“SOCIAL SUPPORT AND QUALITY OF LIFE OF WIDOWS INVOLVED IN SOUTHERN THAILAND’S VIOLENCE”

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Abstrak

Situasi keganasan yang berterusan di selatan Thailand telah memberi kesan terhadap komuniti penduduknya. Salah satu pihak yang paling menanggung akibat adalah balu-balu yang kehilangan suami mereka dan terpaksa menyara keluarga.Mengambil alih tugas sebagai ketua keluarga adalah sesuatu yang mencabar. Oleh itu, kajian ini secara umumnya ingin mengenalpasti sokongan sosial dan kualiti hidup dalam kalangan balu yang terlibat dalam keganasan di Selatan Thailand memandangkan. Kajian ini mengukur sokongan sosial dan kualiti hidup berasaskan faktor-faktor demografi (umur, agama, tahap pendidikan, pekerjaan, saiz keluarga dan pendapatan isirumah). Kaedah tinjauan telah digunakan melalui soal selidik WHOQOL-BREF dan SSQ-12 untuk mengukur kualiti hidup dan sokongan sosial balu. Seramai 337 orang balu di daerah Pattani terlibat sebagai responden. Hasil kajian ini mendapati bahawa sokongan sosial dalam kalangan balu yang dikaji berada pada tahap yang sederhana manakala hasil analisis bagi keseluruhan aspek kualiti hidup memperolehi skor normal. Dapatan kajian juga mendapati bahawa sokongan sosial dan kualiti hidup balu berbeza berdasarkan agama, tahap pendidikan dan pekerjaan. Saiz keluarga dan pendapatan isirumah pula mempunyai hubungan negatif dengan sokongan sosial dan kualiti hidup. Selain itu, hasil kajian menunjukkan bahawa sokongan sosial mempunyai hubungan positif dengan kualiti hidup balu yang terlibat dalam keganasan di selatan Thailand. Kajian ini mencadangkan agar pihak kerajaan Thailand dapat menyediakan bantuan kepada para balu melaluipolisi kebajikan berasaskan keperluan dan turut memperkasakan keluarga mereka bagi membantu mereka dalam jangkamasa panjang.

Kata kunci: Sokongan sosial, kualiti hidup, balu, selatan Thailand

Abstract

The on-going violence in southern Thailand has affected the community as a whole and one of the most affected groups are the widows who lost their husbands and are left to care for their families. Taking over the role as the head of the family is a challenging task for these women. Therefore, the general aim of this study is to investigate social support and quality of life among widows involved in southern Thailand's violence. The study measures social support and quality of life based upon demographic factors (age, religion, education level, occupation, size of family and household income). A survey method was employed utilizing the WHOQOL-BREF and SSQ-12 questionnaires to measure the quality of life and social support respectively among widows. A total of 337 widows were involved as respondents in the Pattani province. This study found that the overall social support among the widows is at a moderate level while the analysis for their quality of life yielded a normal score. The results also indicate that social support and quality of life differ based upon religion, education level, and occupation. The findings also show that the size of family and household income have negative relationship with social support and quality of life. Moreover, the results also indicate that social support is positively related to the quality of life of widows involved in southern Thailand's violence. This research suggests that the Thai government should provide aid to the widows based upon a needs-based welfare policy and also empower their families to aid them in the long run.

Keywords: Social support, quality of life, widows, southern Thailand

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study investigates the relationship between social support and quality of life among widows resulting from the southern Thailand's violence. Specifically, it discusses the importance of the relationship between social support and quality of life of widows. This chapter contains the background of the study, the statement of the problem, the research questions, the purpose of the study, the significance of the study, the scope of the research, the research framework and hypotheses.

1.1 Background of the Study

The instability in Southern Thailand which is due to the continuous violence is a fact that cannot be ignored. When there are violence and tension between social or political groups, there would be consequences and lateral effects that would negatively affect people. One of the main victims of the violence are women who lost their husbands during the violence. These women are now widows who will have to face many difficulties and hardship to maintain their lives and support themselves and their families. When they lose their husbands, most of them have to take the responsibility of caring for the family and become the leader of the family. In such cases, many would face poverty and no longer be able to provide food, clothes and education for their children. Furthermore, since it is common for women in the southern part of Thailand to be housewives, it would be a challenge for the widows to find jobs and earn money. This contributes to social and economic

problems. These women will not only be affected physically, but also psychologically and mentally (Abuza, 2011).

The southern Thailand's violence has created a mass destruction in terms of personal injuries and lost of lives and limbs for civilians and their property. To understand the unrest and conflict in Southern Thailand, we must firstly understand the history of the Malay ethnic which has settled in the region way before other ethnics in the Southern region. The Sukothai kingdom was one of Thailand kingdoms that were established for 900 years. However, the Malay settlement in Southern Thailand has been in existence for much longer, which was around 1,800 years before the Sukothai kingdom. Langkasuka was the name of the Malay kingdom. Its people were mostly believers of Hinduism and Buddhism, before they became Muslims after the Sultan of Langkasuka converted to Islam around 500 years ago. Since then, the Langkasuka kingdom became Pattani Darussalam Kingdom. In the British colonial era, four of Thailand's kingdom were occupied by the British namely Kelantan, Thaiburi, Terengganu, and Perlis (which later became part of Malaysia) while Pattani, Yala, and Narathiwat remained in the kingdom of Thailand (Sringam, 2006). The tension emerged when the Siamese government arrested the Malay people to become prisoners of war in order to work for the central government, which hurt many Muslim people in Southern Thailand. As a result, a group of Malay people formed the Barisan Revolusi Nasional (*BRN group*, i.e. National Revolution Front) in order to fight for their autonomy and oppose the Thai-government (Sangpech, 2007). There were several other groups that emerged. Together, these contribute to the chaotic situation in Southern Thailand especially in Pattani, Yala and Narathiwat provinces. The Southern conflict does not only involve religious-based disputes

between the Buddhists and Muslims, but also many other issues such as politics, economics and so on.

Figure 1.1. Map of Thailand's Southern Border Provinces

Pattani is the name of one province in southern Thailand founded in 1390. During annexation, Narathiwat, Pattani and Yala and parts of Songkhla together with some neighboring areas of Malaysia were included in Pattani. The main insurgency is in southern Thailand in the provinces of Narathiwat, Pattani and Yala. In addition, some parts of Songkhla have also seen some violence, particularly in some Muslim areas such as in Hadyai, which is the biggest city and center of commercial in southern Thailand. However, the Malay Muslim populations which are in Satun province neighboring Hadyai have not been significantly affected. The population of the three provinces Narathiwat, Pattani and Yala is around 1.8 million and 80 per cent of them are Malay Muslims. The Patani region accounts for more than 65 percents of Thailand’s Muslim population in Thai known as Yawi who speak in Malay dialect.

Besides, Muslims and Buddhist and cultures have been largely accommodating to each other until now (Melvin, 2007).

Most of the problems that appear are connected to the conflict that existed which later led to the violence in southern Thailand, and they need to be handled with suitable management. The party largely to blame in the conflict of Southern Thailand is the Islamic separatists, especially in the three provinces mentioned above, being responsible for the killing of ordinary Thai public, policemen and soldiers. Both Muslims and Buddhists were among those killed (Noor, 2004).

Thailand's international image has been negatively impacted by the conflict situation in southern Thailand, causing pressure in bilateral relations with Malaysia and Indonesia during Thaksin Shinawatra's administration. In June 2005, concerns were raised by the Organization of the Islamic Conference (OIC) about the violent situation and how the Thai government handled the situation. However, Thai Foreign Minister Kantathi Suphamangkon requested that the OIC understand that the conflict in the southern provinces is not religiously based and should therefore not get involved. This is despite the OIC Secretary-General Ekmeleddin Insanoglu having stated an impartial examination of the incident at Tak Bai, Krue-Se mosque and elsewhere have raised concerns about the continuous acts of violence against Muslims in southern Thailand (Melvin, 2007). In 2005, the United Nation Human Rights Council petitioned specifically of Thai governments' reaction in targeting of the demonstrators, defenders of human rights, community leaders, and members of the public. Moreover, after the revolution in Thailand, the Thai authorities have been trying to find ways to reconstruct the region, resulting in less insurgency (Melvin, 2007).

1.2 Statement of the Problem

Many families have been tragically ripped apart by the consequences of the southern Thailand's violence. The upsetting majority of those killed have been men, and they left behind families who are forced to grow up in fear. Many families are left with women who now have to try and support themselves and their children with minimal education or job training, since it is common for men to bear the primary burden of earning the family income. And it's very crucial for the Thailand government to consider the effective role of women in social and economic development. The role of women in public has been a concern of the government since 1972 (The National Economic and Social Development Board, 2007). The country's constitution aims at helping women to improve their skills, and widows have been one of the main focuses. The role of women has been added to the constitution in the third International Economic and Social Development Plan and then in the first Development of Women Plan. The 8th International Economic and Social Development Plan proposes the importance of humans as the focus of development. Consequently, human development has to be holistic which consists of health, mental health and intelligence to ensure a good quality of life. Furthermore, the government has to create opportunities in order to motivate their people and involve in social activities. Hence, the people's participation and roles are needed to ensure prosperity and well-being of the society and their families.

Pattani is one of Thailand provinces that have experienced violence which led to many women losing their husbands (Goodman, 2007). According to the statistics provide by the Thai government, there are approximately 1150 widows in Pattani registered as widows from southern Thailand violence (Ministry of social

development and human security, 2013). As a result, widows play the role of the leader in their family, and have to work hard and take care of their children. Moreover, the mother has to guide and educate their children for their future. For these purposes, they have to struggle and use all their energy in order to lead and create a safe and appropriate environment for their children, despite facing the difficulties of finding a job and the possibility of harassment (Jamjuree, 2010).

To be empowered and play an active role, widows have to be assisted by the government and non-governmental organizations. In addition, there is also a need for social support (Baxter 2006). Social support can be provided by different sects of the government, public organizations, independent entities, private organizations, and voluntary organizations, in addition to the support from families and friends. Government and organizations can help the widows through empowerment programs such as training programs to give them better chance in order to be able to work in private and public sectors (Albrecht and Ademan, 1987). Social support can also be provided by friends and families of the widows. It is common to find people funding orphans to continue their study and provide health care when their mothers are unable to do so. Financial aids are significant to the widows, but they need people to help them in order to deal with social and other related problems. They need others to adapt to the society and protect them from acts of violence. In short, social support is a process of empowering the widows to maintain their life and manage their difficulties and problems to have a better quality of life (Few, 2005).

In conclusion, it is very crucial to conduct studies on widows particularly those who lost their husbands in the violence and Southern Thailand is the right place to conduct such studies. There are ways that would help widows to continue their life

despite all the difficulties they face, and these ways can be analyzed in order to empower them. The most effective way to empower women is through social support which relates to having a good quality of life. Furthermore, there has been no research that studies the relationship between social support and quality of life among the widows in Pattani. For that reason, this study is important since it will examine the relationship between social support and the quality of widows' life in Southern Thailand to provide information regarding the condition of the widows in Southern Thailand who are the victims of violence and social and political destabilization.

The entire research attempts to study the relationship between social support and quality of life of widows. The findings seek to contribute to new information regarding social support which is related to quality of life of the widows. Furthermore, social support may affect the development of quality of life including physical health, psychological health, and overall well-being, as it not only helps them feel better and able to deal with problems. Sufficient social support is also essential for a healthy life. (Albrech & Goldsmith, 2003). Additionally, examining social support and quality of life will contribute to an understanding of the quality of life of the widows by applying the principles of social work: "To help them to help themselves" which could provide the highest level of benefits to client (Parsons, 1991).

1.3 Research Question

Given the issue experienced by widows in Southern Thailand, this research seeks to explain these questions:

i) What is the level of social support experienced by the widows in Southern Thailand?

ii) What is the level of quality of life of the widows in Southern Thailand?

iii) Is there an effect of the interaction between demographic factors (age, religion, occupation, education level, size of family and household income) and social support?

iv) Is there an effect of the interaction between demographic factors (age, religion, occupation, education level, size of family and household income) and quality of life?

v) What is the relationship between social support and quality of life of widows from southern Thailand's violence?

1.4 Purpose of the Study

The main objective of this study is to examine the level of social support and quality of life among widows living in the violent southern Thailand province of Pattani. Specifically, the objectives of this study are:

i) To identify the level of social support among widows in Southern Thailand.

ii) To identify the level of quality of life of widows in Southern Thailand.

iii) To examine the interaction effect between demographic factors (age, religion, education level, occupation, size of family and household income) and social support.

iv) To examine the interaction effect between demographic factors (age, religion, education level, occupation, size of family and household income) and quality of life.

v) To examine the relationship between social support and quality of life.

1.5 Significance of the Study

This study will contribute to the understanding of social support and quality of life among widows involved in southern Thailand's violence. As presented above, losing a husband or partner who is the major breadwinner in the family is a great challenge to a woman, more so, if the lost is due to violence. By examining the relationship between social support and quality of life, this research seeks to give an understanding of the effects of the challenges that the widows face, and how intervention and empowerment strategies, particularly in the field of social work, can be designed around the needs of the widows.

1.6 Scope of Research

The scope of this research focuses on the population of widows involved in southern Thailand's violence who live in Pattani, Thailand. Therefore the findings will only be applicable to the widows in that particular region and not representative of all

widows in Thailand. In addition, this research focuses on three sub-components of social support (i.e., appraisal support, belonging support and tangible support) and four sub-components of quality of life (i.e., physical health, psychological health, social relationship and environmental heath). The conceptual definitions of these terms are presented next.

