Consumer Wellbeing in Thailand During Covid-19

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Abstract

This research study aims to assess the consumer wellbeing level in Thailand in the midst of the COVID-19 crisis. A mixed methodology was used. 24 individuals were interviewed as part of a discovery oriented variable research. Four of the variables found in this discovery phase, namely, physical activity, food consumption, and social media usage, were then incorporated into the study as part of the quantitative approach. An online survey of people currently living in Thailand was conducted between April and May 2021. Of the total surveys received, 490 were valid and considered for further analysis. The findings indicate that in spite of some negative effects from the lockdown, the respondents in this study remained resilient. While consumer behavior changed and adapted, consumer wellbeing remained stable throughout the pandemic.

Keywords: Wellbeing, Thailand, Consumers, COVID-19, Social Media Usage

1. Introduction

Lately, the question of whether COVID-19 has impacted markets, consumption, and people's wellbeing has been the focus of the general media and scholarly publications, much of it in relation to the medical field (Ahmed et al., 2020; Unadkat & Farquhar, 2020; Teoh & Kinman, 2020; World Health Organization, 2020) but some of it in other fields as well (Baker et al., 2020; Brodeur et al., 2020; Cohen, 2020). In Thailand, many studies have focused on COVID-19 and the financial market. For example, Khanthavit (2020) showed how the COVID-19 crisis initially significantly negatively affected the national stock market. Measures such as border closures, curfews, and public space restrictions have also been discussed in news outlets and identified as one of the major factors helping Thailand manage this crisis and bring the pandemic under control within its borders (Setboonsarng, 2020) even though it was one the first Asian countries outside of China to detect COVID-19 cases (Okada, 2020). Regarding wellbeing, one area of concerns has been medical workers (e.g. Bhattarai & Karki, 2020; Nair et al., 2020); understandably so, given the pressure under which people in the healthcare industry have found themselves since the pandemic broke out.

Defining wellbeing can be challenging tasks (Dodge et al., 2012). To begin with, as Ryff and Keyes (1995) have argued, wellbeing research lack a theory-based approach. Historically, wellbeing was studied from two approaches. One is the hedonic tradition, whose focus is on happiness and satisfaction with life; the other is the eudaimonic tradition, which focuses on psychological functions and human development (Dodge et al., 2012). Multi-dimensional approaches have also been developed since (e.g. Diener, 2009). This study adopts Dodge et al.'s (2012) definition of wellbeing, which the authors believe captures its essence. They define wellbeing as a "[...] balance point between an individual's resources and the challenges faced" (p. 230). In the context of this study, the resources and challenges faced by an individual are psychological, social, and physical.

Yiengprugsawan et al. (2010) determined that the national Personal Wellbeing Index levels for Thai nationals were comparable to those of Westerners and Tibetans, reaching a relatively high level. In 2018, the general mean of the Thai Wellbeing score was 70 (in a 0-100 range). Another research conducted by Kusuma Na Ayuthaya (2019) found that adoption of the self-sufficiency economy model has a positive impact on economic livelihood. All sufficiency economy prediction factors had a positive linear relationship and predicted the economic livelihood well (= 0.5791). Focusing on the wellbeing construct in Thailand, this study aims to expand the scope of recent research on wellbeing during Covid-19 and zeroes in on consumer's wellbeing to verify whether COVID-19 has had any impact on general wellbeing levels in the country. More specifically, it addresses the following research question: What is the consumer wellbeing level in Thailand in the midst of the current COVID-19 crisis? As the wording of this question shows, the main concern is consumption levels. This research study is expected to add to the the relevant body of literature and update knowledge on wellbeing levels in the midst of the pandemic.

1.   Literature Review

This section discusses various approaches to the concept of wellbeing in light of a number of studies conducted in Asia – in Thailand in particular – and how it is connected to consumption.

- *Wellbeing*

As noted above, it is difficult to treat wellbeing as a separate. concept. It is often explored in conjunction with economics, psychology, and food consumption (Masferrer-Dodas et al., 2012). Economists traditionally focus on wellbeing as an outcome of consumption levels, income, and unemployment. This approach contrasts with Buddhism and the view that happiness is not measured by an increase in one's ambition, acquisition of material goods, or economic status, but the improvement of one's mind to achieve higher level of enlightenment (Chaiwong, 2013). As to psychologists, they traditionally investigate wellbeing in the context of negative affect phenomenon, such as depression and anxiety. Psychologists and physical educators have also explored wellbeing in relation to physical activity (Edwards et al., 2005; Hyde, Maher, & Elavsky, 2013). One important aspect of everyday life that has been explored under the psychological approach is social media (Best, Manktelow, and Taylor, 2014). Moreover, nutritionists focus on food consumption and individuals' nutritional habits as markers of wellbeing (Masferrer-Dodas et al., 2012). As the food consumption approach is gaining currency, one growing consumer concern being actively researched is the quality of food. For example, Apaolaz et al. (2018) have linked organic food consumption to consumer's health beliefs and found a partial mediation between health concerns and organic food effects on wellbeing. These unidimensional approaches are especially helpful to select and analyze the specific impact of human activities and experiences on wellbeing.

