used alcohol to cope during the pandemic and have been affected psychologically. An alarming finding from the research is that 34.3% of all respondents reported suffering from depression since the pandemic. These results highlight a relationship between alcohol consumption and psychological well-being.

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DETAIL

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