

A Study of the Effects of Corona Virus Disease (COVID-19) in Thailand

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Abstract:-The purpose of this paper was to determine the effects of COVID-19 pandemic in Thailand. Specifically, the focus has been given to the economic and social impacts of the virus and associated restrictions. A mixed-methods design was adopted in this study employing both the qualitative and quantitative approaches. A mixture of KIIs and IDIs was utilized to collect the qualitative data from the respondents (n=20). A document review tool was also used to gather quantitative information from periodicals, journals, newspapers, and government reports (n=20). The concept of saturation controlled the number of respondents in this research. Both convenient and purposive sampling techniques were adopted in this study. Ethical considerations including informed consenting, privacy and confidentiality, as well as respect for persons were upheld at all times. The results showed that the COVID-19 pandemic in Thailand led to business closures, job losses, reduced government revenue, and increased inflation, among others. It was also noted that an upsurge in the rates of domestic violence, depression, and boredom was attributed the COVID-19 and related restrictions. It is also possible that the pandemic had some positive effects on other sectors like the ICT. It was recommended that the government should put aside some resources to cushion citizens from unprecedented occurrences and disasters like the COVID-19 pandemic.

Keywords:- Coronavirus Disease, COVID-19 Restrictions, Economic Effects, Social Effects, Thailand

I. INTRODUCTION

The coronavirus disease, abbreviated as COVID-19, was first detected in Wuhan, China, in December 2019. The specific type of virus that causes the disease is called SARS-CoV-2. The World Health Organization declared COVID-19 as a global pandemic in early 2020. It is a highly infectious respiratory disease that spreads when a sick person sneezes, speaks, breathes, sings, and spits to a healthy individual. An infected person experiences mild to moderate symptoms that typically go away after 7 to 10 days (Vijaya et al., 2021). Some people will not require medical attention while others may become critically ill leading to hospitalizations and deaths. The virus spreads faster in closed-door settings and crowded areas. The most common symptoms of COVID-19 are coughs, fever, tiredness, and loss of smell or taste. However, some people experience rare signs such as muscle ache, diarrhea, sore throat, headaches, and skin rashes, among others. There has been a global search for drugs and vaccines that can control the spread of COVID-19. Some of the available vaccines that have been scientifically proven to be effective are AstraZeneca, Moderna, Pfizer, BioNTech,

Sinopharm, and Johnson & Johnson, among others. Various clinical trials at different phases are ongoing across the world. The deadly virus has spread to almost all countries and continents (Marome and Shaw, 2021).

The data from the WHO shows that more than 570 million people have been infected with COVID-19 across the world. Approximately 6 million individuals have succumbed to viral illnesses all over the globe (Triukose et al., 2021). However, the good news is that many people recover from this disease within a short period. For instance, data shows that more than 540 million people have recovered from the illness. Globally, the total number of vaccine doses administered is estimated to be 12,219,375,500 (Pakpour and Griffiths, 2020).

This paper focuses on the status of COVID-19 in Thailand, particularly the effects on the social and economic lives of the citizens. It is a Southeast Asian country that is known for beaches, palaces, and temples. The capital city of Thailand is Bangkok and the population of the country was estimated at 69.8 million people as of the year 2020. The confirmed cases of COVID-19 in Thailand as of 22nd July 2022 are estimated at 4,568,461. The WHO reports that the total number of deaths as a result of COVID-19 in Thailand is 31,073. The Southeast Asian country has administered a total of 139,937,409 vaccine doses (Katewongsa et al., 2021).

The COVID-19 pandemic has had severe to moderate effects on many people across the world. The most commonly affected sectors are tourism, hospitality, and transportation, among others. Countries that have relied on tourism as a source of foreign exchange were really affected by the pandemic. The unprecedented effects of COVID-19 have brought many nations down economically. The broad areas of coverage in this paper are the economic and social effects of the COVID-19 pandemic on the growth and development of Thailand (Nicola et al., 2020).

A. Purpose of the study

The overall purpose of this study is to determine the effects of coronavirus disease in Thailand.

