Higher Education Studies in the Restive Areas of Thailand's Southern Insurgency: A Comparison of Resilience among Students at the Pattani Campus and a Nearby Province

CHONNAKARN J, ARNONT V

Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkhla Thailand 90110

ABSTRAK

Universiti Prince of Songkla, kampus Pattani terletak di kawasan gencatan pemberontakan Thailand Selatan. Situasi keganasan terus merosot sejak 2004, sedangkan orang awam tempatan; termasuk orang muda, mengalami pelbagai bentuk tekanan jiwa. Oleh itu, tinjauan keratan rentas ini bertujuan untuk membandingkan tahap, ciri dan faktor ketahanan di kalangan pelajar universiti di kampus Pattani serta wilayah berdekatan (kampus Hatyai). Kajian dilakukan dalam tempoh 8 Ogos 2018 hingga ke 8 Oktober 2018, di kedua-dua Universiti Prince of Songkla, kampus Pattani dan Hatyai. Kesemua peserta telah melengkapkan maklumat peribadi, dan soal selidik ketahanan Thai (Thai-RQ). Data yang diperoleh dianalisis menggunakan program R, untuk kedua-dua deskriptif statistik dan regresi logistik. Sebilangan besar daripada 443 pelajar, yang belajar di Prince Universiti Songkla, kampus Pattani merupakan wanita (80.3%) dan Muslim (76.3%) serta kebanyakan mereka berada pada tahap normal (55.7%), dalam domain daya tahan, dengan strategi mengatasi mempunyai kelaziman tertinggi (75.9%). Tiada perbezaan signifikan atau ciri-ciri ketahanan yang ketara dijumpai di antara dua kampus. Kepuasan terhadap pengajaran universiti, usia, agama dan keturunan lahir juga dikaitkan dengan daya tahan di antara pelajar universiti di kawasan gencatan. Walau bagaimanapun, hanya jantina dan kepuasan terhadap pengajaran universiti didapati di kampus yang tidak resah.

Keywords: konflik bersenjata, ketahanan, pelajar, Thailand

Address for correspondence and reprint requests: Chonnakarn Jatchavala. Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkhla Thailand 90110. Tel: +6674451351-2, +66936424992 Email: jchonnak@gmail.com

ABSTRACT

The Prince of Songkla University, Pattani campus is located within the restive areas of Southern Thailand's insurgency. The violent situations have been continuingly deteriorating since 2004, whilst local civilians; including young people, have undergone different forms of mental distress. Hence, this cross-sectional survey aimed to compare levels, characteristics and associated factors of resilience among university students at the Pattani campus, located in the restive area of Southern Thailand's insurgency, and a nearby province (Hatyai campus). The study was conducted between 8th August, 2018 and 8th October, 2018, at both Prince of Sonkla University, Pattani and Hatyai campuses. All of the participants completed the personal information, and Thai resilience questionnaires (Thai-RQ) by themselves. The data were analysed using the R program, for both descriptive statistics and logistic regression. Most of the 443 students, who studied at Prince of Songkla University, Pattani campus were females (80.3%) and Muslims (76.3%). Most of them were at a normal level (55.7%), within the domain of resilience, with the highest prevalence, being coping strategy (75.9%). No significantly statistical difference of levels, or characteristics of resilience were found between the two campuses. Satisfaction towards: university teaching, age, religion and birth order were also significantly associated to resilience among university students in the restive area. However, only gender and satisfaction towards university teaching were found in the non-restive campus.

Keywords: armed conflict, resilience, student, Thailand

INTRODUCTION

Since 2004, in the 3 provinces of Southern Thailand; Patani, Yala, Narathiwat and some parts of Songkhla province, which have been dubbed by the Thai media as the Southern Border Providences (SBP) of Thailand, violence has continuingly worsened, generated by unidentified terrorists. Thailand's insurgency is part of a very critical political conflict; wherein, from the 1st of January, 2004 until the 28th of August, 2019; 20,226 violent situations were officially reported, with 6,956 people killed and another 13,549 being injured (Deep South Watch 2019). Thus, local people, including university students studying at the campus located in these areas, have had to live with these currently insecure environments and represent a generous acceleration in mental distresses, including burnout syndromes (Pitanupong & Jatchavala 2018).

