



The Promotion of well-being for the Elderly Based on the 5 Āyussadhamma in the Dusit District, Bangkok, Thailand: A Case Study of Wat Sawaswareesimaram Community



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Manuscript submitted: 31 March 2022, Manuscript revised: 24 May 2022, Accepted for publication: 17 August 2022

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Keywords

5 Āyussadhamma;
education;
elderly;
health;
promoting;
Thailand;
well-being;

Abstract

The study has objectives as (1) to study the concept of health-promoting of the elderly, (2) to study PWBE based on 5 Āyussadhamma practices behaviour (5APB), and (3) to display a guideline of PWBE based on 5APB in Dusit District, Bangkok, Thailand: A Case Study of WSC. The study used mixed methods of focus-group and in-depth interviews and empirical research with instruments a semi-structured interview and using content analysis with data saturation measurement. The structured questionnaire was computed by ANOVA & MRA. The participant's behaviour influenced validities as the significance of demography associated ($p < 0.05$), with significant factors between SMI-Benefit pension and MSCPA as Spearman's Rho ($p < 0.032$). The interpretation of practices based on 5APB instant "very high" frequency in daily life as the highest AYU-P5 Brahmajari (mean 4.88, ± 0.29). The impact of all variables predictor is PWBE ($p < 0.000$) $R^2 = 0.880$ predictions activated. The variables prediction was the best of the linear regression model as $\hat{y} = 0.217_{SAP1} + 0.150_{SAP2} + 0.222_{SAP3} + 0.129_{SAP4} + 0.263_{SAP5} + e$ $Z\hat{y} = 0.213_{ZSAP1} + 0.149_{ZSAP2} + 0.224_{ZSAP3} + 0.126_{ZSAP4} + 0.289_{ZSAP5} + e$ Finally, research display the guideline of PWBE based on 5APB that composite with (1) Physical self-care ($p < 0.000$), (2) Mental self-care ($p < 0.000$), and (3) Social self-care ($p < 0.000$).

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1 Introduction

The study is involved in the Post-2015 Development Agenda (PDA) (Bossman, 2019), so which is a framework for implementing and monitoring global developments following Millennium Development Goals (MDGs) (CEPAL, 2021). The Sustainable Development Goals (SDG) have an essential framework for the health of Thais, according to the Thai Health Report 2017 (Witthayapipopsakul et al., 2019). Sustainable Development is a farm concept under the landing of the UN in SDG3. That aims to ensure the health and well-being of all people and all ages.

Urban communities in Bangkok and Wat Sawaswareesimaram Community (WSC) create a strong individual to handle stress and pressure and promote not cause illness which will lead to well-being and good health (Korthagen et al., 2006; Chick et al., 2020). Promoting Well-Being in Buddhism (PWBB) creates affection and warmth in the family (Willets, & Beck, 2020; Rahmadeni et al., 2020). Buddhist principles also affect the peaceful mind of the elderly communities. PWBB creates concepts and methods for enhancing the health of the elderly (Bommarito, 2020). Promotion of Well-Being for the Elderly (PWBE) Model is relevant to promoting holistic wellness in the Buddhist way of life, which refers to holistic health resulting from integrating Buddhist principles (Thepa et al., 2022; Chotipanyo, 2016; Pantoe, 2021). Several good impacts of Buddhism within the elderly community followed the objective of the study as (1) to study the concept of health-promoting of the elderly, (2) to study PWBE based on 5 Āyussadhamma practices behaviour (5APB), and (3) to display a guideline of PWBE based on 5APB in Dusit District, Bangkok, Thailand: A Case Study of WSC.

2 Materials and Methods

Well-being

Well-being is not a medical term for public health but a matter of society (Otu, 2020). The term helps society understand good health in a broader sense that good health must be considered linked with physical, mental, social, and intellectual health, not limited to physical health or illness (Fingerman et al., 2021; Sequera et al., 2022). The amplification describes the depth and complexity of well-being as being close to independence or liberation from the pressures of living life (Frow et al., 2019). Behaviour is assumed into four dimensions (1) Physical well-being (Lee et al., 2021), (2) Mental well-being (Marashi et al., 2021), (3) Social well-being (González-Díaz et al., 2021), (4) Intellectual well-being (Borland et al., 2022).

Pender's Health Promotion Model

Pender's Health Promotion Model is a guide to explaining or predicting the components of individuals' health-promoting behaviours and lifestyle patterns. Pender (1996), summarized covers 6 aspects: 1) Health Responsibility, 2) Physical Activity, 3) Nutrition, 4) Interpersonal Relationships, 5) Spiritual Needs, and 6) Stress Management (Rock, 2018; Božek et al., 2020).