- *A Multidimensional Approach to Wellbeing*

Another view of wellbeing and consumption research is the multidimensional approach as opposed to the unidimensional approach considered above (Masferrer-Dodas et al., 2012). This approach encompasses a multitude of domains that humans attempt to satisfy, ranging from "subsistence, protection, affection, understanding, participation, leisure, creation, identity and freedom" (Masferrer-Dodas et al., 2012, p. 214). Bhanot, Han, and Jang (2018), for example, discussed workfare in poor communities in Kenya, and although the study focuses on the economic aspects of wellbeing, the constructs used to measure the outcome and the wellbeing of people include feelings (being upset, excited, proud, etc.). In short, the study expands economic aspects by imbricating them with psychological states. A number of studies linking consumption and wellbeing focus their investigations on sustainability, expenditures, and the consumption of durable goods (Schneider, Kallis, & Martinez-Alier, 2010; Masferrer-Dodas

et al., 2012; Zorondo-Rodríguez et al., 2016), food consumption and consumer wellbeing (Rozin, 2005; Bublitz et al., 2013; Apaolaza et al., 2018), and psychological and physical states (Edwards et al., 2005; Hyde et al., 2013). In light of all the above, the following theoretical framework has been developed using four variables (Psychological, Physical Activity, Expenditures and Consumption of Durable Goods, and Food Consumption) and measuring their impact.
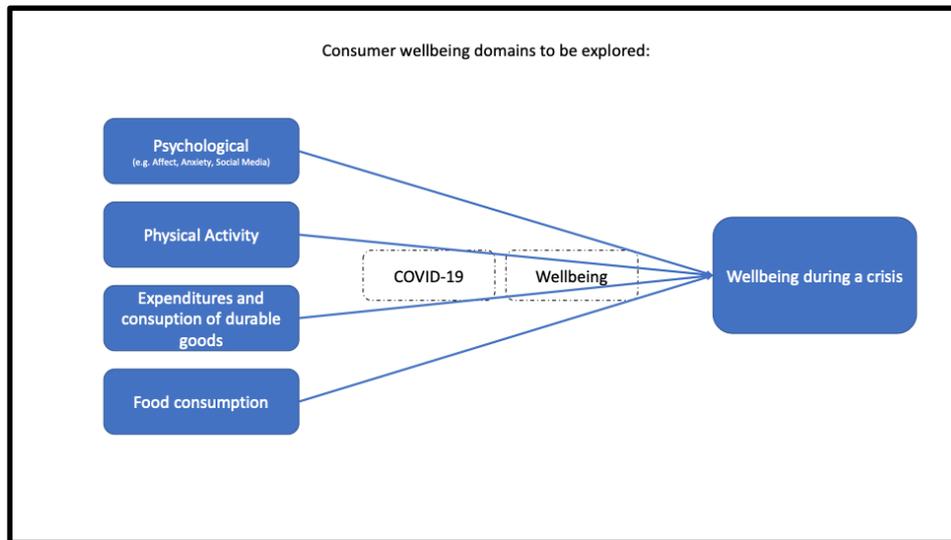

Figure 1: The Four Variables and their Impact on Wellbeing as Mediated
by the COVID-19 Crisis (Created by the Authors for this study)

- *Thailand, Wellbeing, and COVID-19*

Exploring the impact of these four variables on wellbeing needs to be understood in the context of the current global pandemic. The first suspected cases of COVID-19 in Thailand were detected on January 8 and 13, 2020 (Okada et al., 2020). Thailand had already implemented screening procedures for all incoming passengers on January 3 and imposed further travel restrictions on January 23 (Okada et al., 2020). Once people's daily routine started to change as a result of the lockdown imposed by the Government, many started to feel stressed and depressed due to their inability to conduct normal activities. Many also lost their jobs as the sudden loss of income forced a number of companies to lay off their employees (Bangkok Business News, 2020). Moreover, many businesses had to close temporarily. The 4th General Stress Level Evaluation was conducted by the Department of Mental Health during the period April 4-May 3, 2020 among the health and medical personnel as well as among the general public. According to Dr. Kiatiphoom Wongjit, Director, of the Department of Mental Health, the results showed a clear sign of reduction in stress level compared to earlier studies. The results were confirmed by the Department of Mental Health in August, 2020. While COVID-19 has been linked to higher levels of psychological distress, it has also been linked to the development of a sense of belonging to a community. Acting as a mitigating factor, the latter is at the root of people's general feeling of *resilience* with which COVID-19 and the national lockdowns have been associated (Sibley et al., 2020). Since many Southeast Asian developing economies, including Thailand's, were exposed to higher risks, especially for 0people living in poor communities, slums, and informal settlements (Corburn et al., 2020), Thailand was suitable for this study. This is all the more the case given the devastating impact that COVID-19 has had on global tourism and on the tourism-dependent Thai economy in particular (Tateno

& Bolesta, 2020; Rittichainuwat et al., 2020). The potential impact of the pandemic on the stock market can also be expected to influence wellbeing levels (Khanthavit, 2020).