However, most local people in the restive areas of the SBP have embodied that they have normal levels of stress. In addition, a study of widows, whose husbands died as a result of the violent situations in South Thailand's

insurgency, represented steady stress management along with spiritual and physical strength (Udomlapsakul et al. 2011).

The notable question for any mental health study is 'How do people continually live under such stressful circumstance?'. Particularly, students studying in higher education whose ages are in the categories of "adolescent" or "young people", which is a population at risk of many mental illnesses. Worldwide WHO (2019) estimated 10-20% of adolescents are facing mental health difficulties, which are ongoing, underdiagnosed and undertreated.

According to the aim of mental health promotion and prevention, the researchers focused on the university students 'resilience', as this is "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (American Psychological Association 2014). However, no Thai-version of resilience quotient could assess all processes of resilience. Within the context of Thailand, the Thai-version of resilience quotient was divided into three parts i.e. emotional stability, will power and coping skills, based on the concept of "I AM", "I HAVE" and "I CAN" (Maneerat et al. 2011).

Previous studies revealed that culture, ethnicity, race and ethnic identity among youths of colour was not associated with resilience, whereas experiences of discrimination moderated the negative effects of it (Sellers al. 2003). Many researches pointed out that parent-family connectedness and support including,

mentoring relationships assisted adolescents in overcoming mental adversities. Moreover, participation in extracurricular activities in their community settings promoted healthy psychological development (Zimmerman et al. 2013). Therefore, the main objectives of this study were to examine the levels of resilience and associated factors among university students in conflict areas, compared with those who studied in a nearby province; so as to promote mental health, and to prevent potential psychological difficulties in the population at risk.

MATERIALS AND METHODS

This was a cross-sectional survey, conducted amongst 897 Prince of Songkla university students in total. From this total, 443 students who studied at the Pattani campus, located in the restive areas, and 454 who studied at the Hatyai campus, were approached by research-assistants, from 8th August to 8th October, 2018. Randomization would be simple and convenient as the research assistants approached the participants at their lecture rooms, which are classified into three categories of the faculty i.e. health science, social science and pure/applied science. All of them completed the personal information and Thai resilience questionnaires (Thai-RQ) by themselves.

Measurement Instruments

The questionnaire was a self-report, divided into two parts. Socioeconomic

Table 1: Socio-demographic data

Demographic data	Non-restive areas (%) n=454	Restive areas (%) n=443	Chi-square p-value
Gender			0.703
Male	84 (18.5)	87 (19.7)	
Female	370 (81.5)	354 (80.3)	
Age: Median (IQR)	20 (19, 21)	20 (19, 21)	0.449[a]
Mean Standard deviation	20.1+1.3	20.2+1.3	
Race			< 0.001[b]
Thai	450 (99.6)	414 (94.1)	
Malaya	2 (0.4)	26 (5.9)	
Religion			< 0.001[b]
Buddhism	347 (76.8)	103 (23.5)	
Islam	101 (22.3)	334 (76.3)	
other	4 (0.9)	1 (0.2)	
Domicile			< 0.001
Songkhla province	132 (29.1)	64 (14.8)	
The SBP of Thailand	93 (20.5)	240 (55.7)	
Other provinces in southern Thailand	212 (46.8)	117 (27.1)	
Other provinces	16 (3.5)	10 (2.3)	
Satisfaction toward university's teaching			0.144
low	15 (3.3)	7 (1.6)	
medium	170 (37.7)	154 (35.0)	
high	266 (59.0)	279 (63.4)	
Ideation of dropping out			< 0.001
Never	291 (64.2)	227 (51.4)	
Sometimes	156 (34.4)	197 (44.6)	
All the time	6 (1.3)	18 (4.1)	
Physical disease			0.717
No	418 (92.1)	403 (91.2)	
Yes	36 (7.9)	39 (8.8)	
Mental disease			0.624[b]
No	448 (99.3)	434 (99.8)	
Yes	3 (0.7)	1 (0.2)	
Birth order			< 0.001
Only child	57 (13.0)	30 (7.0)	
The youngest child	153 (34.9)	116 (26.9)	
The eldest child	142 (32.3)	122 (28.3)	
others	77 (19.8)	163 (37.8)	

