

Gender Disparity in Happiness among Jamaicans during the COVID-19 Pandemic

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Abstract

Objectives: This study sought to determine how gender inequality affects happiness in Jamaicans during COVID-19—the extent of gender inequality in Jamaica, and which gender has been happiest during COVID-19.

Methods: This quantitative study utilized a face-to-face standardized survey—the Subjective Happiness Scale—to decipher gender inequalities in happiness. Researchers took male and female sample populations from all parishes' (n=1088). Microsoft Office Excel spreadsheets and IBM Statistical Packages for the Social Sciences (SPSS) for Windows examined the findings using descriptive data.

Findings: Unequal treatment because of gender is uncommon in Jamaica. Prior to COVID-19, 15.7% (n=171) of respondents experienced unequal treatment due to gender and 84.3% (n=917) did not. Since COVID-19, 12.8% (n=139) experience gender disparity. Of those respondents, 40.4% (n=69) are less happy while 9.4% (n=16) are very happy. Of those who did not experience the disparity, 30.4% (n=279) are very happy, 30.8% (n=282) not happy and 38.8% (n=359) moderately happy. Male respondents were slightly happier than females—40.7% (n=185) to 17.4% (n=110) rating very happy. In comparison to 35% (n=159) of males, 44.6% (n=283) of females were moderately happy. Thirty-eight percent (n=241) of females and 24.2% (n=110) of males were unhappy. Hence, there is a disparity in happiness between genders. Overall, the majority (40.6%; n=442) are moderately happy and 32.3% (n=351) not happy. The minority (27.1%; n=295) are very happy.

Conclusions: COVID-19 has affected well-being and mental health, changing how individuals spend their time, perhaps affecting subjective well-being.

Keywords: gender; disparities; happiness; COVID-19; pandemic

Introduction

The United Nations (2014) described gender as “a primary marker of social and economic stratification and, as a result, exclusion. Regardless

of one's socioeconomic class, there are systematic gender differences in material well-being, although the degree of inequality varies across countries and over time. As a result, gender inequality is a characteristic

of most societies, with males better positioned in social, economic, and political hierarchies. (p. 162).

Equality between men, women, girls, and boys has been a goal of the United Nations since its inception (UNICEF, 2007). The 1945 UN Charter includes the objective "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and all nations large and small." While sex is biologically determined, gender is a social construct that describes what is feminine and what is masculine. Gender roles are learned, not innate, and are affected by education or economics (UNICEF, 2007). Even though initiatives set forth goals to achieve gender equality, gender disparity is an ongoing challenge globally.

In an effort to add to this ongoing discourse, this study's researchers seek to explore the effects of gender disparity in happiness among Jamaicans during the COVID-19 Pandemic. This researchers' interest stem from the idea that various elements influence happiness, therefore the impact of the Pandemic provided an opportunity for further exploration. The Pandemic pushed the government to enforce security protocols to limit the spread of the virus. The protocols included self-isolation, lockdowns, and no-movement days (PAHO, 2020). Therefore, many individuals had to adjust to the reduced social interactions they were allowed, and other drastic changes caused by the Pandemic. These are factors that may affect an individual's emotional well-being. Examining the situation provides a greater understanding of how the nation's people are affected emotionally and specifically by gender disparity.

Although the availability of literature on gender disparity and happiness in Jamaica is limited, one study found that the association between the variables is directly proportional because, despite significant societal changes and shifts in social roles, gender continues to have a substantial impact on emotional well-being (Simon, 2020). Happiness through this research has been found and appropriately substantiated to be a relative matter in Jamaica and worldwide. By highlighting the effects of gender disparity in happiness, new knowledge will be obtained that is beneficial as a nation to implement strategies to combat issues of gender disparities in the happiness of Jamaicans, if necessary.

Theoretical Framework

Researchers develop theories to explain phenomena, draw connections, and make predictions (Vinz, 2020). They emerge from a desire to solve a problem or provide an explanation for a recurring event. The Emotional State Theory of happiness is a relatively recent addition to the field of happiness philosophy. The theory, developed by Dan Haybron, first published in 2011 and revised in 2020, offers hedonism. There are two fundamental philosophical works of literature on "happiness," each corresponding to a different interpretation of the term. The first use 'happiness' as a value phrase, roughly equivalent to well-being or flourishing.

