

Differing Quality of Life by Understanding Alternative Personal Profiles of People in Community-Based Tourism, Thailand

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Abstract

This research aimed to investigate the differences between individual factors affecting quality of life (QOL) for people conducting community-based tourism (CBT). A sample size of 200 comprised people in CBT, Thailand. The data were collected to achieve the research objective by studying the personal profiles of people in CBT including sex, age, education, occupation and income affecting quality of life. Other factors included physical conditions of individuals, psychological state, perception of the relationship between individuals and others and environment. The research employed descriptive and inferential statistics, the F test (one-way ANOVA), to evaluate the data. The results revealed that only education factor significantly differed at level 0.05. Conversely, the factors sex, age, occupation and income showed no significant differences at level 0.05. The result of a study indicates educational level was essential for QOL. Therefore, education, as the most significant factor, should be set as a priority to lead the planning process in various aspects of QOL. Even the community and society need to focus on educational factors leading to a higher QOL. The contribution of this research was to enhance education in society, particularly in CBT to all individuals in the community to obtain greater opportunity to equally access education.

Keywords: personal profile, quality of life, community based-tourism

1. Introduction

1.1 *Introducing the Problem*

Successful tourism development is of great importance for many destinations around the world provided by residents of the destination (Chi, Cai, & Li, 2017). A thriving tourism development plan can offer benefits to communities by enhancing the quality of life (QOL). Related studies have shown that residents' attitudes toward tourism can substantially impact destination development (Látková & Vogt, 2011; Su, Huang, & Huang, 2016). It has been suggested that the residents in the community for tourism development is fundamental to achieving sustainable tourism development (Su, Huang, & Pearce, 2018). Accordingly, to several scholars have sought to understand better approaches to providing resident support for tourism development (Chi et al., 2017; Eusébio, Vieira, & Lima, 2018; Kang & Lee, 2018; Su et al., 2018). A considerable number of studies have investigated residents' attitudes based on community-based tourism (CBT) (Park, Lee, & Lee, 2017; Shariff, 2020; Störmer et al., 2019; Su et al., 2018) and generally confirm that residents show greater enthusiasm for tourism development when positive effects override negative impacts; that is, when they accept as true the existing benefits associated with tourism.

Few studies have mainly considered tourism's effect on QOL. However, resident attitudes toward tourism, and more specific recognition of tourism impacts, have been a subject of investigation for more than 30 years. The distinction between QOL and an impact study is primarily one of estimation: impact studies generally center their attention on the way residents perceive tourism impacts communities and the environment, though QOL studies are regularly concerned with the way these impacts influence personal or family life fulfillment, counting fulfillment with community member, neighborhood, and individual circumstances (Allen, 1990; Andereck et al., 2005; Ap, 1992; Dyer et al., 2007; Gunasekaran et al., 2009; Upchurch & Teivane, 2000). Tourism impacts are related to QOL both directly and indirectly in the community. Mainly, economic, social and cultural and environment aspects of tourism have a causal effect on those people residing in the community. Various features in tourism may impact an individual's QOL in which QOL can be seen through the advancement of tourism

products that can also be enjoyed by locals. The development of QOL can be seen through a better individual standard of living. On the other hand, tourism can create negative QOL impacts such as increased crime, increased cost of living and changes in residents' way of life all of which can negatively affect life fulfillment (Ap & Crompton, 1993; Bastias-Perez & Var, 1995; McCool & Martin, 1994).