Self-Care

The self-care definition is a multidimensional, multilayered process of purposeful participation that encourages a healthy state and enhances well-being (Dorociak et al., 2017). In essence, the phrase refers to a deliberate action a person can take to promote their physical, mental, and emotional health. According to the World Health Organization (WHO, 2018), mention self-care is essential since it can aid in promoting health, preventing disease, and assisting

individuals in coping with illness (Saint-Maurice et al., 2019). Personal psychological factors include self-esteem, self-motivation, perceived health status, and health definition (Sun et al., 2020). These traits include race, ethnicity, acculturation, education, and social standing (Ma, 2018).

The 5 Āyussadhamma Guidelines for Promotion of Well-Being for the Elderly (GPWBE)

The 5 Āyussadhamma guidelines are associated with life and bringing life to extended living (Rhys & Stede, 1921): A.III.145), This concept or practice can harmoniously connect a healthy and lawful lifestyle with the benefits and purposes of life through religion (Koenig, 2012; Ahmad Sharoni et al., 2018). Five principles of age "5 Āyussadhamma" consist of (1) *Sappayakari*, or creating *sappaya*, which is doing anything to be comfortable and beneficial to health. (2) *Sappaye mattanyu*, or suitable and favourable, which is flexible and comfortable, knows moderation that does only moderately. (3) *Panitbhoji*, or consuming things fine digest, which are easily digestible (such as chewing thoroughly). (4) *Kaljari*, or knowing the right time, means conducting oneself appropriately in matters of time, such as doing the right time in the right job. (5) *Brahmajari*, or appropriately sexuality performing, knowing how to control sexual emotion and observe the holy life. It is a practice that contributes to true longevity (Payutto, 2003; Fox, 1999).

Hypothesis

H1: Sociodemographic variables have an association with Well-being valuables.

H2: Promoting well-being for the elderly influences behaviour.

H3: Physical, mental, and social self-care have different frequency practises.

H4: PWBE behaviours based on 5 APB had different predictive measurements.

H5: The analysis of variables has impacted PWBE based on 5APB.

H6: The relationship of PWBE behaviour based on 5 APB has a predictive efficiency of the linear regression formula.

Methodology

Process 1 Focus-group and In-depth interview

Initially contacted 30 respondents, the final selection process resulted in key performances of 20 key informants, from a range of ages between 61-75 years, concerning genders, education, job background/social engagement such as president (CAP), Community health workers (CHWs), own business, employee and housewife (Braun & Clarke, 2021). The researcher instrument used a semi-structured interview involving three-part; theme 1: Individual demographic data, theme: 2 the concept of promoting the health of the elderly, and theme 3: The three variables were physical, mental, and social, to confirm the reliability of the data triangulation and brought the interview by 3 experts and measuring of IOC. Data were split into discrete blocks, closely examined and compared for similarities and differences, and summarized and tabulations (Hajjar et al., 2007; Bressler & Bahl, 2003).

Process 2

PWBE based on 5APB analysis. WSC is an urban community with 646 populations and the final sample size was measurements of 95 elderly using the Taro Yamane formula to find out the sample size to have a confidence level of 95% that the real value was within $\pm 5\%$. In the first part, the sociodemographic of the elderly (Rusu et al., 2019; Furrow & Palmer, 2019) and the second part is the practising behaviour (CEPAL, 2021) of PWBE involving the 5 Āyussadhamma merged, including 30 items relevant to 3 main variables e.g., physical self-care practices approach (PSCPA) (10 items), mental self-care practices approach (MSCPA) (10 items), and social self-care practices approach (SSCPA) (10 items). The items are rated on a 5-point Likert scale by the frequency practicing level (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always). The interpretation of scores means rage between 1.00 – 5.00 are categorized into five levels of PWBE based on the 5 Āyussadhamma practices behaviour (5APA) on 4.21 – 5.00 (very high), 3.41 – 4.20 (high), 2.61 – 3.40 (moderate), 1.81 – 2.60 (low), 1.00 – 1.80 (very low). The questionnaire was confirmed using the items' content validity index (CVI) values, estimated to be 0.85-1.00 and

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assessed at 0.98, with the pilot testing 30 elders. The measured value of reliability by the Cronbach's alpha coefficient ($\rho > 0.7$) were reported statistics of all reliability of Cronbach's alpha (α) = 0.79 for all subscales of PSCPA ($\alpha = 0.83$), MSCPA ($\alpha = 0.91$), and SSCPA ($\alpha = 0.76$) (Table 6). An interpretation of α = Cronbach's Alpha reliability level is > 0.7 = acceptable, > 0.8 = good, > 0.9 = excellent (Bujang et al., 2018). Data analysis was analyzed using descriptive statistics, ANOVA and test statistics. The relationship between variables was examined using Spearman's Rho correlation (Lobo & Guntur, 2018). Assumptions of normality, linearity, multicollinearity and autocorrelation were accepted for MRA. Data were analyzed using SPSS, Version 20.0, and $\rho < 0.05$ was considered statistically significant for all tests. (Fig 1)

