



Does the Fear of Contracting Coronavirus Disease 2019 (COVID-19) Influence Jamaican's Healthcare Behaviours?

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Abstract

Background: The Coronavirus disease 2019 (COVID-19) has dramatically impacted the lives of many, bringing about fear and anxiety, which has contributed to a change in the healthcare seeking behaviours of individuals. The fear of contracting COVID-19 is more pronounced, and the new protocols established by the Ministry of Health and Wellness to ensure that Jamaica mitigates the virus' impact.

Objective: This study aimed to investigate whether the fear of contracting COVID-19 has influenced Jamaicans' healthcare seeking behaviours. Specifically, the study explores whether the respondents are experiencing fear of contracting COVID-19, whether the fear of contracting COVID-19 leads to a change in the health care seeking behaviors among the respondents, and whether there is any difference of in the respondent's health status before and since the COVID-19 pandemic.

Methods: A non-probability (convenience) sampling was used in this research to collect data from 522 participants across the fourteen parishes in Jamaica by way of a standardized questionnaire that was entered into Google Forms. Google Forms served as a repository for the data collection; the data was then transferred from Google Forms into Statistical Packages for the Social Sciences (SPSS) Version 25.0 for further analysis, and 5% was used to determine level of statistical significance.

Results: The data from the survey indicated that 56.9% of females and 43.1% of males took part in the study. Furthermore, 70.3% of the respondents admitted to being afraid of contracting COVID-19, while 29.7% denied being afraid. 41.4% of respondents expressed concern that COVID-19 would affect their general health. Additionally, the majority of the respondents (73.9%) did not seek healthcare services since the pandemic outbreak; however, 71.8% did seek healthcare services prior to the outbreak.

Conclusions: In conclusion, the majority of the respondents fear catching the deadly virus, thus leading them to not seek healthcare since the start of the Covid-19 virus outbreak. The Ministry of Health and Wellness should continue to enforce the COVID-19 protocols as this is the most feasible and effective strategy that safeguards the population from contracting the virus.

Keywords

COVID-19, Protocols, Jamaica, Quantitative, Health care seeking behaviours

Introduction

The Coronavirus disease 2019 (COVID-19) has dramatically impacted the lives of many, causing fear and anxiety, which has contributed to a change in the health care seeking behaviours of individuals. For example, the story of Jalisa McGowan, a 17-year-old female who suffered an asthma attack on February 6, 2021, was denied treatment at the University Hospital of the West Indies due to fear of COVID-19 by hospital staff. Her family then transported her to a private

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hospital nearby, where she later succumbed [1]. Her case is similar to that of first-time mother, Jodian Fear on, who was allegedly refused treatment at a hospital a day before her delivery. After delivering her baby she died 6 hours later at the UHWI [2]. The cause of these tragedies was the fear among hospital staff in contracting COVID-19. The cases highlight the stigma of fear surrounding the novel COVID-19 virus, among Jamaicans and its influence on health care seeking behaviours. The implementation of protocols by the Ministry of Health and Wellness [3] to ensure the proper management of the virus, resulted in the increased fear among individuals in contracting COVID-19. Instances of healthcare workers being stranded because taxi operators were afraid of contracting COVID-19 was evidence of that increased fear [4,5].

This research aims to investigate whether or not the fear of contracting COVID-19 influences Jamaican's healthcare seeking behaviours? The intent is to specifically explore the issues surrounding fear within the Jamaican population and its effects on people's health seeking behaviors before and since the COVID-19 pandemic. The examining of the health care seeking behaviours among Jamaicans before and since COVID-19 will show any changes in the behaviours of Jamaicans regarding their health management.

According to Fritscher [6] fear is a "natural and primal human emotion". This emotion provides a warning of possible threats of danger or physical or psychological harm. Healthcare-seeking behaviors related to intentional or unintentional actions that impact an individual's health, which is a part of their lifestyle choices. Through these behaviours, individuals may take steps such as maintaining a balanced diet, implementing physical activity, and actions that would decrease one's risks of contracting a disease. This study examines the fear of contracting COVID-19 and how it influences Jamaicans' health care seeking behaviours. The study aims to establish the level of fear, its effects on seeking health care, and its impact on the ability to maintain an apt health status across various age groups in the 14 parishes of Jamaica. Hence, it seeks to answer the following questions: (1) Are the respondents experiencing fear of contracting COVID-19? (2) Does the fear of contracting COVID-19 lead to health care seeking behaviors? and (3) Is there a difference in the respondent's health status before and since the COVID-19 outbreak?

