The Effect of Risk Communication on the Happiness of People During the COVID-19 Pandemic in Thailand

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Abstract

The pandemic of 2020 and onwards, caused the Thai government to adopt a similar curfew and socially restrictive policies as most countries worldwide. Previously, a lack of effective antivirals, economic burdens, and governmental denial, amongst other problems, caused a rise in poor communication outcomes. The purpose of this study was path analysis of the relationships between the factors with risk communication in a pandemic period relating to the happiness and wellness of people in Thailand. The study was undertaken between April and June 2020. A path model was tested in a sample of 907 participants who were Naresuan University students and other people on social networking sites. The responses to this online survey were analysed by multiple regression. The results revealed that the happiness factor increases by an average of 5.9 when media exposure and the demographic variables including age, gender, education, income and employment contributed positively to predicting the risk perception of COVID-19 pandemic panic whereas income negatively predicted the prevention of COVID and attitudes towards the AID policy. Associations between levels of distress and fear of death and information seeking regarding COVID-19 through the media, and social media use for support – and the risk perception through media was found (β_{panic}= .10, $p < .001$; $\beta_{prevention}$ = .23, $p < .001$; $\beta_{social\ distancing}$ = .14, $p < .05$). To sum up, information distributed by local public address systems and interpersonal communications with local leaders, public health doctors and public health volunteers was considered to be easily understood. These forms of communication supplied information on the situation and helped to confirm the beliefs of local people.

Keywords: COVID-19 Pandemic, Media Use, Risk Communication, Risk Perception, Happiness

Introduction

The second wave of the pandemic began in China and then spread worldwide (Li et al., 2020). In Thailand, it was reported on social media, after confirmation by the Public Health Ministry and the Prime Minister, that the 'ground zero' of the virus was the audience at a boxing tournament held in Bangkok on 6th March 2020. Due to the increasingly rapid number of patients in the first wave, the curfew policy announced by the Emergency Decree from the Government Administration in Emergency Situations to control the outbreak reflected the recommendations and guidelines promulgated by the World Health Organisation (WHO) on the 26th March 2020. Many people in Thailand failed to understand the risks associated with the outbreak, and the problems associated with communication media, and, initially at least, remained unaware of the problem. Local health centres were set up in each area to monitor and report the number of confirmed cases each day from their area.

While many studies have investigated the effects of media use (Katz et al., 1974; Chayomchai et al., 2020; Cho et al., 2003) our study looked at the situation from the opposite point of view: whether happiness and well-being are related to or are predictors of media use, specifically the digital media used in the sample population. This study reflects the COVID-19 prevention policies associated with economic and well-being factors. Budget and time constraints required us to apply digital ethnography on a microcosm of the population's vision and assess how well that reflected the vision of both the Government's and the WHO's policies that were announced

through the mainstream media during the first wave. Neither the government nor the media were willing to consider the impact of social distancing and home quarantine on people's mental well-being until the number of new COVID-19 cases decreased to zero.

Objectives

The paper is considering the result of risk communication during a pandemic period relating to the happiness and wellness of people in Thailand.

1. To explore the risk communication in a pandemic period relating to the happiness and wellness of people in Thailand.

2. To analyse media exposure and demographic related to risk perception.

Hypothesis

Media exposure is positively associated with risk perception, while demographic including age, gender, education, income and employment will be negatively associated with risk perception.

Literature Review

Risk Communication Concept

In a pandemic, as with similar situations where disease can spread widely very quickly, people need information regarding the threat and what precautions to take, and what places to avoid. Local health authorities need to update information on symptoms and possible treatment options. Risk management for disease situations needs clear and concise preventative measures, as well as treatment protocols for those who have contracted the disease, and these measures and recommendations need to be simply and effectively promulgated and publicized in the media. At the most basic level, communication between health professionals and the general population is an essential part of disease control and management. The essence of risk management communication as Zec et al. (2019) as cited in Goode et al. (1996) and Kasperson et al. (2003) explained, is to simply and understandably explain the relationships between factors that extend or mitigate the risks and their impact on public health. The communication media has an often significant influence on the receiver, as has been shown in media research on consumer feedback.

Five Stages of Risk Communication Through Media

Stage 1: All media, including print media, broadcasting and social media through influencers and those with a substantial following, outline key issues so that receivers know exactly what the message is warning them about.

Stage 2: Topics of public concern are fully covered which a) remain topical, and b) ensure public debate on the issues covered.

Stage 3: The public will respond to the professionals or public representatives who speak in the media.

Stage 4: Strong, uncompromising messages which give clear warnings of the current situation and possible consequences of not adhering to the precautions and warnings. Such warnings are intended to generate a level of fear relating to the consequences of ignoring advice.