Several studies have recorded and altogether examined these potential impacts of tourism (Allen et al., 1993; Hillery et al., 2001; Tosun, 2002). Many authors have developed and tested conceptual models exploring the indicators of perspectives toward tourism in CBT by investigating the QOL of residents in CBT (Dyer et al., 2007; Gursoy, Jurowski, & Uysal, 2002; Ko & Stewart, 2002). Normally, no reliable connections have developed when testing the connection between demographic variables and tourism perspective (McGehee & Andereck, 2004; Teye, Sirakaya, & Sönmez, 2002; Tosun, 2002). A few studies have examined models using a demographic profile of a local community toward QOL (Bauch, 2001; Meijer et al., 2009). Furthermore, demographic variables normally labeled community attachment and most frequently measured as the length of time residing in a community and having been born in a community have been explored in a few studies, with blended outcomes (Deccio & Baloglu, 2002; Gursoy et al., 2002; Lankford & Howard, 1994; McCool & Martin, 1994; McGehee & Andereck, 2004). The only consistent demographic predictor of the tourism perspective has been work in the tourism industry with locals who are working in the area. Otherwise, dependence on tourism presents a more positive recognition of tourism than that of other locals (Brunt & Courtney, 1999; Deccio & Baloglu, 2002; Haralambopoulos & Pizam, 1996; Jurowski, Uysal, & Williams, 1997; Teye et al., 2002). CBT is one part of activities established within the community to create tourism within the area. Tourism affects the community in both positive and negative directions. In addition, CBT also affects the QOL of people in the area in other aspects such as physical, psychological, social and environmental. Therefore, from related literature reviews, the impact of tourism play one part in shaping the QOL of people in communities. Many studies have investigated in terms of the impact of tourism on the community to fill in academic gaps of research regarding the socio-demographics influencing the QOL in a community and to create educational value.

1.2 Exploring the Importance of the Problem

Currently, local tourism development contributes huge benefits to the community, especially to the economy. It also encourages local people to participate in maintaining local resources and environment, as well as increase their opportunity of employing and earning incomes for local people without creating a negative impact on the community (Ashley & Mitchell, 2009; Jamieson, Goodwin, & Edmunds, 2004; Mathew & Sreejesh, 2017; Spenceley, 2008). Particularly, problem arise concerning over-tourism, disturbances from tourists, cross-cultural barriers, values seized from outside the area, increasing congestion, waste and pollution in the area (Kala, 2008). However, tourism continues to benefit more than create disadvantages. Therefore, locals continue to support the development of tourism at a very high level. At the same time, economic benefits may not constitute the major interests that locals perceive. However, while providing major benefits to social it also causes negative outcomes, social and environmental problems, particularly waste and wastewater, creating a major negative effect on tourism development. Therefore, it could be problematic and appearing to have both positive and negative impacts on people residing in the community with CBT (Sriphnomya, 2000). The outcomes are intended to provide CBT with an improved QOL and factors able to develop sustainable tourism in the CBT area.

1.3 Objective of the Study

The study focused on integrating the social sciences exploring socio-demographic characteristics enhancing the QOL of residents in a tourism community of Thailand. The study aimed to investigate the differences between individual factors affecting QOL for people residing in a community with CBT run by Thai local community members. This study believed that the problems involving this research are important and will benefit the local community to serve as solutions to social problems and improve QOL for people in the tourism community as well. Also, this research hoped to create benefits for the public, the private and the education sectors by providing information to develop policies reduce problems. This will produce effective solutions to social problems affecting QOL in the future.

1.4 Relevant Literature

1.4.1 The Quality of Life (QOL) in CBT

Quality of life (QOL) is a multi-dimensional concept combining both the mind and body which are independent of the relationship between the social environment and personal beliefs under the culture, values and life goals of the individual. Similarly, David (2006) describes that QOL includes well-being, life satisfaction, and happiness. Moreover, Phunggrassami, Katikarn, Watanaarepornchai, and Sangtawan (2004) reported the dimensions of QOL consist of four major areas: 1) physical health, 2) psychological state of mind, 3) relative social well-being and 4)

and environmental setting. QOL focuses on life satisfaction. Some research on life satisfaction presented the positive effect on life satisfaction (Carree, Verheul, & Santarelli, 2011; Ciairano et al., 2010; Rashid et al., 2011). Diener, Emmons, Larsen, and Griffin (1985) noting the importance well-being revealed by conducting a self-assessment of a person, not based on conditions determined by others. Amat and Mahmud (2009) determined that individuals having a good life satisfaction will be more comfortable and orderly in their daily lives. The relationship between CBT and QOL is involved in the livelihood of people in the community. The main topic indicated not all the community members engaged in directing tourism receive a proper income as noted in the research resulting in a reduced QOL even after long involvement in tourism. For instance, based on studies by Wamwanich (2010) the QOL of people who participated in tourism did not indicate any significant changes, as well as changes in terms of increased income, which is less encouraging. Based on the case studies of Ismail, Muhamad, and Alwi (2007), direct income earned by tourism throughout its implementation is very low. Ibrahim and Razzaq (2010) pointed out that although many research reports confirm that tourism can change the economic condition of people in communities, their findings did not affect positive changes in the QOL as a whole for people in the community.