3. Methodology

This study used a mixed methodology. A preliminary qualitative data collection took place between March and April 2021, when 24 individuals were interviewed in a discovery oriented variable research. Questions were open-ended and developed to discuss how consumers were feeling, how they perceived their wellbeing levels, and how these levels were affected by the pandemic and lockdown situations. Each interview lasted for about 20 minutes. Some of the variables found in this discovery phase, namely, physical activity, food consumption, and social media usage, were then incorporated into the study as part of the quantitative approach. An online survey using Google forms was subsequently conducted between April and May 2021. The population for this survey was people currently living in Thailand. Only people currently residing in Thailand, regardless of their nationalities, were taken into account. The sample consisted of 512 respondents selected by using a convenience sample method. Of the total surveys received, 490 were valid and considered for further analysis. The survey questionnaire consisted of three sections.
- The first section was used as the screening section to check for the current country of residence, age, and other demographic characteristics.
- The second section, the core component of the survey, focused on the full psychological wellbeing scale used in the MIDUS II study developed by Ryff et al. (2010). It consisted of 42 items that were translated by one of the authors and then triangulated with the help of a researcher not involved in this study. A back translation was then conducted for a consistency check (see Appendix 2 for final the 42 items resulting from this process).
- The third and final section focused on the other wellbeing domains, i.e., on the variables discovered during the qualitative phase: Psychological, Physical Activities, Durable Goods Consumption, and Food Consumption.

A 4-point Likert scale was used for all the questions. While we recognize that this choice makes our results non-comparable to the previous MIDUS II studies, we also chose to convert the MIDUS II to a 4-point scale for cohesiveness. The interpretation for mean scores from the 4 points scale are as follows: 0.01-1.50 = Very Low/Strongly Disagreed; 1.51-2.51 = Low/Disagreed; 2.51-3.50 = High/Agreed; and 3.51-4.00 = Very High/Strongly Agreed
The survey questionnaire was shared via social media and Line messaging app and data directly collected on an Excel spreadsheet, and later converted to SPSS format for analysis. SmartPLS was also used to conduct a multiple regression analysis that focused on wellbeing levels and the 42 items from the wellbeing scale. As noted above, a total of 490 valid (complete, full) responses were considered for further analysis. Only people currently residing in Thailand (independently of their nationalities) were taken into account. The data collection was organized along Ryff et al.'s (2010) validated scales. Descriptive and frequency analysis were used to measure current wellbeing levels and the interplay of other mediating factors, such as for example physical activity and food consumption. Correlation was also conducted with all variables within each domain to broaden and deepen the possible ways the variables interacted with each other during the COVID-19 crisis.

4.   Findings

Before reporting the results for each of the four domains considered in this study and their impact on wellbeing, general wellbeing levels are discussed. The regression analysis for wellbeing data showed acceptable ranges for internal consistency (see Appendix 1). It can be

safely assumed that the wellbeing levels are reflecting the current situation. Table 1 shows the results.

Table 1: Descriptive Statistics for General Wellbeing Levels

	N	Male	Female		
Gender	490	264 (53.88%)	226 (46.12%)		
	N	Minimum	Maximum	Mean	Std. Dev
Age	490	16.0	59.0	22.479	4.6923
Overall Wellbeing Score	490	1	4	3.02	.618

Note: Overall wellbeing mean score interpretation; 0.01-1.50 = Very Low, 1.51-2.51 = Low, 2.51-3.50 = High, and 3.51-4.00 = Very High

The gender distribution was 53.9% female and 46.1% male, which points to a relatively balanced gender participation. The average age was 22.5 years old, which points to a relatively young sample. The general wellbeing score averaged 3.02 out of 4 (or 75.5 out of 100), which indicates a relatively high wellbeing score in our sample that is in-line with previous wellbeing research conducted in Thailand (e.g. Yiengprugsawan et al., 2010). We could not find significant correlations between these three variables.

- How Social Media Consumption Influences Wellbeing
Social Media usage was measured in hours per day and coded as follows: 1 (less than 1 hour); 2 (between 1 and 3 hours); 3 (3 to 6 hours) and 4 (more than 6 hours). Almost 40 percent of the sample reported using Social Media between 1 and 3 hours daily. Table 2 summarizes the results. The average value of 2.17 points to an average use of above 3 hours per day.

Table 2: Results for Social Media Usage

Frequency of Social Media Usage	Count	Valid percentage
Less than 1 hour	136	27.76%
Between 1 and 3 hours	188	38.37%
Between 3 and 6 hours	111	22.65%
More than 6 hours	55	11.22%
Social Media and Wellbeing		
	Avg. (1-4)	**St. Dev.**
Wellbeing affected by social media	2.53	0.798

Table 3 shows the correlations between the demographic data and social media usage (only significant correlations are shown). As can be seen, there is a significant and positive correlation between Social Media Usage and Gender and an equally significant but negative correlation between Age and Social Media Impact on Wellbeing. Therefore, we can assume that within our sample, women tended to use more social media than men, and that younger respondents reported a higher impact of social media on their wellbeing levels. Vannucci, Flannery, and Ohannessian, (2017) found that social media usage is associated with higher anxiety levels, a result which the findings in our study seems to support.