1.7 Definitions of Conceptual Terms

1.7.1 Social support

Social support refers to having people on whom we can depend on, care about us, value, and love us (Cohen & Syme, 1985). Similarly, according to Thoits (1982), social support is help from people within a social network. This kind of help influences mental and physical health. The support assists people to be stronger in a society and assist in managing with illnesses and stress. Furthermore, Pendar (1987) states that social support is a disposition that is accepted and respected by people in the society. The support by society will support one's mental health, material, information and suggestions, which will help them to continue living in the society.

Cobb (1976) reported that social support is the communication and the relationship between people in a social network, and the people in the society can realize the value of caring and provide love among the people in the society. Moreover, Fleming, Baum, Gisriel, and Gatchel (1982) reported that social support may be received from people who are closed to us, spouse, family, friends, colleagues and community. They found that psychological distress, such as depression or anxiety can be reduced by social support.

A social support network refers to friends, family and colleagues. It is not the same as support group, which is typically run by a mental health expert. Although both may have an important role for relieving stress, a social support network can be developed even when people are not experiencing stress because it allows a feeling of comfort and being with people who care. It does not need to be a formal kind of support (Karren, 2010).

Jannee (1995) reported that social support are people receiving assistance in information, physical and mental health from supporters who can be individual or group, such as support from family, spouse, friends, relatives, siblings, neighbors, the government and so on. Meanwhile Molpradub (2008) defines social support as helping and caring from other people in mental health, emotion, social, material, financial, relationship in society, and it will relate to daily routine and situation in life which will affect the ability to live in a society.

Furthermore, Barbara separated the types of social support into six types which consist of Emotion Support, Social Integration or Network Support, Esteem Support, Tangible Support, Information Support and Opportunity for Nurturance (Barbara, 1990 as cited in Buasoi, 1997, p.15). Nonetheless, Schacefer divided social support into three types namely Emotion, Information, and Tangible Supports (Schacefer, 1981 as cited in Kongsaktrakul, 2004, p.45). Similarly, House (1985) reported that social support could be separated to four types; Emotion, Appraisal, Information, and Instrument Supports. In addition, Faber (1983) explained that social support has three characteristics and they are Socioemotional Support, Financial Support, and Instrument Aid and Information Aid.

In short, social support is assisting and caring received from people in the society in relation to mental and physical health. Social support may come from a spouse or companion, relatives, friends, co-workers, and community. It affects one's daily routine, such as reduced psychological distress and anxiety, and increases well being and raises one's ability to continue living in a society of people.

This research focuses upon social support for widows from southern Thailand's violence by using Interpersonal Support Evaluation List-12 (Cohen, Mermelstein, Kamarck & Hoberman 1985) which consists of three subscales namely appraisal support, belonging support and tangible support. Appraisal support is the perceived availability of someone whom we can talk to when we have problem. The second subscale, Belonging support, is the perceived availability of other people whom we can do activities with. The third subscale, Tangible support, refers to the availability of the perceived material assistance (Simmons and Lehmann, 2012).

1.7.2 Quality of life

The definition of quality of life might not be unanimously accepted since quality of life may entail issues such as physical health, mental health, well-being and the ability to live within a society. In addition, the definition of quality of life also depends on the culture and spiritual aspects of each society (Zhan, 1992).

Andrews and Whitney (1976) reported the definition of quality of life as having two levels; nation and individual. At the nation level, the quality of life is related to the standard for measuring well-being and progress of society, whereas at the level of the individual, quality of life is about the consideration of well-being and the ability of a

person in the society. So, quality of life is a measure of standard about well-being in society which considers the living of people in the society. Meanwhile, World Health Organization's Quality of Life group (1998) reported that the meaning of quality of life is receiving satisfaction and status of individual to live in a society which is related with one's own goals and aspects according to culture and values of the society, including characteristics of political affairs. Moreover, Sheldon (2000) found that quality of life is the satisfaction of living in a society such as feeling comfortable with daily routine, safety in life and having freedom.

Flanagan (1987) suggested that quality of life is a basic need of people which can be separated into four components, as follows:

1. Comfort in life such as getting good health, without being sick, living with safety, having a house to stay and getting good food, etc.

2. Relationship between people in society such as relationship between spouse, parents, relatives, sibling, friends, neighbours and also the care of children.

3. Social activities such as doing activities in society or being part of supporting and helping people in community.

4. Personality such as intelligence, learning, and understanding of self esteem.

Sharma (1988) showed that quality of life could be separated into two types. Firstly, the physical components such as food, water, clothes, and so on, while the second component includes social aspects and culture such as education, job, medical, environment, and relationship in society. Meanwhile, Bruckhardt (1982) reported that quality of life should be examined in five components which consist of having zest for life, resolution and fortitude, congruence between desired and achieved

goals, self-concept, and mood tone. Moreover, the World Health Organization Quality of Life assessment instrument (WHOQOL) separated the elements of quality of life into 5 components which consist of physical domain, psychological domain, social relationship, and environment.

Hence, quality of life is satisfaction and status of individuals to live in society, which is related with one's own meaning and aspects according to culture and values of the society. It is also associated with the standard for measuring one's well-being and as being comfortable in daily routine, feeling safe in life and freedom.

This research focuses on the quality of life of widows from southern Thailand's violence by using the instrument from The World Health Organization Quality of Life. The instrument which consists of four domains, physical health (pain and discomfort, energy and fatigue sleep and rest, dependence on medication, mobility, activities of daily living, working capacity), psychological health (positive feelings, negative feelings, self-esteem, thinking learning, memory and concentration, body image and spirituality, religion and personal beliefs), social relationships (personal relations, sex, practical social support) and environmental health (financial resources, information and skills, recreation and leisure, home environment, access to health and social care, physical safety and security, physical environment and transport) (Skevington and O'Connell, 2004).

1.7.3 Widow

A woman whose spouse or partner has passed away is called a widow, while a widower is when a man loses his spouse or partner to death. The term widowhood or occasionally viduity is the state of losing one's spouse due to death. Many human

rights activists are interested in the benefits and treatments received by widows and widowers around the world. As the widow is a single parent, it is necessary to adapt one's life to living without a spouse. They have to learn and manage their time since all the responsibilities from then on would be solely on their shoulders. They must set the household income and outcome for the family, as well as having to handle their children and other innumerable needs (Owen, 1996).

This research focuses on the women whose spouses have died from southern Thailand's violence and have been identified as widows of violence by the government.

1.7.4 Age

Age is measured chronologically which is the length of the time from birth to a specific point in time (Stuart-Hamilton, 2012). This research focuses on the number of years that a widow has lived.

1.7.5 Religion

Religion is a collection of belief systems that associate with spirituality and moral values. The narratives, symbols, traditions and sacred histories are inside many religions which attempt to describe the meaning of life or the origin of life (Lord, 2006). This research focuses on the religion of the widows especially Muslims and Buddhists since these are the two major religions in southern Thailand.

1.7.6 Education Level

Education level is the point or degree to submit in the education, following the completion of school. Higher education is taken to include undergraduate and postgraduate education (Hodgson, 1998). This research focuses on the highest education level completed by the widows from the southern Thailand's violence**.**

1.7.7 Occupation

Occupation is an activity or task which includes the productive activity, service, trade, or craft for which someone is regularly paid (CAOT, 2002). Occupations of widows from southern Thailand's violence refer to paid and unpaid jobs being held by the widows.

1.7.8 Size of Family

Size of family is the physical magnitude of a family or the number of people living in the same house (Robins, 2007). This research focuses on the number of the family's member regarding how many people are living within the widow's household.

1.7.9 Household Income

Household income is the aggregate of the total income of all the people living in a particular household. Income also refers to acquisitions of investments, personal business, profits and other income (Smeeding and Weinberg, 2001). This research focuses on the total household income of a widow's family in a month.

1.7.10 Southern Thailand's violence

The conflict is concerned with the demand by the separatist groups for autonomy from the Thai government, and which the latter responded by means of military troops presence. Moreover, it should be noted that there are some other groups who are also fighting against the government to support their own interest in the Southern provinces (Noor, 2004). This research focuses on the situations in southern Thailand's violence which leads to women becoming widows, due to the death of their spouses.

1.8 Research Framework

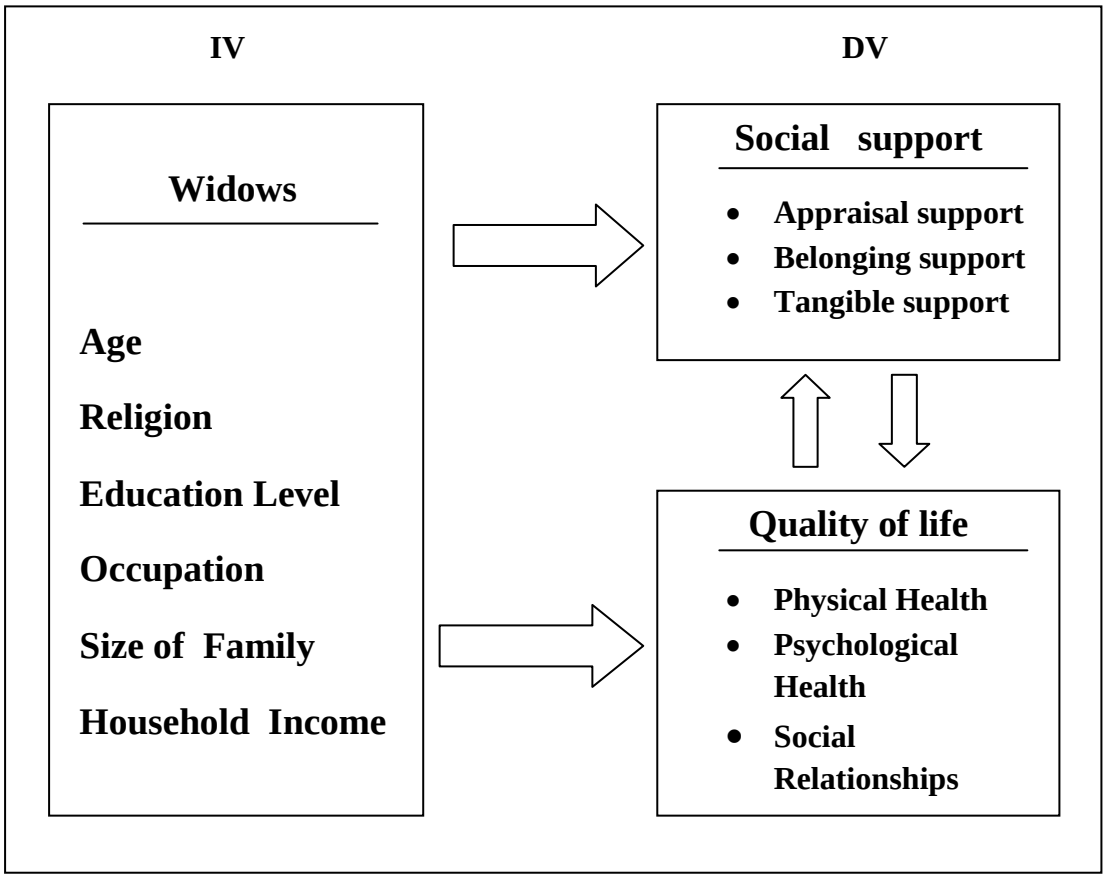

Figure 1.2. Research Framework

1.9 Hypotheses

1) There is a relationship between age of widows from southern Thailand's violence and social support.

2) There is a relationship between size of family of widows from southern Thailand's violence and social support.

3) There is a relationship between household income of widows from southern Thailand's violence and social support.

4) There is a significant difference of social support among widows from southern Thailand's violence based upon religion.

5) There is a significant difference of social support among widows from southern Thailand's violence based upon education level.

6) There is a significant difference of social support among widows from southern Thailand's violence based upon occupation.

7) There is a relationship between age of widows from southern Thailand's violence and quality of life.

8) There is a relationship between size of family of widows from southern Thailand's violence and quality of life.

9) There is a relationship between household income of widows from southern Thailand's violence and quality of life.

10) There is a significant difference of quality of life among widows from southern Thailand's violence based upon religion.

11) There is a significant difference of quality of life among widows from southern Thailand's violence based upon education level.

12) There is a significant difference of quality of life among widows from southern Thailand's violence based upon occupation.

13) There is a positive relationship between social support and quality of life of widows from southern Thailand's violence.

1.10 Conclusion

In this chapter, the study was contextualized with the overview of research paper and specific reference being made to the factors influencing the relationship between social support and quality of life of widows. The research framework, the research objectives and hypotheses were highlighted.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The purpose of this chapter is as a review of the relevant literature concerning social support and quality of life of widows. There are five sections in this chapter. The first section begins with a review of social support. This section explained the social support and demographic issues. The second section describes quality of life. This section also clarifies the demographic issues related to quality of life and the relationship between violence situation and quality of life**.** The third section focuses on widows which consist of social support and widows, quality of life and widows, and violence and widows. The fourth section focuses on association between social support and quality of life. Lastly, this chapter presents the conceptual framework of this study.

2.1 Social Support

2.1.1 Demographics and Social Support

Arnberg and Melin (2013) studied demographic and exposure characteristics that predict levels of social support among survivors from a natural disaster. The study investigated predictors for social support among specific groups of survivors. The findings found demographic characteristics and social support were in associated, especially educational status, gender, and cohabitation. Moreover, social support can be predicted by demographic characteristics and disaster exposure.