In contrast, the second employs a simply descriptive psychological term, similar to 'depression' or 'tranquility' in the second (Haybron, 2020). The topic of happiness is currently being contested, with many authors believing they disagree with others when they are not and agree with others when they do not. There is no in-principle barrier to measuring how happy people are. The precision of the "hedonometer" once envisaged by Edgeworth in 1881 and used to gauge happiness or pleasure still does not encapsulate nor completely address the objective. Therefore, the Subjective Happiness Scale referenced by Chinni (2020) measures the level of subjective happiness of an individual and essentially accomplishes the goal of measuring individual happiness.

Literature Review

Happiness, in general, is a complex notion that has been researched intensively for many years. Security, autonomy, attitude, connections, and skilled meaningful activity contribute to the happiness (Florentine, 2016). With researched evidence of happiness discrepancies by gender, the question of gender differences in happiness has been disputed. A 2013 research on happiness and gender, based on Gallup World Poll data for 160 nations, indicated that women worldwide reported higher levels of life satisfaction than men. However, they also report higher levels of everyday stress. While this statistic remains true across countries, it does not hold in places where women's rights are threatened, such as much of the Middle East and Sub-Saharan Africa (Graham, 2021). Gender disparities have severe implications in Jamaica, as they do in many other countries, and their impact on people's happiness is difficult to ignore.

According to the World Happiness Index, Jamaica is the 37th happiest country globally, with a score of 6.309 in 2021 (Allen, 2021). To evaluate the condition of global happiness and rank nations by their happiness levels, the World Happiness Report examines factors such as GDP per capita, social support, and healthy life expectancy, freedom to make life choices, perceived corruption, and charity. Amid the COVID-19 Pandemic, the report for 2021 focused mainly on the link between public well-being and the Pandemic. Despite Jamaica's rank as the 37th happiest country globally—during COVID-19—in terms of citizen well-being, gender discrepancies still exist among Jamaicans.

After conducting a happiness survey across the island, Alessandro Boyd concluded that, in Jamaica, women are happier than men. The overall results showed that the average male rating was 7.0 while the average female rating was 7.6 on a happiness scale of zero to ten, with zero being the lowest and ten being the highest. He argued that men have been given the role of leading and that the concept of what it means to be masculine carries weight because it can sometimes conflict with happiness (Boyd, 2013).

According to the Jamaica Constabulary Force, 89 per cent of suicide victims are males. Many people suffer from stress, anxiety, and depression, to name a few. On the other hand, Jamaican men face cultural constraints that make them hesitant to talk about their mental health problems. This hesitancy might result in even more irritation and mental anguish (Bowen, 2021).

Although most happiness and general life satisfaction polls indicate minimal variations between men and women, women in some countries report somewhat greater subjective well-being than men. In contrast, others report slightly lower subjective well-being (Meisenberg & Woodley, 2015). Conversely, Price (2021) revealed that previously in 2018, data showed no difference between women and men in rating their happiness in the workplace. Since the Pandemic, males are slightly happier in the workplace than women, with men scoring 69 per cent and women scoring 67%.

Method and Materials

A quantitative study was utilized to identify gender disparity in happiness among Jamaicans during the COVID-19 Pandemic. According to Streefkerk (2021), "[q]uantitative research is expressed in numbers and graphs. It is used to test or confirm theories and assumptions. This type of research can be used to establish generalized facts about a topic". Using Streefkerk's work as a guide, this will be implemented in the research to investigate the impact of gender inequality on happiness with a convenience sample size of 1067, which was derived using the Statistical Institute of Jamaica's 2019 population count of $N=2,730,882$, a confidence level of 95%, and a margin of error of 3%. According to Elfil and Negida (2017), the convenience sampling approach is the most suitable since it is a sort of non-probability sampling in which participants are picked based on their accessibility and availability.

The study employed two methods of administering a standardized survey: internet and face-to-face. The web-based format was distributed as a link through social media platforms such as Instagram and WhatsApp and face-to-face data collection in the parishes St. Catherine, St. Andrew, and St. James. The standardized instrument included 12 questions focusing on gender disparities in happiness using the Subjective Happiness Scale developed by Lyubomirsky and Reneis Lepper in 1932. It is a four-item self-evaluation questionnaire designed to assess an individual's overall happiness as measured by self-evaluation (Chinni, 2020). The response format is a 7-point Likert-type scale developed by Rensis Likert in 1932 that measures attitudes by rating the degree to which they agree or disagree with a given statement (Sullivan & Artino, 2013). The survey indicates that the intended audience is Jamaicans, and the non-inclusion of personal identifiers guaranteed anonymity. Researchers provided consent since respondents submitted the completed survey.

