



RESEARCH ARTICLE

Model of Developing Monks for Promoting Health among the Aging through Community Participation

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ABSTRACT

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This was a participatory action research study; PAR, aimed to develop and evaluate a model of developing monks for promoting health among the aging through community participation. The 42 informants included monks, aging people, community leaders, public health officials, and village health volunteers. The research method has 5 phases. Data was analyzed by content analysis. The results of the research revealed that the model of developing monks for promoting health among the aging through community participation was composed of 4 important elements: 1) Input – this factor included the monk spiritual leader, health care system in the community, and strategic partners, 2) Process – driving the process of developing monks and temples to gain the potential for promoting the aging and people’s health in the community, which needed the cooperation and support from the power of BOWORN: Houses, Temples, and Government, 3) Output – this factor included the monk spiritual leader who gained knowledge and skills in health, the temple which was developed and became a health promotion resource for people in the community, the aging and villagers who gained the holistic health promotion in terms of body, mind, society, and spirit, and the health team empowered by everyone, and 4) Outcome – this factor led to the development and 2 changes: the monk spiritual leaders, and holistic health. The model, which was evaluated by community involvement, found that it was appropriate and could be used in the community. Furthermore, every step received participation from all sectors.

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INTRODUCTION

Currently, there are more than 1,000 million aging people around the world. It is predicted that by 2050, this figure will rise to more than 1,400 million (World Health Organization, 2023). In Thailand, there are approximately 13,064,929 aging people, representing 20.08% of the total population. The country can, therefore, be considered to have an aging society (Department of Provincial Administration, 2023). The most common problem in old age is illness from non-communicable diseases (NCDs) caused by lifestyle and physical deterioration. It was found that worldwide, the death rate from non-communicable diseases is 74 percent of all deaths. According to a report on the situation of the Thai aging, although they may suffer more illnesses than any other age group, the majority (85%) can help themselves, and are known as an active aging group (Senate Committee on Public Health, 2023).

In 2002, the World Health Organization (WHO) raised the issue of Active Aging which is the complete wellbeing of aging people by aiming to promote health and develop better life quality of aging people. This approach comprises health promotion, participation promotion, and security promotion (WHO, 2019). Thailand, a member of World Health Organization, has taken this approach and adapted it to

make an operation plan for aging people, Series 2 (2002-2022), leading to an additional operation plan for aging people in phase 3 (2023-2057) (Chulaari Project, 2024). From the operation plan for aging people, appropriate self-caring, continually performing activities, and more society relationships should be promoted. Additionally, promotion and development of active aging needs more personnel.

The challenge for public health systems around the world is the lack of personnel for driving the health promotion of aging people. More than 150 countries are encountering the lack of personnel in health promotion, especially in South Asia and South Africa. At present, all countries in the world lack more than 43 million personnel (Institute for Health Metrics and Evaluation, 2024). The World Health Organization suggested the appropriate amount of personnel was 23 physicians and nurses for every 10,000 people (WHO, 2024). Also in Thailand, health personnel were lacking in terms of amount, and were unevenly distributed, with higher concentrations of physicians and nurses in urban areas (Office of Permanent Secretary, 2024). Even though Thailand has tried to solve this problem by increasing the amount of medical personnel, there is still an increasing demand. Health care delivery is delayed, and in some areas, people are not able to access the health services the government has provided (Na-Ranong, 2023). Consequently, the people have to find alternative health services for relieving their diseases.

The religious leader is used as an important tool which influences health problem solving. The outstanding point is the capability to cheer on positive reinforcement and change human behavior by applying the principles of Buddhism (Barmania, and Reiss, 2021). In India and Pakistan, the religious leader takes an important role to persuade and publicize for people in poor communities to ensure completion of Children's polio vaccinations (Obregon, 2009). Additionally, in Malaysia, religious leaders also used religious principles to persuade people to have sympathy for HIV infected people and reduce stigma in HIV infected people (Barmania, and Reiss, 2021). In Thailand, it is not only physicians or nurses who have influenced health care for a long time, but also religious leaders or monks. Monks are praised, sacred and act as a spiritual refuge among people, especially aging people. Monks are able to give blissful satisfaction, and enhance self-esteem (Phrasamu Surin, and Phra Sakcharin, 2023). Spiritual well-being is beneficial for physical, mental and social conditions. Monks who are a spiritual refuge, have self-esteem, morality and ethics, and deeply understand human truth, without expecting to be praised (Phra Pacharapol, Sukprasert, and Sirikanjanaporn, 2019). Monks are unquestionably good role models that people with problems depend upon in society in any situation.