Theoretical Framework

The Health Belief Model (HBM) is a theoretical model used to guide health promotion and disease prevention programs [7,8] and is the framework for this study. It was developed in the "1950s by social psychologists at the U.S. Public Health Service. This framework explains and predicts preventive health behavior and its correlation to certain belief patterns". The HBM contends that an individual's beliefs explain their level of engagement in health-promoting behaviours about health problems, perceived benefits of action and barriers to action, and self-efficacy [7].

This theory supports the research question of whether the fear of contracting COVID-19 influences Jamaicans' health

care seeking behaviours. Furthermore, it addresses fear as a critical construct. Fear is a belief that affects the health care seeking behaviours of the people. Therefore, the idea of fear could impact the ability of Jamaicans in managing their health and their healthcare seeking behaviours during the COVID-19 pandemic. Subsequently, the level of engagement in proper health care management coincides with an individual's beliefs, suggesting an existing relationship between fear and willingness to address health problems [9-12]. The association between fear and healthcare seeking behavior is aptly described by Simpson [9] "Appeal to fear has been used in health promotion campaigns for sixty years or more with the intent of modifying behaviours" (p. 27). However, he warned about using fear in healthcare problems "While there is evidence to suggest that appeal to fear may motivate some individuals to modify offending behaviour or adopt recommended behavior there is growing resistance to the use of appeal to fear on ethical and psychological grounds" (p. 27). Simpson [9] continued that "Using appeal to fear as a tool of persuasion can be valid or fallacious depending on the truth of the premises within the argument" (p. 27). Irrespective of the negative connotation associated with fear, it explains why some people seek health care.

Literature Review

There is limited research on this topic; however, the literature suggests that the fear of COVID-19 has a ubiquitous psychological effect [13]. Some sources address the fear of contracting COVID-19 in Jamaicans, being an influence for them in seeking healthcare, for example, inoculation of the COVID-19 vaccine [14,15].

The Ministry of Health and Wellness hosted the first vaccination blitz to vaccinate Jamaicans with the AstraZeneca COVID-19 vaccine on March 27, 2021, which is a part of its national vaccination campaign [16,17]. According to Smith [18] a second vaccination blitz occurred at the national arena on Saturday, April 3, 2021. The vaccinated group consisted of the elderly, who voiced their fear of contracting the deadly virus as the reason they got vaccinated.

According to officials at two local universities, some students were fearful and unenthusiastic about receiving the vaccine. "The young adults in Jamaica had expressed reservations about the COVID-19 vaccine, before it was available in the country, although it is a critical instrument in the struggle to return their lives to normalcy" [19]. This example shows the contrast between age groups and their perspectives on the vaccine.

The social stigma of COVID-19 also correlates with the display of fear and health care seeking behaviours [20-22]. According to UNICEF and WHO [23] three primary factors influence the level of stigma associated with COVID-19: "It's a novel disease; we are terrified of the unknown, and it is easy to identify with fear. Understandably, the public is confused, anxious, and afraid. Notwithstanding this, these characteristics also contribute to the spread of damaging preconceptions" [23]. The social stigma that exists since the first case of the COVID-19 virus in Jamaica is notably a significant factor for

the development of fear in people's minds. As a result, a lot of activities they engage in are motivated by a fear-based understanding.

Additionally, it was expected that there would be psychological effects of COVID-19. Due to its “ease of transmission and unexpected results, the pandemic has caused widespread fear and concern worldwide. Experts urge Jamaicans to fortify their minds during the pandemic [24]. Protecting your mind begins with confronting concerns and finding healthy ways to manage consequences, which begins with understanding the fear-knowledge link. People are terrified of infecting themselves, their loved ones, and other members of their communities” [23]. This behavioral mindset has sparked worry, which ultimately increases the general ability of the people to cope, thus contributing to a compromised state of stable health maintenance.

When there is a presence of fear, a behavioral habit exhibited by the host is defensiveness. Some Jamaicans have reacted angrily to the COVID-19 outbreak. In Jamaica, there have been reports of healthcare personnel being denied access to public transportation because of reported cases of nurses being diagnosed with COVID-19 [25]. The clear cases of stigmatization and discrimination of those who have contracted the virus extends beyond people in the healthcare sector and Jamaica to the general populace worldwide [26] World Health Organization, [27] To avoid the stigma that a house visit would bring, some people have provided the health officials with incorrect addresses.