1.4.2 CBT in Thailand

CBT is tourism that is run in a specific community using their community management system known for its tourism. CBT may become a community development tool to upgrade the capacity of communities, especially in rural areas to manage the tourism assets and to ensure the extensive involvement and participation of its residents (Asker et al., 2010; Tuffin, 2005). The community needs to appreciate the way of life, culture and environment that has never been experienced until recently. CBT is seen as an alternative to the existing mass tourism that is driving several effects on the environment, society, culture and economics of places in the community (Goodwin & Santilli, 2009; Kiper, Özdemir, & Saglam, 2011; López-Guzmán, Sánchez-Cañizares, & Pavón, 2011). CBT has become the desire of individuals and community governments alike to implement various tourism projects and programs by coordinating associations of nearby individuals in arranging and creating programs with the direct participation of local people in planning, developing and marketing the tourism product in collaboration with the government and private sectors. It also helps create economic opportunities for local residents to benefit directly from conserving the environment and managing the conservation of local communities, including nearby communities, which must be directly affected by tourism and emphasize the importance of planning and sustainable tourism growth (Giddens, 2001; Pretty & Pimbert, 1995). Furthermore, CBT is associated with a wide range of sectors with the mechanism to drive change both at the policy and practical levels which can spread in each region at the policy level by the National Tourism Policy Committee, which serves as administration tourism in all countries, additionally appointed by the community tourism subcommittee to become a mechanism and drive strategic plans.

1.4.3 Demographic Profiles of the Local Community towards the Quality of Life

The demographic profiles of the local community show very significant differences among opinions of residents in the community towards the quality of life (QOL). A few studies have examined correlating socio-demographics and QOL such as clinical and psychosocial characteristics among individuals with QOL in the community. In terms of QOL in health, studies have mainly concentrated on socio-demographics and clinical factors as predictors (Chan et al., 2007; Meijer et al., 2009; Xiang et al., 2008). Regarding social science research, Bauch (2001) indicated that some community members encourage their children to obtain education and also the basic skills required including attending college and living a successful life outside of the community. That means the socio-demographics in terms of education are important for people in the community. Various factors influence QOL including ethnicity and socio-demographic status. Ethnicity has been related to QOL. Dew and Huebner (1994) stated that Anglo female teenagers experience a higher QOL than African American female teenagers who differ in ethnicity. In other words, similar research has exposed that African American male teenagers were found to have a higher QOL compared with Anglo male teenagers. However, few studies have been conducted to investigate the difference between individual factors affecting QOL. This study aimed to investigate the differences among individual factors affecting QOL for people residing in a community with CBT.

2. Method

Quantitative methods has several steps involving the development of the research in which the population in the study represents groups of people in the CBT sector of Thailand. This study selected key informants using purposive sampling. Thus, the qualification of those key informants was people working in the CBT sector of Thailand. In addition, the determined sampling size must be appropriate to assure that the results of analytical data demonstrate true representatives of the population. Also, determining the sampling size must consider

appropriate sampling groups for this research. The researcher in determining the appropriate size of the sampling group suggested that study include 200 subjects.

