

# Model to Development the Quality of Life Disability Caused by the Unrest in the Three Southern most Provinces of Pattani, Yala and Narathiwat

**Bundit Pungnirund**

*Suan Sunadha Rajabhat University, Thailand*  
*E-Mail: [bundit.pu@ssru.ac.th](mailto:bundit.pu@ssru.ac.th)*

## Abstract

The quality of life is an important part for any individual especially for the disabled person for their long term survival. For the improvement of disabled persons, the various supports are considered to be important. Among of those factors, government policy, family potential, potential for the disable, support of local organizations, medical personnel, and information technology are considered to be important predictors to improve the quality of life of disable persons. Therefore, the current study objective is to develop the model to the development of the quality of life disability caused by the unrest in the three southernmost Provinces of Pattani, Yala and Narathiwat. For this objective, the data was collected from the individual of southernmost Provinces of Pattani, Yala and Narathiwat. The Structural Equation Modeling (SEM) technique results had shown that all of the predicators had positive and significant relationship with the quality of life of disable person. Therefore, the study added a body of literature that could become a new of research in future and also provide help to the intuitions to know about the importance of these indicators to improve the quality of life of disabled persons.

**Keyword:** Quality of Life, Quality of Life Disability, Family potential

## Introduction

People who have lost the use of their arms or legs are said to have physical disabilities. They find it difficult to participate in regular social roles because of their physical incapability. Their daily life is impacted by these societal barriers (Schur, Kruse, & Blanck, 2013). Disabilities have caused a large disease burden, and in developing countries, the disease burden is increasing. While healthy people are not typically subject to as many social constraints as those who are physically disabled, a lower level of well-being and reduced quality of life are commonly found to be associated with these restraints quality of life (QOL). (CHOOWICHIAN, THAPINTA, SETHABOUPPHA, & THUNGJAROENKUL, 2020; Sanont, 2021). A more holistic approach to addressing the QOL as a great public health concern revolves around the concepts of disability, and incorporates all dimensions of well-being: physical, psychological, and social. Although QoL is a subjective concept, it is affected by intrinsic and extrinsic elements,

making it challenging to implement and optimize. Some of the QOL factors include family support, personal, potential, support of local government, and government policy. Therefore, these indicators are considered to be important factors to improve the QOL of the disabled persons (Justus Uchenna & Ohaeri, 2020; Kikulwe & Asindu, 2020).

Empirically, government Policy is an important predictor to enhance the QOL of the disabled person. Some of the studies had found significant and positive relationship with the QOL of the disabled persons (Holcombe, 1995; Lane, 1994; Lin, Wu, & Detels, 2011). On the other hand, family support had also a significant relation with the QOL which is supported by various studies (Arici Özcan & Vural, 2020; Khoram, Bazvand, & Sarhad, 2020). In addition, the local government also played an important role to improve the QOL of life of the disable persons. Various studied had significant relationship of local government with the QOL (Liang & Cao, 2015). In the same vein, the personal support had also played an important

role in the improvement of quality of life of disabled persons which is found in the previous studies (Brooks, Gibson, & DeMatteo, 2008; Garrett et al., 2013; Kontos, Miller, & Mitchell, 2010). Also, information technology support had also an important predictor to improve the quality of life of disabled persons which is found in various studies (Atkinson & Castro, 2008; Roco & Bainbridge, 2013). This previous discussion had shown that all of the above indicators are considered to be important predictors to improve the quality of life of the individuals (Granada & Mejia, 2020; Özigci, 2020).

Along with significance of these predictors, various studies still had some gaps. Firstly the previous studies still had some inconsistent findings. Secondly, previous studies mostly had the individual effect of government policy, government support, family support, and information support, potential for disabled and medical personal on the QOL of disabled persons. While previous studies had a little attention on the combined effect of government policy, government support, family support, information support, potential for disabled and medical personal on the QOL of disabled persons. In addition, previous studies had a major focus on developed countries while had a little attention on developing countries (Kose & Kiziltoprak, 2020; Kováčik, 2020). Therefore, based on previous gaps the current study purpose is to develop the model to development the quality of life disability caused by the unrest in the three southernmost provinces of Pattani, Yala and Narathiwat. For this objective that data was collected from the individuals of the southernmost provinces of Pattani, Yala and Narathiwat. The practical and theoretical implications were also mentioned at the end of the study based on the research findings.