According to Xu and Wang (2012), who studied social support and level of survivors' psychological stress after the Wenchuan earthquake, social support is closely related to demographic characteristics. Males scored higher for the level of social support than did the females, and as far as education and the level of income are concerned, people with higher education and income had higher score for social support than did those with lower education and income. Higher education level, income and greater exposure to the earthquake reported higher scores for social support among the respondent than did the others.

Cohen and Wills (1985) highlighted the importance of education. Education may assist in developing human resources and improving ways to deal with crisis. Besides, they also suggested that the most important kind of social support is the relationship between people. Having better education is related to social support (Katapodi, Facione, Miaskowski, Dodd & Waters, 2002). In addition, an education may also help in having social networks: organizational connections at work, colleagues and lasting friendships. Therefore, the important cause for having social support may be partly a result of having high education (Landmark, Strandmark & Wahl, 2002).

Drageset and Lindstrom (2005) found that education and household income had a positive relationship with social support. Education and household income affected instrumental-oriented coping. Good coping is related to receiving a good education, participating in society, and when needing support, having a social network to support and assist. They also believe that coping has a mutual interaction with the social support system, and will lead to consequence of coping, particularly in connection with instrumental-oriented coping style.

2.1.2 The Importance of Social Support

Social support can help people deal with depression, protects from isolation and suicidal dispositions. Social support can help people deal with life's commotion and improves the outlook of those with problems. Friends, counselors, trusted health professionals, and loving family members are the resources which can be drawn upon to help generate a variety of solutions. Social support can provide power to people, especially, in reducing lonely feelings and increase the ability to live in the society. Social support is an essential and effective part of depression recovery. It can turn over the damaging effects of isolation, generates solutions and focuses on depression management (Krull, 2012).

Substantially, social support is now proven to be a literal life-saver. People are less vulnerable to illnesses and premature death by the support of friends, family, or fellow members of communities, work, or other support groups. Extensive social support was found to affect higher survival rates of leukemia or heart disease patients. Well being is also related to social support. Those who have strong relationships with the society can manage better their depression, losing a job, bereavement, and sickness (Salovey, 2000).

Dunmore, Clark, and Ehlers (2001) conducted a study on the role of cognitive factors in persistent post traumatic stress disorder (PTSD) after physical or sexual assault. They found that enhanced social support helps to facilitate the natural recovery process in those with trauma. Similarly, Charuvastra and Cloitre (2008) also suggested clearly giving support helps to buffer against the pervasiveness of negative world view that is associated with persistent PTSD. Social support may increase the feelings of safety for those with trauma, and a crucial component for managing

successful exposure therapy. On a similar note, Price and friends (2013) looked into the role of social support in exposure therapy for Operation Iraqi Freedom/Operation Enduring Freedom veterans. They presented that PTSD is a chronic condition characterized by the re-experiencing of a traumatic event and hyper arousal. The increase of emotional/ informational support is associated with improved PTSD treatment in response to exposure treatment. Those in the PTSD group perceived low social support network as a source of risk and viewed their world as harmful or threatening, as suggested by cognitive models. Therefore, they could be assisted with social support by promoting a sense of safety from sources of emotional/ informational support to express positive and empathetic affect, encourage expression of feelings and emotion, and offer advice, guidance, and feedback. The sources of support led to the perceived safety and facilitated treatment.

Huang, Sousa, Tsai & Hwang (2008) conducted a study about social support and adaptation among adults with mental illness in Taiwan. The study examined the change in mental illness after support interventions and found positive relationships between being mentally-ill and having family and caregivers, which also helped in reducing the number of hospitalizations. Therefore, mental illness in the community of Taiwanese adults was decreased by social support and it lead to decrease in their psychiatric symptoms and having to be hospitalized.

Dew, Myaskovsky, Switzer, DiMartini, Schulberg and Kormos (2005) studied the risk of psychiatric symptoms and disorders among patients of cardiac diseases. They found that poor social support from family and caregivers may lead to developing psychiatric symptoms and disorders during preoperative period and early post-transplant. In addition, married or living as married participants were better in social

support, Support from family caregivers, especially spouses improved the cardiac recipients' psychological well-being.

Similarly, Sirri, Magelli and Grandi (2011) argued that one of the most important elements in cases of heart transplantation is social support. Having a supportive social environment is important in all stages of transplant because having relatives and friends may help heart disease patients manage their temporary physical disability during evaluation and waiting for surgery. Emotional closeness and tangible supports are important after transplant when the patients try to restore their previous roles in their family, work and society. The finding did not only reveal the association between satisfaction in social support and reducing depressive symptoms, but also suggested that having social support is associated with alleviating psychological distress.

From the findings above, social support is important to people as it can help people deal with depression, protect from isolation and feelings of suicidal, better management with various stressors, including bereavement, job loss, and illness, help in adaption life, cope better in crisis, increased feelings of safety life and it also affects on improved well-being of people.

2.2 Quality of Life

2.2.1 Demographics and Quality of Life

Thomopoulou and Koutsouki (2005) reported a study on the differences of quality of life and loneliness among elderly people. They found that the study of elderly's quality of life and loneliness can help practitioners to understand and use it for the clients' benefits. Firstly, they found that a decline in the quality of life will increase loneliness among elderly people. In addition, practitioners would have the chance to suggest aspects to make a good living among the elderly people and it can assist in creating rehabilitation programmes for improving their physical, mental, social and sentimental well-being. This is not only important for graceful ageing, but also can be the base of participation in modern society.

Chatters (2000) examined the relationships between religion and the health of individuals and the populations and the result showed that these aspects are becoming increasingly visible in the social, behavioral, and health sciences. The multidimensional perspectives of religious involvement and how religious factors operate through various behavioral aspects have been validated from recent researches. In addition, the psychosocial constructs affect the health status through proposed mechanisms that connect religion and health.

Clarke, Beeghley and Cochran (1990) presented a study about religiosity, social class and alcohol use. The findings suggest that religious supports help people find ways to promote mental health when confronted with crisis. In addition, social contact between persons with common religious beliefs and frequent association with religious services and related activities offer individuals opportunities to develop

common social and political values as well. Religious activities can also encourage participation between people which similar characteristics.

Shih and friends (2010) conducted a research on the religiosity influences on bereavement adjustments of older widows in Taiwan. The result showed that educational level was associated with dealing with crisis. The education level of the intrinsically religious group (IRG) was higher than that of informants in the extrinsically religious group (ERG) and therefore, a person with a higher educational background in the IRG had more abilities to manage strategies than an informant with lower education in the ERG and to be empowered to link with crisis.

Besides, Xu and Wang (2012) found that psychological stress can be predicted by education level and income level. The scores for psychological stress among participants with higher educational level were lower than participants with less education. After an earthquake, the levels of understanding in facing unpredicted situations are better among people who had access to more knowledge, similar to the findings of Montazeri, Baradaran, Omidvari, Azin, Ebadi, Garmaroudi and Shariati (2005) who presented that higher psychological problems was found to be associated with having lower education among earthquake survivors. Moreover, Xu and Wang (2012) also found higher family income was significantly related to higher quality of life scores on all quality of life domains. Higher family income decreases depression and increases quality of life of respondents (Singer, 2005; Shu, 2009).

Basurovic, Pekmezovic and Kostic (2012) conducted an evaluation of the quality of life among patients with segmental dystonia. The finding showed that the quality of life among the patients with different forms of dystonia was determined before all, by the presence of depression and anxiety, severity of the disease and its stigmatizing

effects. A more severe form of disease does not come from different body parts of dystonia spreading but it led to higher stigmatization and more difficult treatment for patients, thus a negative influence on the quality of life. In the finding also, none of the demographic or clinical factors had significantly influenced the quality of life among the patients with segmental dystonia, but the reaction of the quality of life rose significantly because of depression.

2.2.2 Violence situation and Quality of life

Melvin (2007) conducted a research on the conflict in the southern Thailand Islamism, violence and the state in the Pattani insurgency. He found that the tactics used in the Pattani conflict had become savage since 2004. The insurgents targeted security forces, government officials, schools and temples which are symbols of Thai state authority where more than 90 percent of the civilians killed in insurgent attacks were also women, children, and teachers by hangings and beatings. Moreover, the locations of the government and the commercial premises were also targeted by the insurgents such as military and government official, state schools and teachers, including medical personnel and hospitals. The extent to which each of these groups was targeted had also changed over time. Similarly, the common targets of violence around the world are also military, government officials, commercial locations and suspected informers.

McGeown (2006) reported on BBC news on 16th August 2006 on violence and vendettas in the Thai south. The report showed that in southern Thailand, there were still attacks going around which led to a common concern among the people. Almost every day, the violence such as the bombings, shootings and other acts of violence punctuated the lives of people in this region and it affected the safety of people.

Some of them were afraid of their neighbours because of difference in religion and they often feared the security forces that were meant to be there to protect them. This report also presented some of the opinions of the people in the area, as follow:

"Sometimes, when something happens, I got shocked and scared, but what can I do?" asked Dayho Daeyo. "I'm afraid of the violence, too,"

"In truth, we're scared," he said. "We have a rule that whenever someone leaves the village, they should go in a group of at least three and always have a weapon with them."

"We don't know who shot him, but he's afraid they will come back again," said his father, Arun Chamnan Kong, who has decided to send Kritsanu to Bangkok for safety.

"If they see the police or the army coming to their houses, they'll sometimes pretend not to be in," said local peace activist, Souriya Tawanachai.

Threfore, the report from McGeown (2006) revealed that the southern Thailand violence affected the safety of the people.

Sasaphuri (2010) found that southern Thailand violence led to decrease in the income of widows because losing the head of the family, who was the main breadwinner. The widows must receive aid from the government. The situation also affects the mental health of widows and therefore, the widows would need assistance from the society to support them in the long term, including providing knowledge to create work for them.

On the other hand, Puthachat (2012) conducted a study on the factors which led to the quality of life among doctors in southern Thailand. The finding showed that the

majority of the respondents led a normal quality of life, the lowest score (7.8) was found in environmental health domain and the item "How satisfied are you with your transport" scored the lowest mean value and it showed that the respondents had anxiety in travelling. Besides, the finding provided the reasons for the violent situation in the southern Thailand may partly be due to the decreased participation between the people and the society and also an increase in the mistrust between the people and the government including, leading to vacancy of relationship between the Muslims and the Buddhists. Moreover, the violent situation effects the safety of the people in the southern Thailand areas (Kraonual, 2009).

Hence, the report above showed that violence had affected the southern Thailand, especially the safety of the people. The violent situation may partly due to decreased participation between the people that led to separated relationship between religions and some of them even mistrust their neighbours because of difference in religion. Therefore, the southern Thailand violence have affected on quality of life of the people in that area.

2.3 Widow

2.3.1 Widows from the Southern Thailand Violence

Looking at the severity of violence in southern Thailand, the Institute of public Policy and Thaksin University (2008) organised a seminar among the widows and some of the opinions from the widows of the southern Thailand violence are as follow:

"..... The majority of Muslim families in the village are not showing love to each other (such as hugs, kisses, praises) and when someone shows compassion, it looks abnormal whereby, sometimes a grandmother tends to give more love than the mother...."

".... We have events to bring family relationships closer whereby the parents and children conduct activities together to show love to each other because it can encourage them. The result of these events shows that they are happy because it is difficult to find a chance to show love to each other, and some mothers cry because of happiness..."

"..... The southern Thailand society has little space due to the feeling of being separated between the Muslims and the Buddhists, which has effected in helping each other, for example, in a commotion, people in the society choose to help if they share the same religion because they might have been separated since young and thus, lack the understanding of one's culture..."

".....In the past, the Muslims and the Buddhists lived together peacefully and without any discrimination against religion, but recent situation has changed our society..."

".....Families and schools should teach the children to stay together without bias from different religions because even though we believe in a different religion, we are still Thais..."

"..... Peace should begin with ourselves first....."

"..... The strength of relationship between the people in the community could protect from harm and also lead to peaceful society.

"..... The economy of society also affects our quality of life....."

The Dailynews (2013) reported that support from the society helped the widows from the southern Thailand violence to cope with the crisis and continue to live. The report was echoed by others as follow:

" Producing a widow network from women who reflected the southern Thailand violence is a good way to reflex the problem to the government to assist with a suitable way and it may raise their power to cope with the problem" (Pusu, a journalist from Pattani).

"Since my husband died from violence, I am the head of my family and I have to take care of 5 children. In the beginning of the change in role, I could not manage my life and the burden, but I was lucky because my husband's family and my relatives were always there for me and their support was a form of energy for me to go on strongly" (Soh, Housewife from Pattani).

"My husband was a policeman and he died in a bombing incident. I am a teacher and I was the target of terrorism as the terrorists came to shoot at me twice but I was lucky because the school bus obstructed the shots. I do not know why a teacher should be a target for them. However, nowadays, I have got the energy because I still have my duty to educate children to walk in the good way, as they need a teacher to guide them. So, I should try to be strong to overcome this problem" (Boonpethsri, a teacher from Pattani).

On the other hand, Daraha (2013) examined the rehabilitation of the widows in the Pattani province of Thailand. She found that the Buddhists had the need to feel safe from the violence through army guards, education of children and construction of career sustainability from the government. Besides, the welfare and organizations should take care of the orphans and the widows, and construct reconciliation amidst the violent situations. The Muslims in these areas have trusted government officials less than the private sector, and so, the private sector too would have to support them. They need strangers to be inspected before entering into their community.

The widows' network of widowhood assisting each other is important to them. Besides, the government must assist the widows and orphans in their education and work, and the organization should coordinate and collaborate for the benefit of their well-being. Both the Muslims and the Buddhists need assistance from the society, especially, social support to empower and rehabilitate them.