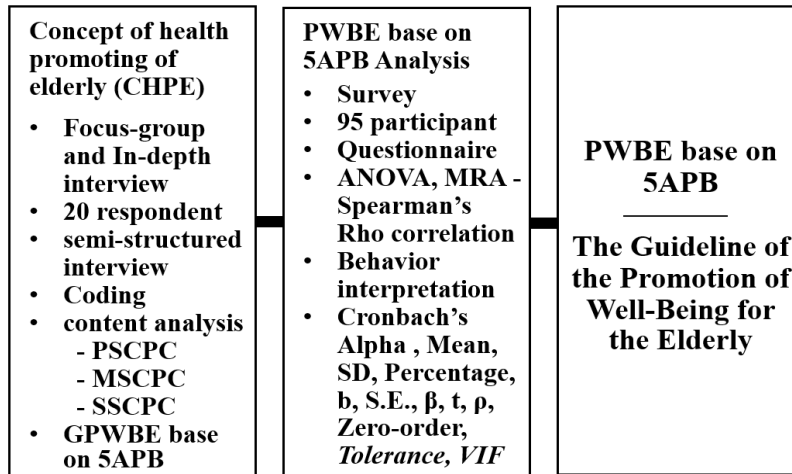


Figure 1. Research Framework

3 Results and Discussions

3.1 Process 1 In-depth interview

Characteristics of the key informant; the key performances are 20 people reggraded ender as women 60% men 40%. The range of age finds from 61 to 75 years. Education separated into 4 group as elementary school 50%, High school - high diploma 30%, Bachelor's degree/equivalent 15%, and Master's degree/equivalent 5%. Job background/Social engagement are differently grouped as CAP 5%, CHWs 25%, own business 30%, employee 25%, and housewife 20% (Fig. 3)

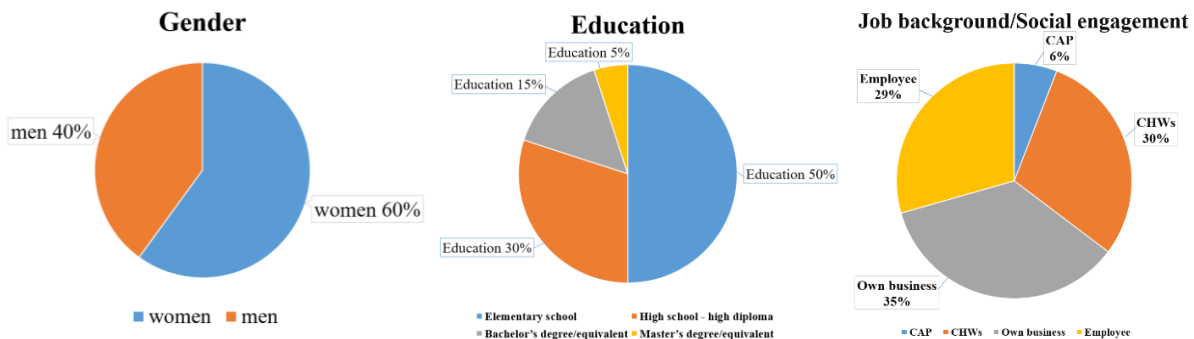


Figure 2. Characteristics of Interviewees Analysis

Physical self-care practices concept (PSCPC)

It is necessary to find different methods to keep the body and mind healthy, prevent illness on an excellent quality of life, long life, and not burden off children, e.g., eating 5 nutrition groups and suitable for the age, managing physical activity to keep the body moving, and getting to bed on time to get enough sleep. Respondents group of are conception statement as follows:

"Taking care of your body is by taking care of yourself to be clean so that it does not become a source of disease, knowing how to eat and use things (E1, E7, E9). In my spare time, I do small hobbies. Less but provides benefits such as growing vegetables in the kitchen garden to eat and exercise. Manage physical movement are doing yoga (E8, E19), walking (E1, E7, E13), bicycling, other hobbies, and so on (E4, E6, E12, E19), for care about Alzheimer's disease (E20), deteriorate and clinomania (E16, E17)."