The study was divided in the following sections, literature review, research methodology, data analysis, and discussion and conclusion.

## Literature Review

This section had presented the literature of depended and independent variables below.

### Quality of life for the disabled

Since the turn of the century, the measurement of health has become more diverse, to include things like mortality and morbidity (Chan & Thompson, 1984; Pande et al., 2006). "the lack of measurement in health" (Federici, Bracalenti, Meloni, & Luciano, 2017). QoL assessment is critical to providing proper care for patients nowadays. According to the encyclopaedic guide on measuring health, there were 21 health measuring devices in 1996. In 2015, the database of instruments managed by the MAPI Research Trust (called ProQolid) has 922 instruments listed (Emery, Perrier, & Acquadro, 2005). any one comprehensive measure to summarize health assessment is yet to be agreed upon (Szende, Leidy, & Revicki, 2005). Based on the World Health Organization's (WHO) definition of individual-referenced QoL Barbotte, Guillemin, and Chau (2001), we have adopted a case study for this study. Quality of life is described as how people perceive their place in life in relation to the values, expectations, standards, and concerns that go along with it. It is a general concept with varied repercussions because of the participants' physical and mental health, their mental state, and their level of independence, as well as their social relationships and their involvement with relevant aspects of their environment (Mitskaya, 2020; Okeke-Uzodike, 2021). It's important to remember that quality of life is defined in terms of what people believe and want. It is because this quality of life definition of quality of life focuses on the respondents' perceived quality of life that it is not expected to provide a way to measure disease symptoms, illnesses, or conditions. People do not care only about the words "lifestyle", "life satisfaction", "mental state", or "well-being"; instead, people care about quality of life, which means getting a great life. The concept of a truly international measure of quality of life as well as the will to continue promoting holistic approaches to health and health care inspire WHO to initiate development of a quality of life assessment. As these measures are instituted, a humanistic element is also needed in health care and care for people with disabilities (Makin & Bowers, 2020; Matthews & Mokoena, 2020; Mncayl & De Jongh, 2020).

From a medical perspective, patient-centeredness has justified or rejected alternative treatments, sought resolutions of disputes surrounding various therapeutic options, and

used medical QoL as a starting point for allocating treatments judged to be more effective (Buntinx & Schalock, 2010). In the context of public health, standardized instruments of quality of life can assist in the formulation of public policies which specifically focus on the needs of vulnerable populations. Assessing changes is challenging because disability quality of life is such a difficult concept to contemplate, plan for, and implement. Moreover, a disabled person's subjective health can also benefit those with disabilities (Donini et al., 2020; van Ierssel, Sveistrup, & Marshall, 2018).

### **Family potential and Quality of life for the disabled**

Failing to provide children with the necessities of life and adequate security carries a huge risk of the children's future being negatively impacted. As far as a person's health status is concerned, it will change, but on average, the direction of that person's future will depend on how his or her family and child interact with the condition. In particular, disabled children are likely to be more sensitive to the pressure put on them by mainstream society because of their weak position. Furthermore, their parents/guardians may be influenced by social workers' beliefs and expectations, especially since these influences have a profound effect on their expectations (Dillie, Fleming, Mundt, & French, 2008). By bringing these children down in the eyes of others, this may lead to an increased likelihood of them being abused. The acceptance and legitimization of abuse takes place because the disabled population is constantly exposed to negative social values. When they are told by others that they are "useless," they may embrace their miserable circumstances and inferior life quality (Mohammad Ichsan, 2020; Ngwenya & Nkosi, 2021). In young adulthood, there are numerous critical stages during the identity formation process, each of which develops the foundations of self-assurance or lack of it and the person's self-worth in the future (Sylvester, Donnell, Gray, Higgins, & Stalker, 2014) and (Shikako-Thomas et al., 2009). Based on previous discussion, the research hypothesis of study had been formulated.