2.1 Instrument Development

An instrument was needed to measure the process and follow stage approach construction on well-recognized attitudes. Instrument development and validation involved visualizing the methods this research employed to recognize and organized process measurement concepts and to ensure reliability and validity for the instrument. First, the research derived critical process measurements from present research construction on information-processing, then conducted a literature review concerned with factors that focused on process. Next, we used the data from the literature review to develop the instrument. The researcher adopted various measures to adjust to the Thai context and make the questionnaire more understandable. The questionnaire was measured using a Likert Scale involving a 7-point scale comprising 7 choices (Dawes, 2008; Malhotra & Peterson, 2006). The scale ranges from “strongly disagree” (1) to “strongly agree” (7) involving QOL measuring 4 aspects, i.e., physical condition of the individual, psychological status, perception of the relationship between individuals and others and environment. The pretest was piloted by 10 researcher staff in the tourism industry and hospitality center at the National Institute of Development Administration. Then we sent the instrument to experts to evaluate the extent to which each item measured the intended construct to rank items and select the most suitable. After refining the items, we prepared and collected data in a pilot test and performed statistical analysis to assess reliability and validity of the instrument among residents in a community with CBT in Bangkok. The results were analyzed using Cronbach alpha or and coefficient alpha was 0.984 indicating excellent.

2.2 Data Collection

The data were collected covering the research objective. The sampling in this research comprised people in the CBT sector of Thailand. The research site selected the CBT from north, east, south, and central Thailand where population groups were selected as key informants using purposive sampling. Thus, the qualification of those key informants was people residing in a community in the CBT sector of Thailand. The researcher followed the technique determining sampling size of Hair, Anderson, Tatham, and Black (1995) suggesting that the appropriate sampling size was 200 to 300 subjects. Thus, the researcher gathered data as described below. Data were collected using a questionnaire from the sampling group. Also, the researcher collected data from the source of primary data using a closed-ended survey. The questionnaires distributed to the sampling group for investigating totaled 200 surveys. The researcher collected the questionnaire in the Thai CBTs over approximately 3 months. The completed surveys were investigated for invalid. Codes in each questionnaire item were created to load data in the program. The frequency of interviews were recorded and incomplete responses were made more precise as required. The data were diagnosed using statistical analysis and then conclusions were drawn. The diagnosis was conducted by synthesized analysis and the research results were summarized.

2.3 Data Analysis

Data was analyzed using SPSS, Version 22.0 to quantify the results by descriptive statistics. Frequency and percentage were used to analyze the demographic attributes of respondents and presented in table format. Statistics included mean, standard deviation and inferential statistics by F test (one-way ANOVA) to compare different test factors related to QOL for CBT in Thailand.

3. Results and Discussion

3.1 Respondents' Profile

The respondents’ profile of sample groups participating in CBT sector of Thailand for 200 individuals showed the majority were female (65%), and nearly one fourth of respondents were aged 30 to 39 years (23%). In all, 55 respondents had graduated at primary school level (27.5%), 59 respondents were employed (29.5%), while nearly one third of respondents (60) respondents had an average monthly income of 5,000 to 10,000 THB (30%), as shown in Table 1.

Table 1. Respondents' profile of people for Thai CBT

Parameter	Frequency	Percentage (%)
Sex		
Male	70	35
Female	130	65
Total	200	100

Age (years)		
15-19	7	3.5
20-29	37	18.5
30-39	46	23
40-49	39	19.5
50-59	43	21.5
60 or older	28	14
Total	200	100
Education level		
Never studied	12	6
Primary school	55	27.5
Junior high school	27	13.5
Senior high school	54	27
Vocational	14	7
Diploma	11	5.5
Bachelor degree	24	12
Master degree or higher	3	1.5
Other (specify).....	0	0
Total	200	100
Occupation		
Government officer	10	5
Daily private employees	12	6
Monthly private employees	24	12
Private business	35	17.5
Farmers (own Land)	24	12
Farmers (not own Land)	0	0
Employed	59	29.5
Laborer	1	.5
Student	8	4
Housewife	16	8
Unemployed	4	2
Other (specify).....	7	3.5
Total	200	100
Average monthly income		
No income	12	6
<1,500 THB	5	2.5
1,500 –3,000 THB	18	9
3,001 – 5,000 THB	34	17
5,001 – 10,000 THB	60	30
10,001 – 15,000 THB	45	22.5
15,001 – 30,000 THB	24	12
30,001 – 50,000 THB	2	1
50,001 – 100,000 THB	0	0
Over 100,000 THB	0	0
Total	200	100