II. LITERATURE REVIEW

A. Economic Effects of COVID-19

Research has shown that the diagnosis of the first case of coronavirus in Thailand and other countries across the world led to different economic effects (Suntronwonget al., 2020). For instance, banks and other lending institutions scaled down their operations due to the unprecedented impacts of the pandemic. Some people who had active loans and facilities were unable to pay due to the tough economic times. Financiers were forced to provide grace periods for the borrowers to take a break (Cakmakl et al., 2020).

The coronavirus pandemic has also affected many sectors of the economy in Thailand. For instance, the tourism sector has been hardly hit due to the restrictions. Many countries went on lockdown to curb the spread of the virus. Tourists were unable to move from one country to another freely (Tiapraponget al., 2021). Another sector that was affected by the pandemic is transport. Most airlines were not operational in fear of the spread of the disease (Chen et al., 2021).

Despite the negative economic impacts, the pandemic was also seen to boost other sectors such as ICT. Many companies resorted to remote working and virtual meetings. ICT organizations such as Microsoft and Zoom made good profits during the period. They got a chance to market and sell their products and services (Goodwin et al., 2020).

B. Social Effects of COVID-19

It is always said that humans are social beings who like interacting and mingling with others. However, the COVID-19 period denied people the freedom to associate and move freely. The virus spreads faster in crowded places, hence,

there is the need to restrict such interactions. The new normal of staying indoors and avoiding public spaces led to various social effects on the people (Issac et al., 2021).

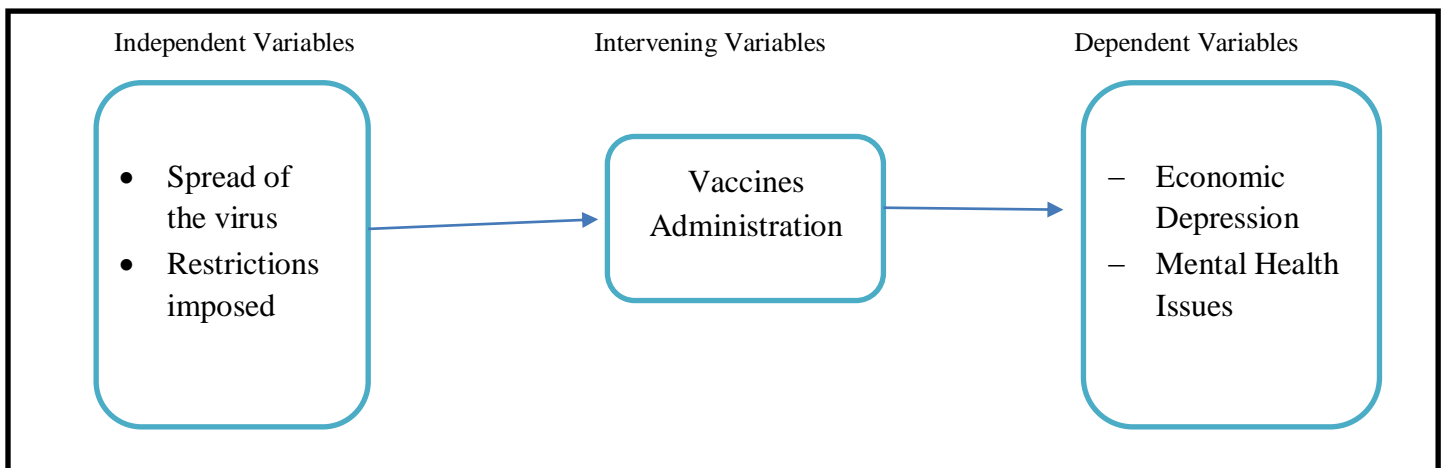
Research showed that there was an increase in cases of domestic violence during the COVID-19 period. Incidences of human trafficking and child molestation were also recorded in some places across the world. It was also noted that food insecurity and hunger were on the rise in many parts of the globe due to the low agricultural production. Mental health issues comprise another huge problem that has been experienced in some regions. Research has been done to determine the association between depression and COVID-19 pandemic. Some findings showed that watching television and reading news of deaths traumatized many people (John et al., 2020).

III. RESEARCH OBJECTIVE

The overall objective of this paper is to determine the effects of the COVID-19 pandemic on the economic and social development of Thailand.