Conversely, in the wake of verified COVID-19 cases in Jamaica, “taxi drivers began excluding nurses from their cabs out of fear of contracting the respiratory virus” [5]. The discrimination signifies that these taxi drivers are apprehensive about affiliating themselves with healthcare

facilities because they fear that they will contract the virus at these places. The important question here is ‘Does the fear of contracting COVID-19 influencing Jamaicans healthcare seeking behaviour?’ In order to answer this question, this study employed a quantitative research perspective.

Methods

For the current study, the design was a web-based correlation and cross-sectional one in which convenience sampling was employed to ascertain the sampled population [28-36]. A research team was assembled by Paul Andrew Bourne who is a demographer and methodologist who trained the people in the science of data collection as well as ethics. Each of the data collectors had to complete a course in ethics before he/she was allowed to actively engage in the data collection process. As such, data were collected analyzed to find patterns and averages, make predictions, and generalize results to populations.

Using a sampling error of 3% as well as 5%, a 95% confidence level, and a population of 2,727,503, the sample sizes were 1,067 and 385 respectively (Table 1). If the sample size were to be 385, it would be an error of 5%, and so the intent was to obtain a sample between 385 and 1,067 (Table 1). The actual response rate was 48.9% (n = 522), which meant that the true margin of error was 4.3% with a confidence level of 95%. The research team was assigned a set of parishes, and the team members were responsible for collecting data from people who reside in the assigned areas.

The data collection started on June 2, 2021, and closed on June 21, 2021. Five hundred and twenty-two Jamaicans completed the web-based instrument. The research involved individuals 18-years and older from the three counties in Jamaica: Cornwall, Middlesex and Surrey that comprises

Table 1: Jamaica 2018 Mid-Year population and sampling size.

Parish	Population	Population (in %)	Sample Size (3% error)	Sample (in %)	Sample Size (5% error)	Sample (in %)
Kingston & St Andrew	669,978	24.56	262	24.56	95	24.56
St Thomas	94,968	3.48	37	3.48	13	3.48
Portland	82,669	3.03	32	3.03	12	3.03
St Mary	114,902	4.21	45	4.21	16	4.21
St Ann	174,256	6.39	68	6.39	25	6.39
Trelawny	76,005	2.79	30	2.79	11	2.79
St James	185,753	6.81	73	6.81	26	6.81
Hanover	70,287	2.58	27	2.58	10	2.58
Westmoreland	145,673	5.34	57	5.34	21	5.34
St Elizabeth	151,885	5.57	59	5.57	21	5.57
Manchester	191,940	7.04	75	7.04	27	7.04
Clarendon	247,778	9.08	97	9.08	35	9.08
St Catherine	521,409	19.12	204	19.12	74	19.12
Total	2,727,503	100.00	1,067	100.00	385	100.00

95% confidence level, 3% margin of error and a population of 2,727,503 Jamaicans

the 14 parishes; Clarendon, Manchester, St. Elizabeth, Westmoreland, Hanover, St. James, Trelawny, St. Ann, Portland, St. Thomas, St. Andrew, Kingston, and St. Catherine.

The study's questionnaire development was in Google Forms and consisted of 14 questions (one open-ended and thirteen closed-ended). Before the questionnaire was disseminated to people, they were informed of the study's purpose and their responsibility in the research process. Respondents were not required to disclose their names or contact information (including their IP address), and they were free to exit the survey at any time. The respondents saved their responses by clicking the "submit" button after completing the questionnaire. Researchers used social media platforms (including WhatsApp, Facebook and Instagram) to circulate the questionnaire. Data collection also occurred through printed questionnaire forms and face to face interactions.

Google Forms provided a repository for the data collection; the data was then transferred from Google Forms into the Statistical Package for the Social Sciences (SPSS) for Windows, Version 25 software for further analysis. Data analysis occurred using frequencies, percentages and bivariate analysis (chi-square). The statistical level of significance was at a p-value of 5%. Furthermore, the conceptual definitions of key terms are as follows:

Coronavirus disease (COVID-19): Is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

Fear: An unpleasant, often strong emotion elicited by anticipation or awareness of danger.

Health belief model: This is a theoretical model that is used to guide health promotion and disease prevention programs. This strategy seeks to explain and predict preventive health behavior and its correlation with certain belief patterns" (Rural Health Promotion and Disease Prevention, 2018).

Health care behavior: Health behavior refers to actions that an individual engages in that affect their health positively or negatively. These can be simple personal choices like hand washing or more complex situations like choosing to live in an area with high air pollution.