Table 2 indicates that people in Thai CBT overall agreed on a level of opinion towards the factors concerning QOL (mean 5.093). Considering each aspect, the level of opinion towards the factors concerning perception of the relationship between individuals and others was at strongly agree level for which the mean was 5.426. In terms of psychological aspects, the level of opinion was at the agree level in which the mean equaled 5.230 while in terms of the physical condition of the individual was at the agree level in which a level with mean 5.126. The environment aspect was at agree level (mean 4.877). Based on the total level in QOL for people in Thai CBT,

people paid attention to the perception of the relationship between individuals and others. It could be seen that CBT in each, people in the community were relatives and trusted each other. However, the environment aspect in the CBT area was important regarding the perception of the relationship between individuals and others because in most areas rea was perceived important at the lowest level. Probably people owned a living environment and house, while income differed. Therefore, it showed the environment in the area was considered less important than occupation and other factors.

Table 2. Total of level in QOL for people for Thai CBT

Factors	N	Mean	S.D.	Interpretation
Physical condition of the individual	200	5.126	.988	Agree
Psychological aspects.	200	5.230	.982	Agree
Perception of the relationship between individuals and others	200	5.426	1.031	Strongly Agree
Environmental aspect	200	4.877	.912	Agree
Total QOL	200	5.093	.862	Agree

Table 3. Results comparing QOL classified by sex for Thai CBT

QOL	Grouping	Sum of Squares	df	Mean Square	F	Sig
The physical condition of the person	Between Group	.471	1	.471	.480	.489
	Within Group	194.606	198	.983		
	Total	195.077	199			
Psychological aspects	Between Group	.001	1	.001	.001	.972
	Within Group	192.596	198	.973		
	Total	192.597	199			
Perception of the relationship between individuals and others	Between Group	.015	1	.015	.014	.907
	Within Group	212.170	198	1.072		
	Total	212.185	199			
Environmental aspect	Between Group	.031	1	.031	.037	.848
	Within Group	165.971	198	.838		
	Total	166.002	199			
Total QOL	Between Group	.056	1	.056	.075	.785
	Within Group	148.373	198	.749		
	Total	148.429	199			

* $p < .05$

Table 4. Results comparing the QOL classified by age for Thai CBT

QOL	Grouping	Sum of Squares	df	Mean Square	F	Sig
The physical condition of the individual	Between Group	8.497	5	1.699	1.767	.121
	Within Group	186.581	194	.962		
	Total	195.077	199			
Psychological aspects	Between Group	8.256	5	1.651	1.738	.128
	Within Group	184.341	194	.950		
	Total	192.597	199			
Perception of the relationship between individuals and others	Between Group	6.510	5	1.302	1.228	.297
	Within Group	205.674	194	1.060		
	Total	212.185	199			
Environmental aspect	Between Group	5.180	5	1.036	1.250	.288
	Within Group	160.822	194	.829		
	Total	166.002	199			
Total QOL	Between Group	6.335	5	1.267	1.730	.129
	Within Group	142.094	194	.732		
	Total	148.429	199			

* $p < .05$

Regarding results of the study from a table of differences between males and females, or sex factors in CBT, no significant difference was found for sex at level 0.05, which was consistent with Saetae (2012), investigating about the QOL of people residing in Choke Dee Community, Saensuk Municipality, Chonburi Province reporting sex had no different QOL. The study of Wamwanich (2010) offered an alternative: QOL sub-district of Varinchamrab and Sansook in Varinchamrab District in Ubon Ratchathani Province. In the overview, when testing the differences in QOL, when sex is classified, no significant difference was found at level 0.05. However, this study had different results from Chinuntuya (1993), where the male samples had a higher QOL than female and consistent with Ubonwan (1997) indicating that males have a better QOL than females, and that sex influenced QOL. This may be because Thai society assigns a role to males as a family leader, and as a leader must be respected while a females serves as a follower. Moreover, males have also been respected and praised from the society that results in males acquiring more value than females (Plianbumroong, 1997). In addition, it also differed from the research of Aumdoung (2010) on QOL of the people in Sapansam Community, Tambol Taiban, Muangsamutprakan District, Samutprakan Province revealing that sex is associated with different QOL. the study of the Muangmongkul (2008) on QOL for residents in Nern Sung Municipality found that males and females had different QOL. In reference to comparing the QOL classified by sex for CBT in Thailand the statistics in 4 components, indicated no significant difference for sex at level 0.05. Therefore, the QOL of people in CBT regarding sex showed equality because everyone had the same factors and resided in a similar environment. Therefore, no sex difference was observed in this study.