Stage 5: At the final stage, messages gradually become less forceful. A new agenda should be formed to accommodate the 'new norm'.

Media Effect Theory and Gratification Theory

Media Effect Theory is about the media's effect on people's wellness and mental health and analyses these factors using various theoretical approaches. In our study Gratification Theory, as espoused by Katz et al. (1973); Katz et al. (1974), was applied to understand how people seek information used for relaxation, social interaction, entertainment, arousal, escape and a host of interpersonal and social needs. We found that contemporary and future models should also include concepts such as interactivity, demassification, hyper textuality, and asynchrony. It is also necessary to explore the interpersonal and qualitative aspects of mediated communication more holistically because there is a wide variety of media types working to support users. In examining the movies, as an example of a popular form of media. Rubin (1994) and Ruggiero (2000) identified the role of the media as fulfilling the need for happiness and providing supportive well-being information.

An influencer is a person or media that can inform and persuade, or influence, people about health risks. Cialdini (2007) identified 6 persuasive techniques that could affect the opinions of people; reciprocity, commitment, consistency, social proof, friendliness and authority. Cialdini further mentions reciprocity which is typically a sense of indebtedness such that people feel the need to repay in the future. as well as a sense of moral duty that is pervasive in human culture.

Methodology

Using an online survey was the best option during the pandemic and lockdown policy as so many people use online and social media. A sample of 500 people from Naresuan University and others in the researcher's email network including a variety of Canadians, French, Italian, Americans, Japanese, Australians and South Africans who work in Thailand, took part in a web-based survey, between 10th April 2020 and 15th June 2020, asking about their impressions and views of the media effects of the COVID-19 pandemic.

Statistical Analyses

Validation of the questionnaire and determination of the sample size for the study showed that a sample of 278 people was sufficient, at a 95% confidence level to ensure greater accuracy, with a margin of error of 5%. (Retrieved from https://www.surveymonkey.com/mp/sample-size/).

A three-part questionnaire was the primary research instrument used. This had been tested for reliability and validity as determined by professors familiar with the background of the samples. A total of 907 responses from 43 provinces were returned to the researcher which was able to be used for factor analysis and regression.

The internal consistency of the data was calculated using Cronbach's alpha test [$\alpha = \frac{\mathrm{N} \bullet \bar{c}}{\bar{v} + (N-1) \bullet \bar{c}}$]. The coefficient of ($\alpha$ = 0.915 or r = 0.92) was consistent with the rule of thumb value for interpreting alpha for Likert scale questions of between 0.8 and 0.9, indicating validity at a good level (Cronbach, 1951; Cronbach & Shavelson, 2004).

All analyses were performed using SPSS (version 24; IBM Corp) except for the missing data imputation. Both descriptive statistics for demographic data and referential statistics were used for the factor analysis and a path analysis using a specification search was performed to identify the best fit for the model, as illustrated in Figure 6. The maximum likelihood method was used to estimate the parameters of the model. Multiple fit indexes were used to evaluate model fit: the Chi-square test of absolute fit, the Comparative Index Fit (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR).

Results

This study found that the average happiness score of the 907 responses was $\bar{x}$ = 5.9, S.D. = 1.41, showing that they were moderate in their well-being. Descriptive statistics showed the demographics of the respondents included 513 females (56.5%) and 394 males (43.5%) in the age range of 16-88 years old, with an average age of 38 years. The education levels of the respondents included 33% having primary school level education, 53% finishing high school and 14% having graduated with a bachelor's degree. Over 50% of participants were household leaders, farm owners and students, and the remainder were foreign residents in government employment, universities and media, or were migrant labourers. The occupations indicated included 26.4% being farm and general labourers, 22.5% being farm owners and farmers, 19.2% being government officials or state enterprise officers, 22.8% being unemployed or were students, and 9.1% being private workers. Some of the respondents were debt free (39.1%) and 42.1% had debt, while 18.8% of the respondents did not provide this information. Almost all of them had access to government health insurance and were on the free cure program; the remainder were receiving government welfare and unemployment benefits. They also had insurance policies that they paid by themselves. This result reflects the good medical welfare available for Thai people and the availability of health care programs.