**H1:** There is a significant association between family potential and quality of life of disabled person.

### **Potential for the disabled and Quality of life for the disabled**

While disability has been around since mankind was born, the topic of disability and the way disabled people perceive the world has been neglected in academia (Unit, 2005). Disability has been given an important place in medicine and psychology, but this hasn't occurred in the general population. As one of the impoverished populations, people with disabilities remain at the margins of society (Hosain, Atkinson, & Underwood, 2002). Many countries across the globe were greatly interested in disability as a result of the International Year of Disabled Persons in 1981. In developing countries, UNICEF estimates that four-fifths of the disabled people live (Visser et al., 2016). Other causes like low levels of development, inadequate health and social welfare services, and the persistence of subpar living conditions among disabled populations in these countries are all behind the countries' poor quality of life for the disabled people. Researching the impact of disabilities is widely considered to be a prerequisite for devising future policies to improve the quality of life of disabled people (Osberg, McGinnis, DeJong, & Seward, 1987; Shore & Juillerat, 2012).

In developed countries, disabled people's quality of life has been investigated. We must now shift our focus to improving the quality of life for marginalized and underprivileged populations. Many disabled people in Bangladesh have their lives made more difficult because there are no facilities in which to be disabled. Their employment and rehabilitation is more difficult because they are less educated. Disabled people who live on their own are widely separated from the general population (Szanton et al., 2011). Secondly, social welfare services do not allow disabled individuals to benefit from any special privileges. The result is that most disabled people are typically confronted with being treated in an insensitive, mean-spirited, and pitying manner. Mental illness remains tied up in the medical model. This means that mentally ill people are viewed as "inferior, dependent, and of little or no value" (Vonneilich, Lüdecke,

& Kofahl, 2016). This type of discrimination hampers or hinders the process of devising solutions. Despite a few minor changes, a major change is still required if disabled people are to be included in the mainstream. Based on previous discussion, the research hypothesis of study had been formulated (Hassan et al., 2021; Keramatikerman, 2020).

**H2:** There is a significant association between potential for disable person and quality of life of disabled person.

### **Support of local organizations and Quality of life for the disabled**

In the past, researchers have connected social support with well-being. Real resources or perceived resources given to others to allow them to feel appreciated are called social support. Involving the elderly in everyday activities, providing companionship, and assisting with the required care can be crucial for their well-being. Hosain et al. (2002) Positive social relationships with family, friends, and neighbors have been proven to have a direct correlation to good overall health. Social networking may also be associated with a reduction in social contacts, such as when members of a social network die. Researchers believe that higher levels of social support can help to keep a person mentally healthy, to ward off disease, to lower mortality and improve well-being. More research has shown that institutionalized elderly have a lower quality of life than that of community-dwelling elderly (Jani, Alias, & Tumin, 2020; Shamsul et al., 2013). Due to Malaysia's focus on researching community-dwelling elderly, there is not a lot of research on quality of life in the elderly homes. In 2012, Malaysia had over 6000 elderly residents living in assisted living facilities, and this is expected to rise in the near future. Based on previous discussion, the research hypothesis of study had been formulated.

**H3:** There is a significant association between support of local organizations and quality of life of disabled person.