Note: There were missing values for some variables.
a: p-value from Wilcoxon rank sum test; b: p-value from Fisher's exact test

and demographic characteristics were in the first part of the personal profile, with the other part consisting of the Thai Resilience Quotient screening test (20-items Thai RQ); which was developed by the Department of mental health, Ministry of Public health, Thailand, and used to assess personal resiliency, with the purpose of discovering strengths for individual development. The assessment of validity was moderate (0.749), and

Table 2: Level of resilience categorized by study area

Resilience quotient screening test	Non-restive (%) n=454	Restive (%) n=443	Chi-square p-value
Less than normal range (<55 score)	150 (33.1)	155 (35.1)	0.627
Normal range (55-69 score)	266 (58.7)	246 (55.7)	
Higher than normal range (>69 score)	37 (8.2)	41 (9.3)	

consisted of 3 domains; emotional stability, will power and coping skills. According to the Thai version's internal consistency, Jannoppacun & Suppapitiporn (2015) revealed that Cronbach alpha was 0.838, with the range of normal resilience being between 55-69.

All statistical procedures were performed using the R software package. Descriptive statistics was presented as demographic characteristics of the samples in frequency, percentage, articulate mean and standard deviation. Correlation analysis was conducted by Chi-square and logistic regression.

RESULTS

Of the 897 Prince of Songkla University students, who participated in this study, 443 students studied in the restive areas of Southern Thailand's insurgency. They were mostly (94.1%), Muslim (76.3%) female (80.3%) and lived in the SBP, as it was their hometown (55.7%). Their mean age was 20.2±1.3 years, without either physical or mental diseases (91.2% and 99.8%, respectively). Most of them reported high satisfaction towards their university teaching (63.4%), and most had never had an inclination of dropping out from their curriculums (44.6%) (Table 1).

Compared with 454 university students who studied in the non-restive area; race, religion, domicile, birth order and thoughts about dropping-out were shown to have statistically significant differences (p-value <0.001). At the Hatyai campus; only 0.4% of participants were Malays, whilst 5.9% of Malays students studied at the Pattani campus. The religions of those who studied in the non-restive area were mostly Buddhists (76.8%), and their hometowns were a variance from other provinces of Southern Thailand (46.8%). Even though most of them also stated that they had never thought of changing universities (64.2%) much the same as those who studied in the restive area, the latter reported more ideation of dropping-out (4.1%). Additionally, the 'only child' students were revealed to be higher in number than those who studied in the non-restive area (13.0%) (Table 1).

Level of Resilience

Regarding Table 2; most of the university students who studied in the restive area were within the normal level of resilience (55.7%) and only 35.1% of them had lesser levels of resilience than that of the normal population. No significant differences of resiliency levels were found between the participants in either the restive or

Table 3: Three domain of Resilience Quotient categorized by study area

Domain of resilience	Non-restive (%) n=454	Restive (%) n=443	Chi-square p-value
Emotional stability			0.687
Less than normal range (<27 Score)	161 (35.5)	144 (32.8)	
Normal range (27-34 Score)	259 (57.2)	261 (59.5)	
Higher than normal range (≥35 Score)	33 (7.3)	34 (7.7)	
Will power			0.804
Less than normal range (<14 score)	112 (24.8)	117 (26.7)	
Normal range (14-19 score)	302 (66.8)	285 (65.1)	
Higher than normal range (≥20 score)	38 (8.4)	36 (8.2)	
Coping skill			0.961
Less than normal range (<13 score)	110 (24.3)	105 (24.0)	
Normal range (13-18 score)	318 (70.2)	306 (70.0)	
Higher than normal range (≥19 score)	25 (5.5)	26 (5.9)	

non-restive areas.