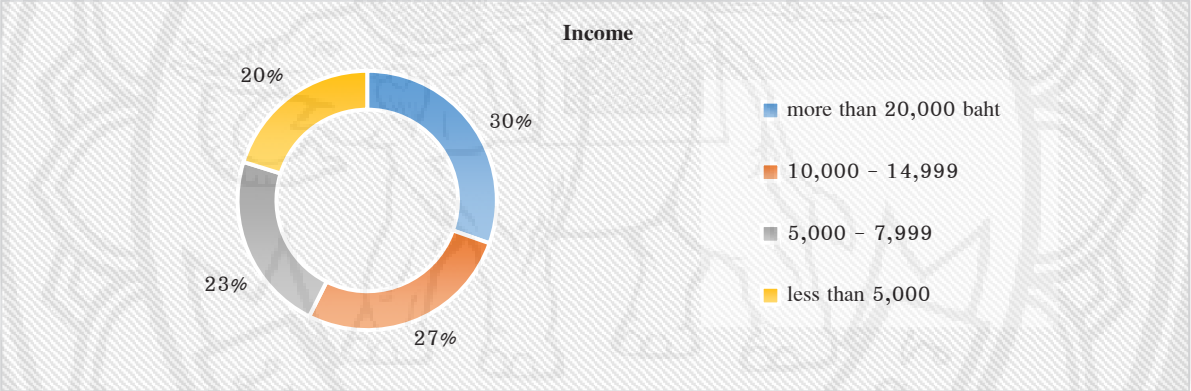

Figure 1 Income of People Northern Thailand (Monthly).

Figure 1 shows the respondents who have an income of over 20,000 Baht (US$570) a month. In many areas, some organizations cannot pay the minimum mandated of 15,000 Baht, so they pay only 10,000-14,999 Baht (US$285-428) with a bonus from time to time. However, many respondents had lower incomes which were under 7,999 Baht (US$228) a month and many respondents supplemented their income from part-time employment. This latter group particularly suffered a loss of income under the home quarantine and travel restrictions imposed by the government. Notwithstanding this lowering of income and living standards, many people were still able to live under the Sufficiency Economy philosophy proposed by King Rama IX and managed their household economies at a good level of happiness.

Factor Analysis

The indices of the wellness aspect were created by factor analysis using Varimax rotation to separate the individual responses of 57 distinct items. The analysis, which accounted for σ^2 = 96.53 variance in the seventy-five items, yielded a seven-factor solution. Each item was loaded on only twenty-one factors; thus all items had a strong factor loading. The well-being factors were developed for this study by adding all responses to items

concerning viewpoints for **F1:** Well-being and Happiness of Mind, the respondents indicated an almost happy response on average ($\bar{x}$ = 5.9, Variance = 25.23%), **F2:** Job security and risk of job loss and income were indicated as almost happy on average ($\bar{x}$ = 4.07, Variance = 18.98%), **F3:** Health care and prevention policy were indicated as average happiness ($\bar{x}$ = 7.22, Variance = 18.29%), **F4:** Relaxation and Seeking information for Happiness at home during the COVID-19 pandemic were indicated as average happy ($\bar{x}$ = 8.15, Variance = 17.69%), **F5:** Suffering from Economic problems in COVID-19 situation were indicated as not happy on average ($\bar{x}$ = 2.76, Variance = 8.89%), **F6:** Economic Sufficiency was indicated as average happiness ($\bar{x}$ = 6.32, Variance = 7.46%), and **F7:** Good governance and administrative transparency were indicated as less happy on average ($\bar{x}$ = 3.2, Variance = 2.84%).

Types of Media Exposure Index

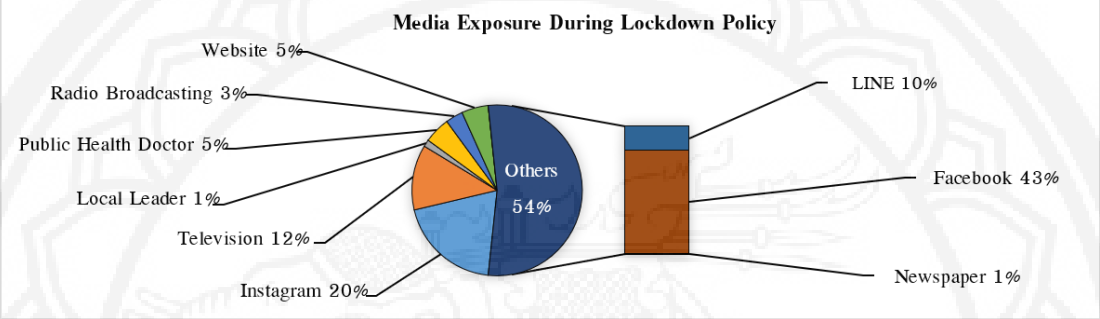

Figure 2 Media Exposure During Lockdown Policy.

Figure 2 indicates that 74% of the total online media exposure involves teenagers who are students using social networks, and also farmers in remote areas, checking and watching Facebook, LINE, Instagram, and online newspapers for 10-20 hours a day, and they checked their mobile phones on-and-off throughout the night and watch television programmes via online platforms (12%). Nonetheless, 14% of the respondents listened to the radio and received messages from local leaders through public speakers and the public address system.