Based on the reports and opinions from the widows, it shows that social support is important during and following violent situations and that society is partly a factor that influences their daily routine. It appears that many sectors in the society, such as family, relatives, neighbor, school, community, and the government have the effect in changing their life quality. Therefore, social support is regarded as an important topic in the study.

2.3.2 Social Support and Widows

Bisconti, Bergeman and Boker (2006) conducted a study on the emotional well-being of widows in Indiana and Michigan, USA. They found that social support relates to emotional well-being and it has an effect on predictive variability in widows. Social support consists of friend support, family support, perceived control, emotion support seeking, and instrumental support seeking. It relates to relative change in emotional well-being of widows. If the widows receive adequate social support, then they may have better emotional well-being. Thus, social support is considered as a predictor of change among widows.

Stelle and Uchida (2004) found an important aspect about social support, which is for adaptation in the later life of widows. The research which studied the influence of social support when widowers lost their spouses showed that compensation using

social influence adapted their lives after losing their spouses. However, the network of social support and the relationship of widowers may differ from widows. In addition, social support is needed in the changing lives of individual and it is important to empower these widows and widowers for them to go on with their lives in the society.

Moreover, in another study conducted by Balaswamy, Richadson and Chistine (2004) on widowers during bereavement, their findings may be applicable to widows as well. They found that giving support to widowers who had just lost their spouse is an important issue in empowering them. In addition, participating in social events and receiving support from their families are important aspect to consider in order to find ways to support widowers.

Social support relates to emotional well-being and it has a positively predictable effect on changes in widows, whereby high social support leads to high emotional well-being and it also effects the adaptation of life for a widow. Moreover, support from the society to those recently widowed is necessary to empower them to improve their quality of life.

2.3.3 Quality of Life and Widows

Koren and Lowenstein (2008) conducted a study on Late-life Widowhood and Meaning in Life. They found a big transition from being married to becoming widowed. The data clearly showed that the demography is important to understand a widow's perception on the meaning of life. There is a relationship between a sense of meaning in life with having higher education, better perceived financial situation,

and better health. Moreover, having higher quality of support from family and personal resources also influenced meaning in life.

Onrust, Bout and Cuijpers (2007) found that not all widowed individuals are able to accept the loss on their own. Many of those widowed found long-lasting difficulties after their loss. An intervention in bereavement could enhance the mental health and quality of life of the widowed. The visiting service was found to be effective in decreasing depressive symptoms as well as distress and improving the quality of life. For those individuals, the visiting service will have value to the expansion of mental health service and community resources. The visiting service can be beneficial to the intervention of widow's bereavement. Most widows attend the visiting service because the visiting service is not harmful for the majority of the widowed.

From the findings, it showed that demographical factors as important to better understand and know the sense of meaning in life of the widows and that high quality of support relationships lead to a meaning in life. Moreover, it indicated that the widows had difficulties living after the loss of their spouse. In addition, the intervention in bereavement could enhance their mental health and the quality of life of the widowed.

2.3.4 Violence and Widows

Bruck and Schindler (2009) conducted a study on the impact of violence, conflicts and war in widows. They found that war widows may benefit from addressing several issues. Firstly, it is necessary to analyze the well-being and household behaviour at the micro level in conflicting economies. The necessity for understanding household dynamic is about learning the context of the conflicts and

requires the data to be comprehensive when examining division of tasks among the members of the household, and an awareness of the local perspective on the functions of the household. Secondly, the complexity of the impact of the conflict should be considered by analyzing intra-household issues and the behaviour of the groups of the household, including the interactions between coping and welfare.

Fitzpatrick (2011) conducted a study on widows and the letters placed at the Vietnam War memorial. The use of 'telegenic plot' in the story line to elicit an emotional response from the reader was explored. He found that there was no chronological structure or artificially imposed "termination" of grief in the teleogenic plot. Rather the feelings of widows depended on the individual experiences. However, in the grieving process, the letters may be a symbol of continuous love between the widow and her husband.

Zahedi (2006) conducted a study on Iranian war widows. She found that war widows were granted comprehensive compensation programmes by the Islamic Republic of Iran. For some war widows, the education and empowerment meant financial gains. Moreover, the policies increased the widows' chances of employment; although this means that the widows must comply with the regime's public conduct. In addition, the widows also received help in housing. These are examples of how a state improves women's socio-economic status.

The violence in a society effects a widow's life and emotions, but the feelings of these widows would depend on individual experiences. However, support from the society is partly to help the widows overcome their problems from violence.

2.4 Social Support and Quality of Life

Strine (2008) conducted a study on health-related quality of life and health behaviors by socializing and emotional support found that the findings indicated that quality of life is highly associated with social and emotional support. The risk factors were relevant to harmful health behaviors from the assessment of social and emotional support in psychiatric and medical setting, and this leads to developing the mental and physical health intervention for those who are risk in the populations.

In addition, Bastardo and Kimberlin (2000) conducted a research on the relationship between quality of life, social support and disease-related factors in Human Immunodeficiency Virus **(**HIV) infected persons in Venezuela. The study indicated the importance of social support to the quality of life of HIV-infected individuals in this culture and, they found that except for physical functioning and bodily pain, the social support was significantly related to all Health-Related Quality of Life (HRQL) domains. While, the use of antiretroviral drugs was significantly associated with social functioning consequently, social support also had effects on the quality of life of the respondents.

Han and Kuem Sun (2003) conducted a study in Korea on the quality of life of people with chronic illnesses. They found that psychosocial factors, including social support, coping and personality types affect quality of life. Besides, the results also presented that social support, health-promoting behavior, self-efficacy, self-esteem, health perception, perceived benefits of action and quality of life had positive significant to respondents.

Bennett, Perkins, Lane, Deer, Brater, and Murray (2001) looked into social support and health-related quality of life among chronic heart failure patients. They examined social support as a predictor of health-related quality of life. They found that social support could predict health-related quality of life. Meanwhile, the scores for support were moderate to high and the perception of support may change over time.

Nunes (1995) conducted a study on persons living with HIV and found that social support and quality of life were significantly inter correlated. It was found that higher quality of life was reported among those with higher CD4 counts. The finding found that social support affect on these respondents by improving their quality of life. Lack of social support decreases quality of life in terms of physical, social, environmental, and psychological functioning.

Newsom and Schulz (1996) examined social support as a mediator between functional status and the quality of life in older adults. They found that the satisfaction in life could be increased by social support. In addition, depressive symptoms among older adult could also be decreased by receiving high social support.

Mokhara (2010) stated that adaption of a widow's life does not only depend on the widow herself, but it also depends on society, culture and economic. In the urban society, it is no longer shameful to be a widow because people in the urban society are less intimate in participation between people and therefore, the adaption of widow could be easier than the countryside society. The majority of people in the countryside were against divorce hence more intimate participation and this reason can lead to distress and problem for the adaption of life of the widow.

From the findings above, social support is associated with quality of life, and the relationship of the society is associated with the quality of life. Plus, those who mix relatively well with the society will also have well-being. Social support could be the predictor to perceived health in relation to quality of life and perceptions of support affect the quality of life. Moreover, low social support has been found to be the reason for the decrease in life satisfaction and increase in depression among respondents. On the other hand, lack of social support also affects a decreased quality of life in terms of physical, social, environmental, and psychological functioning.

2.5 Conceptual Framework

As presented in the literature review and previous discussion, social support and quality of life are inter-related and essential in understanding the experience of widows from the southern Thailand violence. Consequently, as the focus of this research was to analyses the relationship between social support and quality of life, the social support and quality of life of widows from the southern Thailand violence context form the basis of the conceptual framework as presented in Figure 2.1. The relationship was based upon an understanding of social support and quality of life which may influence the findings of this research.

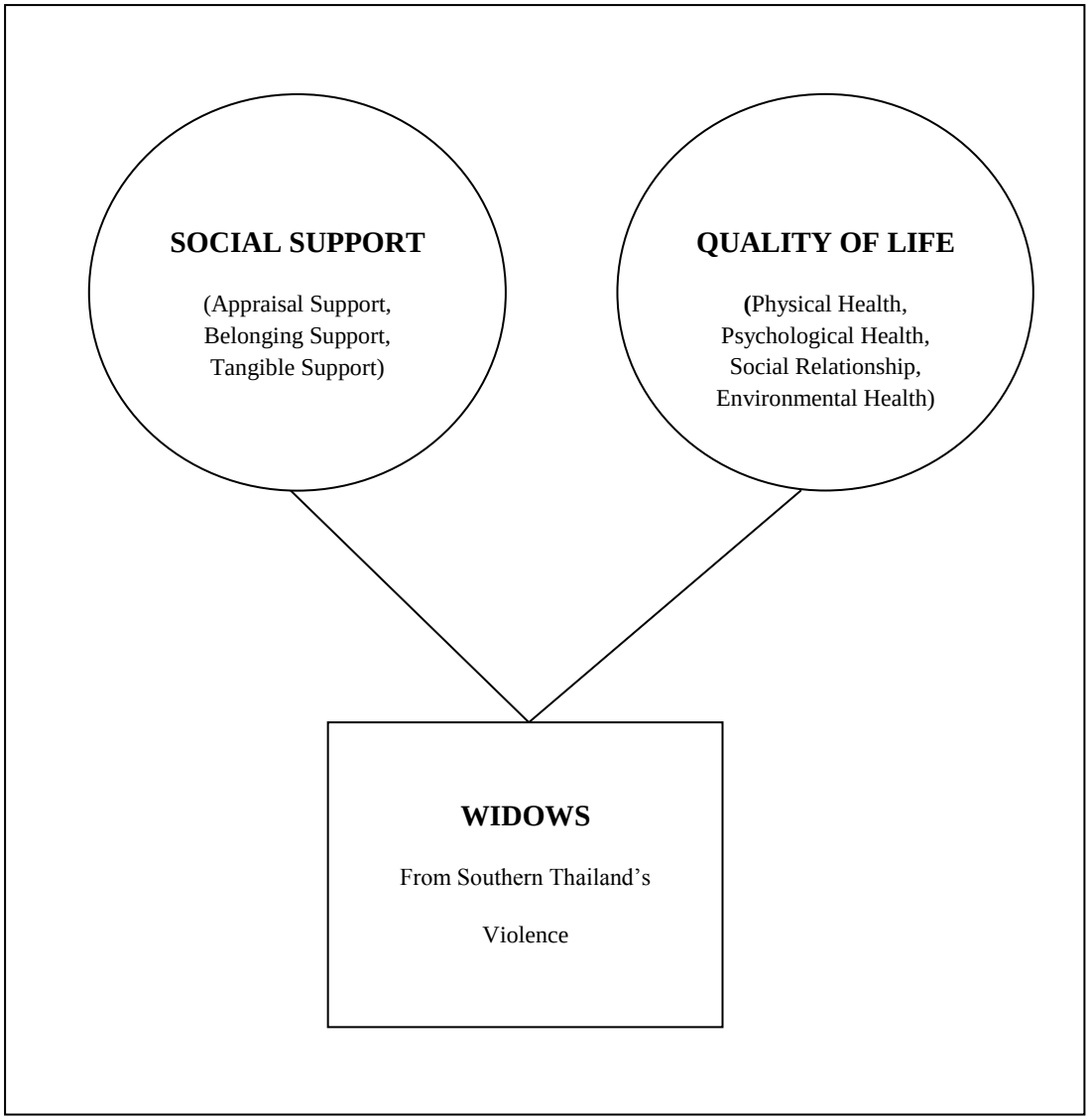

Figure 2.1. The conceptual framework model

2.6 Conclusion

This chapter has reviewed the relevant literature and analysis of the research reflected to widows, social support, and the quality of life which are related to the research questions and research objectives postulated in Chapter one. The next chapter will discuss the research methodology used in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research methodology, with focus on the research procedures, sampling design, questionnaire design and data collection on the research. This chapter also describes the pilot test and the data analysis techniques.

3.1 Research Design

The method used for this study was survey method which is a common method to generate the primary data. A sample of widows from southern Thailand's violence in Pattani was chosen as the participants to respond to the questions in the research instrument.

3.2 Participants of the Study

The population includes widows from southern Thailand's violence in Pattani, Thailand who lost their husbands in southern Thailand's violence situation.

3.2.1 Selection of samples

This research utilized a purposive sampling method. There is a number chart used by the government in Pattani that lists an estimate of 1150 registered widows of southern Thailand's violence (Ministry of Social Development and Human Security,

2013). Participants were selected from those widows listed in the government's number chart. These widows must receive validation by the police, army and local administrators as widows of southern Thailand's violence. A minimum of 280 participants are needed as the sample for this study (Krejcie & Morgan ,1970). A total of 337 widows were recruited as participants.

The widows were included in this study if they fulfilled these criteria:

i) Living in Pattani.

ii) Identified as widows of violence by the government.

iii) Agree to participate in the study.

3.3 Research Instruments

The instrument for this study is a questionnaire consisting of three parts.

3.3.1 Part 1 Demographic Section

The Demographic Section in this research consists of six items (i.e. the independent variables) namely age, religion, education level, occupation, size of family and household income.

3.3.2 Part 2 Interpersonal support evaluation list shortened version-12items (SSQ-12)

The SSQ-12 is a widely used questionnaire to measure social support. It is a 12-item instrument consisting of three domains: appraisal support (four items), belonging support (four items) and tangible support (four items). This questionnaire has three

different subscales designed to measure the three dimensions of perceived social support. Each dimension is measured by items on a four point scale ranging from "Definitely True" to "Definitely False" (Cohen et al. 1985).