Considering Table 4, the results compare the QOL classified by age for CBT in Thailand. In the overview and the list of different aspects, no significant appears at level 0.05. As a result, the research found that age was consistent with that of the study of Wamwanich (2010) providing an alternative: People’s quality of life: a case study of one subdistrict of Varinchamrab District in Ubon Ratchathani Province which, when testing the difference in QOL classification by age showed no significant difference at level 0.05. On the other hand, the study of Kumanchan (2000), states that older subjects had a lower QOL than younger subjects. Moreover; the study of Chinuntuya (1993) revealed that older subjects had higher levels of reliance on others. To rely on others would make subjects feel a burden to family members and society and could affect their QOL. The study of Karnjanavorawong (1997) showed that age had a relationship with QOL, younger people enjoyed a higher QOL than the elderly. Following the study of Saetae (2012), investigating the QOL of people residing in the Choke Dee Community, Saensuk Municipality, Chonburi Province found that age affected the QOL of people residing in the community and significantly differed at level .05. Aumdoung (2010) studied the QOL of the people in the Sapansam Community, Tambol Taiban, Muangsamutprakan District, Samutprakan Province showing that people of different ages had different QOL. Furthermore, the study of the Muangmongkul (2008) regarding QOL for residents in Nern Sung Municipality found that people of different ages had different QOL. The results comparing the QOL classified by age for CBT in Thailand revealed no significant difference at level 0.05. However, it could be observed that different ages did not affect the QOL of people in CBT. The community maintained well-being in their environment and received similar factors resulting in no difference among people in the CBT area. However, to contribute and and expand knowledge of education, it became necessary to support activities within the area to add to the QOL of people residing in the area in which all age groups were able to participate in managing their communities to achieve sustainable community tourism within the area.

Table 5. Results comparing QOL classified by education level for Thai CBT

QOL	Grouping	Sum of Squares	df	Mean Square	F	Sig
The physical condition of the individual	Between Group	9.842	7	1.406	1.457	.185
	Within Group	185.235	192	.965		
	Total	195.077	199			
Psychological aspects	Between Group	12.298	7	1.757	1.871	.076
	Within Group	180.298	192	.939		
	Total	192.597	199			
Perception of the relationship between individuals and others	Between Group	12.560	7	1.794	1.726	.105
	Within Group	199.625	192	1.040		
	Total	212.185	199			
Environmental aspect	Between Group	13.336	7	1.905	2.396	.023*
	Within Group	152.666	192	.795		
	Total	166.002	199			

Total QOL	Between Group	11.031	7	1.576	2.202	.036*
	Within Group	137.398	192	.716		
	Total	148.429	199			

* $p < .05$

Table 5 shows the results comparing QOL classified by education for CBT in Thailand. The overview and list of different aspects revealed a significance at level 0.05 for only environmental aspect and total quality of life. As a result, studies have found that education was consistent with the study of Chansukitmathee (1997), reporting that the level of education is correlated with QOL. Education is an important factor in the development of knowledge, encouraging individuals to be curious and think logically could solve problems and mitigate negative situations experienced in life. Life can be great, even when faced with illness, by endeavoring to seek knowledge and understand the underlying aspects of the disease. One would be more likely to follow a treatment plan to control an illness with better understanding. Similarly, the study of Ubonwan (1997) revealed that level of education correlated with QOL. When a higher degree of education has been obtained, QOL is more likely to be improved. In addition, the research of Saetae (2012), showed that people obtaining different educational levels experienced different levels of QOL affecting people residing in the community at a significant difference of .05. Likewise, the experimentation of the Aumdoung (2010) indicated that people with different educational levels experienced different QOL levels. Further, the results of the study of Muangmongkul (2008) indicated that people with different educational levels enjoyed different QOL. In contrast, the study of Wamwanich (2010) revealed that no significant difference was observed at level 0.05. Different education levels affected the overall QOL of people in Thai CBT; and in addition, different education levels revealed an impact on the QOL regarding environmental aspects. When individuals obtain high education levels, it affects QOL as a whole. Therefore, one important factor leading to a high QOL must be educational development within the community. In addition, training courses may be managed to develop knowledge and career skills to be used to achieve a higher QOL and improved environment to gain equality in society