Among the three domains of Resilience Quotient (Table 3); coping skill had the highest prevalence of normal to above average levels (75.9% in the restive area and 75.7 % in the non-restive area). The lowest prevalence was emotional stability; as 67.2% of those who studied in restive areas and 64.5% in non-restive areas were found to be either of normal to above average resiliency levels. Also, no statistically significant differences were found between those who studied in the two campuses.

Factors Associated to Resilience Quotient

According to Table 4 and 5, there was a significant difference satisfaction towards university teaching associated to the resilience between university students in both areas. Students who studied at the Hatyai campus and who considered themselves to have high satisfaction towards university teaching, were discovered to have resiliency levels 8.02 times higher than those whom had low satisfaction (95%CI=2.42, 26.64). Together with, those who studied at the Pattani campus, was shown to be 1.06 times higher (95%CI=0.20, 5.78).

Among the university students who studied in the restive areas, age, religion and birth order were discovered as factors associated with resilience quotient (p-value=0.036, p-value<0.001 and p-value=0.011, respectively). Additionally, they would have levels of resilience 1.21 times higher at an older age (95%CI=1.02, 1.43). Moreover, Buddhists and the youngest among siblings showed resiliency levels of 2.58 and 1.71 times higher than those who were not (95%CI=1.52,4.66 and 95%CI=1.44, 4.62, respectively). However, gender was reported as an associated factor among those who studied in non-restive areas (p-value=0.07). Female

Table 4: Association between demographic variables and level of resilience, by using Univariate analysis

Demographic data	Non-restive			Restive		
	RQ<55 (%) N=150	RQ>=55 (%) N=303	Chi-square p-value	RQ<55 (N=155)	RQ>=55 (N=287)	Chi-square p-value
Gender	35 (23.3)	48 (15.8)	0.07	34 (22.1)	53 (18.5)	0.444
Male	115 (76.6)	255 (84.2)		120 (77.9)	233 (81.5)	
Female						
Age : Median (IQR)	20 (19, 21)	20 (19, 21)	0.598[a]	20 (19, 21)	20 (19, 21)	0.036[a]
Race			0.109[b]			0.313
Thai	147 (98.7)	302 (100)		142 (92.2)	271 (95.1)	
Malaya	2 (1.3)	0 (0.0)		12 (7.8)	14 (4.9)	
Religion			1			< 0.001
Buddhism	114 (76.5)	232 (76.8)		20 (13.2)	83 (29.1)	
Other religion	35 (23.5)	70 (23.2)		132 (86.8)	202 (70.9)	
Domicile			0.376			0.007
Songkhla province	68 (45.6)	144 (47.5)		25 (16.9)	92 (32.6)	
The SBP of Thailand	27 (18.1)	66 (21.8)		95 (64.2)	144 (51.1)	
Other provinces in Southern Thailand	46 (30.9)	85 (28.1)		24 (16.2)	40 (14.2)	
Other provinces	8 (5.4)	8 (2.6)		4 (2.7)	6 (2.1)	
Satisfaction toward university's teaching			<0.001			0.007[b]
Low	11 (7.5)	4 (1.3)		2 (1.3)	5 (1.8)	
Medium	67 (45.6)	102 (33.7)		69 (44.5)	85 (29.9)	
High	69 (46.9)	197 (65.0)		84 (54.2)	194 (68.3)	
Ideation of dropping out			0.076[b]			0.045
Never	87 (58.0)	203 (67.2)		67 (43.2)	159 (55.6)	
Sometimes	62 (41.3)	94 (31.3)		81 (52.3)	116 (40.6)	
All the time	1 (0.7)	5 (1.7)		7 (4.5)	11 (3.8)	
Physical disease			0.372			0.757
No	141 (94.0)	276 (91.1)		139 (90.3)	263 (91.6)	
Yes	9 (6.0)	27 (8.9)		15 (9.7)	24 (8.4)	
Mental disease			1[b]			1[b]
No	147 (99.3)	300 (99.3)		151 (100)	282 (99.6)	
Yes	1 (0.7)	2 (0.7)		0 (0)	1 (0.4)	
Birth order			0.188			0.011
others	54 (38.3)	90 (30.3)		74 (49.7)	119 (42.2)	
The eldest child	39 (27.7)	103 (34.7)		48 (32.2)	74 (26.2)	
The youngest child	48 (34.0)	104 (35.0)		27 (18.1)	89 (31.6)	