IV. RESEARCH FRAMEWORK

The conceptual framework adapted from the literature highlights the dependent, independent, and intervening variables of the study. The framework illustrates the cause-and-effect relationship between infectious diseases and the socio-economic development of the country.



The above diagram shows that COVID-19 pandemic in Thailand has led to various effects on the social and economic development of the country. For example, the spread of the virus has the potential of causing economic depression and mental health problems. The restrictions imposed to curb the virus such as lockdown and curfews may cause mental health issues (Yorsaeng et al., 2022).

V. RESEARCH METHODOLOGY

A. Study Design

The study adopted a mixed-methods research design to achieve the objective. The quantitative arm of the study involved a document review method where previously published data were analyzed. The data was obtained from grey literature such as government reports, WHO facts and figures, journals, periodicals, and other published information. The qualitative arm of the study involved the use of key informants and in-depth interviews to gather information from persons of interest. Specifically, a parallel study design was adopted in this research. This means that the two methods were used concurrently.

B. Study Location

The research was conducted between January and March 2022 in the city of Bangkok in Thailand. All the participants interviewed were found in the city. The literature reviewed was published between January 2020 and December 2021. They include articles that focus on the effects of the COVID-19 pandemic in Thailand.

C. Study Population

The qualitative arm of the study targeted participants of different demographics around the city of Bangkok, Thailand. Specifically, they had various socio-economic statuses, age, gender, religion, and education levels, among others. The target participants were all people living in Bangkok city, Thailand.

- a) Inclusion criteria for the qualitative arm of the study
 - Adults aged between 18 and 65 years of age
 - Those who consented willingly to take part in the study
- b) Exclusion criteria for the quantitative arm of the study
 - Children and elderly people
 - Non-citizens of Thailand
 - Critically ill and mentally challenged persons.

D. Sampling

It is important to ensure that the study picks a representative sample of the target population. The people who will respond to the interview must give an overview of the opinions of the whole group. The results obtained are assumed to be generalizable to the bigger population of Thailand.

In this case, a combination of purposive and convenient sampling techniques was used to get the people who were interviewed. The study targeted individuals who would give information related to the effects of the COVID-19 pandemic in Thailand. For example, individuals from the relevant government ministries dealing with coronavirus directly were interviewed. People running various businesses were also interviewed to understand the effects of the virus in the conduct of their activities. A convenient sampling technique was also used in the sense that those who were available for the interview were contacted. A total

of 20 interviews were conducted since the saturation point was reached.

The quantitative arm of the study used a random sampling technique. The researcher searched through various databases such as PubMed and Medline to get the relevant sources of information. All publications related to the effects of the COVID-19 pandemic in Thailand were chosen for analysis. A total of 20 sources of information were obtained and analyzed since the saturation point was reached.

E. Reliability Test

A reliability test was performed when the number of target participants reached 20. The Cronbach's Alpha Coefficients was performed and it was found to be 0.78. This figure showed that the data collection instruments had high internal validity and reliability.

F. Data Collection Tools

The instruments for data collection will be chosen based on the capability to provide relevant information for the quantitative and qualitative arms of the study. People who are deemed to be opinion shapers and decision-makers at the Ministry of Health used Key Informant Interviews (KIIs). All other individuals contacted in the city of Bangkok utilized In-depth Interviews (IDIs). The difference between the two qualitative tools of data collection is the ability to provide key information that no one else can give.

As for the quantitative arm of the study, the researcher adopted a document review tool to collect information from published and non-published information. The guide developed helped in obtaining the data relevant to the effects of the COVID-19 pandemic in Thailand. The data mining procedures were detailed to give useful information for the study. The three tools of data collection (KIIs, IDIs, and document review instruments) were piloted before the commencement of the study. The importance of the piloting phase is to test the reliability and validity of the tool prior to the actual work. It is also necessary to identify any errors and correct them to make sure that accurate data is collected from the field. The piloting phase was conducted in the actual environment. The data obtained from this testing phase was analyzed.