Happiness and Well-being Indicators During COVID-19

Table 1 Factor Analysis

Dimension	$\bar{x}$	S.D.	Meaning	% of Variance	Cumulative Share of Experienced %	KMO
F1: Well-being and Happiness of Mind	5.9	1.41	Almost Happy	25.23		.805
F2: Job Security, and Risk of Job and Income	4.07	1.32	Almost Happy	18.98	44.21	.823
F3: Health Care and Prevention Policy	7.22	1.29	Average Happiness	18.29	63.13	.834
F4: Relax and Seeking Information for Happiness at Home During COVID-19 Pandemic	8.15	0.93	Average Happiness	17.69	80.82	.836
F5: Suffering from Economic Problems in COVID-19 Situation	2.76	0.31	Not Happy	8.89	89.71	.898
F6: Economic Sufficiency	6.32	0.71	Average Happiness	7.45	97.16	.781
F7: Good Governance and Administrative Transparency	3.02	0.11	Less Happy	2.84	100	.891

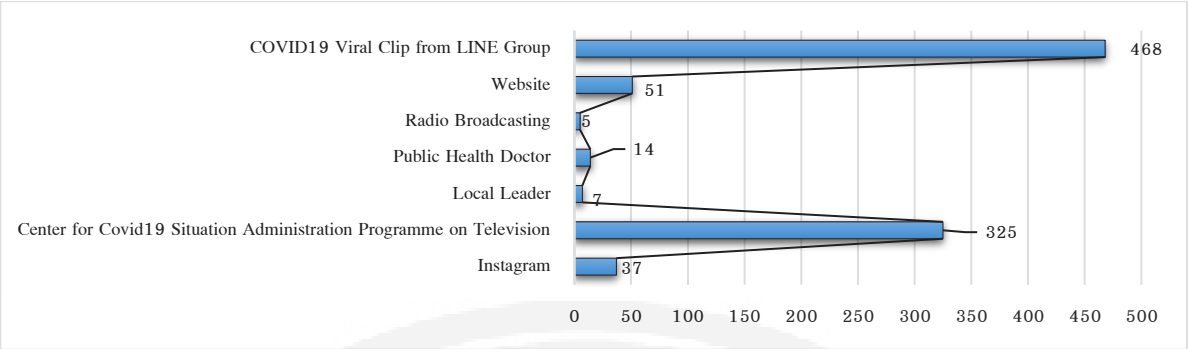

Figure 3 Media for COVID-19 Information.

Over half of the respondents (55.67%) received COVID-19 information from viral clips via social networks such as Facebook, LINE, and Instagram. Of the number of respondents 35.83% received information from the Centre for the COVID-19 Situation Administration Programme on television and online and the remainder sought information from websites, local leaders, and public health doctors. Because of the home quarantine situation, traditional activities could not be publicly held. All channels used were related to the type of information received ($p < 0.05$), e.g., wearing a mask, prevention, risk assessment, hand washing, etc.

The Internet was a significant channel for receiving COVID-19 information, news, and entertainment. Most respondents were regular Internet users. These users of media may provide other people with issues or problems who they feel deserve their attention; for example, personal identity uses may give people ways to further understand themselves and their social world. This may be noted that, in the present situation of COVID-19, in Thailand, administrative transparency on budget allocation to help people is an enormous issue.

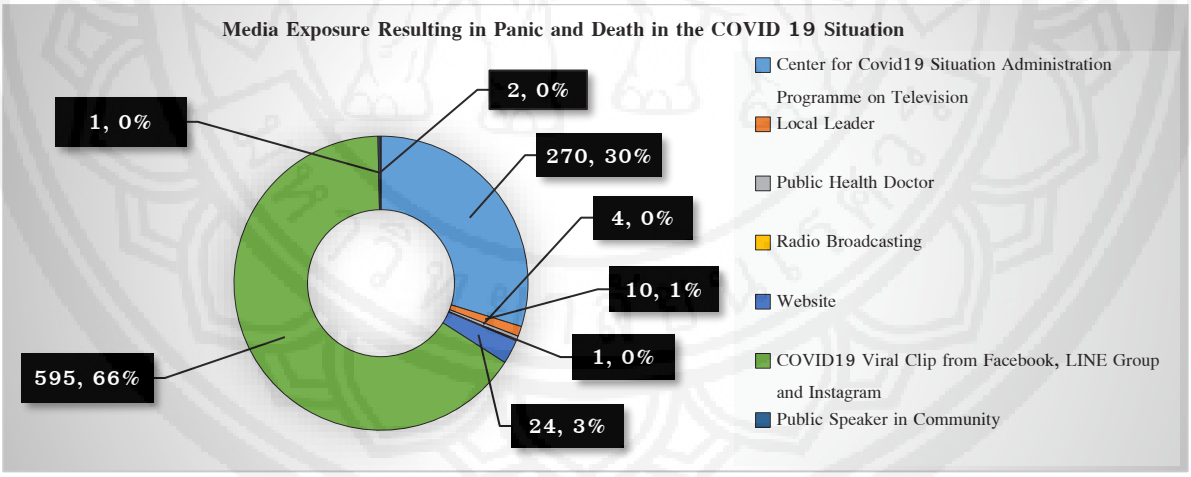

Figure 4 Media Exposure Resulting in Panic and Death in the COVID-19 Situation.