The World Health Organization (WHO) realized the importance of religious leaders and tried to suggest monks participate in health care (WHO, 2022). The ministry of Public Health of Thailand also realized the importance of monks. The curriculum of Monk-for-Health (Volunteers for Health Promotion in the Temple) was held for training monks to gain knowledge on health care, giving advice, ensuring the capability to take care of health in the community according to the monastic discipline, as a spiritual refuge leader, including the well-being condition of the community. Nowadays, there are 10,871 monks participating in the curriculum of Monk-for-Health (Department of Health, 2023). Monks who have been trained in this curriculum are responsible for performing their duties in their own communities, but the initiative has encountered additional issues that obstruct the operation. The driving force to operate the activity is delayed and cannot reach goals all areas (Phra Khru Sangkharak, Satiman, and Phramaha Vadhana, 2022). One important problem depends on the monks, who do not know their role and what to do. The monks lacked self-confidence and the people do not understand their role (Phra Khru Prachotipatcharapong, Kanlayapattanakul, and Sukuprakarn, 2022). So, clarity of roles and duties are very important.

As mentioned, beside the training program for monks to gain health care knowledge and skills, the working role in any area should be clear in order to help the monks to complete their task effectively. The researcher attempted to study the model for developing religious leaders or monks for promoting health care in aging people with community participation to effectively improve community health promotion. The objectives of this study were: 1) To develop a model of developing monks for promoting health among the aging through community participation, and 2) To evaluate a model of developing monks for promoting health among the aging through community

participation. The monks who understand and have self-confidence in their role would be able to depend on their community, leading to the development of a sustainable community.

LITERATURE REVIEW

From the literature review, it was found that the need for medical treatment occurs when the elderly experience health problems or become ill. Pongdee and Kuhirunyaratn (2015), the study studied the problems and health needs of the aging. Data was collected from 40 aging people. The results of the study found that most aging people were aware that they had health problems, such as having to take many types of medicine, hearing loss, blurred vision, fear of chronic diseases, anxiety that children and grandchildren would abandon them, and be less able to do activities. They felt that they were not as valuable as others, etc. It was also found that the elderly had moderate health needs in terms of physical, mental, social, and spiritual health. And from the study of the problem of promoting the health of the aging by Phramaha Yothin (2017), the role of Thai monks in promoting the health of the aging was studied using mixed-method research using a questionnaire on the opinions of the aging on the role of monks in promoting the health of the aging and in-depth interviews with the aging, abbots, and monks. The study was conducted in 20 provinces, with 1 temple per province, and a sample of 160 people. It was found that monks play a role in promoting the health of the aging in 4 areas: physical, mental, social, and spiritual, through the use of processes and activities such as chanting and practicing Dhamma, developing wisdom, promoting careers and generating income, promoting savings, promoting recreational and exercise activities, and promoting the planting of medicinal plants. It was also found that the problems and obstacles in promoting the health of the aging are factors related to location and environment, personnel, materials, budget, and cooperation and networking.