Table 3: Correlations between Social Media Usage and Demographics

	Social Media Usage	**Overall Wellbeing**	**Age**	**Gender**	**Social Media Impact on Wellbeing**
Social media usage	1			.25 8**	
Overall wellbeing		1			
Age			1		-.255**
Gender				1	
Social media impact on wellbeing					1

*Note: **. Correlation is significant at the 0.01 level (2-tailed).*

- How Physical Activity Influences Wellbeing

The focus in this second domain is on physical activity and on how consumers felt it interacted with their wellbeing. Respondents were asked to evaluate whether the COVID-19 lockdown had impacted their physical activity levels. Table 4 summarizes the descriptive statistics. For the three measured physical activities, values were coded daily as follows: 0 (none); 1 (less than 1 hour); 2 (less than 2 hours); 3 (less than 3 hours); and 4 (3 hours or more). Our data shows that, on average, our respondents agree that the lockdown has impacted their physical activity, negatively.

Table 4: Results for Physical Activity

Physical exercise *(such as swimming, jogging, aerobics, sports, or the gym)*	Frequency	Percent
None	279	56.94%
Less than 1 hour	77	15.71%
Less than 2 hours	76	15.51%
Less then 3 hours	53	10.82%
3 hours or more	5	1.02%
Walking	Frequency	Percent
None	226	46.12%
Less than 1 hour	95	19.39%
Less than 2 hours	92	18.78%
Less then 3 hours	29	5.92%
3 hours or more	48	9.80%
Housework (cleaning, childcare, etc.)	Frequency	Percent
None	207	42.24%
Less than 1 hour	120	24.49%
Less than 2 hours	62	12.65%
Less then 3 hours	58	11.84%
3 hours or more	43	8.78%

As Table 5 shows, the average weight for the sample was of 61.8kg, which is above the 58.79 Kg Thai average as estimated by Walpole et al. (2012). For the three measured physical activities, values were coded daily as follows: 0 (none); 1 (less than 1 hour); 2 (less than 2 hours); 3 (less than 3 hours); and 4 (3 hours or more). Physical Exercise had an average of below 1 hour daily. Walking had an average of more than 1 hour daily; and Housework (including cleaning and childcare) had an average of more than 1 hour daily. Respondents were also asked to evaluate whether the COVID-19 lockdown had impacted their physical activity

levels. The data collected indicates that, on average, they agreed that the lockdown had impacted their physical activity, negatively.

Table 5: Results for Three Types of Physical Activities

	Minimum	Maximum	Mean	Std. Dev.
Current weight (Kg)	41	90	61.8559	10.0452
Physical exercise (swimming, jogging, aerobics, sports, or the gym)	0	4	0.802	1.0679
Walking	0	4	1.139	1.3344
Housework (cleaning, childcare, etc)	0	4	1.198	1.3418
During the lockdown, my physical activity has decreased significantly	0	4	2.723	0.8139

Table 6 shows the correlation between activity variables (only significant results are presented). The two highest significant correlations were found between the Walking and Housework activities (.688) and how people felt the lockdown had reduced their activity and motivation (.534). Another observation is that people who felt their activity was decreasing because of the lockdown inversely rated their routine adaptations – which suggests that a decrease in activity also means a decrease in terms of adaptation. Also, as expected, people who had a high level of physical activity were not demotivated by the lockdown (correlation of -.281).

Table 6: Physical Activity Correlations

	Weight	Physical Exercise	Walking	Housework	Lockdown decreased activity	Lockdown reduced motivation	I adapted my routine due to the lockdown
Weight	1						
Physical exercise		1	.490**	.488**	-.259**	-.281**	
Walking			1	.688**	-.222*		
Housework				1			
Lockdown decreased activity					1	.534**	-.312**
Lockdown reduced motivation						1	
I adapted my routine due to the lockdown							1

Note: **. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

- How Consumption Influences Wellbeing
The final two areas of consumption considered in this study (food and durable products) were combined to facilitate discussion. As far as food consumption was concerned, the respondents were asked to determine whether they thought their eating habits were healthy. They were also asked to assess their past eating experiences in the short term (i.e., before the lockdown) and determine whether the lockdown had affected their food consumption. Food consumption results were organized in descending means. Table 7 shows the results with regard to the variables connected to food consumption.

The highest mean points to the positive influence that the lockdown had in terms of meal schedules. The lockdown also influenced respondent's decisions to start a diet. Surprisingly though, people determined the influence of the lockdown in terms of healthy eating to be negative. This is due to the fact that while encouraging people to have meals at regular hours and start dieting, the lockdown also led them to feel that it has negatively influenced the quality of their meals. It is important to point out too that the regular schedule of meals during a normal situation was below lockdown levels.