Mental self-care practices concept (MSCPC)

Most of the Key informants provide an essential guideline for mental care according to the age-old 5 principles to achieve their mental well-being (Suryasa et al., 2022). The best thing to do is practice, e.g. positive thinking, loving kindness towards your children and others, and practice according to Buddhist principles. Practice calming your emotions, free from depression, confusion, or internal conflicts. Respondent mentions relevant to MSCPC as follows:

"Applying use Buddhist principles as a guide for practising positive thinking. (E3, E7, E10, E11, E12). Practice letting go of what you can't do, as well as being able to build pride in oneself" (E1, E5, E6, E16, E20) Particular Buddhism practice applied to daily life stated that "Usually, I am a person who thinks positively according to the principle of thinking good, talking good, and doing good (E6, E11)."

Social self-care practices concept (SSCPC)

The community members usually come together at a monastery to support and contribute to religious activities or at the health promotion centre to meet and talk to exchange knowledge about life and health. The specific statements are:

"The community members around here always say that very trusting health volunteers. We can enter every house to go and help them with health care and other welfare that the state provides willingly." (E2, E7, E9, E16, E17)

For practices, participation is relevant to social their states that:

"Since the epidemic, we feel that our families are closer together. Then we have time to stay home with the whole family and talk about adjusting the happiness or suffering to make the children feel more valuable (E3). We can be psychologically relied on for our children (E18, E20). It was real and felt, every house sharing with others, and respected in human dignity and right (E1, E10, E13, E14, E19)."

The significant data was saturation on the top of 5APB dimensions consisting of (1) Sappayakari is SAP1-1 and SAP1-5 with 100%, (2) Sappaye Mattanyu is SAP2-2 as 90%, (3) Panitbhoji is SAP3-1 as 90%, (4) Kaljari is SAP4-1 as 100%, and (5) Brahmajari consist of SAP5-2, SAP5-3, SAP5-5 with 100% (Fig 2). That is displayed in table 2 and summary in graph 1. Data Saturation acceptable level at > 50% (Guest et al., 2020). (Table 2)

Table 2
Guidelines for promoting the well-being of the elderly (GPWBE) based on 5APB

GPWBE based on 5APB			
Code	Content	Data Saturation	
		Key informant (n=20)	Percentages (%)
<i>SAP1</i>	<i>Sappayakari</i>		
SAP1-1	Daily life is to live by oneself and not be a burden to the children.	20	100%
SAP1-2	Expectations create value for ourselves and our families by representing a spiritual shelter for children.	16	80%
SAP1-3	Exercise to contribute owner healthy.	12	60%
SAP1-4	Live with carelessness and live in consideration of the present.	17	85%
SAP1-5	Eat nutritious meals appropriate for ageing.	20	100%
<i>SAP2</i>	<i>Sappaye Mattanyu</i>		
SAP2-1	Make a living plan to have a self-adequate living.	17	85%
SAP2-2	Planning for proper spending with the elderly for able to well-being.	18	90%
SAP2-3	Weighing every week protects against getting fat	14	70%
<i>SAP3</i>	<i>Panitbhoji</i>		
SAP3-1	Consume healthy and easily digestible foods.	18	90%
SAP3-2	Choosing healthy food choices.	16	80%
SAP3-3	Simplifying cooking methods.	12	60%
SAP3-4	Do not add too much flavour to the food.	15	75%
SAP3-5	Understand the actual value of food intake and the benefits of good nutrition.	13	65%
<i>SAP4</i>	<i>Kaljari</i>		
SAP4-1	An adjustment lifestyle approaches to suit changing physical conditions.	20	100%
SAP4-2	Organize daily routines into convenient times.	14	70%
SAP4-3	Do a variety of activities on own regularly.	17	85%
SAP4-4	To focus on well-being both physically and mentally.	16	80%
<i>SAP5</i>	<i>Brahmajari</i>		
SAP5-1	Know how to release and not hold on to past things.	17	85%
SAP5-2	Practicing is based on following Buddhist teachings.	20	100%
SAP5-3	Keeping the mind purified and happy.	20	100%
SAP5-4	To create morality inside by recusing the precepts.	14	70%
SAP5-5	Naver harasses each other within the family and in society.	20	100%