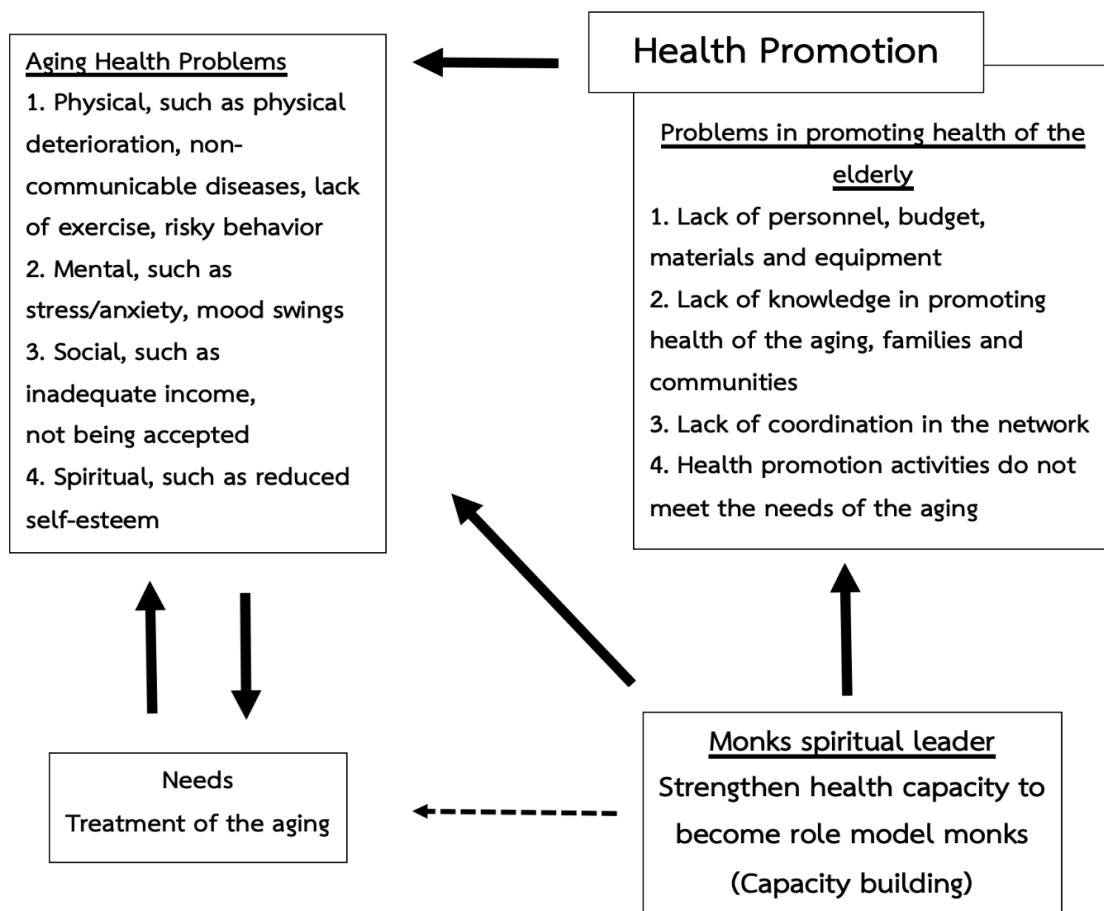


Figure 1: Conceptual framework

RESEARCH METHODOLOGY

This participatory action research studied the area of Dan Kwian Village, Chokchai District, Nakhon Ratchasima Province, Thailand. There were 42 target groups composed of 9 monks, 12 aging people,

15 community leaders, 2 public health officers, and 4 village health volunteers. The research was divided into 5 phases as follows:

Phase 1 Preparation before PAR: The operations were as follows; 1) the researcher-initiated relationships with the community by self-introduction and met related people in the community, explained to the community the objectives of the study and the required community participation, and 2) the researcher surveyed and studied the community, collected primary and secondary data to gain background on the way of life in the community.

Phase 2 Performing participatory action research: The operations were as follows: 1) In-depth interviews with monks on the issue of "Health promotion in the community of monks". The community leaders were composed of Municipality Mayor, municipal council members, village headmen, director of subdistrict health promoting hospital, public health officer (coordinator with monks), and village health volunteers. These target groups were interviewed on the issue of "Role of Monks in Public Health Promotion in Aging People" and aging people were interviewed on the issue of "Expectation toward Monks on Public Health Promotion." 2) Focus-group Discussion with monks, discussion on the issue of "Health Promotion in Aging People by Monks" and focus group discussion with aging people, discussion on the issue of "Expectation toward Monks on Health Promotion."