Results

Table 2 shows the demographic characteristics of the sampled respondents (n = 522); the majority were females (56.9%), while 43.1% were males. In terms of age, most individuals were between 18-25 years-old (30.7%), while older groups of respondents were the least numerous; 58-65 years and 66 and older amounted to 8.2%. Most of the respondents reside in Clarendon, which amounts to 18.6% of the sample respondents.

Table 3 depicts the respondents fear of contracting COVID-19. The vast majority of the poll (70.3%) stated that they were fearful of contracting COVID-19. In addition, 58% of respondents stated that their fear of contracting COVID-19 did not affect their general health.

Table 2: Demographic Characteristics of the Sampled Respondents (n = 522).

Details	% (n)
Age Cohort	
18-25 years	30.7 (160)
26-33 years	19.7 (103)
34-41 years	13.8 (72)
42-49 years	10.0 (52)
50-57 years	9.4 (49)
58-65 years	8.2 (43)
66 and older	8.2 (43)
Gender	
Female	56.9 (297)
Male	43.1 (225)
Area of residence (parish)	
St. Elizabeth	11.1(58)
Manchester	15.5(81)
Clarendon	18.6 (97)
St. Catherine	5.6 (29)
St. Andrew	6.3 (33)
Kingston	8.6 (45)
St. Thomas	5.6 (29)
Portland	3.6 (19)
St. Mary	4.0 (21)
St. Ann	5.2 (27)
St. James	3.1 (16)
Trelawny	1.7 (9)
Hanover	6.1 (32)
Westmoreland	5.0 (26)

Table 3: Respondents fear of contracting COVID-19.

Details	% (n)
Fearful of contracting COVID-19	
Yes	70.3 (367)
No	29.7 (155)
Extent of fear in contracting COVID-19	
1	12.3 (64)
2	5.9 (31)
3	4.2 (22)
4	5.7 (30)
5	8.4 (44)
6	6.7 (35)
7	11.1 (58)
8	10.9 (57)
9	10.5 (55)
10	24.1 (126)
Fear affecting general health	
Yes	41.4 (216)
No	58.6 (306)

Table 4 shows how often respondents visited their health care facility and whether they had any underlying illnesses.

Table 4: Respondents' health care seeking behaviours.

Details	% (n)
Sought health care in the last month	
Yes	26.1 (136)
No	73.9 (386)
Sought health care in the last 6 months	
Yes	38.1 (199)
No	61.9 (323)
Sought health care in the last 12 months	
Yes	49.4 (258)
No	50.6 (264)
Sought health care in the last 2 years	
Yes	71.8 (375)
No	28.2 (147)
Before COVID-19	
Once per year	13.0 (68)
2-3 times per year	23.2 (121)
4-5 times per year	9.0 (47)
Whenever I feel sick	45.8 (239)
None at all	9.0 (47)
Underlying illness	
Yes	35.8 (187)
No	64.2 (335)

Table 5: Respondents' health status before and since the COVID-19 pandemic.

Details	% (n)
Before COVID-19	
Excellent	29.5 (154)
Very Good	44.6 (233)
Fair	23.8 (124)
Poor	2.1 (11)
Since COVID-19	
Excellent	24.3 (127)
Very Good	40.8 (213)
Fair	26.8 (42)
Poor	8.0 (42)

Table 6: A cross-tabulation between the influence on general health and fear of contracting COVID-19.

Details	Fear of contracting COVID-19		Total	χ^2 P-value
	No % (n)	Yes % (n)		
Influence on general health				52.176: 0.000
No	82.6 (128)	48.5 (178)	58.6 (306)	
Yes	17.4 (27)	51.5 (189)	41.4 (216)	

The majority of the respondents admitted to not seeking healthcare services last month (73.9%); however, 38.1% sought health care in the last six months. Forty-nine and 4 tenths per cent (49.4%) sought health care in the last twelve months compared to 71.8% two years ago. The majority of the respondents (45.8%) visited their health care facility only when they felt ill, whilst 64.2% have underlying illnesses that frequently require them to visit healthcare facilities.

Table 5 depicts the respondents' health status before and since the COVID-19 pandemic. The majority of the respondent's health status before COVID-19 was "very good" (44.6%; similarly, during the COVID-19 pandemic, it remained very good with a slight decrease of 3.8 percentage points (40.8%).

Hypothesis 1

H_0 : The fear of contracting COVID-19 does not influence Jamaicans' general health status.