### **Medical personnel and Quality of life for the disabled**

According to modern societies, people's time is heavily utilized in relation to various jobs, and it dictates the daily quality of life, especially in regard to occupational statuses, income, working hours, routines, and professional relationships. People's happiness is linked to their professional status, while unemployment has repeatedly been connected to poor health and psychological issues. The more satisfied you are with your job, the more likely you are to be happy with other aspects of your life. There are multiple studies which demonstrate that the professional stress and chaotic working environment can negatively affect both individuals' physical and mental health (Abbasi, Jamali, & Oskouei, 2012; Shintani et al., 2010; Taechaboonsersmsak et al., 2009). Work-related stress and professional burnout appears to be worse for some professional groups, such as healthcare and teaching professionals, and they therefore have to bear increased burdens due to higher rates of medical and psychosocial issues. Individuals commonly experience stress when confronted with various environmental stressors. Work-related, individual, task-related, and extra-organizational stressors can all be described as stressors. Stress responses are known as adaptive (eustress) or nonadaptive (distress). Negative health-related distress and eustress (both alternatively referred to as eustress) may result from exposure to stressors (Green & Cooper, 2000). A syndrome of emotional exhaustion, dissociation, and reduced personal self-confidence occurs as a result of occupational stress. In physical terms, physical well-being is concerned with the health of the body, including feelings of calmness and energy; in psychological terms, it is focused on feelings of well-being, such as contentment, resilience, and peace of mind (Green & Cooper, 2000). Research indicates that personal and organizational factors both affect the impact of stress on people. The public, caregivers, and certain professional groups have also shown recent interest in the measurement of HRQoL, according to research (Lemelle et al., 2006; Walker & Lewis-Jones, 2006). A narrower meaning of HRQoL, referring to health and well-being assessment, is given in medical sciences, and in this regard, it refers to assessments of physical and psychological health, as well as social well-being. The overall

health, daily activities, ability to move and participate in daily activities, and feelings of pain, anxiety, or depression constitute the general health of an individual. Based on previous discussion, the research hypothesis of study had been formulated (Salavrakos, 2020).

**H4:** There is a significant association between medical personnel and quality of life of disabled person.

### **Government policy and Quality of life for the disabled**

Boehm, Carter, and Taylor (2015) underline the fact that the design of a smart city affects the quality of life (QoL) of citizens, leading to citizens with better decision-making skills, higher levels of knowledge, and enhanced engagement. Nevertheless, Schwere and Deane (2003) stress that citizens are central to smart city management. With transparency in place, conducting data monitoring and management is an explicit part of being an active member of the community (TRANS). End cash payments for official corruption. The best way to communicate between the public and government, according to Odendaal (2003), is with the use of TRANS in decision making. Practices such as TRANS, participation, and Collaboration (CO) are highly relevant when building a democratic society, since policies seek to open up the government Harrison et al. (2012). For the author, a combination of information and democracy is necessary for citizen participation and action in government decision making, as the citizen will be unable to compel the government to act in accordance with the collective will if they do not have this information. Mooij and de Vos (2003) assert that by reducing corruption, TRANS helps to supply acceptable public services to the public. Still, Feldman and Khademian (2008) and Chourabi et al. (2012) focus on the ways in which TRANS makes city management effective and efficient, leading to satisfactory service delivery and making social welfare possible, resulting in a positive impact on citizens' quality of life. Based on previous discussion, the research hypothesis of study had been formulated.