3.3.3 Part 3 Quality of life questionnaire (WHOQOL-BREF)

WHOQOL-BREF is a questionnaire that has been translated and used by Thai researchers widely (Sakthong, Schommer, Gross, Sakulbumrungsil & Prasithsirikul, 2007). The WHOQOL-BREF is a 26-item, with a five- point scale ranging from "very poor" to "very good". The instrument is composed of four domains: physical health (seven items), psychological health (six items), social relationships (three items), and environmental health (eight items); one item on the whole QOL and one item on general health items. The domain of physical health contains element such as sleep, pain, energy mobility daily activities and functional capacity. Furthermore, the psychological domain measures the mentality status, positive and negative attitudes, self-esteem, cognitive learning ability, religion, remembrance and meditation. Meanwhile, personal relationship, social support and sex life are questions that composed the social relationship domains. Although the majority of the widows were Muslims and out-of-marriage sexual relationship is prohibited in a Muslim society, it was decided that the question on sex life be included because it is part of life and contributes to overall quality of life. Lastly, the environmental domain includes financial aspects, safety, health and social service, living physical environment (noise, air pollution, etc.), and transportation. Higher scores correspond to better QOL. Where an item is missing, there is no overall score for the WHOQOL-BREF. Other items in the domain can be devised to explain their meaning. The domain score should not be calculated where more than two items are missing from the domain,

except for domain three (social relationship) where if there is more than one missing item, the domain should not be calculated. The questionnaires that have more than 20 percent missing items should be also rejected (World Health Organization's Quality of Life group, 2004).

Sakthong, Schommer, Gross, Sakulbumrungsil and Prasithsirikul (2007) reported the psychometric properties of WHOQOL-BREF-THAI in patient with HIV/AIDS instrument. The Cronbach's alpha ranged from 0.61 to 0.81 across the four domains of the instrument (i.e., 0.73 for the physical health domain, 0.81 for the psychological health domain, 0.61 for the social relationship domain and 0.72 for the environmental health domain).

3.3.3.1 Scoring of Quality of Life

The total score of Quality of Life ranges from 26 to 130 point. The scores for overall quality of life and each individual domain can be categorized as below (WHQOL, 2004).

Overall score 26 – 60 point = low quality of life

Overall score 61 – 95 point = normal quality of life

Overall score 96 – 130 point = high quality of life

Ranking of score in each domain of quality of life are as follow:

Physical Health

Overall score 7 – 16 point = low quality of life

Overall score 17 – 26 point = normal quality of life

Overall score 27 – 60 point = high quality of life

Psychological Health

Overall score 6 – 14 point = low quality of life

Overall score 15 – 22 point = normal quality of life

Overall score 23 – 30 point = high quality of life

Social Relationship

Overall score 3 – 7 point = low quality of life

Overall score 8 – 11 point = normal quality of life

Overall score 12 – 15 point = high quality of life

Environmental Health

Overall score 8 – 18 point = low quality of life

Overall score 19 – 29 point = normal quality of life

Overall score 30 – 40 point = high quality of life

3.4 Reliability and Validity

Reliability is an indication of the degree to which measures are free from error. It is the degree of consistency between two measures of the same thing (Mehrens & Lehman, 1987). Reliability test measures of how stable, dependable, trustworthy, and consistent a test is in measuring the same thing to each time (Worthen et al., 1993).

Cronbach's alpha (α) is commonly used as an estimate of the reliability test. It is known as an internal consistency estimate of reliability of test scores. Based on George, Mallery (2003) and Kline (1999), a commonly accepted rule for describing internal consistency using Cronbach's alpha is as follows:

Table 3.1

Internal Consistency Measurement

Cronbach's alpha	**Internal consistency**
$\alpha \geq 0.9$	Excellent
$0.8 \leq \alpha < 0.9$	Good
$0.7 \leq \alpha < 0.8$	Acceptable
$0.6 \leq \alpha < 0.7$	Questionable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

Validity refers to whether a study accurately reflects or assesses the concepts that the study attempts to measure. While reliability is concerned with the accuracy of the instrument or procedure, validity focuses on what the researcher is set out to measure.

The instrument for this study was found fit to measure the dependent variables since the Cronbach's alphas were reportedly acceptable.

3.5 Pilot Test

In pilot tests, researchers conduct a preliminary test on instruments and procedures to identify and eliminate errors. Therefore, chances and adjustments can be made before data collection with the target population (Taylor, Sinha & Ghoshal 2006).

A pilot test was conducted in this study in which 30 initial questionnaires on social support were sent to Thai postgraduates students in University Utara Malaysia to get their feedback regarding the use of language. Pilot tests gave an opportunity to make revisions to instruments and to ensure that appropriate questions are being asked and the right data was collected.

It was decided that it is sufficient to distribute the pilot test questionnaire to Thai students in university Utara Malaysia because the main reason is to check for language (i.e., translation from English to Thai language). The instrument was designed for all types of population regardless of background such as being widows, etc. The questionnaire was also shown to the social worker for approval and validity purposes, and the researcher did not receive any negative feedbacks from the social worker nor the respondents.

The researcher conducted a reliability analysis on social support instrument. The Cronbach's alpha for the whole instrument was 0.88. The Cronbach's alpha for each of domain was 0.68 for appraisal support domain, 0.785 for belonging support domain and 0.74 for tangible support domain. The reliability test for the actual participants' responses for Social Support yielded a Cronbach's alpha of 0.80.

3.6 Data Collection Technique

Data collection in this study is conducted by distributing self-administered questionnaires to all prospective respondents cities in the Pattani province. Pattani province includes 13 cities and each of the cities has a center for rehabilitation of the widows affected by the violence. The procedure began by the researcher meeting a social worker at the Center of Social Development in Pattani, for the purpose of contacting the officers who take care of widow groups in all cities in Pattani province. The social worker then contacted the officers and sent the questionnaires to them who later handed the questionnaires to the participants who are the widows. In the study, the researcher was unable to contact the widows or meet them easily. This problem was compromised by contacting the officer in charge of the widow group who could find them and linked with them with ease. Last but not least, the reason that the researcher could not meet the widows directly is for the safety of the researcher during data collection because some areas are still at risk of insurgent attacks. The questionnaires were handed back to the researcher in two weeks' time.

3.7 Data Analysis Techniques

The data collected were processed using the Statistical Package for the Social Sciences (SPSS) version 19.0. Data were analyzed using several statistical methods

which are descriptive statistics and inferential statistics. Descriptive statistics refer to frequency, mean, mode, median, standard deviation and variance. Inferential statistics refer to reliability and correlation.

3.7.1 Descriptive Statistics

Descriptive statistics describes the fundamental features of a study's data. They summarize the sample and the measures. Description is typically done through simple graphics presentation which forms the basis of quantitative analysis (McMillan & Schumacher, 2009).

In this study, descriptive statistics help to simplify large amounts of data in a practical way. Descriptive statistics was used to describe the independent variables of the study (i.e. demographic factors)

3.7.2 The t-test

Analyses of means comparison cover procedures for testing the differences between two means. In this research study, it is used for running Independent-Samples t-test and One-Way ANOVA. The Independent Samples t-test basically compares the mean scores of two groups on a given variable. Comparing the values of the means from two the samples by t-test is when it is unlikely that the means of the two samples will be similar.

3.7.3 Comparison of Means (ANOVA)

Comparison of Means Analyses covers procedures for testing the differences between two means. A One-Way ANOVA is an analysis of variance to compare mean difference in two or more groups. This test will be used to analyze the

dependent variables based upon any differences in religion, education level and occupation (Parikh, Hazra, Mukherjee & Gogtay, 2010).

3.7.4 Correlation

Statistical correlation is measured by coefficient of correlation (r). Its numerical value ranges from +1.0 to -1.0. It indicates the strength of relationship (Kumar, 2011).

In general, $r > 0$ indicates positive relationship, $r < 0$ indicates negative relationship while $r = 0$ indicates no relationship (or that the variables are independent and not related). Here $r = +1.0$ describes a perfect positive correlation and $r = -1.0$ describes a perfect negative correlation. Closer the coefficients are to +1.0 and -1.0; greater is the strength of the relationship between the variables (Kothari, 2009).

According to Amit Choudhury (2009), the following guidelines on strength of relationship are as follows:

Table 3.2

Strength of Relationship for Coefficient Correlation (r)

Value of r	Strength of Relationship
-1.0 to -0.5 or 1.0 to 0.5	Strong
-0.5 to -0.3 or 0.3 to 0.5	Moderate
-0.3 to -0.1 or 0.1 to 0.3	Weak
-0.1 to 0.1	None or very weak

Correlation analyses will be conducted to examine the relationship between the dependent variables (i.e. social support and quality of life) and independent variables such as age, size of family and household income.

3.8 Ethical Issues in this Research

The participants in this research are widows from southern Thailand's violence who have registered with the government. Respect and consideration towards the widows are important in this research. There were four issues to consider with the participants, which consisted of consent, harm, privacy and deception (Wulff, 1979). The ethical issues of this study include:

1. Consent: The study was conducted without element of force, deceit, duress, concealed forms of compulsion or coercion to get information from widows. Information on the purpose of the study was given to the widows before doing research with them. Although the researcher did not meet the widows directly, the importance of informed consent was conveyed to the social worker and officers so that no forms of coercion were involved in getting the widows participation.
2. Harm: No harm to the widows was ensured in the research. The researcher avoided any physical harm, psychological stress, personal embarrassment and humiliation towards the widows. In addition, the dignity of the widows was always a concern of the researcher.
3. Privacy: This study ensures the privacy of widows. The information distributed was done in a way that guarantees the individual's anonymity.

Moreover, the information accessed was kept in the possession of the researcher in a safe place and kept confidential.

4. Deception: This study ensures no misrepresentation of any information and the participants were fully notified prior to giving their approval.

3.9 Conclusion

This chapter reviews on the research design applied in this study. It explains the pilot test, questionnaire design and overview of data collection techniques and also the reliability, validity and ethical issue in this research.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter focuses on the findings of this research. Data were analyzed using several statistical methods, namely descriptive statistics and inferential statistics. Descriptive statistics refer to analyses of frequency, mean, mode, median, standard deviation and variance, while inferential statistics refer to analyses of correlation and analyses of variance.

4.1 Demographic Data

Demographic characteristics are facts about the makeup of a population. It is useful to consider the possible areas diversity of respondents. In this study, demographic data consist of age, religion, occupation, education level, size of family and household income. Data on demographic were analyzed using descriptive statistics. The total number of respondents is 337.

4.1.1 Age of Respondents

The results of age of respondents are shown in the Table 4.1 The age range was 16-79 years. There were 178 respondents (52.8%) aged between 41-55 years old. Meanwhile, there were 114 respondents (33.8%) aged between 26-40 years old, 35 respondents (10.4%) aged between 56-70 years old and 6 respondents aged (1.8%) between 25 years old or younger. However, only 4 respondents (1.2%) were 71 years old or older.

Table 4.1

Age of Respondents

Age	Frequency	Percent
25 years old and below	6	1.8
26-40 years old	114	33.8
41-55 years old	178	52.8
56-70 years old	35	10.4
71 years old or above	4	1.2
Total	**337**	**100**

4.1.2 Religion of Respondents

The results of religion of respondents are shown in table 4.2. There were 222 (65.9%) Muslim respondents while 115 (34.1%) were Buddhists.

Table 4.2

Religion of Respondents

Religion	Frequency	Percent
Muslim	222	65.9
Buddhist	115	34.1
Total	**337**	**100**

4.1.3 Occupation of Respondents

Table 4.3 shows the occupation of respondents. The majority of the respondents (n = 108, 32%) were housewives while 71 (21.1%) were farmers and 66 (19.6%) were businesswomen. Twenty-eight (8.3%) of respondents work in private sectors and 16 (4.7%) were government officers. The minority of respondents from this study were state enterprise officers which were 2 (0.6%) respondents. The rest of the widows reported working in various part-time jobs.

Table 4.3

Occupation of Respondents

Occupation	Frequency	Percent
Housewife	108	32.0
Businesswoman	66	19.6
Government Officer	16	4.7
State enterprise Officer	2	0.6
Private sector Employee	28	8.3
Farmer	71	21.1
Others (Part-time jobs)	46	13.6
Total	**337**	**100**

4.1.4 Education Level of Respondents

Table 4.4 shows the education level of respondents. The majority of the respondents (n = 176, 52.2%) had primary school education level. Sixty respondents (17.2%) had secondary school education level, 54 respondents (16%) had high school education level, 21 respondents (6.2%) had diploma. In addition, 19 respondents (5.6%) had bachelor's degrees, while only one respondent (0.3%) had master's degree. Six respondents were categorized as "Not Reported" if they did not report any forms of education.

Table 4.4

Education Level of Respondents

Education Level	Frequency	Percent
Primary School	176	52.2
Secondary School	60	17.8
High School	54	16
Diploma	21	6.2
Bachelors' Degree	19	5.6
Masters' Degree	1	0.3
Not Reported	6	1.8
Total	**337**	**100**

4.1.5 Size of family of Respondents

Table 4.5 shows the size of family of the respondents. The range was 1 to 12 persons. It is found that 170 respondents (50.4%) had family size between 4 to 6 persons, while, 122 respondents (36.2%) had family size between 1 to 3 person. Meanwhile, 35 respondents (10.4%) were found to have family size between 7 to 10 persons. Only 10 respondents (3%) had family size consisting of 11 to 12 persons.