G. Data Collection Procedures

a) Qualitative arm of the study

The data collection procedures adopted in this study are from one arm of the research or the other. The field assistants identified potential study participants using the sampling techniques identified above. They were then contacted on the phone, by e-mail, or physically to explain the background of the study. Those who accepted to be part of the study were given informed consent to read and sign. All interviews took place at a location and time that were deemed convenient to the participant. All interviews took between 25 and 35 minutes excluding the time taken during the consenting processes. Interviews were audio-recorded for reference purposes.

b) Quantitative arm of the study

The process of collecting quantitative data is different from the qualitative aspect. For instance, the researcher identified the keywords to be used in searching through the database. The sources of data were then determined using reputable databases such as PubMed, Medline, and EBSCO. Keywords were then utilized to obtain the relevant sources of information. All articles mined were reviewed to get the required data. The effects of the COVID-19 pandemic in Thailand were documented for analysis purposes.

H. Data analysis

All audio-recorded data were transcribed verbatim and typed into the Microsoft Word document. Qualitative software called NVIVO was used to analyze the data obtained from KIIs and IDIs. Themes and sub-themes were generated from the transcripts. Codes were then established from themes. All the relevant themes were put together to ease the interpretation of the results. The socio-demographic characteristics of the respondents were also analyzed and summarized.

The quantitative data were generated and entered in MS Excel. The fields and rows developed were in line with the specific and general objectives of the study. The information was quantified and analyzed using STATA software.

I. Data management

It was important to ensure that all kinds of data collected and utilized in the course of the study were managed professionally. Firstly, the transfer of data from the source to the storage point was done in a manner that avoids any form of infiltration and leakage. Audio-recorded information was moved using digital recorders. All information kept in hard copies such as informed consent forms and field notes were securely kept in folders. All sets of information are kept in the custody of the principal investigator under a lock and key. At the end of the study period, all kinds of data whether in soft or hard copy will be destroyed permanently. The data kept in computers, hard drives, and digital hard drives will be deleted. The information available in hard copies such as informed consent forms and field notes will be shredded. All types of data will be de-identified for the safety and welfare of the owner.

J. Ethical considerations

The study obtained relevant ethical, scientific, and regulatory approvals before its commencement. It is important to ensure that the safety, welfare, and rights of participants are upheld at all times. The detailed informed consent process is an indicator that the people who provided the data were respected. The researcher ensured that the participation is voluntary. No one was coerced to provide the information at any stage. It was also necessary to compensate participants for the time taken to respond to the interview questions. The rate of compensation was commensurate to the wage rate of the participant ranging from 15 to 20 dollars. Those who used transportation means or the Internet were reimbursed accordingly. Privacy and

confidentiality of the participants were assured by destroying all forms of identifiers such as names and specific locations of residences. All potential risks and benefits that may accrue from the study were disclosed at the beginning of the research. The informed consent forms contained contact details for IRB that approved the study and the Principal Investigator (PI). As for the quantitative data collection, there were minimal ethical concerns. It was only necessary to recognize, acknowledge, and give credit to the authors of the information obtained from the web.

VI. RESULTS AND DISCUSSION

The findings of the study are reported in a two-fold manner. The data obtained from the qualitative arm of the study was analyzed and reported separately.

A. Sociodemographic details of participants

A total of 20 residents of Bangkok city in Thailand were interviewed before the saturation point was reached. The interview was stopped when no new information was obtained by the researcher. It was noted that the themes and subthemes started becoming repetitive when the 20th participant was being interviewed. Table 1 below indicates the socio-demographic characteristics of participants. It was noted that more men (55%) were picked by the sampling technique that was used compared to women who were at 45%. When it comes to the age brackets, results indicated that 40% of the participants were aged 51 years and above. This data shows that many senior people took part in the study. This could be attributed to the sampling technique chosen that was purposive. The researcher wanted to get information from the people who had experience in doing business before and during the COVID-19 pandemic. Many of the participants chosen were key informants who provided the information that no one else could have been privy to. It was also interesting to note that individuals who earn a monthly income of 500 dollars and below were the same as those who get 1,000 dollars above. Both groups were at 35%. Most of the key informants in this study were working for the government either directly or indirectly.