**H5:** There is a significant association between government policy and quality of life of disabled person.

### **Information technology for disabled person and quality of life of disable persons**

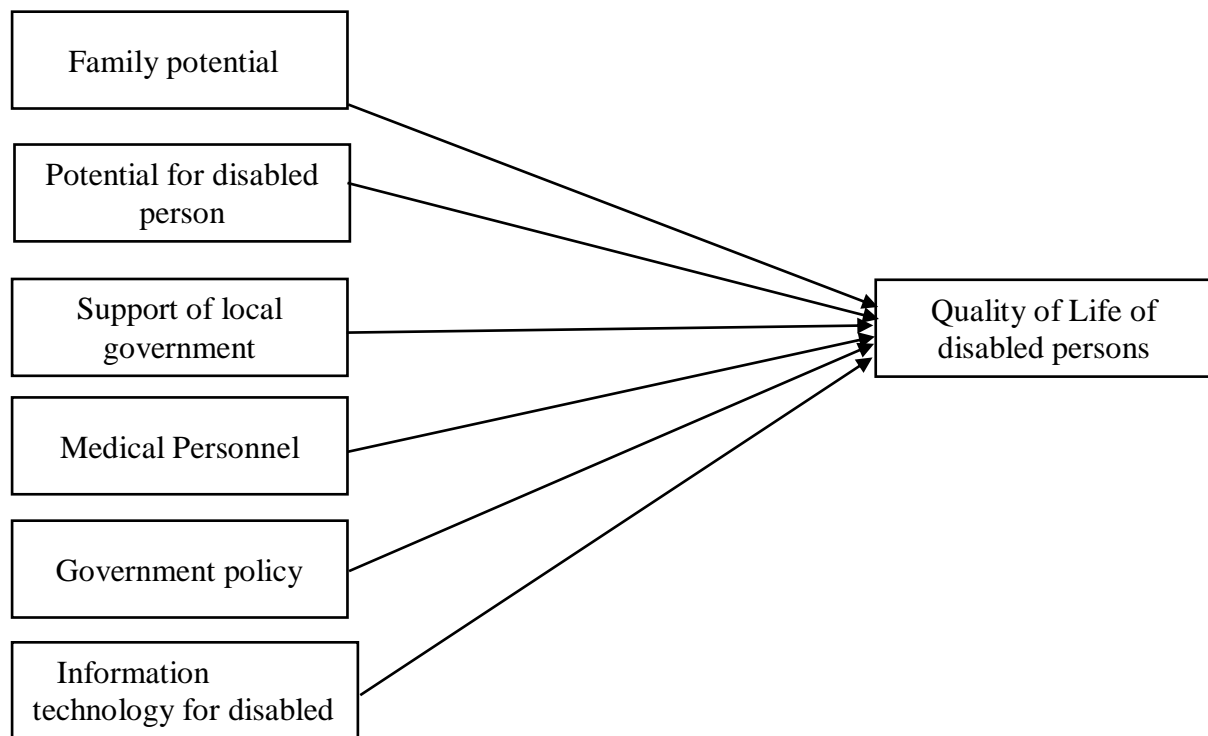
A huge opportunity exists for bettering quality and safety as well as reducing costs and developing new service innovations with the use of information technology (Roco & Bainbridge, 2013). The focus of a health information technology system is an electronic medical record (EMR), and many countries throughout the West have plans for, or have already implemented, EMRs. Reduced medication errors and adverse drug events have been discovered to be associated with prescription order entry in EMR systems (Atkinson & Castro, 2008). Lack of communication between shifts and departments/professions is often the source of workplace safety issues (Øvretveit, Scott, Rundall, Shortell, & Brommels, 2007). Other studies had also found a significant association of information technology for disabled persons and quality of life of disabled persons (Øvretveit et al., 2007). Based on previous discussion, the following research hypothesis had been formulated.

**H6:** There is a significant association between information technology for disabled persons and quality of life of disabled person.

Along with significance of these predictors, various studies still had some gaps. Firstly the previous studies still had some inconsistent findings. Secondly, previous studies mostly had the individual effect of government policy, government support, family support, and information support, potential for disabled and medical personal on the QOL of disabled persons. While previous studies had a little attention on the combined effect of government policy, government support, family support, information support, potential for disabled and medical personal on the QOL of disabled persons. In addition, previous studies had a major focus on developed countries while had a little attention on developing countries.

Therefore, based on previous gaps the current study had formulated a research framework below Figure.1 which purpose is to develop the model to development the quality of life

disability caused by the unrest in the three southernmost provinces of Pattani, Yala and Narathiwat. The research framework is formulated in Below Figure.1.



**Figure.1:** Research Framework

### Research Methodology

The current study objective is, model to development the quality of life disability caused by the unrest in the three southernmost Provinces of Pattani, Yala and Narathiwat. There are two following approaches, quantitative and qualitative approaches had been used in the previous studies. Among of these two approaches, quantitative approaches has been used in the current study to get the research objective. In addition, the data was collected one time, therefore, the present study had applied the cross sectional research design. On the other hand, the population of the study includes everyone being studied and the study relies on that group of people (Singh, 2006). Population segments which are accessible to researchers are diverse in regards to logistical and financial considerations, as referenced by (Saunders, Lewis, & Thornhill, 2007). The population is the