Table 7: Food Consumption and Eating (Normal and Lockdown Situation)

Normal Situation	Mean	Std. Dev.
I like cooking at home	2.938	1.2609
I have a regular meal schedule	2.846	0.9393
I care about having bad eating habits	2.2	0.9874
I like ordering food	2.154	0.8702
I think healthy eating habits are important	1.985	0.9762
Lockdown Situation	**Mean**	**Std. Dev.**
I have a regular meal schedule	3.046	1.165
Fast food per week	2.369	1.112
I have started a diet	2.308	1.0742
I care about having bad eating habits	2.2	0.9874
I think healthy eating habits are important	1.985	0.9762
I can keep a regular healthy eating habit	1.723	0.7397

Note: Mean score interpretation; 0.01-1.50 = Strongly Disagreed, 1.51-2.51 = Disagreed, 2.51-3.50 = Agreed, and 3.51-4.00 = Strongly Agreed

Table 8 shows the findings with regard to the consumption of durable goods during the lockdown. All items were measured with a 4-point scale and are organized in descending order for means. Activities that demand social contact or enclosed spaces, such as for example, work out and hanging out with friends, had, perhaps unsurprisingly, the lowest means in our sample. During the lockdown, gyms were closed and many interviewees had no option but to keep a regime of exercises at home. Hanging out with friends was also discouraged, and depending on the social context, could lead to problems with law enforcement authorities. Most of the consumption therefore centered around home-based entertainment such as listening to music and watching television. Other products frequently cited by interviewees were mental health applications and online services (such as meditation apps, mindfulness services, and meditation videos), which achieved a high mean during the quantitative phase.

Table 8: Product Consumption Results during Lockdown

	Mean	**Std. Dev.**
Listening to music	3.732	0.5438
Watch Television (Youtube and Netflix)	3.707	0.5073
Surfing the internet	3.683	0.5167
Mental health products (online, apps)	3.146	0.8158
Singing songs	2.732	0.9914
Shopping Online	2.659	0.8173
Reading Books	2.634	0.9595
Work out	2.488	0.8895
Hanging out with friends	2.244	0.6565

- *Changes in Everyday Life: No Impact on Wellbeing*

The authors agree with Sibley et al. (2020) in their choice of the term *resilience* to explain how people adapted to the quarantines, lockdowns, and the pandemic itself. Although the respondents in this research study were forced to change their behaviors significantly during the lockdown, their wellbeing levels did not dramatically change and did not markedly differ from previous findings. For example, in their study conducted in 2010, Yiengprugsawan et al. (2010) found that Thai wellbeing level was 70 points (out of 100). This score is very similar to the score in this study which was 75 points (out of 100); this in spite of the fact that changes occurred during the lockdown. Recall from above that the usage of social media literally exploded, which negatively impacted respondents. Moreover, home-based or solitary entertainment increased, physical activity was also adversely affected, and healthy eating habits were impacted negatively and somewhat neglected.

5. Discussion, Conclusion, and Recommendations

Although the results in this study point to some negative effects from the lockdown imposed in Thailand, they also indicate that the respondents in this study remained resilient even at the height of the lockdown. Table 9 summarizes the findings. They show that the measures taken by the government to curb the pandemic affected the usual physical routine of the respondents – and also how they felt it negatively affected their physical activity. Maintaining healthy food consumption turned out to be harder during the lockdown. A positive side effect though is that, as most respondents reported, the lockdown enabled them to have meals at regular intervals and prompted some of them to pay more attention to their diet. This study also showed a move towards more introspective consumption – online, home-based entertainment.

Table 9: Main Findings Summarized

Main Findings	
Psychological, e.g. Social Media usage, Anxiety, Affect	The sample in this study had a high social media daily usage (above 3 hours daily). Younger respondents reported a higher impact of social media on their wellbeing.
Physical Activity	The sample in this study had a slightly higher weight than Thai average (our sample: 61.8 Kg; Thai: 58.8 Kg). Respondents reported that lockdowns negatively affected their physical activity.
Food Consumption	While the respondents felt that the lockdown prompted them to start having a goof diet and eat regularly, they also felt that at the same time the lockdown made it more difficult for them to eat healthy meals.
Expenditures and consumption of goods	As expected given the lockdown, consumption switched away from outdoor/social activities into home-based entertainment – or solitary activities (watching television, listening to music, and surfing the web).

Source: Compiled by the authors for this study

One key term that has emerged from this research study on consumer wellbeing in Thailand is *resilience* (Sibley et al., 2020) as reflected by the high overall wellbeing score average (3.02 out of 4). In spite of the negative effects of the lockdown, wellbeing levels remained high as people remained resilient. Psychologically, it was found that the lockdown and the COVID-19 crisis affected people living in Thailand negatively with MIDUS II Affect and Anxiety levels as variables related to the overall impact. The main finding, however, was that social media usage increased during the lockdown with 38.37 percent of the respondents using social media for 1 to 3 hours daily. Paradoxically enough and of great import here, those same respondents also concurred that social media negatively affected their wellbeing.