H_1 : The fear of contracting COVID-19 influences Jamaicans' general health status.

Table 6 presents a cross-tabulation between fear of contracting COVID-19 and its influence on general health. The findings revealed a statistical association between the two variables mentioned above (χ^2 critical = 5.024 < χ^2 obtained = 52.176, $P = 0.000$). Hence we reject the null hypothesis. 82.6% of the respondents stated that the fear of contracting COVID-19 does not impact their general health status, while 51.5% stated that the fear impacts their general health.

Hypothesis 2

H_0 : Jamaicans' general health status before COVID-19 does not influence their current healthcare seeking behaviour

H_1 : Jamaicans' general health status before COVID-19 does influence their current healthcare seeking behavior

Table 7 presents a cross-tabulation between current healthcare seeking behavior and general health status before COVID-19. The findings revealed that there is no statistical relationship between the two aforementioned variables (χ^2 critical = 11.345 < χ^2 obtained = 1.902, $P = 0.593$).

The findings revealed that Jamaicans' current general health status does not influence their current healthcare seeking behaviour (Table 8; χ^2 critical = 11.345 < χ^2 obtained = 2.925, $P = 0.403$).

Hypothesis 3

H_0 : The fear of contracting COVID-19 does not influence

Table 7: Cross-tabulation between current healthcare seeking behavior and general health status before COVID-19.

Sought Medical Care in last 4 weeks	General Health Status before the COVID-19 pandemic				Total
	Poor	Moderate	Good	Excellent	
No	72.7 (8)	74.2 (92)	76.4 (178)	70.1 (108)	73.9 (386)
Yes	27.3 (3)	25.8 (32)	23.6 (55)	29.9 (46)	26.1 (136)
Total	11	124	233	154	522

Table 8: Cross-tabulation between current healthcare seeking behaviour and current general health.

Healthcare Seeking in last 4 weeks	Current general health status				Total
	Poor	Moderate	Good	Excellent	
No	76.2 (32)	71.4 (100)	77.5 (165)	70.1 (89)	73.9 (386)
Yes	23.8 (10)	28.6 (40)	22.5 (48)	29.9 (38)	26.1 (136)
Total	42	140	213	127	522

Table 9: Cross-tabulation between current healthcare seeking behaviour and fear of contracting COVID-19.

Healthcare Seeking in last 4 weeks	Do you fear contracting COVID-19?		Total
	No	Yes	
No	76.8 (119)	65.7 (23)	74.7 (142)
Yes	23.2 (36)	34.3 (12)	25.3 (48)
Total	155	35	190

Jamaicans' healthcare seeking behavior

H₁: The fear of contracting COVID-19 influences Jamaicans' healthcare seeking behavior

Table 9 presents a cross-tabulation between current healthcare seeking behaviour and fear of contracting COVID-19. No statistical association emerged between the two aforementioned variables (χ^2 critical = 5.024 < χ^2 obtained = 1.850, $P = 0.174$).

Discussion

The outbreak of the Coronavirus disease 19 (COVID-19) has negatively impacted the Jamaican healthcare system. Jamaica reported its first case of COVID-19 on March 10, 2020; it was an imported case. As of June 27, 2021, Jamaica has reported 50,005 confirmed cases, 1,061 deaths and 29,830 recoveries. There were 50,005 confirmed COVID-19 cases, with 959 imported cases, while a Business Process Outsourcing workplace cluster in Saint Catherine reported 235 cases. St. Catherine is currently the second parish with the most confirmed cases, followed by Kingston and Saint Andrew with the highest confirmed cases [37].

The health belief theoretical model is a tool that scientists use to predict health behaviours, with key elements of the model focusing on individual beliefs about health conditions. In contrast, the model defines critical factors that influence health behaviours as an individual's perceived threat to disease or sickness, the belief of consequence, potential positive benefits of action, the perceived barrier to action, exposure to factors that prompt action and confidence in the ability to succeed (Urich, n.d) [12]. A relationship exists between the model's concepts and the element of fear and

its influence on health-based actions. The model's premise is that people are afraid of diseases and that health behaviours are motivated by their level of fear (perceived threat/susceptibility).

This study examined the status of the respondents' fear of contracting COVID-19, their healthcare behavior and the correlation between these two variables. Based on the demographic findings in Table 1, most of the respondents were female, representing 56.9% while 43.1% of males participated in the survey. Consequently, females are more likely to be affected psychologically by the outbreak, with higher stress levels, worry, and sadness. A previous study found that the female gender was a predictor of the negative psychological impact of the COVID-19 outbreak [38].