Phase 3 Execution of Operation Plan: The operations were as follows: 1) hold an operation meeting. The audience was composed of 35 people who participated in in-depth interviews; monks, Municipality Mayor, municipal council members, village headmen, public health officers, village health volunteers, and aging people. The meeting took 3 hours finding the way to develop monks for health promotion in aging people, using data from the data collection by researchers in phase 2; both from in-depth interview and focus group discussion, 2) in-depth interview after the workshop. The researcher purposively selected 10 stakeholders composed of monks, aging people, public health officers, village health volunteers, and community leaders to summarize the operation plan of developing monks to promote public health for aging people.

Phase 4 from plan to action: The operations were as follows;

1. Perform the plan and assessment. This step was composed of:

- 1.1 The development of knowledge and skills for monks. The 20 hours curriculum to provide knowledge and skill for monks contained 20 lesson plans with content on: 1) knowledge of diseases, 2) prevention and health promotion, 3) first aid and basic care, 4) health restoration, and 5) health system, network partners, and communication skills. The researcher, director of the subdistrict health promoting hospital, and public health staff from the subdistrict health promoting hospital were guest speakers. The quality of the lesson plan was approved and assessed by 5 experts. Item objective congruence (IOC) of content validity was 0.78.
- 1.2 The participation of community health promotion team for monks. The community health team told the network partners activities included: 1) An inspection visits to patients with the physician team, nurses, pharmacists, and village health volunteers. Monks advised use of the middle way for taking care of health, exercise, and healing the patients' mind, 2) teach health education on conquering yourself to take care of health for patients.
- 1.3 Providing a health corner in the temple – The area in the temple included: 1) bulletin board to exhibit knowledge, 2) drug box and first aid equipment, 3) recreation area, 4) health lover corner, and 5) exercise area and equipment.

2. Lessons learned – The researcher operated this activity with the representative of stakeholders by using data from the plan of monks' development for health promotion of aging people. The objectives were to analyze the accomplishment of the activity, functions' effect, and obtain suggestions for future planning.

3. Returning data - The researcher managed the community forum with 35 participants in the community. There was a presentation of developing monks' activity for health promotion, activity and operation plan via lesson learned. The community shared

opinions on the activity and the plan of developing monks toward health promotion of aging people, including all in the community to realize health care for aging people.

Phase 5 model valuation: the researcher summarized the draft model of developing monks for promoting health among the aging through community participation and provided a meeting for approving the model by stakeholders. Lastly, the researcher summarized the model after evaluation and approval.

Data analysis

Content analysis was used for analyzing data through tape transcription, field notes, multi-checking and reading, data organization, and thematic analysis to discriminate between the same types of data (Leonard, 1989). Summarization of the model of developing monks for promoting health among the aging people was evaluated for validity by experts using the item objective congruence (IOC) and also checked for reliability of data by triangulation technique.

Ethical approval

Ethical approval was obtained for this study from the Human Research Ethics Committee Multi-institutional group Chulalongkorn University, Thailand (Research Project No. 039.1/21). All participants were informed about the purpose of the research and provided their consent before data collection.

RESEARCH RESULTS

The evaluation model of developing monks for promoting health among the aging through community participation to gain the operational model was able to present the connecting of any composition and can be written in a schematic form as follows:

1. Input – the main function. Input led to developing monks for health promotion in aging people in the community. The monks who were spiritual leaders must behave well under discipline and be accepted by people in the community. The people in the community had faith in the monks' leader and followed his instruction. The monks' leader was eager to create and promote health care for the aging and people in the community, and also worked well with others as mentioned "*...Villagers respect and trust the monks. Whatever the monks say, the villagers will believe them. This is the highlight of monks who come to help the villagers. The monks have knowledge about health. If the monks give advice, it will be beneficial...*". The health care system in the community was one method of developing monks. The system must realize the potential of monks to use Dhamma principles for mental hygiene, merged with physical health for health promotion. The health care system should have a policy to increase the monks' potential to have health education knowledge. The activity or program for people concerning health should be integrated for monks to participate in the community by three main institutes' cooperation: family (house), temple (religion), and government. The development of monks for promoting health among the aging through community participation initialized the power of "BOWORN" from strategic partners in both government and private sectors, such as municipal, sub-district health promoting hospitals, village health volunteers, aging people, member work groups, and temple committee.