individuals of southernmost Provinces of Pattani, Yala and Narathiwat. The data was collected by using an online survey by using a google form because at the pandemic situation the respondents were unable to give the response face to face. In line with the study objective, 500 individuals were selected from the southernmost Provinces of Pattani, Yala and Narathiwat by using convenient sampling technique. Among of these 500 officers, there were 375 questionnaires returned back which shows an 75 percent response rate. This response rate is considered to be appropriate for the study. The questionnaires was measured on five point Likert Scale which was ranged from 1 (strongly disagree) to 5 (strongly agree) which is in line with previous studies (Ahmad & Bin Mohammad, 2019; AHMED, RIAZ, AQDAS, & HASSAN, 2021; Riaz, Saleem, Ishaq, & Aqdas, 2020).

## Data Analysis and Interpretation

The data was analyzed in two steps, descriptive and inferential. The descriptive analysis was analyzed by using a SPSS Software and inferential analysis was analyzed by using AMOS Software.

## Descriptive Statistics

Descriptive analysis was carried out in the SPSS. Table 1 presents the descriptive analysis

of each variable. The results of the analysis show the respondents perception about the variables. The analysis was carried out on the means score of all the items. The mean score for all of the variables are ranged 3.614 to 3.975. The mean scores for the above variables are highly moderated which shows that respondents are highly involved in the independent and dependent variables activities. In addition, the standard deviation (S.D) of all of the variables are ranged from 0.608 to 0.907. The mean score and S.D of all the variables are depicted in the following Table.1.

**Table.1:** Statistical test of empirical variables (n=375)

Items	$\bar{X}$	S.D.	%CV	Sk	Ku	$\chi^2$	P-value
Q_PHYS	3.614	.613	16.962	-.041	-.194	.039	.980
Q_MIND	3.596	.677	18.826	-.131	-.149	.040	.980
Q_RESO	3.595	.608	16.912	.122	-.693	.495	.781
Q_EVIR	3.564	.707	19.837	-.092	-.112	.021	.989
P_WELF	3.566	.834	23.388	-.606	-.899	1.175	.556
P_CARE	3.727	.878	23.558	-.871	-1.311	2.477	.290
P_EDUC	3.617	.790	21.841	-.309	-.537	.384	.825
F_EDUC	3.612	.836	23.145	-.317	-.756	.672	.715
F_ECON	3.652	.864	23.658	-.222	-.643	.463	.793
F_SOCI	3.633	.882	24.277	-.139	-1.033	1.086	.581
D_EDUC	3.638	.907	24.931	-.394	-1.599	2.712	.258
D_ECON	3.737	.712	19.053	-.423	-.899	.988	.610
D_SOCI	3.756	.604	16.081	-.167	-.352	.152	.927
L_WELF	3.673	.675	18.377	-.054	-.771	.597	.742
L_CARE	3.467	.861	24.834	-.179	-.629	.428	.807
LEDUC	3.594	.700	19.477	-.096	-.343	.127	.939
M_TREA	3.455	.925	26.773	-.111	-.426	.193	.908
M_INOV	3.640	.862	23.681	-.474	-.995	1.215	.545
M_DEVL	3.810	.745	19.554	-.632	-2.048	4.595	.101
I_WELF	3.967	.734	18.503	-1.013	-1.757	4.112	.128
I_EDUC	3.902	.730	18.708	-.647	-1.195	1.846	.397
I_CARE	3.975	.720	18.113	-.783	-1.346	2.424	.298

### Measurement Model

The reliability and validity of the construct is considered to be essential before the model assessment of the study (Hair, Sarstedt, Hopkins, & Kuppelwieser, 2014). “For this purpose, firstly the researcher assessed the measurement model validity. The following Table.2 had shown the findings of measurement model. The factor loading should always be greater than 0.5 which is required to establish the

indicators reliability (Hair, Hult, Ringle, & Sarstedt, 2014). The Table.2 predicted values had shown that all of the values are greater than 0.5. Moreover, the items T values of all the items are greater than 1.96 which shows are of the items are significant. Therefore, all of these values are predicted in the following Table 2 fulfills the above discussed criteria’s.