Table 6. Results comparing QOL classified by occupation for Thai CBT

QOL	Grouping	Sum of Squares	df	Mean Square	F	Sig
The physical condition of the individual	Between Group	9.743	10	.974	.994	.451
	Within Group	185.335	189	.981		
	Total	195.077	199			
Psychological aspects	Between Group	10.430	10	1.043	1.082	.378
	Within Group	182.167	189	.964		
	Total	192.597	199			
Perception of the relationship between individuals and others	Between Group	10.185	10	1.018	.953	.486
	Within Group	202.000	189	1.069		
	Total	212.185	199			
Environmental aspect	Between Group	10.085	10	1.009	1.223	.279
	Within Group	155.916	189	.825		
	Total	166.002	199			
Total QOL	Between Group	7.549	10	.755	1.013	.434
	Within Group	140.880	189	.745		
	Total	148.429	199			

* $p < .05$

Regarding Table 6, the results compare QOL classified by occupation for Thai CBT. In the overview and the list of different aspects, no significance was found at level 0.05. As a result, studies have found that research was consistent with the study of Muangmongkul (2008) revealing that people with different occupations had the same QOL in the area. In addition the results of study of Wamwanich (2010) showed that in an overview, testing the differences in QOL classified by occupation exhibited no significant difference at level 0.05. Moreover, the study was not in line with the study findings of Aumdoung (2010) indicating that people with different occupations had different qualities of life.

Moreover, the study results of Saetae (2012) concerning the QOL of people residing in Choke Dee Community, Saensuk Municipality, Chonburi Province reported people with different occupations had different QOL at the significance level of 0.05. This was due to the comparative analysis of the QOL of people residing in CBT based on statistics when classified by occupation. Overall, different occupation indicated no difference in QOL. Moreover, each aspect was analyzed from statistical values revealing that the four studied factors regarding different occupations did not affect the QOL of people in Thai CBT because these factors occurred among individuals. Therefore, the most important aspect to develop and adopt in the community to achieve a higher QOL involved creating activities and occupations incorporating happiness.

Table 7. Results comparing QOL classified by income for Thai CBT

QOL	Grouping	Sum of Squares	df	Mean Square	F	Sig
The physical condition of the individual	Between Group	10.920	7	1.560	1.626	.130
	Within Group	184.157	192	.959		
	Total	195.077	199			
Psychological aspects	Between Group	6.396	7	.914	.942	.475
	Within Group	186.201	192	.970		
	Total	192.597	199			
Perception of the relationship between individuals and others	Between Group	6.630	7	.947	.885	.520
	Within Group	205.555	192	1.071		
	Total	212.185	199			
Environmental aspect	Between Group	10.431	7	1.490	1.839	.082
	Within Group	155.570	192	.810		
	Total	166.002	199			
Total QOL	Between Group	7.510	7	1.073	1.462	.183
	Within Group	140.919	192	.734		
	Total	148.429	199			