Note: a: p-value from Wilcoxon rank sum test ; b: p-value from Fisher's exact test

students at the Hatyai campus represented resiliency levels 1.89 times higher than their male counterparts (95%CI=1.13,3.16).

DISCUSSION

Although this study was not the first study of resilience among young people in the restive areas of Southern

Table 5: Associated factors of resilience among university students at campuses in restive and non-restive area

Demographic data	Non-restive		Restive	
	Crude OR (95% CI)	Adjusted OR (95% CI)	Crude OR (95% CI)	Adjusted OR (95% CI)
Age			1.16 (0.98, 1.36)	1.21 (1.02, 1.43)
Gender				
Male	1	1		
Female	1.81 (1.1, 2.99)	1.85 (1.11, 3.09)		
Religion				
Muslim and others			1	1
Buddhism			2.66 (1.52, 4.66)	2.58 (1.44, 4.62)
Satisfaction toward university's teaching				
low	1	1	1	1
medium	3.87 (1.16, 12.89)	4.08 (1.22, 13.66)	0.52 (0.10, 2.79)	0.56 (0.10, 3.07)
high	7.7 (2.33, 25.4)	8.07 (2.43, 26.78)	1.00 (0.19, 5.27)	1.06 (0.20, 5.78)
Birth order				
others			1	1
The eldest child			0.91 (0.56, 1.47)	0.79 (0.48, 1.30)
The youngest child			1.96 (1.15, 3.36)	1.71 (0.98, 3.00)

OR = Odds Ratio, CI = Confidence Interval

Thailand's insurgency, research synthesis significantly assisted both health care providers and policy makers, for directions of basic mental remedies, and continuing support among this population (Prohmpetch & Songwathana 2018). This research would contributes towards mental health promotion in community settings of Southern Thailand's insurgency, especially in university campuses.

To compare with previous studies, Rattakul (2014) discovered that, 37.3% of adolescent students showed less levels of resilience than the normal population, which is similar to the prevalence found in both restive and non-restive areas in this study (35.1% and 33.1%). These prevalence rates seem to be much less than those which were reported in other studies, even among substance-related disorder patients in the SBP of Thailand (28.3%) (Jatchavala et al. 2018). However, the correlation between age and resilience were revealed in this study and supported by others. Wangsawat and co-authors (2011) ascribed that adults could face psychological difficulties better than adolescents. For these reasons young adolescents in the restive areas should be of more concern and surveillance should be undertaken of psychological adversities by mental health care providers and academic institutes; especially in regards to emotional stabilization.

Roles of universities on resilience and mental health promotion were remarkably mentioned from this study. Satisfaction toward university teaching had a significant impact on resilience quotient, in both the restive and non-

restive areas. Hence, lecturers and instructors need to assess their own qualities of teaching and mentoring, as it may reflect upon the relationship and connectedness of their students, which in turn could help students build up their capacity to overcome mental adversities (Zimmerman et al. 2013). Moreover, the universities' role is to eliminate any discrimination towards gender, religion, race and other identities. Since religion, gender and birth order were found as factors associated to resilience, Sellers and colleagues (2003) discussed that there was no direct effect of these identities on resilience and mental illnesses. However, experiences on discrimination according to gender, ethnic, religion and racial identity were. Thus, not only the quality of teaching, but other settings in the university should be emphasized to promote a mentally healthy environment.