**Table 2:** Factor Loading Score, and Standardize Score for variables (n=375)

Variable	Factor Loading ( $\lambda$ )	Error ( $\theta$ )	t	R <sup>2</sup>
<b>Quality of life for the disabled (QUALIF)</b>				
1.1 Q_PHYS	.81	.34	-	.66
1.2 Q_MIND	.71	.50	17.08	.50
1.3 Q_RESO	.87	.25	20.29	.75
1.4 Q_EVIR	.85	.28	19.59	.72
$\rho_c = .88, \rho_v = .65$				
<b>Government policy (POLGOV)</b>				
2.1 P_WELF	.87	.24	-	.76
2.2 P_CARE	.77	.40	18.00	.60
2.3 P_EDUC	.77	.40	16.15	.60
$\rho_c = .84, \rho_v = .65$				
<b>Family potential (FAMILY)</b>				
3.1 F_EDUC	.94	.11	-	.89
3.2 F_ECON	.93	.13	35.30	.87
3. F_SOC	.90	.18	31.88	.82
$\rho_c = .94, \rho_v = .85$				
<b>Potential for the disabled (DISABL)</b>				
4.1 D_EDUC	.84	.29	-	.71
4.2 D_ECON	.69	.53	16.07	.47
4.3 D_SOC	.74	.45	17.95	.55
$\rho_c = .80, \rho_v = .57$				
<b>Support of local organizations (LOCADM)</b>				