Figure 4 illustrates that media exposure caused feelings of panic and fear of death in the COVID-19 situation. Sixty-six percent of the respondents had seen viral clips from social networks while 30% of the respondents perceived the situation of COVID-19 as it was reported daily by the television programme published by the Centre for the COVID-19 Situation Administration, as well as information that has been presented on other, international, channels. People began to feel panic and thought that this disease could kill them. Other salient points relate to people who listened to the radio for local information regarding COVID-19. Information could also be distributed

using a local public address system and is presented using the kind of language that is easily understood by people in the villages and in interpersonal communications with local leaders, public health doctors and public health volunteers. These forms of communication supplied information on the situation and helped to confirm the beliefs of local people.

Risk Communication Perception

Risk communication on COVID-19 issues in Thailand followed a 5 step process that was followed by the people. First step, the international online media went viral and media in Thailand reported the situation as a newly discovered disease without a known treatment, but the government did not issue any appropriate warnings. In the second step, topics of public concern were covered in the media and became the 'talk of the town'. It should be noted that if the media had not covered these topics, those media would have lost their customers and their credibility. The Ministry of Public Health responded rapidly and set up a task force which included Professor M.D Yong Puwarawan, a well-known virologist and public health expert in Thailand. The third step started as the disease spread through the population. People began to panic, and this was noticed by public representatives who spoke in the media. The Prime Minister announced in the Emergency Decree, that stated that people should wear a mask, wash their hands with alcohol and maintain social distancing. The fourth step: the COVID-19 Centre used key messages including phrases such as 'new normal' lifestyle and 'social distancing' in precautionary warnings. However, a stronger message was spread by online media publishing viral clips which lead to people developing a level of fear of the consequences of ignoring the warnings. In the last step, the alarm messages gradually became more forceful including, for instance, the lock-down policy. People had to accept and accommodate the 'new normal' lifestyle.

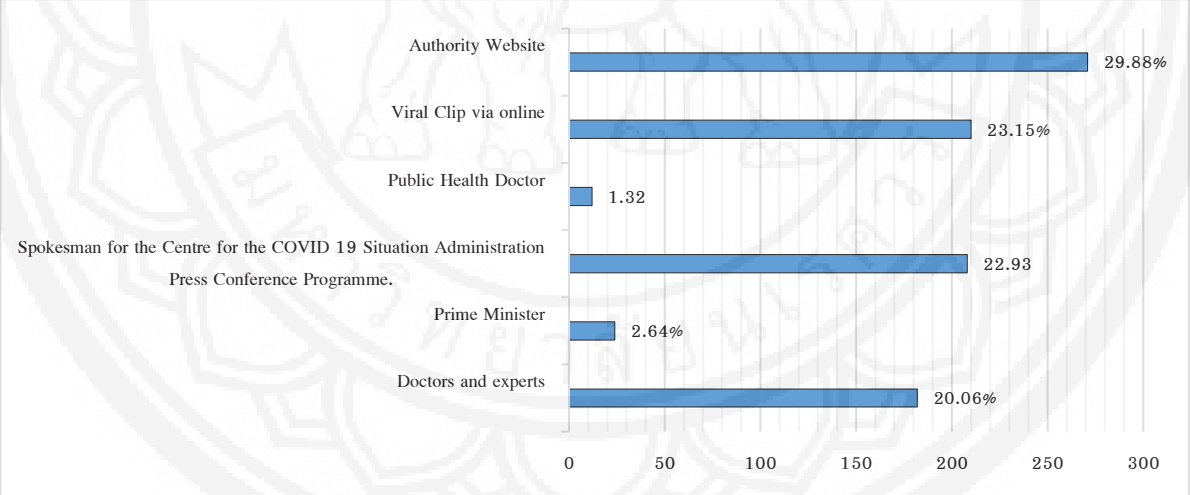

Figure 5 Type of Influencer for COVID-19 Trust Information.