Regarding physical activity, the majority of the respondents (56.94% and 46.12% respectively) reported having no physical activity whatsoever, no walking or whatever other exercise they would usually have. This may be because gyms and exercise areas were under strict control but when correlated to their feelings, it was found that the lockdown also impacted their motivation to exercise and find alternative to the prohibited use of public facilities; hence the reduced level of physical activity. With regard to food consumption, respondents generally reported eating on a regular schedule but healthy eating habits were negatively impacted by the lockdown. Some interviewees related this difficulty to the fact that lifestyle adaptations made it harder to adequately eat during the lockdown. While previously they had access to fresh food and could eat out, during the lockdown they were forced to rely more on ready-made or frozen meals from local minimarts. As to goods consumption, most respondents, perhaps expectedly, shifted their consumption towards solitary and in-house entertainment.

Most interviewees cited streaming services, music streaming, and online gaming as temporary substitutes for their usual entertainment and activities. Since outdoor activities and hanging out with friends were discouraged by authorities during the lockdown, they had no option but to turn to individual and enclosed entertainment. COVID-19 forced changes in everyday life, even more so for health workers (Bhattarai & Karki, 2020). Adaptations were necessary for consumers in the four domains of wellbeing. As noted above, the term resilience aptly captures the respondents' prevailing response.

- Recommendations for Future Studies
The conversion of MIDUS II to a 4-point scale would be fruitful and beneficial for future studies on wellbeing in Thailand and other countries with a similar culture. This would help to

systematically observe behavior and wellbeing changes as COVID-19 continues to affect everyday life. Translated scales are offered (see Appendix 1) in order to facilitate future research that may want to use the MIDUS II scale in Thailand.

- *Limitations of this Study*

One limitation in this study is that wellbeing levels were measured by residents of Thailand as well as Thai people, and not solely Thai people. This may have skewed the results to a level higher than the one found by Yiengprugsawan et al. (2010). Focusing on residents of Thailand is a generalization which could impact the results as foreigners usually have a higher income than the average Thai person. Another limitation relates to the online method of collecting answers. The online method was imposed by the mandatory isolation during the months of February and May 2021 even though it created significant limitations in data collection as those most negatively affected by COVID-19 were lower-income Thai nationals who in many cases could be reached online (Techakitteranun, 2020).

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Appendix 1: Results of Regression Analysis for Wellbeing Scale
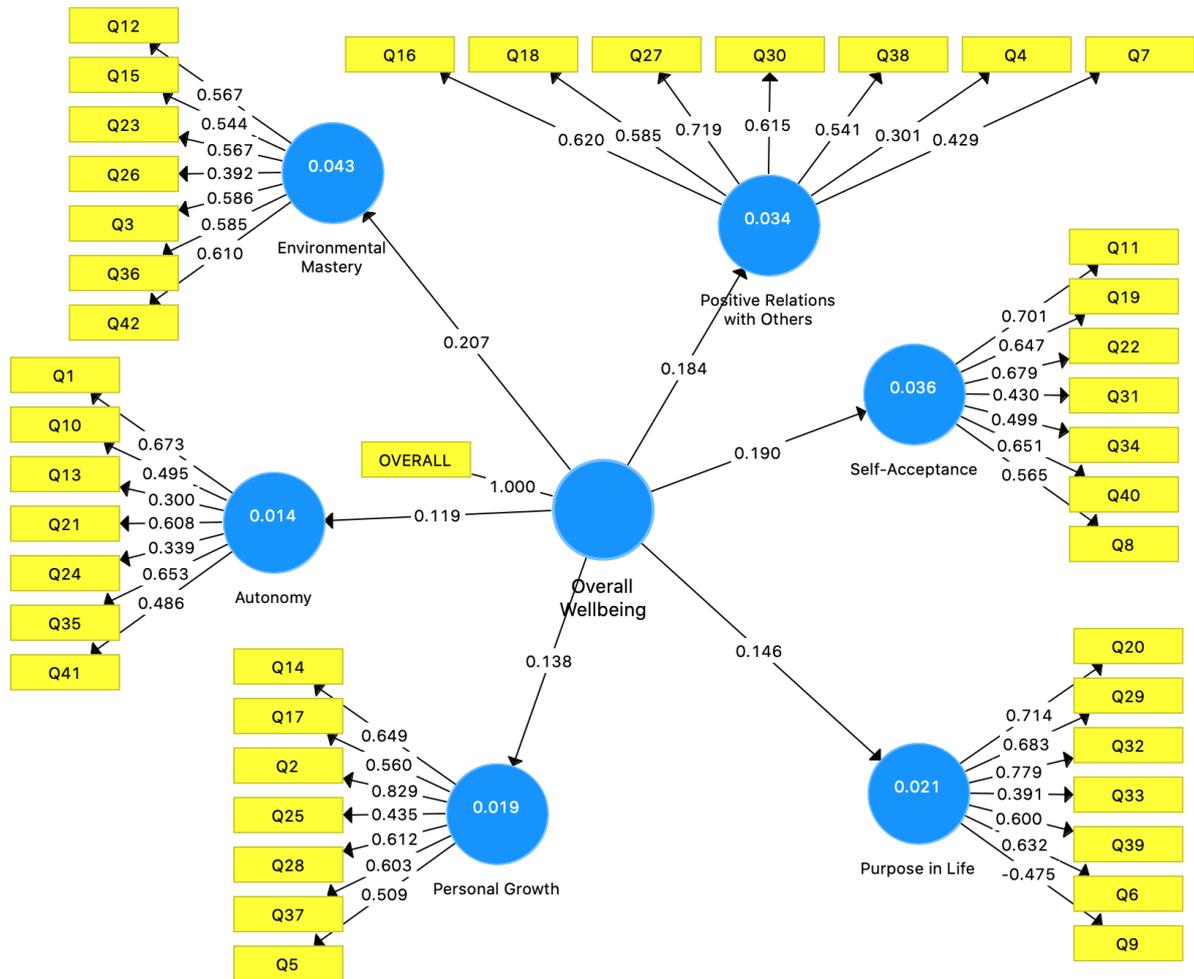
Appendix 2: English to Thai translated MIDUS II scales