Regarding the cross-sectional design of this study, we could not summarize which one was a cause or effect between resilience and socio-demographic profile; therefore, a cohort study is suggested to clarify this. Moreover, as this survey was a quantitative study, we could understand resilience as an individual trait, but not as a process of adapting to psychological distress. Thus, qualitative data is necessary to comprehend the paradigm of resilience among university students. The authors recommend further studies of resilience in this population to be of a mixed-method or qualitative, cohort studies for more considerable data; so as to emphasize mental health promotion in the restive areas of Southern Thailand's insurgency.

CONCLUSION

Most university students, who were studying at the Prince of Songkla University, within the campus located in the areas of Southern Thailand's insurgency, had a normal level of resilience. The domain of resilience with the highest prevalence was coping strategy, with the lowest one being emotional stability. There was no significant difference of resilience between the two campuses. Satisfaction towards university teaching, age, religion and birth order were associated to resilience among university students, who were studying in the restive areas of Southern Thailand's insurgency. However, gender and satisfaction towards university teaching were found to correlate with resilience among those who studied in the non-restive area.

ACKNOWLEDGEMENT

REFERENCES

American Psychological Association. 2014. The road to resilience. http://www.apa.org/helpcenter/road-resilience.aspx [24 April 2019].

Deep South Watch. 2019. Summary of Incidents in Southern Thailand [Deep & south Web site]. https://deepsouthwatch.org/en/node/11918 [24 April 2019].

Jannoppacun, J., Suppapitiporn, S. 2015. Predictive factors to Resilience Quotient (RQ) of newly rotating graduated nurses of King Chulalongkorn Memorial Hospital. *TJNC* **30**(2): 113-26.

Jatchavala, C., Vittayanont, A., Ngamkajornwiwat, A. 2018. Post-Traumatic stress disorder and resilience in substance-related disorders for patients in the south Thailand insurgency. *ASEAN J Psychiatr* **19**(2): 1-7.

Maneerat, S., Isaramalai, S.-arun, Boonyasopun, U. 2011. A conceptual structure of resilience among Thai elderly. *J Behav Sci* **6**(1): 24-40.

Pitanupong, J., Jatchavala, C. 2018. A study on the comparison of burnout syndrome, among medical doctors in the restive areas and non-restive areas of the South Thailand Insurgency. *J Health Sci Med Res* **36**(4): 277-89.

Prohmpetch, W., Songwathana, P. 2018. Research synthesis of mental remedies for people affected by the civil unrest in the southernmost provinces. *J Liberal Arts Prince of Songkla Univ* **10**(1): 352-80.

Rattakul, K. 2014. A study of the relationship between resilience and symptoms of post-traumatic stress disorder among adolescent students affected by civils unrest in the three border provinces in the southern Thailand. *Paper presented at The Asian conference on psychology and the behavioral sciences*. Japan: Rihga Royal Hotel.

Sellers, R.M., Caldwell, C.H., Schmeelk-Cone, K. H., Zimmerman, M. A. 2003. Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *J Health Soc Behav* **44**(3): 302-17.

Udomlapsakul, S., Intanon, T., Suttharangsee, W. 2011. Mental health promotion of widows from situation of unrest in the three southernmost provinces, Thailand. *PNU* **3**(2): 29-40.

Wangsawat, T., Phaktoop, M., Chaimongkol, N. 2011. Sense of coherence of adolescents in the three provinces along southern border of Thailand. *PNU* **3**(1): 1-15.

World Health Organization. 2019. Adolescent mental health [WHO Web site]. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health [25 April 2019].

Zimmerman, M.A., Stoddard, S.A., Eisman, A.B., Caldwell, C.H., Aiyer, S.M., Miller, A. 2013. Adolescent resilience: promotive factors that inform prevention. *Child Dev Perspect* **7**(4): 215-20.