2. Process – The main aspect in the process of developing monks for promoting health among the aging and people in the community was to use support and cooperation from the power of BOWORN: house (family), the temple (religion), and government. The public health organization and local administration office were the operators that used staff knowledge and skill to develop the potential of monks by conveying knowledge to monks as mentioned "*...If it is in the sub-district level, it will be the sub-district health promotion hospital and the municipality as the main source of knowledge for monks...*". The trainers should have knowledge and skills in the specific topics and also used resources in the community. Both theoretical and practical health education knowledge and skills should be applied supporting physical health for the aging and people in the community. The training for monks focused on authentic practice, and asking and answering questions increased monks' confidence. The temple was developed to be a learning resource of health education, suited to health promotion for the aging and people in the community. The cooperation to brainstorm and design the temple as the health promotion place for stakeholders was important for helping the stakeholders to realize and

maintain the activity of health promoter sustainably. The teamwork participation and work in the community of monks was performed with the health promotion team in the community. Monks used the Dhamma and applied it to the health promotion of aging and people in the community under discipline to visit patients, give encouragement, knowledge and advice on health, and act as guest speakers for health training.

3. Output – The process of community participation for monks to become spiritual leaders led the monks to gain more knowledge and skills on health promotion. Monks had more confidence when promoting health for the aging and people in the community both on theoretical and practical levels. Monks also benefitted from real-life experience in health promotion for the aging and people in the community. The people in the community realized the importance of monks and used them as an emotional refuge, and spiritual leaders as mentioned “...The health team has assigned the monks to help with spirituality, persuasion, and empowerment of patients or caregivers. This should be their duty, to be their spiritual refuge...”. The temple was developed and changed to be the health promotion place for the people in the community. The monks who had knowledge of health promotion were part of health promotion team of the community. This led to being able to promote holistic health education for the aging and people in the community through physical, mental, societal, and spiritual aspects. The empowerment of all people in the community in health promotion increased the potential of the health promotion team to work more effectively through the organization.

4. Outcome – The outcome of from the process of connecting integration networks such as the power of BOWORN: family (house), temple (religion), and government made changes to 2 important aspects.; 1) spiritual leaders were developed to increase the number of monk spiritual leaders in health promotion and spiritual refuge, and 2) holistic health: The community health team was supported to increase team potential in physical, mental, societal, and spiritual terms by the monks identified to be the spiritual leader and the refuge of the community.)Figure 1(