In considering the above, respondents indicated that they had access to influential spokespeople and websites. Authoritative websites were accessed by 29.88% of the respondents, and 23.15% of respondents indicated that they had access to viral clips. These media published influential messages daily to people and lead to greater public awareness but also caused concern and even fear, potentially leading to panic. Awareness of the issues led people to take preventive measures against the virus. Doctors and experts were cited by 20% of respondents as being noted influencers and 22.93% of respondents cited the television programme published by the Centre of the

COVID-19 Situation Administration Press Conference Programme which is broadcast on television and online. People are more alert when they gain more data from a viral clip via online social media but cannot decide which information is true and which is false. Interestingly, the Thai Prime Minister was favoured by only 24 respondents (2.64%) notwithstanding that he has the authority which enables him to issue commands and policies such as the home quarantine policy and threaten punishment by local leaders in every province under the PM's control. It may therefore be said that the local leaders were not selected as influencers even though the governors worked with public health doctors. Only 1.32% of respondents indicated a preference for information from public health doctors, governors were considered reliable influencers for their trustworthiness in the distribution of COVID-19 information.

The five components generated during the media communication step represent the actualized COVID-19 perception. A path analysis was conducted to examine whether the media exposure and the demographic variables predicted the COVID-19 perception during the pandemic. Figure 6 depicts the final path analysis model. The fit indices showed an adequate model-to-data fit: (χ^2 = 3.45, df = 8, p = .76, χ^2/df = .38, CFI = 1.0, RMSEA = .00, SRMR = .03). The percentage of variance (R^2) of each risk perception component is explained in the model as follows: Panic (.03%), Prevention (.01%), Social Distancing (.15%), AID Policy (.16%), and Vaccine for COVID-19 (.08%).

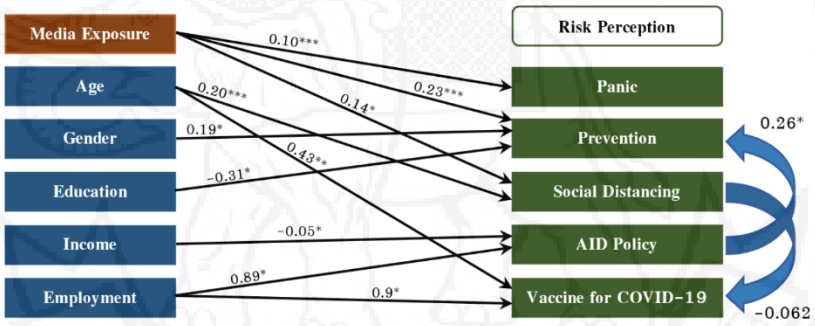

Figure 6 Path Model of the Media Exposure During the COVID-19 Pandemic and the Demographic Variables as Predictors of the Risk Perception.

Note: Standardized Regression Coefficients Reported. Non-Significant Paths Were Omitted for Clarity. (*p < .05; *** p < .001)

The results revealed that media exposure contributed positively to predicting the risk perception of COVID-19 pandemic panic (β = .10, p < .001), COVID-19 pandemic prevention (β = .23, p < .001) and social distancing (β = .14, p < .05) as expected. However, media exposure showed a non-significant effect on social distancing and the COVID-19 vaccine. In other words, the media exposed a higher perception of the risk of the COVID-19 pandemic which was the Prevention and AID Policy.

Following the research hypothesis, income negatively predicted the Prevention and AID policy. Based on the coding of the income (1 = income received regularly from a permanent job, 2 = temporary income received from a part-time job), this means that the income that permanent job participants received regularly tended to be perceived by media as at risk earlier than the temporary income from a part-time job participant. In terms of education, the risk perception seemed to adopt the prevention and aid policy earlier than social distancing. However, the prevention and aid policy, and social distancing, both seemed to lag behind risk perception in terms of AID

policy and the COVID-19 vaccination. A moderate negative correlation was detected between prevention and aid policy.

Hypothesis Testing

Table 2 Result of Hypothesis Testing

Wellbeing	Correlation	P-Value
Media Effects	0.57	.000*

Table 2 explains how the hypothesis tests showed that media exposure is related to happiness (sig 0.00 < 0.01). This indicated that the relationship between media communication use and gratification was affected by the wellness of people in Thailand.

Regression analysis was used with the Enter Method Technique to find the correlation (R) and prediction coefficient of determinism (R^2) and measure the coefficient of determination (R^2 change), F ratio (F) and proportion of coefficient of determinism (F change) from various measures that can predict the wellness of the people during the COVID-19 pandemic situation (Y), as shown in Table 3

Table 3 Regression Coefficient of Well-being Factors

Model	R	R Square	Adjusted R Square
1	0.818[a]	0.892	0.85

Note: R^2= 0.892 means 89.2% of coefficient determinism or factors of well-being indicates a strong positive and significant correlation (p < 0.05). Model no.1 suggests that at least one variable from 29 variables was related to well-being (R = 81.8%). Durbin-Watson is 1.861. The score is 1.5-2.5, meaning that it is independent. P-Val is the column that represents the p-value from the F-test of 0.10, 0.05, and 0.01, respectively.