Variables	Frequency (f)	Percentage (%)
Gender		
Male	11	55
Female	9	45
Age brackets (years)		
18-30	4	20
31-40	3	15
41-50	5	25
51 and above	8	40
Income per month (dollars)		
Below 500	7	35
501-1000	6	30
1000 and above	7	35

Table 1: Socio demographic details of participants

The second part of the socio-demographic details reports the findings of the quantitative arm of the study. The researcher utilized various sources of information to get the data relating to the effects of the COVID-19 pandemic in Thailand. All the resources were published between the year 2020 and 2022. It was also necessary to get the data from multiple sources to get the variety needed for the study. Results from the pie chart below show that peer-reviewed articles formed the majority of the sources consulted. The

researcher wanted to get information from verified and trusted sources. It was also necessary to get the data from other places such as the government ministries and departments. It was noted that Thailand’s executive arm was collecting data on the effects of the pandemic on the social and economic livelihoods of the people. It was also interesting to see how newspapers and periodicals had a lot of data on the impacts of COVID-19 pandemic on people’s businesses.

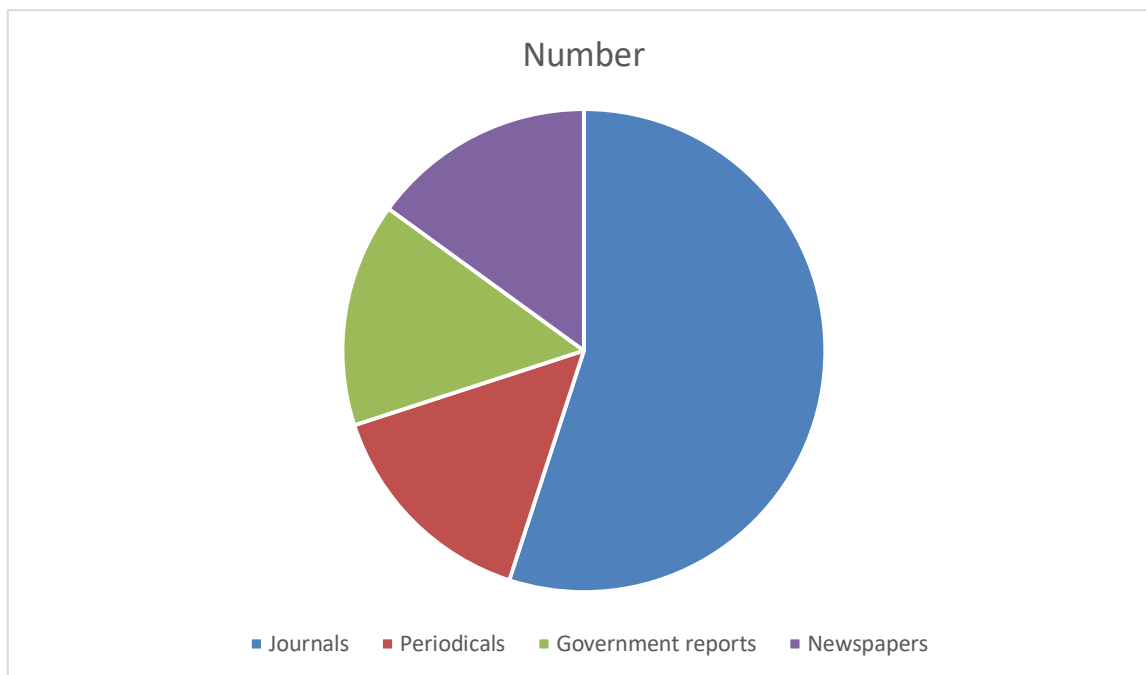


Fig. 1: A Pie Chart Showing Various Sources of Information Cited

B. Economic effects of COVID-19 pandemic in Thailand

The two variables of interest in this study were the economic and social effects of the pandemic on the people. We begin by reporting the economic impacts of the pandemic on the citizens of Thailand. Twenty people who were interviewed gave their views and opinions on the subject matter. For privacy and confidentiality purposes, codes will be used to identify the respondents. The following excerpt was obtained from the transcripts:

“The COVID-19 pandemic led to the closure of my business in Thailand. I am a proud owner of a travel agency, but the business ceased operating when there were no more tourists visiting the country”. {Respondent 15}

The above respondent expressed her concerns over the economic effects of the pandemic. It is noted that the tourism industry was hardly hit by COVID-19. Many people across the world were unable to travel to different destinations due to the fear of contracting the disease. It was also noted that the government had introduced strict

measures to curb the spread of the virus. Participant number 15 owns a travel agency and they had to close the business due to the lack of customers.