Table 4.5

Size of Family of Respondents

Size of Family	Frequency	Percent
1-3	122	36.2
4-6	170	50.4
7-10	35	10.4
11-12	10	3
Total	**337**	**100**

4.1.6 Household Income of Respondents

The income per month of the respondents is shown in Table 4.8. The household income range was 3000 to 30000 Baht. The table shows that the majority of widows had income between 5001 Baht to 15,000 Baht (160 respondents or 47.5%). There were 160 respondents (47.5%) who earned 5000 Baht and below. On the other hand,

9 respondents (2.7%) earned between 15,001 Baht to 25000 Baht while only 3 respondents (0.9%) earned 25001 baht or above.

Table 4.6

Household Income of Respondents

Household Income	Frequency	Percent
5000 BHT and below	160	47.5
5001BHT - 15000 BHT	165	49.0
15001BHT - 25000 BHT	9	2.7
25001 BHT or above	3	0.9
Total	**337**	**100**

4.2 Social Support

4.2.1 Descriptive statistics of Social Support.

Table 4.7 shows the mean and standard deviation for each dependent variable and overall of Social Support (appraisal support, belonging support and tangible support). The overall score of social support shows that the widows had a moderate level of social support (M = 2.65, Range = 1 to 4).

Table 4.7

Descriptive Statistics of Social Support

	Mean	Std. Deviation
Appraisal Support	2.74	0.90
Belonging Support	2.60	0.93
Tangible Support	2.60	0.93
Average	2.65	0.92

- **Appraisal Support**

Table 4.8 presents the mean and standard deviation value of items from variable Appraisal Support. The most dominant factor in measuring Appraisal Support is "*I feel that there is no one I can share my most private worries and fears with."* with mean value of 2.85. Whereas, the item *"If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it."* scored the lowest mean value (2.58).

Table 4.8

Mean and Standard Deviation of Items Measuring Appraisal Support

Items	Mean	Std. Deviation
I feel that there is no one I can share my most private worries and fears with.	2.85	0.94
When I need suggestions on how to deal with a personal problem, I know someone I can turn to	2.78	0.89
There is someone I can turn to for advice about handling problems with my family.	2.76	0.87
If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	2.58	0.89
Average	**2.74**	**0.90**

- **Belonging Support**

Table 4.9 presents the mean and standard deviation value of items from variable Belonging Support. The most dominant item in Belonging Support is *"If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me."* with mean value of 2.83 while, the item *"I don't often get invited to do things with others."* scored the lowest mean value (2.45).

Table 4.9

Mean and Standard Deviation of Items Measuring Belonging Support

Items	Mean	Std. Deviation
If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.	2.83	0.98
If I wanted to have lunch with someone, I could easily find someone to join me.	2.62	0.94
If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	2.47	0.97
I don't often get invited to do things with others.	2.45	0.85
Average	**2.60**	**0.93**

- **Tangible Support**

Table 4.10 presents the mean and standard deviation value of items from the variable Tangible Support. The most dominant item in Tangible Support *is "If I were sick, I could easily find someone to help me with my daily chores"* 2.75 while, the item "*If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.)"* scored the lowest mean value (2.58).

Table 4.10

Mean and Standard Deviation of Items Measuring Tangible Support

Items	Mean	Std. Deviation
If I were sick, I could easily find someone to help me with my daily chores.	2.75	0.90
If I was stranded 10 miles from home, there is someone I could call who could come and get me.	2.64	0.86
If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me	2.54	0.87
If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	2.45	0.93
Average	**2.60**	**0.90**

4.2.2 Independent Sample t-Test of Religion and Social Support

Independent samples t-Test was conducted to test the effect of religion on Social support. The result found the mean value for Buddhist (32.70) is higher than the mean value for Muslim (31.21). However, the group means are not significantly different as the significant value (0.26) is more than 0.05. Therefore, this means that there is no significant different of Social support between Muslim and Buddhist respondents. The result is shown in Table 4.11.

Table 4.11

Independent Sample t-Test between Religion and Social Support

	Religion	**N**	**Mean**	**Standard Deviation**	**t**	**P**
Social support	Muslim	222	31.21	6.49	0.04	0.26
	Buddhist	115	32.70	5.32		

4.2.3 One-Way ANOVA of Social Support

4.2.3.1 Social Support and Occupation

Analysis of variance (ANOVA) was performed on occupation and social support. It is found that occupation has an effect on social support ($F(6,330) = 4.02$, $p < 0.01$).

Multiple comparisons to show which group differ from each other through post-hoc tests on a one-way ANOVA, found one significant effect;

- There was a significant difference in social support between the respondents who are private sector employee and farmers (p = 0.042). It is found that widows who were farmers had less social support than those whose were private sector employee.

Table 4.12

One-Way ANOVA of Occupation and Social Support

	Occupation	**N**	**Mean**	**Standard Deviation**	**F**	**P**
Social Support	Housewife	108	32.13	4.96	4.020	0.001**
	Businesswoman	66	31.45	6.41		
	Government Official	16	34.81	5.44		
	State enterprise Official	2	33.50	6.36		
	Private sector Employee	28	33.93	5.50		
	Farmer	71	29.07	7.11		
	Other (Part-time jobs)	46	32.74	6.10		

**p < 0.01

Table 4.13

Post-hoc analysis of Occupation and Social Support.

Occupation		Sig
Housewife	Businesswoman	0.998
	Government Official	0.833
	State enterprise Official	1.000
	Private sector Employee	0.919
	Farmer	0.086
	Other (Part-time jobs)	0.999
Businesswoman	Housewife	0.998
	Government Official	0.670
	State enterprise Official	1.000
	Private sector Employee	0.763
	Farmer	0.492
	Other (Part-time jobs)	0.974
Government Official	Housewife	0.833
	Businesswoman	0.670
	State enterprise Official	1.000
	Private sector Employee	1.000
	Farmer	0.065
	Other (Part-time jobs)	0.964
State enterprise Official	Housewife	1.000
	Businesswoman	1.000
	Government Official	1.000
	Private sector Employee	1.000
	Farmer	0.983
	Other (Part-time jobs)	1.000
Private sector Employee	Housewife	0.919
	Businesswoman	0.763
	Government Official	1.000
	State enterprise Official	1.000
	Farmer	0.042*
	Other (Part-time jobs)	0.995
Farmer	Housewife	0.086
	Businesswoman	0.492
	Government Official	0.065
	State enterprise Official	0.983
	Private sector Employee	0.042*
	Other (Part-time jobs)	0.110
Other (Part-time jobs)	Housewife	0.999
	Businesswoman	0.974
	Government Official	0.964
	State enterprise Official	1.000
	Private sector Employee	0.995
	Farmer	0.110

*$p < 0.05$

4.2.3.2 Social Support and Education level

Table 4.14 shows the analysis of variance (ANOVA) was performed on education level and social support. It is found that education level has an effect on social support ($F(4,325) = 7.36$, $p < 0.01$).

Multiple comparisons to show which group differ from each other through post-hoc tests on a one-way ANOVA, are summarized as follows;

- There is a significant difference in social support between the respondents who are in primary school level and high school level ($p = 0.036$). It is found that widows who were in primary school level had less social support than those whose were in high school level.
- There is a significant difference in social support between the respondents who are in primary school level and bachelors' degree ($p = 0.002$). It is found that widows who were in primary school level had less social support than those whose were in bachelors' degree
- There is a significant difference in Social support between the respondents who are in secondary school and bachelors' Degree ($p = 0.045$). It is found that widows who were in secondary school had less social support than those whose were in bachelors' degree.

Table 4.14

One-Way ANOVA of Education Level and Social Support

	Education Level	N	Mean	Standard Deviation	F	P
Social Support	Primary School	176	30.53	5.78	7.36	0.000**
	Secondary School	60	31.67	5.92		
	High School	54	33.48	6.68		
	Diploma	21	34.52	5.23		
	Bachelors' Degree	19	36.53	4.59		

**p < 0.01

Table 4.15

Post-hoc analysis of Education Level and Social Support

Education Level		**Sig.**
Primary School	Secondary School	0.797
	High School	0.036*
	Diploma	0.073
	Bachelors' Degree	0.002*
Secondary School	Primary School	0.797
	High School	0.608
	Diploma	0.453
	Bachelors' Degree	0.045*
High School	Primary School	0.036*
	Secondary School	0.608
	Diploma	0.976
	Bachelors' Degree	0.439
Diploma	Primary School	0.073
	Secondary School	0.453
	High School	0.976
	Bachelors' Degree	0.885
Bachelors' Degree	Primary School	0.002*
	Secondary School	0.045*
	High School	0.439
	Diploma	0.885

*$p < 0.05$

4.2.4 Correlations Analyses of Social Support and age, size of family and household income.

Pearson correlation was employed to examine the relationship among the independent variables (age, size of family and household income) and Social support.

Table 4.16 shows the relationship between age and social support**,** There is no significant correlation between age and social support, (r = -0.023, p>0.01). It shows that age does not have effect on social support.

Table 4.16

Correlation between Age and Social Support

		Social Support
Age	Pearson Correlation	**-0.023**
	Sig. (2-tailed)	**0.68**
	N	**337**

Table 4.17 shows the relationship between size of family and social support. There is significant correlation between size of family and social support, (r = -1.72, p< 0.01). It shows that size of family has an effect on social support in a negative and weak relationship. This means that the larger the family size, the less social support would be reported by the widows.

Table 4.17

Correlation between Size of Family and Social Support

		Social Support
Size of Family	Pearson Correlation	**-1.72****
	Sig. (2-tailed)	**0.002**
	N	**337**

**p < 0.01

Table 4.18 shows the relationship between household income and social support. There is a significant correlation between size of family and social support, ($r = -0.207$, $p < 0.01$). It shows that household income has an effect on social support in a negative and weak relationship. This means that widows with higher income would report less social support.

Table 4.18

Correlation between Household Income and Social Support

		Social Support
Household Income	Pearson Correlation	**-0.207****
	Sig. (2-tailed)	**0.000**
	N	**337**

**p < 0.01

4.3 Quality of Life

4.3.1 Scoring of Quality of Life

Table 4.19 shows the mean and standard deviation value for overall quality of life. The mean of quality of life of respondents is 83.65 point. According to the scoring of quality of life rank (Chapter 3), this score corresponds to normal quality of life.

Table 4.19

Descriptive Statistics Overall of Quality of Life

	Mean	**Std. Deviation**
Overall of Quality of Life	83.65	10.69

The respondents were also grouped into categories according to quality of life levels (see Table 4.20). The majority (n=284, 84.3%) falls under the normal category while 50 (14.8%) reported high quality of life. Only three (0.9%) respondents scored low quality of life.

Table 4.20

Categories Overall of Quality of Life

Level	Frequency	Percent
Low	3	0.9
Normal	284	84.3
High	50	14.8

Table 4.21 shows the mean and standard deviation value of all the components of quality of life. First, the mean of Physical Health of respondents is 23.24, which indicates normal level. Second, the mean Psychological Health of respondents is 20.82 (normal level). Third, the mean of Social Relationship of respondents is 9.29 (normal level). Finally, the mean of environmental Health of respondents is 23.82 (normal level).

Table 4.21

Descriptive Statistics The Components of Quality of Life

	Mean	**Std. Deviation**
Physical Health	23.24	3.15
Psychology Health	20.82	3.70
Social relationship	9.29	2.03
Environmental Health	23.82	3.92

4.3.2 Descriptive statistic of Quality of life

- **Physical Health**

Table 4.22 present the mean and standard deviation value of items from variable Physical Health. The most dominant item in Physical Health is "*How satisfied are you with your ability to perform your daily living activities?"* with mean value of 3.54. Whereas, the item *"How satisfied are you with your sleep*?" scored the lowest mean value (3.06).

Table 4.22

Mean and Standard Deviation of Items Measuring Physical Health

Items	Mean	Std. Deviation
How satisfied are you with your ability to perform your daily living activities?	3.54	0.79
How satisfied are you with your capacity for work?	3.45	0.81
How well are you able to get around?	3.37	1.04
Do you have enough energy for everyday life?	3.31	0.78
How much do you need any medical treatment to function in your daily life?	3.26	1.0
To what extent do you feel that physical pain prevents you from doing what you need to do?	3.24	0.91
How satisfied are you with your sleep?	3.06	0.87
Average	**3.32**	**8.89**

- **Psychological Health**

Table 4.23 present the mean and standard deviation value of items from variable Psychological Health. The most dominant item in Psychological Health is *"How satisfied are you with yourself?"* with mean value of 3.92. Whereas, the item *"I How much do you enjoy life?"* scored the lowest mean value (3.17).

Table 4.23

Mean and Standard Deviation of Items Measuring Psychological Health

Items	Mean	Std. Deviation
How satisfied are you with yourself?	3.92	1.04
Are you able to accept your bodily appearance?	3.67	0.92
To what extent do you feel your life to be meaningful?	3.58	0.88
How well are you able to concentrate?	3.28	0.79
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	3.22	0.90
How much do you enjoy life?	3.17	0.86
Average	**3.47**	**0.90**

- **Social Relationship**

Table 4.24 present the mean and standard deviation value of items from variable Social Relationship. The most dominant item in Social Relationship is *"How satisfied are you with your personal relationships?"* with mean value of 3.55. Whereas, the item *"How satisfied are you with your sex life?"* scored the lowest mean value (2.36).