This determinism is a dependent variable of community happiness that acquired 89.2% only 11.8% have other variables that affect happiness (Y). The happiness sampling (907 people) increases by 5.9 when the determinism equations are explained as people in the community feeling more depressed with life, having a sense of hopelessness, nervousness, and worry about COVID-19 and the economic situation in Thailand. Social media sources such as Facebook, LINE and radio public speakers in the villages played a vital role in providing information about emergencies in the COVID-19 situation because they provided COVID-19 information from officials about the local lockdown live on Facebook, so the community leaders gained respect when they engaged in participatory and health wellness management, and members of the community helped to protect each other from the spread of COVID-19.

Community leaders were charged with the management of local organizations such as health promotion hospitals, village leaders and health volunteers who looked after problems in the community and inspected the community for safety, and home quarantine compliance with the new policy, as well as managing the impact of these policies on the daily social lifestyles of villagers. As well, the local government officials provided regular budgets for community needs during COVID-19. As these officials were usually local people with local family connections, they could manage the provision of the monthly payment of 5,000 baht to community members as well. They were also responsible for enforcing the lockdown and legal protection policies and treating people according to the relevant laws and accepted rules. The various parts of the local government and the local community all cooperated and worked together. Members of the community helped each other and participated in

the planning and development of COVID-19 policies to control the spread of COVID-19 to the villages. The community was informed of the contents of local budgets.

In the third step of the risk communication process (Zec et al., 2019), community people could share their ideas on COVID-19 protection in their community with, for example, respected healthcare workers, health professional officers or village heads who were influencer advising local people to stay at home, instructing villagers to wear a mask all the time, advising them to wash their hands and maintain social distancing. Social distancing includes the cancellation of traditional events in the local areas, not attending funerals, not offering food to monks and not providing alms to monks. Influential voices heard regarding these often difficult situations needed to appeal to a wide demographic and include every cultural group. Therefore, a wide range of 'message deliverers' needed to be heard, using keywords such as 'new normal' and 'necessary changes' to promote these often drastic lifestyle alterations to the traditional and cultural activities.

Discussion

People were not happy during the COVID-19 pandemic because they could not work as usual and were subjected to conflicting messages in social media and the various mainstream media that created confusion and uncertainty about the COVID-19 pandemic Li et al. (2020); Ni et al. (2020) and, historically, the SARS outbreak situation Bergeron & Sanchez (2005). In Thailand, people had direct, personal financial concerns that increasingly became more important than their health. As these people were farmers, government officials, students and temporary workers, they still needed to be able to pay their way, which meant that, without their income, they often needed to go into debt, or, in many cases, had to take out study loans from the government to pay for their education. These loans need to be repaid but, provided the repayments were not too onerous, they were able to manage that situation, although the loans may take years to repay. People needed to be patient during the quarantine situation while having no idea when it will stop. As some commentators said, "We are in the second year of the 2-week shutdown". Some of these people were landowners and therefore able to secure loans against the value of their land and the mortgage can be repaid using money accrued as passive income from rent or income from the land such that they did not need other income to repay their loans.

The community held public meetings online during home quarantine where they could express their views of what is needed and the use of available funds. This enabled the community to work together. Attendance at these meetings demonstrated participatory communication by chatting online via applications such as LINE or Zoom or Teams. The correlation between the medial uses index and well-being is examined in the absence of controls. That analysis showed a correlation between social media, interpersonal media, and mass media. The test of communication media usage related to happiness is rejected by the Pearson correlation $r = 0.57$, sig $0.00 < 0.01$ which indicates that the relationship of communication types, such as interpersonal communication or influencers, had good interpersonal relationships with well-being during the COVID-19 period. Social and mass media reported COVID-19 information from the central government to local officers. This communication was effective but, although most participants received health protection information, psychological issues and advice on how to live at home while in quarantine were not well covered. Normally people connect socially, share their feelings and exchange ideas and knowledge in a more face-to-face manner, but this was severely restricted during this pandemic period.

Digital technology did not support the farmers during distancing and lockdown, providing no information on available logistics services and the export of agricultural products via mobile phones and other telecommunication products. This was a serious drawback for farmers. Nevertheless, there have been no definitive reports in the national media of any suicides directly related to the pandemic in Thailand. This is not to say that there have been no suicides for various reasons such as mental health, however, these incidences have not been directly linked to the pandemic and the related economic crises. Bray & Gunnell (2006) found that happiness is only moderately associated with mental health indicators in the population.