The following excerpt gives another illustration of the economic effects of COVID-19 pandemic in Thailand.

“The government used to generate a lot of revenues from hotel levies and taxes. However, for the last two years, we have been running on losses because we have to support citizens in running their businesses by providing subsidies”. {Respondent 4}

The above respondent was a key informant working at a government ministry. It is clear from the above excerpt that the government of Thailand has been affected economically following the closure of business. The administration has been forced to provide subsidies to the citizens so that they can continue operating. However, the government has also been struggling due to the reduced taxes and levies from the people.

“I lost a job in March 2020 because my company was closed indefinitely. We got a memo indicating that the business could not be sustained due to the lack of tourists and other key stakeholders who have been supporting the firm. The company could only afford to pay salaries for the managers and other essential workers. The downsizing of the firm’s operations led to job losses” {Respondent 11}

The above respondent reported that the company retrenched many people due to the lack of business. It is clear that the COVID-19 pandemic in Thailand forced many

industries to close their operations. The sustainability of businesses and employees in Bangkok became an issue. When one individual loses a job, the effects will trickle down to many people including parents, children, and other dependents.

Apart from the qualitative data obtained from interviews, the researcher got some useful information from the literature search. The periodicals, newspapers, government reports, and peer-reviewed articles gave a wide range of facts and figures on the economic effects of COVID-19 pandemic in Thailand. The bar graph below illustrates the effects of the pandemic in different areas of the economy. It was noted that the peer-reviewed journals had a lot of information relating to the topic. This could be attributed to the fact that many journals were found from the database. All the documents that were reviewed indicated that the COVID-19 pandemic led to closure of businesses, job losses, auctioning of products, and reduced sales. One of the interesting variables in this study is auctioning. It was noted that many people living in Thailand decided to sell their products for survival purposes. It reached a point where some individuals sold some household items and other precious property to buy essential things like foods. On the other hand, it was difficult to find buyers of different goods and services that were up for sale. The reduced number of buyers and increased products in the market is an indicator of a failing economy. The circulation of money and the purchasing power of the people were very low during the pandemic. All these indicators show that the economy was not doing well. Some of the parameters that the government uses to gauge the progress of a country include the GDP, GNP, income per capita, inflation and interest rates, among others (Vicerra, 2021).