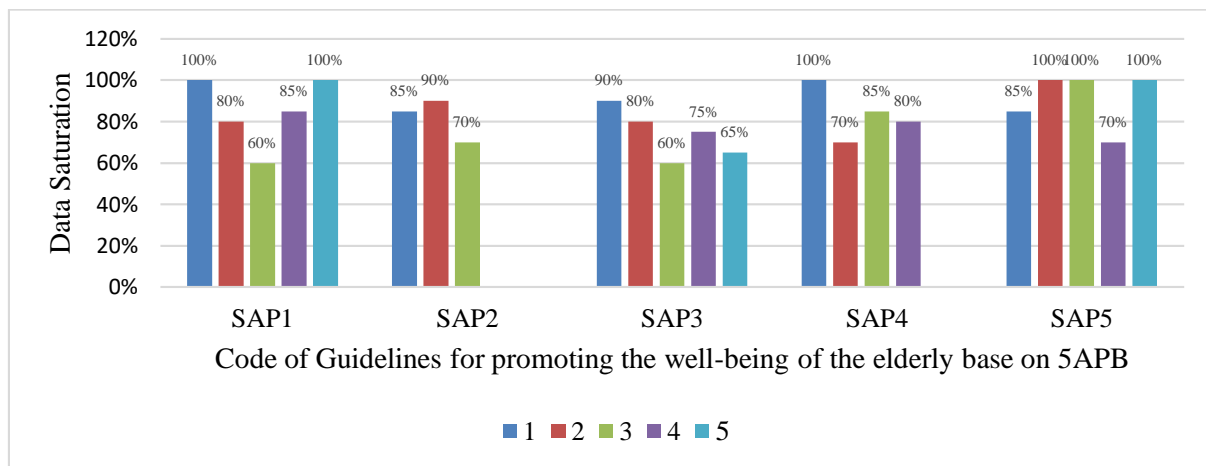


Figure 3. Data saturation of GPWBE based on 5APB

3.2 Process 2 PWBE analysis

Participants' sociodemographics of the elderly members of WSC consist of questions regarding the individual characteristics of participants among 95 participants. The descriptive statistic was comparable in terms of demographic features regarding gender, 27.40% of participants were male, 53.70% were female, and 18.90% no mention, concerning age 56.84% of the participants, an average 73.07 years old with the standard deviation as ± 9.28 . Marital status was 43.20% married, and 100% belong to Buddhism. Consider the Number of family members was 72.62%, moreover, the last regard to chronic disease holds a bit high percentage as 77.90%. (Table 3)

Table 3
Demography and sociodemographic of the elderly members of WSC and predictors of significant difference testing

Descriptive Variable		95 Participants		
		Frequency	Percentage	ρ
Gender	Male	26	27.40%	0.425 ^a
	Female	51	53.70%	
	No mention	18	18.90%	
Age group (years) (M=73.07 \pm 9.28)	60-75	54	56.84%	<0.001 ^{a*}
	76-90	40	42.10%	
	91 \geq	1	1.05%	
Marital status	Single	23	24.20%	0.517 ^a
	Married	41	43.20%	
	Widowed	17	17.90%	
	No mention	14	14.70%	
Religion Buddhism	Yes	95	100%	-
	No	-	-	
Number of family members (people) (M=4.32 \pm 2.63)	1-5	69	72.62%	0.983 ^a
	6-10	23	24.21%	
	11 \geq	3	3.15%	
Source of monthly pension	State elderly	Yes	81	<0.001 ^{b*}
	No	14	14.74	

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income (SMI)	Descendant	Yes	59	62.11%	<0.001 ^{b*}
		No	36	37.89	
	Benefit pension	Yes	9	9.47%	0.002 ^{b*}
		No	86	90.53	
Other e.g., own business	Yes	6	6.32%	0.014 ^{b*}	
	No	89	93.68		
Hobby		Yes	55	57.89%	<0.001 ^{b*}
		No	40	42.09	
Chronic disease		Yes	74	77.90%	<0.001 ^{b*}
		No	21	22.10%	

^a One-Way ANOVA; ^b One-Sample T test; * $\rho < 0.05$

Table 4 displays (H1 & H2) the correlation among individual and valuables of the elderly members of WSC using nonparametric correlation of Spearman's Rho as considered that significant of $\rho < 0.05$ correlated matrix such as PSCPA was associated significantly with MSCPA ($\rho < 0.000$), and PWBE ($\rho < 0.000$) and SSCPA ($\rho < 0.000$). (Table 4)

Table 4
Correlation among valuables of individual demography and sociodemographic and behaviour of the elderly members of WSC (N=95)