From September 20, 2021, to December 15, 2021, researchers collected 1088 responses. The study researchers converted the survey to numerical data using Microsoft Office Excel spreadsheets and IBM Statistical

Packages for the Social Sciences (SPSS) for Windows to analyse the findings using descriptive data. Pearson's correlation was used to determine the relationship between variables, and the chi-square test was used to determine the difference for hypothesis testing. Researchers then displayed the findings in a diagrammatic format.

Findings

Table 1 shows the sampled respondents' demographic characteristics, which consisted of N=1088 respondents. Of the $n=1088$ respondents there are 58.3% ($n=634$) female respondents and 41.7% ($n=454$) male respondents. They are grouped based on their age ranges. Most of the respondents who responded were aged 18-24 years, which was 43.4% ($n=472$). Table 1 depicts parishes where the respondents reside and the number of persons from each parish in Jamaica. The majority reside in the parishes of St. Elizabeth ($n=162$), which is 14.9% of the respondents and St. James ($n=161$), which had 14.8% of the respondents.

Table : 1

Demographic characteristics of the sampled Respondents		$n=1088$
Details	% (n)	
Gender		
Female	58.3(634)	
Male	41.7(454)	
Age Ranges		
18-27	43.4(472)	
28-37	25.6(278)	
38-47	16.8(183)	
48-57	9.9(108)	
58 and older	4.3(47)	
Area of Residence		
Kingston	9.8(107)	
Westmoreland	4.0(43)	
St. Elizabeth	14.9(162)	
Manchester	9.7(105)	
Clarendon	9.6(104)	
St. Catherine	10.6(115)	
St. Andrews	12.9(140)	
St. Thomas	2.2(24)	
Portland	2.0(22)	
St. Mary	2.8(30)	
St. Ann	3.1(34)	
Trelawny	0.6(7)	
St. James	14.8(161)	
Hanover	3.1(34)	

Table 2 presents the survey responses related to the treatment they received before and since the COVID-19 Pandemic. Of the sample ($n=1088$), 84.3%, representing 917 respondents, had not received unequal treatment due to their gender before the COVID-19 Pandemic, while the minority received 15.7%, representing 171 of the respondents. Since COVID-19, the majority of the respondents accounting for 87.2% ($n=949$), did not receive unfair treatment, while 12.8% ($n=139$) of the

respondents experienced unfair treatment. Most respondents (80.5%; $n=876$) indicated that this was 'not applicable,' while 6.4% ($n=70$) of the sample size indicated that the workplace was where they experienced unfair treatment.

Table 2

Treatment due to gender before and since the COVID-19 Pandemic, $n=1088$

Details	% (n)
Did you receive unequal treatment due to your gender before the COVID-19 pandemic?	
Yes	15.7(171)
No	84.3(917)

Are you receiving unequal treatment due to your gender since the COVID-19 pandemic?	
Yes	12.8(139)
No	87.2(949)
Details	%(n)
Where did you experience the unequal treatment?	
Workplace	6.4(70)
Home	2.9(32)
School	2.8(31)
Church	2.4(26)
Other	4.9(53)
N/A	80.5(876)

The information in Table 3 shows that based on the findings, χ^2 calculated (4.106) is more than the χ^2 critical value (5.024), with a degree of freedom (df) of 1. These findings suggest no statistical relationship between the variables; hence we accept the null hypothesis.

Table 3

Gender disparity since the COVID-19 Pandemic, $n=1088$

	Gender		Total	χ^2 P-value
	Female	Male		
	%(n)	%(n)	%(n)	4.106;0.043
Gender disparity since COVID-19 pandemic				
Yes	14.5 (92)	10.4 (47)	12.8 (139)	
No	85.5(542)	89.6 (407)	87.2 (949)	

Table 4 shows that based on the findings, χ^2 calculated (0.541) is less than the χ^2 critical value (5.024), with a degree of freedom (df) of 1, which indicates there is no statistical relationship between gender and unequal

treatment before the COVID-19 Pandemic; hence we accept the null hypothesis.