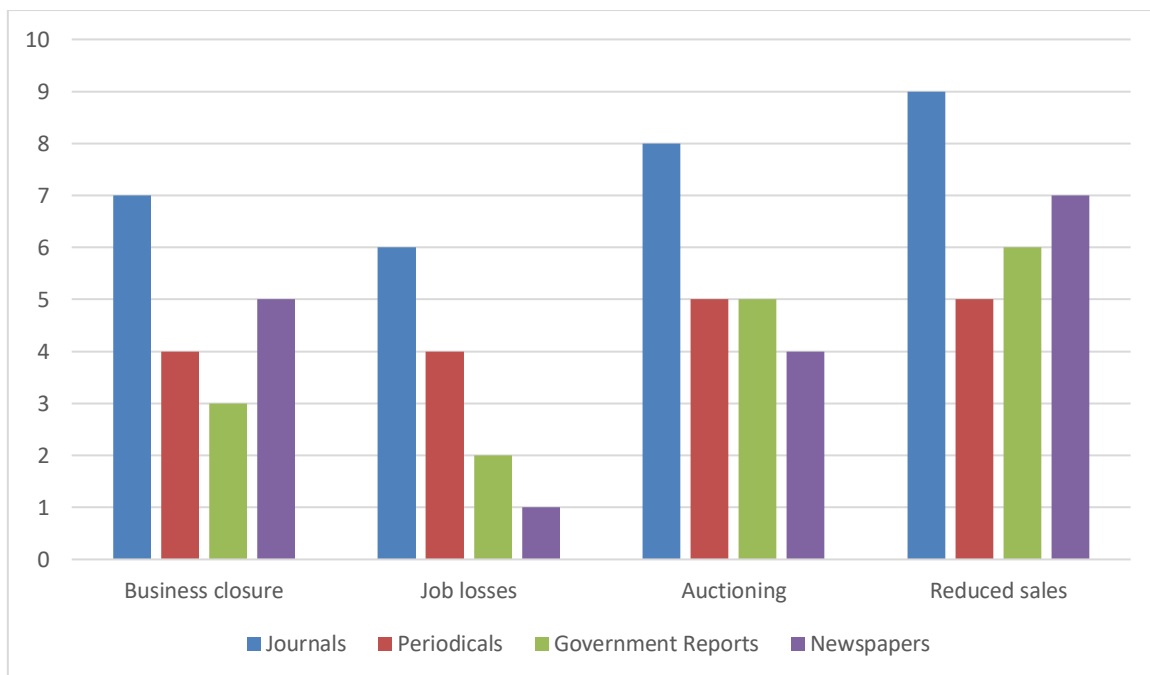


Fig. 2: A Bar Graph Illustrating the Effects of the Pandemic as Shown from Different Sources

C. Social effects of COVID-19 pandemic in Thailand

Another variable of interest in this study was the social effects of the pandemic of the people living in Thailand. We begin this section by reporting the qualitative and quantitative data. The following excerpt illustrates the difficulties that people went through during the time of COVID-19 in Thailand.

“I was unable to meet my friends due to the lock-down and restriction of movement that the government introduced. I also missed my foreign friends and family members living in Italy. All flights and other means of transport ceased operating during this time”
{Respondent 2}

The above respondent expressed her views regarding the kind of social life that she had to live following the pandemic and related restrictions. It was noted that people were not allowed to move freely due to the cessation of different means of transport.

“The job loss and lack of finances frustrated my life. My children were unable to go to school because I could not afford the fees. My ailing mother stopped going to the hospital for regular check-up because the facility was full and medical experts were exhausted”
{Respondent 19}

The above respondent expressed her concerns over the social effects of the pandemic. She lost her job leading to so many other undesirable impacts in her life. Her children were affected since they could not go to good schools. Her mother could not visit the hospital because the facility was overwhelmed with cases of COVID-19. The elderly were not allowed to move freely to minimize interactions and possible exposure to the virus.

The other sets of data to be reported in this paper are the quantitative ones obtained from the documents reviewed and analyzed. The table below illustrates the social effects of COVID-19 pandemic on the people of Thailand.

Source of data	Rates of depression	Boredom at home	Domestic violence
Journals	41%	54%	74%
Periodicals	33%	0	51%
Newspapers	28%	24%	61%
Government reports	39%	69	79%

The variables obtained from the documents reviewed included the rates of depression, boredom at home, and domestic violence, among others. It was interesting to note that there was an increase in domestic violence during the COVID-19 period. This was partly attributed to the tough economic times.

VII. LIMITATIONS AND CONCLUSION

This paper was conducted with some limitations and delimitations. For instance, it is important to acknowledge geographical and time limitations. It was not sufficient to make a general conclusion about the social and economic effects of COVID-19 pandemic in Thailand. Collecting data in one city was not adequate and may not be replicable to the general population worldwide. In conclusion, the COVID-19 pandemic led to undesirable economic and social effects on the livelihoods of the people of Thailand and other parts of the world.

VIII. RECOMMENDATION

The findings generated in this paper call for the need to adopt a multi-sectoral approach to minimizing the effects of COVID-19 pandemic in Thailand and other parts of the world. It is necessary to incorporate the contribution of various agencies on a local, regional, or global scale. The World Health Organization has been leading in the fight against the disease. However, it is important to have all sectors and agencies play a role in curbing the virus. For example, the government should be providing subsidies to cushion citizens from the undesirable effects of the diseases. People need to be creative and innovative to survive during tough times.

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