* $p < .05$

Table 7 compares the results of this study concerning QOL classified by income for Thai CBT. In the overview and list of different aspects, no significance could be observed at level 0.05. The results of the study were consistent with those of the study of Wamwanich (2010) conducting research on QOL of people residing in Varinchamrab testing the difference in QOL classified by income. No significant difference was found at level 0.05. In addition, income and financial factors were related to QOL in the study of Ubonwan (1997) showing that income correlated with QOL and that higher income increased higher QOL. Furthermore, the results of the study of Chinuntuya (1993) indicated that high income was likely to be associated with a high QOL, and that income was an important economic fundamental element in life. However, the results contrasted with those of the study of Saetae (2012), whose analysis revealed that people with contrasting incomes had different QOL at a significance level of .05. From the research of Muangmongkul (2008) data was revealed that people having different incomes had differing QOL. The difference in income for QOL overall, exhibited no difference, indicating that income did not affect the QOL of people residing in Thai CBT. It explained that most people have an average monthly income of 5,001-10,000 THB, second to an average monthly income of 10,001-15,000 baht, which was a similar monthly average. Most people with these incomes had similar occupations, such as employees, farmers, fishers and traders. Therefore, to develop the QOL of people residing within the most important areas involved in Thai CBT involved generating sufficient and equal income.

4. Conclusion

The study investigated different QOL by understanding alternative personal profiles of people residing in communities practicing Thai CBT and found some personal factors. Both differences and no difference were found in this study. The study showed only education factor exhibited a significant difference at level 0.05. Conversely, the factors of this research, namely, sex, age, occupation and income indicated no significant differences at level 0.05. Such elements could be taken into consideration to encourage the QOL in Thai CBT managed by the community. The quantitative study explored the different demographics of the people residing in communities practicing Thai CBT. They did not directly affect the QOL of the people residing in the area. The significance from this study was mainly in revealing that education was the most important factor improving the QOL among people managing Thai CBT, according to the results. The statistical values demonstrated that

education was the only factor affecting the QOL of people residing within the area as a whole. In addition, education also affected the living environment of people residing within the area. As mentioned, education was strongly important to enjoying a high QOL. Education was the main factor that will positively influence other consequences such as occupation, income etc. Even people in the area receiving good education could affect other factors as well. A good education will result in the creation of a stable career for people residing in the community, and then, when having a stable career, it will also affect the income of people, exhibiting a positive relationship in the same direction. Therefore, the most important activity leading to a high QOL for people residing within the community is developing the education opportunities to create a chain of QOL. They had similar lifestyles, culture, social practices and environmental conditions. However, no significant difference was observed in the QOL in tourist areas by the community members. Nonetheless the results of the study were applied to improve the QOL of people managing CBT. The study explored QOL elements in four aspects. The case of physical condition should encourage people to take better care of the people's physical health and well-being in the community ensure the right to maintain health, either from the state, as well as promoting the public to exercise. Regarding the psychological section, it is recommended to conduct cognitive policy on mental health and enhancing activities, promoting beneficial living activities, relaxation and raising self-esteem. Moreover, government policy should reinforce knowledge while social relationships should be promoted to enhance responsible activities and encourage the public to see the importance of community meetings, both in communities and across communities. Encouraging participation also affects the relationships among communities and increases social relationships by the authorities who must take care to be more sensitive. Finally, regarding the environment, policy should encourage the perception and greater awareness and communicate knowledge to enhance lifestyle as part of the daily living activities to help increase knowledge, prevent harm, and create a safe and secure life. Moreover the results of research could be adapted to concern social conditions and CBT in religion. The implication of this study benefits to CBT directly. Also, the result of the study may be adopted in any sectors related to CBT to enhance the QOL of people in the area. In addition, each sector should understand the role of problem solving for the community. Particularly the government sector should disseminate information to enhance the QOL in the society focusing on education to increase the QOL of people residing in the community. Furthermore, other areas as private, community, academic or industry sectors should support enhancement through training techniques and skills for people residing in the community. All sectors should collaborate and integrate the results of this research to create policies, plans and strategies for CBT managed by community members and implement these strategic plans in the community.

4.1 Future Research

Future research should study other factors derived from the policy of developing QOL and affecting the QOL of people in communities such as the policy of enhancing mental health. When these policies are developed, QOL in the community will improve. In addition, the QOL in the field should be studied using qualitative research in the study of organizations contributing to the community's QOL and conducting indepth interviews to gain different aspects of knowledge to develop. Finally, information should be obtained from those who play an important role in developing a QOL plans to gain access to more useful information.

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