Spearman's Rho	Gender	Age group	Marital status	SMI-State elderly pension	SMI-Descendant	SMI-Benefit pension	SMI-Other, e.g., own business	Chronic disease	PSCPA	MSCPA	SSCPA	PWBE
Gender				0.300 0.003*	0.224 0.029*	-0.279 0.006*						
Age group					0.290 0.004*		-0.222 0.031*	0.210 0.041*				
Marital status												
Religion Buddhism												
Number of family members			0.211 0.040*		0.206 0.045*							
SMI-State elderly pension	0.300 0.003*				0.410 0.000*	-0.778 0.000*						
SMI-Descendant	-0.279 0.029*	0.290 0.004*	0.206 0.045*	0.410 0.000*		-0.340 0.001*	-0.332 0.001*	0.211 0.040*				
SMI-Benefit pension	-0.279 0.006*			-0.778 0.000*		-0.340 0.001*				-0.221 0.032		
SMI-Other e.g., own business		-0.222 0.031*			-0.332 0.001*							
Hobby												
Chronic disease		0.213 0.041*			0.211 0.040*							
PSCPA										0.423 0.000*		0.933 0.000*
MSCPA						-0.221 0.032			0.423 0.000*			0.721 0.000*
SSCPA									1.000 0.000*	0.423 0.000*		0.933 0.000*
PWBE									0.933 0.000*	0.721 0.000*	0.933 0.000*	

Nonparametric correlations applied Spearman's rho

*Correlation is statistically significant at the 0.05 level (2-tailed) = ($\rho < 0.05$)

PWBE based on 5APB Effects on Behavior Interpretation

PWBE based on 5APB interpreted (H3) on the behavior of participants (N = 95) found as the highest practising in the daily life of participant measurement and interpretation of PSCPA as AYU-P5 Brahmajari (mean 4.88, \pm 0.29), hit the 1st rank (Table 5). MSCPA has frequency performance as "very high" of AYU-M5 Brahmajari (mean 4.68, \pm 0.42), hit the 1st rank (Table 6), regarding SSCPA interpreted as "very high"

of AYU-S2 Sappaye Mattanyu (mean 4.33, \pm 0.35), hit the 1st rank (Table 7). That influences the frequency of practising hold on very high in practices 5APB.

Table 5
Descriptive information on measurements and interpretation of PSCPA

α	Code	Descriptive information	Interpretation	Mean	SD	Rank
0.83	AYU-P1	<i>Sappayakari</i>	High	3.83	0.35	5
	PSC1	I can do all the daily routine activities by myself.	High	3.75	0.58	
	PSC2	I eat food with self-restraint and on time.	High	3.92	0.38	
0.72	AYU-P2	<i>Sappaye mattanyu</i>	High	4.14	0.45	3
	PSC3	I eat high-fiber foods such as brown rice and fruit and drink water to prevent constipation.	High	4.00	0.46	
	PSC4	I eat the 5 food groups and avoid too much sweet, oily, salty, and junk food.	Very High	4.27	0.59	
0.89	AYU-P3	<i>Panitbhoji</i>	Very High	4.35	0.34	2
	PSC5	Physical health is cared for by eating clean, soft, and easy-to-digest food suitable for the elderly, such as fish, eggs, and green leafy vegetables.	Very High	4.57	0.54	
	PSC6	Oral hygiene care has always taken brushing/rinsing your mouth after a meal.	High	4.15	0.36	
0.83	AYU-P4	<i>Kaljari</i>	High	3.96	0.34	4
	PSC7	I have an exercise suitable for the elderly regularly.	High	3.76	0.50	
	PSC8	I always sleep tight for adequate rest.	High	4.16	0.42	
0.74	AYU-P5	<i>Brahmajari</i>	Very High	4.88	0.29	1
	PSC9	I don't drink alcohol and don't use any kind of drugs.	Very High	4.94	0.29	
	PSC10	I get an annual health check.	Very High	4.83	0.38	
0.83		PSCPA ($\rho < 0.000$)	Very High	4.23	0.21	

Table 6
Descriptive information on measurements and interpretation of MSCPA

α	Code	Descriptive information	Interpretation	Mean	SD	Rank
0.76	AYU-M1	<i>Sappayakari</i>	Very High	4.34	0.38	3
	MSC1	I always use a positive thinking approach.	High	4.18	0.41	
	MSC2	I am sharing love and compassion with everyone in the house.	Very High	4.49	0.50	
0.98	AYU-M2	<i>Sappaye Mattanyu</i>	High	4.05	0.30	5
	MSC3	I always have discussions with wisely or specialist man in Dharma to cure a good mental state.	High	3.90	0.38	