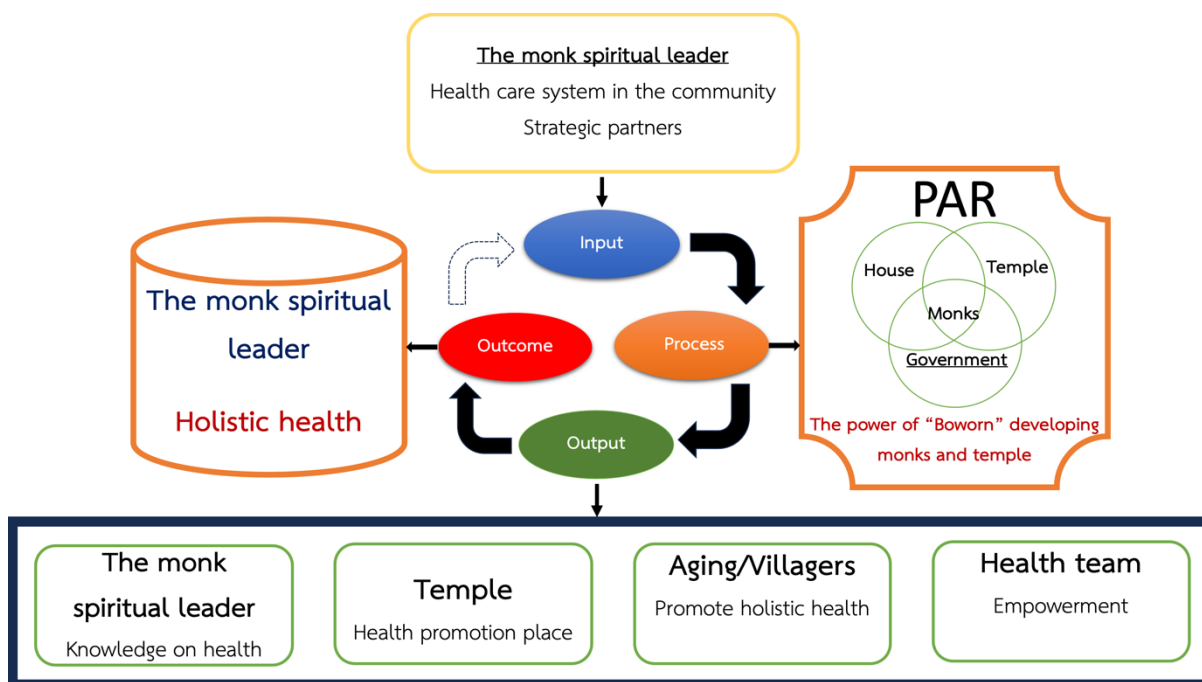


Figure 2: Model of developing monks for promoting health among the aging through community participation

DISCUSSION & CONCLUSION

The model of developing monks for promoting health among the aging through community participation can be discussed as follows;

Input: the most important input that effects the model of developing monks for promoting health among the aging through community participation is the monk spiritual leader. Monks are the closest and most influential people in Thai society. Monks have been spiritual leaders and a refuge for Thai people for centuries (Kaewkalong, and Chuai-Uppakan, 2023). Thai people spend their life under the

doctrine of Buddhism. Monks are raised to be the spiritual leaders and a refuge for all, and the temples are the center for spiritual refuge of the belief and faith of people (Phramaha Pongtaratid, Buarabha, and Sanmee, 2020). In addition, it is the monks leadership, and readiness to help people that will increase health promotion for the aging and people in the community. The monks who use the Dhamma of 4 base sympathies; give and sacrifice, speak with polite words and sincerity, do useful things for others, and be consistent) and 4 sublime states of mind (the Dhamma for living pure lives; Wish others to have delight, wish others to be free from suffering, wish the best for others, and be neutral) are able to apply the Dhamma and Buddhist sermons for people to have a peaceful mind, such as the threefold principle (the Dhamma of self-training; Behavior and discipline, mental self-development, and analytical cognitive development), and the four noble truths (the truth of suffering, the truth of the origin of suffering, the truth of the cessation of suffering, and the truth of the path to cessation of suffering) (Phramaha Manussawee, 2021). Once the monks are knowledgeable about both theoretical and practical health promotion, they will be able to be confident health promotion leaders. The monks can use the Dhamma and health education effectively, therefore, becoming the main input of the model of developing monks for promoting health among the aging through community participation. Monks who have knowledge and skills in disseminating knowledge to others should be trained in health education to work on health promotion effectively with no harm to the community. The development of monks and temples needs medical experts and specialists in other areas to increase health promotion for the aging and people in the community and also develop the temples as places of health promotion (Phra Athikarn Chalerm, and Namsena, 2022). Consequently, the cooperation of network partners to identify policy on health promotion for monks must be clear. The management to support monks to participate in the health promotion team with people in the community should support knowledge sharing among network partners. The network partners from government and private sectors to work on health promotion for people in the community will lead to accomplishing the sustainability of the monks' position and the temple (Harnkiattiwong, Sanont, and Kittirakshakula, 2021).