This study showed that more than half of the respondents were fearful of contracting the deadly COVID-19 virus, with 70.3% admitting to fear and 29.7% having no fear of the virus. The measurement scale established the extent of fear, with one (1) being the lowest and ten (10) being the highest with approximately 24.1% (126) respondents who fear COVID-19 at the maximum value (10). On the contrary, a percentage of 12.3% of participants stated that they were fearful at the minimum value (1).

The emotion of fear or one's psychological state can lead to a delay in health-seeking behavior due to the intensity of negative feelings associated with COVID-19 and the way they cope with it [15,39-41]. Approximately 58.6% of the respondents stated that their fear of contracting COVID-19 had not impacted their general health, while the remaining 41.4% indicated that COVID-19 affected their general health. These results indicate that there are Jamaicans who believe

that contracting COVID-19 is a threat to their general health maintenance.

The survey highlighted that 73.9% of the respondents did not seek any form of medical care in the last month. There are various reasons why these respondents did not seek health care within the last month, including being absent of illness that required attention at a health care facility or scheduled appointments were not due within this period. This percentage is much higher than the 61.9% of correspondents who indicated they did not seek any medical care in the last 6 months. There is a slight margin (1.2%) between those who sought and those who did not seek health care in the previous twelve (12) months. 71.8% of respondents stipulated that they have sought some form of medical care in the last two years, which was before the first reported case of the COVID-19 virus in Jamaica.

Numerous studies have shown that the risk of severe illness from COVID-19 increases with age, with older adults being at the highest risk [42-44]. Within this study, 35.8% of respondents indicated that they had underlying illnesses in contrast with the combined age groups forty two to forty nine (42-49), fifty to fifty seven (50-57), fifty eight to sixty five (58-65) years and sixty six (66) and older total to 35.8% which may indicate that the respondents with underlying illnesses are mostly older adults. More than 60% of the elderly had not sought medical care since March, 2020 when the first case of COVID-19 was identified locally. The article further states that more than 22% of elderly people reported cancelling a doctor's visit or health appointment [24].

In addition, the majority of the respondents (44.6%) indicated that their general health status before COVID-19 was "very good" compared to 40.8% since the COVID-19 pandemic. There was a reduction of 5.2% of respondents who stated that their general health status before COVID-19 was excellent. On the other hand, there was an increase of 5.9% noted from the respondents who stipulated that since the COVID-19 pandemic, their general health has been poor compared to before the pandemic. The general health status of study participants was either "excellent" or "very good" prior to the COVID-19 pandemic but deteriorated since the outbreak.

In a cross-tabulation between the influence on general health and fear of contracting COVID-19, the results show that 82.6% of the respondents stated that their fear did not impact their general health status, in comparison, 51.5% said that their fear of contracting COVID-19 does have an impact on their general health. The cross-tabulation revealed a relationship between the fear of contracting COVID-19 and its influence on Jamaican's health care behavior. The cross-tabulation was determined using the variables stated in the null hypothesis which is represented by the p-value. The p-value is the probability of obtaining a sample outcome, given that the value stated in the null hypothesis is true and varies between 0 and 1 and cannot be negative. The p-value for obtaining a sample outcome is compared to the level of significance. When the p-value is less than 5% ($p < 0.05$), we reject the null hypothesis. The p-value in the cross-tabulation

for this study was less 0.0001. Hence, the null hypothesis was rejected.

Conclusion

The Novel Coronavirus has caused fear among many Jamaicans disrupting their lives since March 2020. A social stigma from the virus is a factor that contributes to the apprehensiveness in seeking healthcare amongst Jamaicans. The study participants experienced a deterioration in their general health status before and during the COVID-19 pandemic. The data has shown that the frequency in those seeking healthcare during the pandemic has lowered primarily because of their fear of contracting the virus. Furthermore, the majority of the participants indicated that they did not believe that the pandemic has affected their health negatively; however, this not by a significant margin, indicating that this notion is arguable.

Recommendations

Adequate planning is required for citizens to seek and receive proper healthcare without the fear of contracting the virus. The government of Jamaica should continue to enforce the COVID-19 protocols as this is the most feasible tactic that combats the disease and prevents the population from contracting the virus. Adherence to the protocols from both the public and healthcare workers will ensure that both parties are protecting themselves from the virus. There is no exact date when this pandemic will come to an end, so this stance will provide the best possible progress in the interim as the time elapses towards normalcy.

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