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α	Code	Descriptive information	Interpretation	Mean	SD	Rank
	MSC4	I have various hobbies to release my stress appropriately e.g., listening to Dhamma, listening to music, watching TV, reading books, and meeting with friends.	High	4.16	0.37	
0.92	AYU-M3	<i>Panitbhoji</i>	Very High	4.55	0.42	2
	MSC5	I have planned to spend money appropriately not to burden my children.	Very High	4.68	0.37	
	MSC6	I satisfy and proud of the possessions and utensils received from my children.	Very High	4.42	0.49	
0.85	AYU-M4	<i>Kaljari</i>	High	4.16	0.26	4
	MSC7	I always offer arm food to Buddhist monks, pray to the triple games, and do meditation to motivate my good state of mind.	High	4.06	0.24	
	MSC8	I have planned various activities to live each day properly so that life does not become too rushed.	Very High	4.26	0.44	
0.78	AYU-M5	<i>Brahmajari</i>	Very High	4.68	0.42	1
	MSC9	I do good deeds by following the proper and good morals in Buddhism.	Very High	4.75	0.43	
	MSC10	I have contemplated the changes in the physical, which always helps to understand the truth of life.	Very High	4.60	0.49	
0.91		MSCPA ($p < 0.000$)	Very High	4.36	0.23	

Table 7
Descriptive information on measurements and interpretation of SSCPA

α	Code	Descriptive information	Interpretation	Mean	SD	Rank
0.78	AYU-S1	<i>Sappayakari</i>	High	4.11	0.23	3
	SSC1	I have received listening to the suffering/worries of the family stories.	Very High	4.24	0.43	
	SSC2	I always help others with physical strength and encourage them with reasonable opportunities.	High	3.98	0.21	
0.81	AYU-S2	<i>Sappaye Mattanyu</i>	Very High	4.33	0.35	1
	SSC3	I have proper acting positivity when staying with others in my family/community.	High	4.48	0.51	
	SSC4	I offer advice to friends/family members and in the community to live in moral life.	High	4.18	0.41	
0.73	AYU-S3	<i>Panitbhoji</i>	High	3.75	0.45	5

α	Code	Descriptive information	Interpretation	Mean	SD	Rank
	SSC5	I have advised persuading elderly friends to eat appropriate food for the elderly to protect against disease.	High	3.93	0.42	
	SSC6	I have been persuading/leading my elderly friends to work out to promote good health.	High	3.57	0.66	
0.85	AYU-S4	<i>Kaljari</i>	High	4.09	0.31	4
	SSC7	I am happy and hearty to listen to the happiness and sorrows of my elderly friends.	High	4.15	0.48	
	SSC8	I have a pursuit for knowledge/exchange learning about health care in old age.	High	4.03	0.37	
0.72	AYU-S5	<i>Brahmajari</i>	High	4.18	0.44	2
	SSC9	I act as a middleman for people in the community to perceive each other better.	High	3.86	0.54	
	SSC10	I have participated in social activities/donations for the public benefit of the community.	Very High	4.49	0.56	
0.76		SSCPA ($\rho < 0.000$)	High	4.09	0.22	

Table 8 displays the measures (H4) finally, the result gets determined in good each prediction of unique variances as the standard error (SE) see the highest standard error tends at X_{SAP4} ($SE = 0.045$). β total contribution in positive of all variables differs from X_{SAP1} ($\beta = 0.233$), X_{SAP2} ($\beta = 0.199$), X_{SAP3} ($\beta = 0.300$), X_{SAP4} ($\beta = 0.140$), and X_{SAP5} ($\beta = 0.384$). Concerning to t -test performs for each predictor as X_{SAP1} ($t = 5.500$), X_{SAP2} ($t = 3.985$), X_{SAP3} ($t = 5.439$), X_{SAP4} ($t = 3.182$), and X_{SAP5} ($t = 8.127$) and checks to VIF values as X_{SAP1} ($VIF = 512.888$), X_{SAP2} ($VIF = 501.621$), X_{SAP3} ($VIF = 576.797$), X_{SAP4} ($VIF = 467.736$), and X_{SAP5} ($VIF = 456.649$).

Table 8
MRA of PWBE behaviour based on 5APB

Well-Being for the Elders (PWBE) behaviour based on the 5 Āyussadhamma								
Variables	b	SE	β	t	ρ	Zero-order	Tolerance	VIF
Constant	-0.104	0.201	-	-0.519	0.605			
X_{SAP1}	0.225	0.041	0.233	5.500	0.000*	0.621	0.002	512.888
X_{SAP2}	0.156	0.039	0.199	3.985	0.000*	0.689	0.002	501.621
X_{SAP3}	0.218	0.040	0.300	5.439	0.000*	0.778	0.002	576.797
X_{SAP4}	0.142	0.045	0.140	3.182	0.002*	0.466	0.002	467.736
X_{SAP5}	0.266	0.033	0.384	8.127	0.000*	0.781	0.002	456.649

^a ANOVA: Predictors constant of Sappayakari ($SAP1$), Sappaye Mattanya ($SAP2$), Panitbhoji ($SAP3$), Kaljari ($SAP4$), Brahmajari ($SAP5$). * $\rho < 0.05$,