The most important process of health promotion is the power of BOWORN: family (house), the temple (religion), and government. BOWORN is a mechanism for cooperation of 3 units to drive stronger community development and gain – being of the community. House, which includes family members, and people in the community who are faithful to Buddhism, has the monk as spiritual refuge (Phra Paratchakorn, Phra Athikan Wichai, and Sa-ard-iam, 2022; Rivera-Hernandez, 2015). Those people in the community will accept the advice of monks concerning both mental and physical health “...the villagers respect and believe in monks. Any teaching of monks is accepted by people. This is the outstanding approach of monks to be applied for health promotion. Teaching in health education is able to use...”. The temple is the place for empowering the community with religious culture to connect people in the community to compromise and cooperate to act together. From the study on participation of community on important Buddhist days, such as religious holidays, and Songkran festival, the people in the community cooperate to celebrate Thai new year day via fun activity and the harmony of people in the community. The festival of gathering growing rice reflects the generosity and lending a hand of people in the community. The activity of gathering provides the opportunity for temples to be used for dissemination of health knowledge through the activity of health exhibition, health promotion corner, or health talks through the public health officer depending on each community's plan as mentioned “...monks hold on any activity in any holidays, people cooperate even on Asarnha Bucha Day, End of Buddhist Lent...). From the government aspect, the leader of an organization must have leadership skills and an open mind in accepting the power of the monks to be part of the health promotion team of aging and people in the community. The participation of the power of BOWORN together with Dhamma will enhance health promotion for the aging and people in the community.

The outcome of training monks with the government section as the leader through cooperation with monks and people in the community, enhances the monk's position as a spiritual refuge, with knowledge and health promotion skills, including self-confidence, to promote health education for the aging and people in the community. The training is composed of theoretical and practical knowledge, including experience from real health promotion visits. Monks learned from self-evaluation and are able to use potential in health promotion for the aging and people in the community effectively (Nimtrakul, and Phra Wisit, 2020). The temple is also developed and changed

to be the health promotion resource for aging and people in the community. There are more monks who have knowledge of health, more bulletin boards in the temple, learning resources on herbs, and areas for basic health checks, and workouts. This study is comparable to the study of Faikhaow., et al (2021) that studied the readiness of developing temples for health promotion by the Gilanupatthaka via the training to develop health educated temples beyond the standard criteria of the Department of Health, Health Area 7. The study found that 44.4 percent of temples that have the Gilanupatthaka were trying to change to be suitable places for health promotion work, 41 percent of temples managed to be suitable environmental and prevented risk. The temples with the Gilanupatthaka were still developing innovation for health promotion including health promotion learning resources. However, temple development received help from monks in the temple, especially monk leaders who helped and supported the activity with the assistance of community leaders, public health officers, village health volunteers, and people in the community. All of these stakeholders participated in brainstorming and changed the role of temples to become places for health promotion. The work procedure included systematic cooperation, appropriate responsibility was performed in any area of the temple, and sustainable temple development needed cooperation in all parts (Rowland, and Lolita, 2012; Senachai, 2015). In the community, the health promotion team should contribute to supporting health promotion with all participants and stakeholders supporting the monks as leaders in term of spiritual refuge to apply Buddhist principles in training people in health promotion for the aging and people in the community. All of these approaches are ways to encourage potential health promotion for the aging and people in the community effectively and comprehensively.

The results of the process are integrated networking as the power of BOWORN: family (house), temple (religion), and government, leading to the development and transformation of spiritual monks into spiritual monks with knowledge and health skills, confidence and courage to promote health, and development and transformation of health promotion in the community from linking spiritual and mental monks to apply Dharma principles and health knowledge together with the health team, leading to health promotion for people in the community physically, mentally, socially and spiritually.

In conclusion, the synopsis of the model of developing monks for promoting health among the aging through community participation are that the **input** for the process is the most important aspect, and the monks are at the center of driving the process. The **process** of the model should be supported by 3 main institutes; house, temple, and government, to participate and work with cooperation to create **output**, which means the monk who is a spirit leader and acts as a spiritual refuge on health promotion. The temple becomes a place for health promotion, and the health promotion team merges the power connection from network partners in terms of the integration empowerment of "BOWORN" to make change in monks as spiritual leaders and refuge. The development and change of health promotion for the aging and people in the community is the outcome of this study. The study is able to be used for advising organizations, especially institutions connected with the community. The study realizes the development of monks' potential, temple, and integration of health promotion with network partners in the community to gain effective and comprehensive physical, mental and societal health promotion.

RECOMMENDATION

1. The organization which provides the training program of health promotion should manage both theoretical and practical knowledge for monks and respond to the needs assessment in specific areas.
2. The monks' development should consider the well-being of monks in the community and realize the importance of health promotion for the aging and people in the community.
3. The model of developing monks for promoting health among the aging through community participation should be applied in other areas and contexts.

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