Table 4

Gender disparity before the COVID-19 Pandemic, $n=1088$

	Gender		Total	χ^2 P-value
	Female	Male		
	%(n)	%(n)	%(n)	0.541, 0.462
Gender disparity before COVID-19 pandemic				
Yes	16.4 (104)	14.8 (67)	15.7 (171)	
No	83.6 (530)	85.2 (387)	84.3 (917)	

Table 5 displays data indicating that based on the findings, χ^2 calculated (75.021) is more than the χ^2 critical value (7.378), with a degree of freedom (df) of 2. Therefore, we reject the null hypothesis, which states no statistical relationship between gender and happiness.

Table 5

Happiness since the COVID-19 Pandemic and gender of the Respondents, $n=1088$

	Gender		Total	χ^2 P-value
	Female	Male		
	%(n)	%(n)	%(n)	75.021,< 0.001
Happiness Scale Since COVID-19				
Not happy	38 (241)	24.2 (110)	32.3 (351)	
Moderate	44.6 (283)	35 (159)	40.6 (442)	
Very happy	17.4 (110)	40.7 (185)	27.1 (295)	

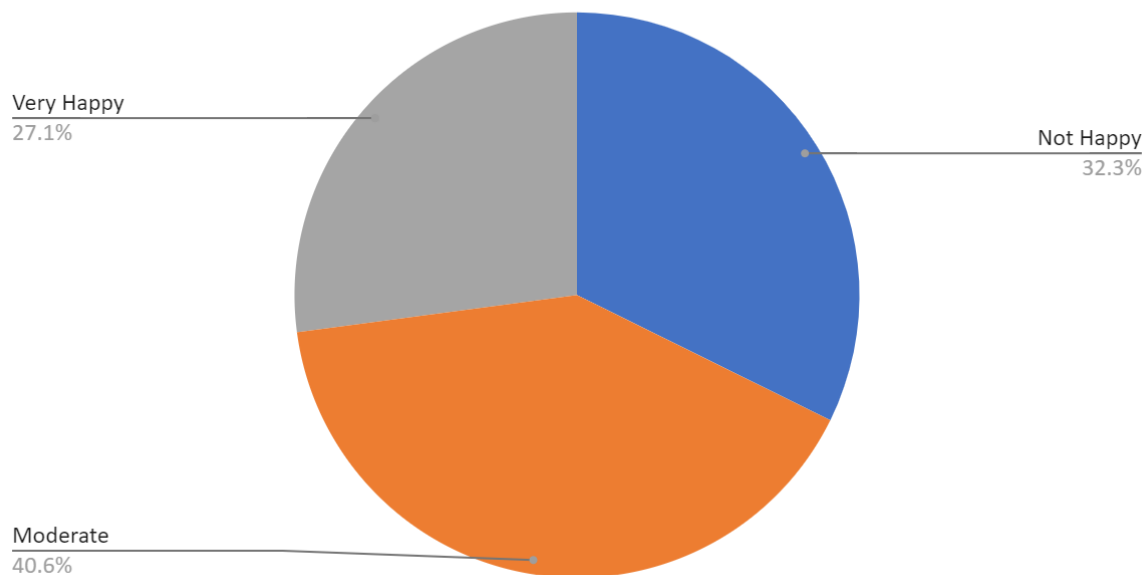
Table 6 depicts happiness since the COVID-19 Pandemic and gender of the respondents. The findings, χ^2 calculated (32.378) is more than the χ^2 critical value (7.378), with a degree of freedom (df) of 2. Therefore, we reject the null hypothesis, which states no statistical relationship between persons who experience unequal treatment and happiness.

Table 6

Happiness since the COVID-19 Pandemic and gender of the respondents, $n=1088$

	Experience unequal treatment since the pandemic		Total	χ^2 P-value
	Yes	No		32.378, < 0.001
	% (n)	% (n)	% (n)	
Happiness Scale Since COVID-19				
Not happy	40.4 (69)	30.8 (282)	32.3 (351)	
Moderate	50.3 (86)	38.8 (359)	40.6 (442)	
Very happy	9.4 (16)	30.4 (279)	27.1 (295)	

Pie chart representing the happiness of the respondents since the COVID-19 pandemic



The pie chart represents the responses from the sample population (n=1088) which completed the Subjective Happiness Scale. It displays their degree of happiness—not happy, moderately happy, or very happy. Based on the responses, 40.6% (n=442) of the respondents are moderately happy, followed by 32.3% (n=351) of the sample who are not happy. The minority of the population, representing 27.1% (n=295), expressed that they are very happy.