Table 4.24

Mean and Standard Deviation of Items Measuring Social Relationship

Items	Mean	Std. Deviation
How satisfied are you with your personal relationships?	3.55	0.86
How satisfied are you with the support you get from your friends?	3.39	0.89
How satisfied are you with your sex life?	2.36	1.10
Average	**3.10**	**0.95**

- **Environmental Health**

Table 4.25 presents the mean and standard deviation value of items from variable Environmental Health. The most dominant item in Environmental Health is *"How satisfied are you with the conditions of your living place?"* with mean value of 3.28. Whereas, the item *"How safe do you feel in your daily life?"* scored the lowest mean value (2.58).

Table 4.25

Mean and Standard Deviation of Items Measuring Environmental Health

Items	Mean	Std. Deviation
How satisfied are you with the conditions of your living place?	3.28	0.72
How healthy is your physical environment?	3.26	0.96
How satisfied are you with your transport?	3.19	0.90
How satisfied are you with your access to health services?	3.19	0.77
How available to you is the information that you need in your day-to-day life?	2.80	0.87
To what extent do you have the opportunity for leisure activities?	2.79	0.77
Have you enough money to meet your needs?	2.74	0.73
How safe do you feel in your daily life?	2.58	1.02
Average	**2.98**	**0.84**

4.3.3 Independent Sample t-Test of Religion and Quality of life

The table 4.26 presents Independent samples t-test between religion and quality of life. The mean value for Buddhist (85.26) is significantly higher than the mean value for Muslim (82.82) as the significant value (0.035) is less than 0.05. Therefore, this means that there is significant difference of quality of life between Muslim and Buddhist respondents.

Table 4.26

Independent Sample t-Test between Religion and Quality of life

	Religion	**N**	**Mean**	**Standard Deviation**	**T**	**p**
Quality of life	Muslim	222	82.82	11.28	0.002	0.035*
	Buddhist	115	85.26	9.27		

*$p < 0.05$

4.3.4 One-Way ANOVA of Quality of Life

4.3.4.1 Quality of Life and Occupation

Table 4.27, Analysis of variance (ANOVA) was performed on occupation and quality of life. It is found that occupation has no effect on quality of life ($F(6,330) = 1.16$, $p > 0.01$.

Table 4.27

One-Way ANOVA of Occupation and Quality of Life

	Occupation	N	Mean	Standard Deviation	F	P
Quality of Life	Housewife	108	81.87	9.52	1.16	0.33
	Businesswoman	66	84.98	10.84		
	Government Official	16	86.38	14.14		
	State enterprise Official	2	84.50	20.51		
	Private sector Employee	28	82.18	14.15		
	Farmer	71	83.92	10.11		
	Other	46	85.43	9.72		

4.3.4.2 Quality of Life and Education level

Table 4.28, Analysis of variance (ANOVA) was performed on education level and quality of life. It is found that education level has an effect on quality of life ($F(4,325) = 5.004$, $p < 0.01$)

Multiple comparisons to show which groups differ from each other through post-hoc tests on a one-way ANOVA, it appears that there is a significant difference in quality of life between the respondents who are in primary school level and bachelors'

degree (p = 0.006). It is found that widows who were in primary school level had less quality of life than those whose were in bachelors' degree.

Table 4.28

One-Way ANOVA of Education and Quality of Life

	Education Level	**N**	**Mean**	**Standard Deviation**	**F**	**P**
Quality of Life	Primary School	176	81.88	9.94	5.004	0.001**
	Secondary School	60	84.35	10.55		
	High School	54	85.78	10.45		
	Diploma	21	86.52	11.70		
	Bachelors' Degree	19	91.47	12.08		

**p < 0.01

Table 4.29

Post-hoc analysis of Education Level and Quality of Life.

Education Level		**Sig.**
Primary School	Secondary School	0.637
	High School	0.214
	Diploma	0.440
	Bachelors' Degree	0.006*
Secondary School	Primary School	0.637
	High School	0.970
	Diploma	0.953
	Bachelors' Degree	0.150
High School	Primary School	0.214
	Secondary School	0.970
	Diploma	0.999
	Bachelors' Degree	0.377
Diploma	Primary School	0.440
	Secondary School	0.953
	High School	0.999
	Bachelors' Degree	0.687
Bachelors' Degree	Primary School	0.006*
	Secondary School	0.150
	High School	0.377
	Diploma	0.687

*$p < 0.05$

4.3.5 Correlations Analysis between Quality of life and age, size of family and household income.

Pearson correlation was employed to examine the relationship among the independent variables (age, size of family and household income) and Quality of Life.

Table 4.30, it shows that there is no significant correlation between age and quality of life, ($r = 0.621$, $p>0.01$). This means that age does not have any relationship with quality of life.

Table 4.30

Correlation between Age and Quality of Life

		Quality of Life
Age	Pearson Correlation	**-0.065**
	Sig. (2-tailed)	**0.237**
	N	**337**

Table 4.31, it shows that there is significant correlation between size of family and quality of life, ($r = -2.59$, $p<0.01$). Therefore, size of family has an effect on quality of life in a negative and weak relationship. This means that the larger the family size, the lower quality of life would be reported by the widows.

Table 4.31

Correlation between Size of Family and Quality of Life

		Quality of Life
Size of Family	Pearson Correlation	**-0.259****
	Sig. (2-tailed)	**0.000**
	N	**337**

**P < 0.01

Table 4.32, it shows that there is a significant correlation between household income and quality of life, ($r = -0.273$, $p<0.01$). Household income also has an effect on quality of life in a negative and weak relationship. Similar to the result of social support analysis, widows with higher income would report lower quality of life.

Table 4.32

Correlation between Household Income and Quality of Life

		Quality of Life
Household Income	Pearson Correlation	**-0.273****
	Sig. (2-tailed)	**0.000**
	N	**337**

**p < 0.01

4.4 Social Support and Quality of Life

4.4.1 Correlation between Social Support and Quality of Life

Table 4.33 shows that there is a significant relationship between social support and quality of life. The correlation that exists between social support and quality of life is positive and moderate ($r = 0.422$, $p < 0.01$). This means that if the widows reported high social support, they would also report that they have better quality of life.

Table 4.33

Correlation between Social Support and Quality of Life

		Quality of Life
Social Support	Pearson Correlation	**0.422****
	Sig. (2-tailed)	**0.000**
	N	**337**

**P < 0.01

4.5 Summary of the Results

Table 4.34 below shows the summary of the result on hypotheses. The results indicate that nine hypotheses (H2, H3,H5, H6, H8, H9, H10, H11, H13) were accepted while, four hypotheses (H1, H4, H7 and H12) were rejected.

Table 4.34

Summary of the Result

HYPHOTHESES	RESULT
H1: There is a relationship between the age of widows from southern Thailand's violence and social support	**Rejected**
H2: There is a relationship between the size of family of widows from southern Thailand's violence and social support	**Accepted**
H3: There is a relationship between the household income of widows from southern Thailand's violence and social support	**Accepted**
H4: There is a significant difference of social support among widows from southern Thailand's violence based upon religion.	**Rejected**
H5: There is a significant difference of social support among widows from southern Thailand's violence based upon education level.	**Accepted**
H6: There is a significant difference of social support among widows from southern Thailand's violence based upon occupation	**Accepted**
H7: There is a relationship between the age of widows from southern Thailand's violence and quality of life	**Rejected**
H8: There is a relationship between the size of family of widows from southern Thailand's violence and quality of life.	**Accepted**

HYPHOTHESES	RESULT
H9: There is a relationship between the household income of widows from southern Thailand's violence and quality of life	**Accepted**
H10: There is a significant difference of quality of life among widows from southern Thailand's violence based upon religion.	**Accepted**
H11: There is a significant difference of quality of life among widows from southern Thailand's violence based upon education level.	**Accepted**
H12: There is a significant difference of quality of life among widows from southern Thailand's violence based upon occupation.	**Rejected**
H13: There is a positive relationship between social support and quality of life of widows from southern Thailand's violence	**Accepted**

4.6 Conclusion

Using a sample of 337 respondents, data was obtained from widows involved in southern Thailand's violence in Pattani. The focus on this chapter is on the findings of the descriptive statistics and finally the hypothesis testing. In the next chapter (Chapter 5) the findings will be discussed based on research objectives and hypotheses, including suggestions for future research and lastly the closing remarks of the study.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter is the final chapter of the study. This chapter presents the discussion, recommendations and the limitations of the study. The summarized outcome of the study is also presented in this chapter. The statistical findings from the results of the study are explained. Limitations of the study and recommendations for future researchers are discussed as well.

5.1 Discussion

In general, this study sought to examine the relationship between social support and the quality of life involving widows from the southern Thailand violence. A sample of 377 widows from Pattani participated in this study. The primary goal of this study was to determine the relationship between social support and the quality of life. Based on the analysis in the previous chapter, four hypotheses were rejected and nine hypotheses were supported (Table 4.34).

5.1.1 Social Support

In this study, the finding shows that the overall level of social support among widows from the southern Thailand's violence was moderate. It was found that the subcomponents (appraisal support, belonging support and tangible support) were also moderate.

Social support is an important aspect life. The social support effects on the development of quality of life include physical health, psychological health, and overall well-being, which do not only help people to feel better and able to deal with problems, but also essential to a healthy life (Albrech and Goldsmith, 2003). It is also related to the daily effect of being able to live in society (Molpradub, 2008). The vulnerability to illnesses could be decreased by receiving social support from friends, family and members of the community, work, or other support groups (Salovey, 2000) since social support influences psychological health and physical health (Towey, 2013). Hence, family members are important sources of social support (Letvak, 1997). Social support also increases human's psychological well-being (House, 1981) and is a great impact on health, education and healthy behaviour (Berkman, Glass, Brissette & Seeman, 2000).

Social support has been found to reduce mental health problems such as anxiety and depression (Cobb, 1976). Emotional closeness and tangible supports are necessary to restore people's marital, working and social roles (Sirri, Magelli & Grandi, 2011). Moreover, social support assists in improving adaptation of life and emotional support, and decrease psychiatric symptoms and mental illness (Chou Avant, Kuo and Fetzer, 2008; Huang, Sousa, Tsai and Hwang, 2008) including reduced psychological problems and stress (McKee, Cunningham, Jankowski & Zayas, 2001). Support from spouse, siblings, parents, or other family caregivers who might offer significant support will improve mental health and the quality of life (Dew et al., 2004; Huang et al., 2008) whereas, poor social support, especially from family caregivers and spouse, increase risks to psychiatric symptoms and disorders (Dew et al., 2005). The improvement of supportive resources through psychological strategies

can affect the alleviation of depressive symptoms (Park, Fenster, Suresh & Bliss, 2006). In addition, social support is an essential and effective part of depression recovery and it can help people to deal with depression, it also can protect from isolation and feeling suicidal (Krull, 2012). Enhancing social support helps to facilitate the natural recovery process (Dunmore, Clark & Ehlers, 2001) and can buffer against the pervasiveness of negative world view, as it also improves the coping strategies in dealing with crisis (Besser, Neria, & Haynes, 2009), including providing feelings of safety for those with trauma (Charuvastra and Cloitre, 2008). The sources of support lead to perceived safety and facilitate treatment (Price, Gros, Strachan, Ruggiero & Acierno, 2013). In addition, the widows need to receive adequate social support to have better emotional well-being (Ong, Bergeman, Bisconti & Wallace, 2006). Social support helps them to adapt their lives after losing their spouses because it helps to produce energy to go on in a society (Stelle and Uchida, 2004).

When a woman becomes a widow, she will have more responsibilities and she will learn to manage her burdens (Owen, 1996). The widows have to struggle and use all their energies to be successful as a leader and create a safe and appropriate environment for their children (Jamjuree, 2010). Besides, they need others to help them adapt to the society and protect them from any acts of violence. Social support is a process of empowering the widows to maintain their lives and manage their difficulties and problems to have better quality of life (Few, 2005). This study focused on widows from southern Thailand who were affected by violence and they had lost their spouses. Social support may come from many sources in the society such as family, relatives, neighbor, and the government. Moreover, the widows need

support from the society to rehabilitate them. This includes the army to guard and protect them from violent situations; welfare service from the government to ensure occupation sustainability, take care of the orphans and widows for their well-being; and also the communities and widows' network association for sharing and assisting one another (Daraha, 2013). In addition, the support from society is partly an important resource for the widows to go on with their new chapter as the head of the family. A better plan of social support will lead them to better coping with the suffering and burden.

Besides, the social support among widows from the southern Thailand violence was moderate, social support is the essential factor to empower physical health, mental health, and adaption to life as it leads the widows to be strong in coping with the problem, thus, increase of social support leads to improving their quality of life. This study showed that the widows have moderate social support which should be improved to a better and higher social support because the increase of social support to these widows will lead them to be better in coping with the crisis and burden after becoming head of the family.

5.1.1.1 Demographic Factors and Social Support

The findings from the demography of the widows show that social support has negative relationship with the size of family and household income. It means that those widows who have more members and income will get less social support. The results of this study were dissimilar compared to other studies in terms of household income. For example, Drageset and Lindstrom (2005) found that household income was positively related to social support and it affected instrumental-oriented coping style of women.

With respect to the result above, there is a negative relationship between social support the size of family and household income. Widows, after becoming the head of the family have increased burden. They have to fight and use all their energy in order to be successful leaders and work hard to bring in income to take care of their family members (Jamjuree, 2010), and hence, having more family members requires working hardes to earn more income. Therefore, becoming the head of the family may lead to spending more time at work, and people who spend more time working may have less time for social participation which would eventually lead to decreased relationship with the people in the society. Moreover, disorganized work habits and lives may reflect failed social relationships (Klein, 2010). Social support is the awareness of communication and relations between people in society (Cobb, 1976). Hence, lack of social relationship would decrease support from the society. Thus, the size of the family and the household income would be related negatively with social support among widows from the southern Thailand violence.