1. "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people." ฉันไม่กลัวที่จะแสดงความคิดเห็นของฉัน แม้ว่ามันจะตรงข้ามกับความคิดเห็นของคนส่วนใหญ่

2. "For me, life has been a continuous process of learning, changing, and growth." สำหรับฉันแล้ว ชีวิตคือการเรียนรู้ เปลี่ยนแปลงและเติบโตอย่างต่อเนื่อง

3. "In general, I feel I am in charge of the situation in which I live." โดยทั่วไปแล้ว ฉันรู้สึกว่าสามารถ ควบคุมสถานการณ์ต่างๆ ในชีวิตได้

4. "People would describe me as a giving person, willing to share my time with others." คน ส่วนใหญ่มองว่าฉันเป็นคนที่เอื้อเฟื้อและพร้อมที่จะให้เวลากับผู้อื่น

5. "I am not interested in activities that will expand my horizons." ฉันไม่สนใจในกิจกรรมที่ช่วยพัฒนา มุมมองของฉัน

6. "I enjoy making plans for the future and working to make them a reality." ฉันชอบวางแผนเพื่อ อนาคต และทำให้มันเป็นจริง

7. "Most people see me as loving and affectionate." คนส่วนใหญ่มองว่าฉันเป็นคนที่รักและแคร์ผู้อื่น

8. "In many ways I feel disappointed about my achievements in life." ฉันรู้สึกผิดหวังกับชีวิตในหลายๆ ด้าน

9. "I live life one day at a time and don't really think about the future." ฉันใช้ชีวิตอยู่กับปัจจุบัน ไม่ค่อย คิดถึงอนาคตมากนัก

10. "I tend to worry about what other people think of me." ฉันค่อนข้างจะคิดมากว่าคนอื่นมองฉันยังไง

11. "When I look at the story of my life, I am pleased with how things have turned out." เมื่อฉัน ย้อนมองเรื่องราวของชีวิตของฉันจากอดีตถึงปัจจุบัน ฉันพอใจกับสิ่งต่างๆ ที่ทำให้ฉันเป็นในวันนี้

12. "I have difficulty arranging my life in a way that is satisfying to me." ฉันมีปัญหากับการจัดการชีวิต ให้เป็นไปตามที่ต้องการ

13. "My decisions are not usually influenced by what everyone else is doing." วิธีปฏิบัติตนหรือ ความคิดของคนอื่นไม่ค่อยมีผลกับการตัดสินใจในเรื่องต่างๆ ของฉัน

14. "I gave up trying to make big improvements or changes in my life a long time ago." ฉัน ล้มเลิกความคิดที่จะปรับปรุงตัวเองหรือเปลี่ยนแปลงอะไรมากๆ ในชีวิตไปนานแล้ว

15. "The demands of everyday life often get me down." บ่อยครั้ง สิ่งต่างๆ ที่ต้องพบเจอทุกวันก็ทำให้ฉันเศร้า

16. "I have not experienced many warm and trusting relationships with others." ฉันไม่ค่อยมี ความสัมพันธ์กับผู้อื่นที่ฉันรู้สึกไว้ใจและอบอุ่น

17. "I think it is important to have new experiences that challenge how you think about yourself and the world." ฉันคิดว่าประสบการณ์ใหม่ๆ ที่ท้าทายความคิดเกี่ยวกับตัวตนของเราและโลกโดยรวมเป็นสิ่งสำคัญ

18. "Maintaining close relationships has been difficult and frustrating for me." การรักษา ความสัมพันธ์ใกล้ชิดกับผู้อื่นเป็นเรื่องที่ยากและทำให้อารมณ์เสียสำหรับฉันมาโดยตลอด

19. "My attitude about myself is probably not as positive as most people feel about themselves." ฉันมีทัศนคติต่อตนเองไม่ดีเท่าที่คนอื่นมีต่อตัวพวกเขาเอง