According to interviewees in the community, the news on social networks regarding COVID-19 does not necessarily present relevant information accurately. They tend to show only the number of infections. Some of these perceived infections are not necessarily verified, so the information may not be accurate. The figures showing new infections are not necessarily correct and may even be under-reported, or, for that matter, over-reported. The municipality and the mayor were following a top-down approach and doing what the central government asked them to do. They usually did not solve problems through participatory management.

This research implies that media play a vital role in eliciting reactions to information centered on the pandemic that created uncertainty in the people during the pandemic crisis. According to Katz et al. (1974); Rubin (1994); and Ruggiero (2000) people have sought information for surveillance of their environment now in the digital era, even though the news reports tended to cooperate with government media control. Unfortunately, free use of social networks did not cover full reporting of the real situation and those reports often contained messages that engendered panic, especially concerning vaccination, leading many people to refrain from being vaccinated due to the uncertainty of the information available. Cialdini (2007) elaborated on the persuasive techniques adopted by the Prime Minister and medical officials and government health representatives who used personal commitment, consistency, and their authority to announce the information. In contrast, social media showed the alternate or even opposing side of the information and social media that networking people marked as Likes and Shares. These messages on social media were seen as social facts and proved data, being on friendly media rather than on official media information sources or from the announcements of government representatives. Commitment creates a powerful relationship between people and consistency creates an intimate relationship which can be seen as influential and persuasive that people can trust and apply to their approach to healthcare management. Consistency of service and goods management are also drivers of acceptance of the message espoused. Social acceptance will guarantee that the person is decent, and good and that relationships and a sense of authority may be established by the way their duty is accepted and carried out.

Finally, the test of the effects of communication on the well-being of behaviour, shows that social media, including newsfeeds from mass media, COVID-19 information centres, press conferences online, news online, speaker towers and wire broadcasting in the village community, also websites and Facebook, were accepted and important parts of community social engagement. Entertainment programmes online also engendered a safe sentiment that helped them to relax and give an interest.

Conclusions and Suggestions

The findings suggest that the COVID-19 pandemic situation impacted socio-economic factors and provided opportunities for social media communication, while demanding lifestyle changes that were assisted by following the sufficiency economy philosophy during the home quarantine period and social distancing. People may

'multitask' using several forms of mass media simultaneously. The slow assessment of COVID-19 and late espousal of government policies followed. The healthcare system needed to be quickly envigorated to assist in controlling the outbreak and the government quickly developed a budget to financially support people in quarantine in every community. The people who enjoyed good mental and physical health and lived in situations where their lifestyle and circumstances were sufficient to meet their needs, and where they could generate social networks and communication channels and feel that they can cope with their lives, were unlikely to oppose government measures and restrictions, as had happened in the past when people felt that their futures were compromised. Distributing budgets fairly and administering them transparently through local government increases satisfaction among people.

These people may speak either a distinct dialect or even another language which could limit the value of technology as communities and outsiders may have difficulty communicating with each other. Technology determinism is confirmed by the COVID-19 pandemic. Technology may be useful for relaxation and connecting people who have to maintain social distancing. In contrast, technology supports only middle- and upper-class people who have access to the Internet.

The results indicate that much of the information online is perceived to have human motives and any information gained from them may be political. Other kinds of short video clips from digital television programmes were aimed at various human needs which included, among other things, the acquisition of information, entertainment, companionship, the exploration of personal reality, and the underlining of personal and social values. Health promotion volunteers, for example, used social media and services such as LINE and Facebook to post internal news and other public information.

The news via online social networks regarding COVID-19 did not necessarily accurately show all the relevant information. For example, they tended to show only the number of infections, the accuracy of which was verifiable, and the figures for new infections were not necessarily correct and could perhaps have been either under-reported or over-reported, creating a false picture either way.

Importantly, people may not know who in their communities has been infected and are therefore contagious and this was important information to which people needed access and which was reliable and accurate so that they could protect themselves.

In conclusion, wellness and happiness, including economic conditions and concepts, were explored. It was advantageous for the government to be able to rely on the wide acceptance of the sufficiency economy philosophy to support farmers and non-permanent employees, thus providing them with the extra resources needed to grow food and fruit, and also to subsidize farmers living by the sufficiency economy philosophy, so important in Thai rural society so that they can be happy in their lives. In times of disaster, such as in the COVID-19 epidemic, the government needs to assume all the indices mentioned above. During the epidemic, communication played a vital role in helping people to deal with their fears and unhappiness. Electronic media helped people who were under lockdown to maintain contact with their families and friends. They were also able to find important information about the spread of COVID-19. Many people were rendered unemployed had financial and related problems and so were very unhappy and worried for the future. The authorities, in keeping with WHO recommendations, followed a policy of quarantine and lockdown to limit the spread of the disease. This policy led to people experiencing mental health problems which compounded the possible physical health problems.

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