In addition, the result of the study showed that there were significant differences of social support based on occupation and education level. According to Arnberg and Melin (2013), demographic characteristics associated with social support, especially education status and cohabitation should be the focus for psychosocial interventions when working with survivors of disasters. Social support was closely related to demographic characteristics and people with higher education had higher scores for level of social support than those with lower education, and furthermore, they also possess more skills in social interpretation (Xu and Wang, 2012).

According to the findings, it is found that the majority of the widows from southern Thailand's violence only had primary school education (i.e. they had low education). People with higher education had higher social support than those with less education. Education also means more job opportunities and income for the widows to support their family. Therefore, providing pathways of education for the widows could lead to increasing social support. It is found that social support of the widows from southern Thailand's violence was moderate; hence, providing psychosocial education may be a way of providing social support for the widows, and raise the social support level better from moderate to high.

5.1.2 Quality of Life

Regarding the quality of life of widows in the southern Thailand, the results of this study show that their quality of life was normal since the mean score points of physical health, psychological health, social relationship, and environmental health are considered normal according to the scores provided by World Health Organization's Quality of Life group (2004). This research is related to the findings from Ruangdej and friends (2013), who also conducted a study on the quality of life among victims (those who were affected by violence) under the unrest situation in the southern Thailand. The majority of their participants had quality of life that was normal and also found that some of the victims had low quality life. Additionally, similar to Puthachat's (2012) finding' this study also found that majority of the respondents had normal quality of life and the lowest mean score was in environmental health domain. Hence, the violent situation in southern Thailand

would be a main reason concerning safety of widows which led to feeling of distrust in society and having to be more careful in their daily routine (Kraonual, 2009).

From the results it was found that the quality of life of the widows were normal, it should be improved to a higher level because the better quality of life would lead to an increase capacity for dealing with the crisis of the widows. Besides, the violence situation in southern Thailand still continues and it will make for a decrease in the quality of life of the widows in the future. Consequently it also has a negative effect to their family. Furthermore, the overall category of the quality of life of the widows shows some of the widows have a low quality of life. According to the finding, it was found that the quality of life of the widows is still in a normal level which could be develop to a higher level because better quality of life gives a positive effect and increase the ability to deal with crisis and maintain their lives and family. In addition, after the widows lost their husband they now became the leader of their family. These widows have to face greater burden and play the role of the family head to maintain their family. Hence, the widows really should be provided with high quality of life because they are the important factor to later improve the quality of life of their family members.

The violent situation affects the quality of life among the widows, with respect to the findings that showed the lowest score as in *"How safe do you feel in your daily life"*. It means that the violent situation affected the safety of the widows. McGeown (2006), reported that the southern Thailand violence affects people's concern of their safety and increased the vulnerability of psychological consequences to women (Murthy, 2007) because violence such as bombing, shooting, and other acts of violence terrorizes the lives of people almost every day (McGeown, 2006).

Moreover, Pattani has seen violence on a regular basis and more than 90 percent of the people who have died from insurgent attacks were civilians. The insurgents targets security forces and symbols of Thai state authority such as military and government officials and facilities, commercial locations, state schools and teachers, medical personnel and public health centres (Melvin, 2007). The concern from experiencing mass violence may lead to psychological symptoms and syndromes in people. They need psychological interventions to improve their quality of life and also physical support and psychological support, including managing the crisis situations through religion and cultural practices (Murthy, 2007). Furthermore, Ribeiro, Jesus Mari, Quintana, Dewey, Evans-Lacko, Vilete, & Andreoli (2013) suggests that the negative impacts of traumatic outcomes may be buffered by environmental factors and may require interventions to improve mental health and quality of life.

As the violence situation continues, safety is an important issue which cannot be ignored because it may have negative effect on quality of life of the widows. The violence situation affects the feeling of safety among the widows. Thus, the society and government should pay more attention on safety issue that may affect the widows' daily routine. The International Crisis Group (2007) also suggests that the government should ensure security in southern Thailand by managing the rising communal tensions through deploying mixed Buddhist-Muslim security teams to work within the communities in religiously divided areas so as to curb the perception that security forces are deployed to protect Buddhist residents from Muslims and make the people trust the government.

In addition, the findings from Sasaphuri (2012) indicated that the southern Thailand violence leads to a decreased in income among the widows as they lost the breadwinner. Hence, the widows should receive some financial aid from the government. Since the situation also affects mental health, the widows would need assistance from the society to support them in the long run term including, the knowledge to create work for themselves.

5.1.2.1 Demographic Factors and the Quality of Life

The findings of the research suggest that Muslim widows reported lower quality of life than their Buddhist counterparts. This shows that the violence situation may have affected Muslim widows more negatively than other widows. Although the findings of Chatters (2000) and Clarke, Beeghley and Cochran (1990) studies found that religion may have a positive effect on health and mental health after facing the death of a spouse, socio-economic disadvantages such as earning less income or receiving lower education than other widows may have contributed to the Muslim widows reporting lower quality of life.

The demographic findings showed that size of family and household income have negative relationships with quality of life. There are also significant differences of quality of life based on occupation, education level and religion. This finding is similar to the other studies concerning demography of respondents and social support. The demography is important to understand and identify the sense of meaning in life (Koren and Lowenstein, 2008). According to Shih, Turale, Shih & Tsai (2010) they found that education level affects the ability of widows to deal with crisis. Moreover, depression has been found to have an inverse relationship with education level, which means that high education level many lead to a decrease in

depressive problem (Ryde-Brandt, 1990). Women with less education were more likely to suffer from physical symptoms (Peeyananjarassri, Cheewadhanaraks, Hubbard, Zoa Manga & Manocha, 2006). Education level predicted psychological stress, since having less education is related to higher score for psychological stress (Xu and Wang, 2012).

Education opens to the world of the widows, where they can earn and form a living for themselves. A career can be established by their credits and achievements in the educational field. This helps widows create a living and improves quality of life. Hence, providing education is the one part that may lead to improving the quality of life and the ability of widows to deal with problem because education can pursue the career of their interest more realistically and it develops in them a new perspective of looking at life.

Higher education is also related to having higher income. This finding also conflicts with some studies such as Singer (2005) and Shu (2009) who found that higher family income was significantly related to higher quality of life. Respondents with higher income also had higher score for quality of life than did those with less income (Xu and Wang, 2012).

In addition, similar to findings of social support, size of family and household income were found to have negative relation with the quality of life among widows. Becoming the head of the family affected the widows be having to spend more time to work in order to earn more income for more family members. Working overtime adversely affects coronary health and balance of work and life plays a paramount role in well-being (Veiga, Lam, Gemeinhardt, Houlihan, Fitzsimmons & Hodgson, 2011). As it is known, working overtime is bad for health as it brings an increased

risk of heart disease and heart attacks (Boseley, 2010). Hence, more family members would mean the widows had to resort to working overtime to earn more income for the family and this later impacts the quality of life of the widows from southern Thailand's violence.

5.1.3 The Relationship between Social Support and the Quality of Life

The last objective outlined in this study was to search the relationship between social support and the quality of life of widows from the southern Thailand violence. It was found that there was a positive relationship between social support and the quality of life. According to Strine (2008), social support was highly congruent with the practice of psychiatry which affected the quality of life. In the same way, Bastardo and Kimberlin (2000) found that social support had an effect on the quality of life. Hence, as social support may have a potent effect on the quality of life, those with positive relationship with the society will also have better well-being (Pender, Murdaugh & Parsons, 2002). Moreover, social support is a predictor of health-related quality of life, especially changes in social support, were significant predictors of changes in health-related quality of life (Bennett, Lane, Deer, Brater & Murray, 2001). Decreasing social support makes an important reason for decreased life satisfaction and increased depressive symptoms. Besides, Newsom and Schulz (1996) also found that social support was highly related to happiness and satisfaction of respondents (Yiengprugsawan, Somboonsook, Seubsman & Sleigh, 2012). Social networks were important determinants of overall well-being (Yiengprugsawan, Seubsman, Khamman, Lim & Sleigh, 2010) including, physical, social, environmental and psychological functioning which affect patients' quality of life when losing social support (Nunes, 1995). In addition, it is important for the society

of widows to adapt their lives after they had lost their spouse (Mokhara, 2010). However, lack of social support may on its own be associated with poor health and related to the quality of life (Veiga et al., 2011). As was seen from the findings of this study, the overall social support of the widows is just moderate, while, the quality of life was at a normal level. From the evidence and argument submitted, social support is associated with quality of life and is essential to be improved because it may lead to increased quality of life among the widows which is a move towards assisting the widows to cope with life crisis after becoming the head of their family.

5.1.4 Implications for Government Intervention and Social Work Practice

This study found that social support is important in increasing the quality of life of widows. Currently, the Thai government does have a policy to assist the widows from the southern Thailand violence (Hasuwannakit, 2008). The Ministry of Human Security and Social Development helps manage the budget per month for the widows, and manage centres for rehabilitation for victims affected by the violent situation (i.e. south coordination centre, that collaborates with the Prince of Songkla University, Pattani campus and the Office of Human Security and Social Development in the province of Pattani and the Centre of Health Care, through which the widows have assembled for empowerment and helping each other under the name of "We Peace") (Daraha, 2013).

Social support which consists of many sources starts from the widow's family, relatives, friends, people around the widows, community, organizations and government. Every source has effects on the quality of life of the widows, especially on the welfare of the government which includes social work practice. Social work

is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to empower people to develop their skills and ability to use all available resources to solve problems. Social work is concerned with individual and personal problems by empowering individuals, families and communities to meet their needs. Social workers are agents in the society who can help the widows, serve as counselors in social issues, and as coordinators and case managers of services in human resources and public affairs to the widows. Besides, social workers play an important role to empower the widows in dealing with crises, and manage their life and family in the long run by applying the principles of social work: "help them to help themselves" (Parsons, 1991). Based on the findings, it is found that social support impacts on quality of life of the widows. Therefore, social workers may use the information from this research to find appropriate ways to help these widows to have a better quality of life in the long run. Moreover, the finding found significant interaction of the effects of education and social support and also with quality of life such that social workers should provide psychosocial education to the widows. This includes assistance in searching for a job and also educating them in understanding their rights and welfare.

In addition, the government can also help to create policy to improve the quality of life of the widows. The government should support some needs-based welfare programs for the widows to aid them in the long run as methods to empower widows' families. The support on a widow's abilities to play a role as the head of family also is necessary to be increased by the government. One suggestion would be to introduce a visiting service like the one proposed by Onrust, Bout and Cuijpers (2007). The service would help increase the widows' motivation which could be seen

as a form of social support especially for those who report low quality of life. In line with this, the government could perhaps utilize the WHOQOL instrument to identify widows at risk during meetings or initial registration. Moreover, the government should not only just provide the material support but also increase the empowerment of the widows through its policy and also try to educate them by training them to understand and know their rights, plus to protect their rights and deal with all the network in society to provide the strength of social support for widows. At the same time, the widows should have their own association to defend and protect their rights and to be strong to go on in the society.

5.2 Limitations of the Study

In this study, collecting data in all the cities in Pattani which consists of 13 cities was not easy due to the population's breadth of spread. Hence, it affected the period of time when dealing with the respondents because it took the researcher a long time to contact all of the government officers who could deal with the respondents. As a result, it took a long time to obtain the data for this study.

In collecting data for this study, the researcher collected the data by liaising with the social workers and officers who deal with the widows, as direct meeting between researcher and widows was not possible since the violent situation in the southern Thailand was still ongoing and some areas where the widows were living were high risk areas. So, the meetings with the widows were limited and the researchers could not observe their feelings or obtained feedbacks from them. Safety was a big issue due to the situation in southern Thailand that was still unstable.

5.3 Suggestions for Future Research

This research showed that social support is related to quality of life in a positive way, which means that widows who received high social support would report high quality of life. Therefore, the issue of social support would be an important aspect to study. Issues related to social support should be explored in order to understand more on social support among widows (such as the number of years they have become widows) and develop ways to improve the quality of life among the widows.

Moreover, qualitative research is also important to help retrieve rich data. Interviewing the widows face to face will help researchers to understand the feelings, opinions, needs, expectations, and problems beyond the questionnaire. Therefore, the study of social support and quality of life among the widows by qualitative method would be interesting and important.

5.4 Conclusion

The main purpose of this study was to find the relationship between social support and quality of life among the widows who were involved in the southern Thailand violence and, the result of this study showed that social support had a positive relationship with the quality of life among the widows.

The information collected from this survey would be very useful as it could help the government to take further steps to improve the social support to widows. The government might use the data collected to have a much more focused understanding the relationship between social support and the quality of life among widows. The researcher hopes that more research will be conducted on social support and its

effects on the quality of life among widows in the future. Therefore, more findings would help to understand social support and also to improve the quality of life among the widows from the southern Thailand violence.

Moreover, upon losing a spouse, social relations may become poorer and more restricted by the social environments which later affect the widow's well-being (Ben-Zur, 2012). To sum up, both social support and quality of life are important reference

points in any intervention aimed at alleviating distress and improving quality of life of those widowed, including to empower the widows from the southern Thailand violence to help them to helping themselves.

In addition, this research expands the previous knowledge on the relationship between social support and quality of life of widows from the southern Thailand violence through investigating the demographic factors of the widow population in Pattani province. Hence, this research could provide better information to find more relevant ways to improve the quality of life of widows.

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