20. "I have a sense of direction and purpose in life." ฉันมีทิศทางและจุดมุ่งหมายที่แน่วแน่ในชีวิต

21. "I judge myself by what I think is important, not by the values of what others think is important." ฉันตัดสินคุณค่าของตัวเองบนบรรทัดฐานของฉันเอง ไม่ใช่จากค่านิยมของผู้อื่น

22. "In general, I feel confident and positive about myself." โดยทั่วไป ฉันรู้สึกมั่นใจและรู้สึกดีกับตัวเอง

23. "I have been able to build a living environment and a lifestyle for myself that is much to my liking." ฉันประสบความสำเร็จในการสร้างสภาพแวดล้อมทางสังคมและไลฟ์สไตล์ที่ฉันชอบ

24. "I tend to be influenced by people with strong opinions." คนรอบตัวที่ยึดมั่นในความคิดของตัวเองค่อนข้างมีผลต่อความคิดของฉัน

25. "I do not enjoy being in new situations that require me to change my old familiar ways of doing things." ฉันไม่ค่อยชอบไปอยู่ในสถานการณ์ใหม่ๆ ที่ฉันจะต้องปรับเปลี่ยนการทำตัวไปจากที่คุ้นชิน

26. "I do not fit very well with the people and the community around me." ฉันเข้ากับคนรอบตัวในสังคมของฉันไม่ค่อยได้

27. "I know that I can trust my friends, and they know they can trust me." ฉันมั่นใจว่าฉันเชื่อใจเพื่อนของฉันได้และพวกเขาก็เชื่อใจฉันเช่นกัน

28. "When I think about it, I haven't really improved much as a person over the years." พอมาคิดดีๆ แล้ว ตลอดหลายปีที่ผ่านมาฉันไม่ค่อยได้พัฒนาตัวเองขึ้นเท่าไหร่

29. "Some people wander aimlessly through life, but I am not one of them." คนบางคนใช้ชีวิตอย่างไร้ทิศทาง แต่ฉันไม่ใช่หนึ่งในคนเหล่านั้น

30. "I often feel lonely because I have few close friends with whom to share my concerns." ฉันรู้สึกโดดเดี่ยวอยู่บ่อยๆ เพราะมีเพื่อนสนิทที่แชร์ความรู้สึกได้อยู่ไม่กี่คน

31. "When I compare myself to friends and acquaintances, it makes me feel good about who I am." ฉันรู้สึกดีกับตัวตนของฉันเมื่อฉันเอาตัวเองไปเทียบกับเพื่อนฝูงและคนรอบตัว

32. "I don't have a good sense of what it is I'm trying to accomplish in life." ฉันไม่ค่อยแน่ใจว่าต้องการจะบรรลุเป้าหมายอะไรในชีวิต

33. "I sometimes feel as if I've done all there is to do in life." บางครั้งฉันก็รู้สึกว่าได้ทำทุกอย่างที่พึงกระทำในชีวิตไปหมดแล้ว

34. "I feel like many of the people I know have gotten more out of life than I have." ฉันรู้สึกว่าคนรอบตัวฉันใช้ชีวิตได้มีความหมายมากกว่าฉัน

35. "I have confidence in my opinions, even if they are contrary to the general consensus." ฉันมั่นใจในความคิดของฉันแม้ว่ามันจะสวนทางกับคนส่วนใหญ่

36. "I am quite good at managing the many responsibilities of my daily life." ฉันบริหารจัดการสิ่งที่ต้องรับผิดชอบในชีวิตประจำวันต่างๆ ได้ค่อนข้างดี

37. "I have the sense that I have developed a lot as a person over time." ฉันรู้สึกว่าตลอดเวลาที่ผ่านมาฉันพัฒนาตนเองได้มาก

38. "I enjoy personal and mutual conversations with family members and friends." ฉันชอบการพูดคุยที่ใกล้ชิดและสร้างความสัมพันธ์กับครอบครัวและเพื่อนฝูง

39. "My daily activities often seem trivial and unimportant to me." ฉันรู้สึกว่าสิ่งต่างๆ ที่ฉันทำในแต่ละวันเป็นเรื่องเล็กน้อยที่น่าเบื่อและไม่สำคัญอะไร

40. "I like most parts of my personality." ฉันค่อนข้างชอบบุคลิกภาพของฉัน

41. "It's difficult for me to voice my own opinions on controversial matters." การแสดงความคิดเห็นในเรื่องที่ล่อแหลมหรือเป็นประเด็นขัดแย้งรุนแรง เป็นเรื่องยากสำหรับฉัน

42. "I often feel overwhelmed by my responsibilities." ฉันรู้สึกว่าสิ่งต่างๆ ที่ต้องรับผิดชอบในแต่ละวันช่างล้นหลามเหลือเกิน

Answer Scales: Strongly disagree, disagree, agree, Strongly agree ไม่เห็นด้วยอย่างยิ่ง, ไม่เห็นด้วย, เห็นด้วย, เห็นด้วยอย่างยิ่ง