5.1 L_WELF	.71	.50	-	.50
5.2 L_CARE	.77	.40	14.57	.60
5.3 LEDUC	.86	.26	16.22	.74

$\rho_c = .85$ ,  $\rho_v = .61$

#### Medical personnel (MEDICA)

6.1 M_TREA	.85	.28	-	.72
6.2 M_INOV	.88	.22	21.88	.78
6.3 M_DEVL	.64	.59	13.81	.41

$\rho_c = .83$ ,  $\rho_v = .63$

#### 7. Information Technology for the disabled (ICT)

7.1 I_WELF	.70	.50	-	.50
7.2 I_EDUC	.84	.08	13.00	.92
7.3 I_CARE	.92	.16	11.98	.84

$\rho_c = .89$ ,  $\rho_v = .73$

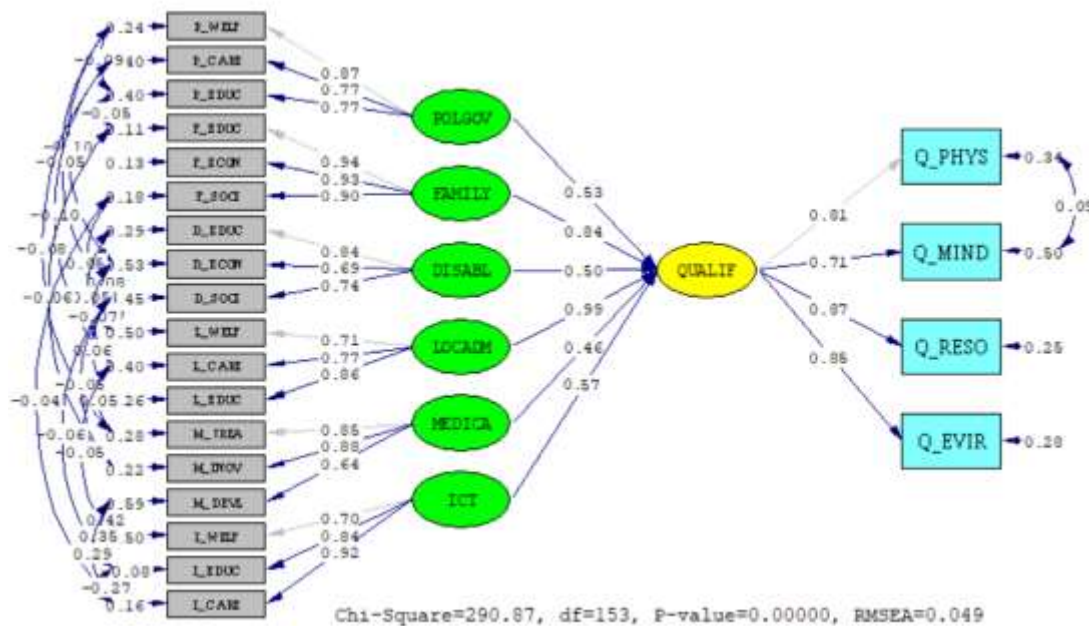


Figure 1: Measurement Model

#### Hypothesis Testing

After testing the measurement model of the study, then the structural model of the study was tested. The Structural Equation Modeling (SEM) results had shown that government

policy had a positive and significant relationship with the quality of life for disabled person that supports to the proposed hypothesis. In addition, family potential had also a positive and significant with the quality of life for the disabled person that also supports to the

proposed hypothesis. Furthermore, potential for the disabled had also a positive and significant association with the quality of life for the disabled person that supports to the proposed hypothesis. The support of local government had also a positive and significant association with the quality of life for the disabled person that also supports to the proposed hypothesis. The medical personnel had also a positive and significant relationship with the quality of life for the disabled person that also supports to the

proposed hypothesis. The information technology had also a positive and significant relationship with the quality of life for the disabled person that also supports to the proposed hypothesis. These above discussed findings had shown that these indicators are important to improve the quality life of disabled person. All of the above discussed results are predicted in Table.3.

**Table.3:** Hypothesis Results

Hypothesis	Results	Decision
<b>Government policy-&gt;Qualify of life of disable person</b>	.53* (5.30)	Supported
<b>Family potential-&gt;Qualify of life of disable person</b>	.84* (3.28)	Supported
<b>Potential for the disabled Person-&gt;Qualify of life of disable person</b>	.32* (3.81)	Supported
<b>Support of local organizations-&gt;Qualify of life of disable person</b>	.99* (3.93)	Supported
<b>Medical personnel-&gt;Qualify of life of disable person</b>	.29* (2.80)	Supported
<b>Information Technology for the disabled-&gt;Qualify of life of disable person</b>	.57* (4.11)	Supported

## Discussion and Conclusion

The quality of life is an important part for any individual especially for the disabled person for their long term survival. For the improvement of disabled persons, the various supports are considered to be important. Among of those factors, government policy, family potential, potential for the disabled, support of local organizations, medical personnel, and information technology are considered to be important predictors to improve the quality of life of disabled persons. Therefore, the current study objective is to develop the model to the development of the quality of life disability caused by the unrest in the three southernmost Provinces of Pattani, Yala and Narathiwat. For this objective, the data was collected from the individual of southernmost Provinces of Pattani, Yala and Narathiwat. The Structural Equation Modeling (SEM) technique results had shown

that all of the predictors had positive and significant relationship with the quality of life of disabled person. These findings had shown that when government policy, family potential, potential for the disabled, support of local organizations, medical personnel, and information technology increased the then quality of life of disabled person of the southernmost Provinces of Pattani, Yala and Narathiwat. Therefore, these predictors are considered to be important to increase the quality of life of disabled person. These findings are further in line with the previous studies. These studies had argued the same that when government support, family potential, information technology and medical personnel are important indicators to increase the quality of life of disabled persons. According to above results, all indicators are important for the quality of life. Therefore, the study contributed a literature in the extant research which increase

the reliability and validity of the study. Moreover, the study could also provide help to the policy makers and other institutions to know about the importance of all of the indicators to improve the quality of life of disabled persons (Ruixia & Junbo, 2020).

Along with above contributions, the study still had some limitations that could become a new area of research in future. Firstly, the study was limited on direct effects, there are various other variables that could moderate or mediate that could increase the predictive relevance of the study. Therefore, a future research could be done along with moderating or mediating. Secondly, the study was limited on developing economies that had limited generalizability. A future study could be studied on developed economies (Rykiel, 2020).

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