Discussion

COVID-19 originated in Wuhan, China, in early December 2019 and became a pandemic that caused a global health crisis. The disease was confirmed as being a pandemic on March 11, 2020, by the World Health Organization (WHO). The virus is deemed highly contagious, with an incubation period between 2-14 days. The virus mostly depresses the human respiratory system, but many infected people are asymptomatic or develop a mild respiratory illness (Mohan & Vinod, 2020). Jamaica's Minister of Health and Wellness, Dr. the Hon. Christopher Tufton provided details at a press conference on Tuesday, March 10, that Jamaica had recorded its first imported case of COVID-19. "The patient is a

Jamaican female who had travelled from the United Kingdom, which has cases of COVID-19. She arrived on the island on March 4, presented to the public health system on March 9, and has been in isolation since then." The Minister noted that "based on the patient's travel history and symptoms, health professionals suspected and confirmed her to be COVID-19 positive (Morris, 2020). Since then, Jamaica and the world have made several adjustments to life with COVID-19. From January 3, 2020, to December 17, 2021, the WHO has received reports of 91,927 confirmed cases of COVID-19, with 2,433 deaths in Jamaica. As of December 10, 2021, 1,155,017 doses of the vaccine have been administered (WHO, 2021). As the coronavirus pandemic spreads worldwide, it produces widespread fear, increased stress, worry, and concern among the general population and specialized groups such as people with underlying health problems and the elderly.

This research intended to explore the effects of gender disparity in happiness among Jamaicans during the COVID-19 Pandemic since various elements influence happiness. Emotional well-being is imperative to an individual's holistic health and that of the country; therefore, examining the situation provides a greater understanding of how the

nation's people are affected emotionally. Based on demographic data collected from survey participants ages 18 years and older, most of the sampled respondents were women, accounting for 58.3% of the total, with male respondents accounting for 41.7% of the total. The majority of the sampled respondents were from the parish of St. Elizabeth. People aged 58 years and overrepresented 4.3% ($n=47$) of the total number of respondents—the lowest percentage of all age categories. The 18-27 years age group had the largest number of responders ($n=472$), accounting for 43.4% ($n=472$).

The survey indicated that 15.7% of participants experienced unequal treatment because of their gender before the COVID-19 Pandemic. However, only 12.8% claimed to have received unequal treatment because of their gender since the Pandemic. The government continues to achieve gender equality by creating the UNDP Gender Equality Seal certification program, which aims to close disparities in the workplace and offer equal opportunities for men and women (Permanent Mission, 2017). The data obtained revealed the most prevalent site for gender disparity to be the workplace, with 6.4% ($n=70$) out of 212 respondents indicating “workplace” in answer to the “where” question.

Discrepancies because of gender are not widespread in Jamaica, as indicated by 84.3% of respondents did not receive unequal treatment based on their gender before the Pandemic, and 87.2% did not receive any following the outbreak, according to a total of $n=1,088$ participants. However, of the 12.8% ($n=139$) of individuals who experienced unequal treatment since the Pandemic, 40.4% ($n=69$) are less happy according to the happiness scale, while 9.4% ($n=16$) of them are very happy. Of those who did not experience the disparity, 30.4% ($n=279$) of them were very happy, 30.8% ($n=282$) not happy, and 38.8% ($n=359$) were moderately happy.

Although gender discrimination is not common in Jamaica, when the researchers utilized the Subjective Happiness Scale created by Lyubomirsky and Reneis Lepper in 1932, they discovered a gap in happiness since the Pandemic. Men were slightly happier than female respondents, with a proportion of 40.7% ($n=185$) to 17.4% ($n=110$), respectively. In comparison to 35% ($n=159$) of males, 44.6% ($n=283$) of females are moderately happy. The majority of female respondents 38% ($n=241$) and minority male respondents 24.2% ($n=110$) were unhappy. One study cited that women, particularly mothers, spent more time on responsibilities such as childcare and household chores during the Pandemic. Women reported being less happy since they spent more time on chores than males (ANI, 2021).

Conclusion

The Coronavirus pandemic has had various effects on people's lives and well-being and an indirect influence on mental health. COVID-19 has changed how individuals spend their time, affecting their subjective well-being. Women, particularly mothers, spent more time on responsibilities, such as childcare and home chores during the Pandemic. Women reported being less happy because they spent more time on housework than males. These findings constitute one of the most comprehensive studies on gender variations in happiness during the COVID-19 Pandemic. The results of this study may suggest a need for further exploration into Jamaican's state of happiness. The COVID-19 Pandemic provided an opportunity for us to be more cognizant of such an important aspect of the human condition.

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