Normal P-P Plot of Regression Standardized Residual

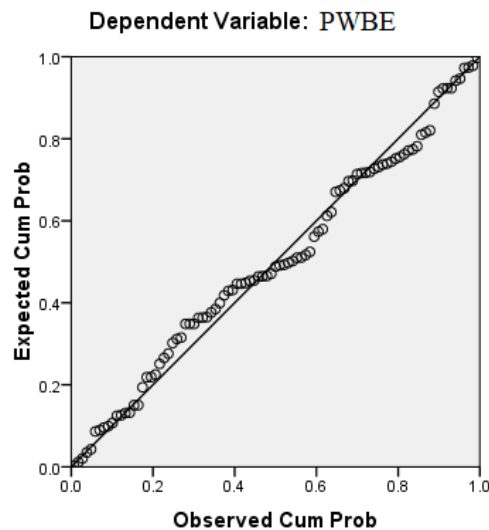


Figure 4. PWBE-P Plot of regression standardized residual

The analysis of variables (H5) impacted the promotion well-being of the elders (PWBE) based on 5APB (Y_{PWBE}). That is analyzed by MRA, display impacted of all variables predictor is significantly less than 0.05 as X_{SAP1} ($\rho < 0.000$), X_{SAP2} ($\rho < 0.000$), X_{SAP3} ($\rho < 0.000$), X_{SAP4} ($\rho = 0.002$), X_{SAP5} ($\rho < 0.000$) to PWBE found absolute percentage error as $R^2 = 0.880$ or 88% prediction activated. The relationship of PWBE behaviour based on 5APB (H6) predicts the efficiency of the formula (1) & (2) for linear regression, where \hat{y} (1) stands for the dependent variable (Y_{PWBE}) and $X_{SAP...}$ (2) by the relationship's variables of linear relationship predicted by the data in the model as followed.

$$\hat{y} = X_{SAP1} + X_{SAP2} + X_{SAP3} + X_{SAP4} + X_{SAP5} + e \quad (1)$$

$$\hat{y} = 0.217 X_{SAP1} + 0.150 X_{SAP2} + 0.222 X_{SAP3} + 0.129 X_{SAP4} + 0.263 X_{SAP5}$$

$$Z\hat{y} = \beta_{ZSAP1} + \beta_{ZSAP2} + \beta_{ZSAP3} + \beta_{ZSAP4} + \beta_{ZSAP5} + e \quad (2)$$

$$Z\hat{y} = 0.213 Z_{SAP1} + 0.149 Z_{SAP2} + 0.224 Z_{SAP3} + 0.126 Z_{SAP4} + 0.289 Z_{SAP5}$$

3.3 Discussion

The concept of health promotion of the elderly have the concept in three social factors physical self-care practices concept (PSCPC), mental self-care practices concept (MSCPC), and social self-care practices concept (SSCPC) that; concerning to the report of WHO (2018), involved, the promotion of mental health on concepts emerging evidence and practice. The three determinants of mental health, are social inclusion, freedom from violence and discrimination, and economic participation (WHO, 2004). PSCPC is a set of scope in physical health authority in life. The contribution of mastery and self-determination to self-esteem and mental well-being is one of the potentially profitable areas of research, concerning (Zinsstag et al., 2011; Souri & Hasanirad, 2011). MSCPC is mentioned as leading to conceptualizing mental authority with practices through the Buddhist concept of purifying the mind, such as thinking good things, speaking a good word, and doing good behaviour associated with Buddhist concepts to enhance mental health (Thepa, 2022). The concept links with a proverb influenced by Buddha's teaching about the mental state as "the mind is master, and the body is a slave," similar ideal of mental health practitioners on spirituality in the clinical practice of Rogers et al. (2021). Almost of the members of WSC are influenced by thinking based on value to services mind or self-esteem such as to be the adviser for descendants and people in the same community, and do good relationship with other applied Buddha teaching such empathy, caring, and friendliness (Haines et al., 2006; Wang & Luo, 2005).

PWBE based on 5APB has the relationship between individual demography and sociodemographic and behaviour, especially SMI-Descendant correlated with several variables, e.g. gender, age group, marital status, SMI-State elderly pension, SMI-Benefit pension, SMI-Other, e.g., own business, and Chronic disease with ($\rho < 0.000$), that displays the influence of valuables together. Promoting well-being regard to 3 steps consist of (1) Physical self-care ($\rho < 0.000$), i.e., doing daily routine by oneself, dining with self-restraint and on time, taking 5 nutrition food, and self-grooming. (2) Mental self-care ($\rho < 0.000$), i.e., positive thinking, empathy and compassion with family members, the release of stress, care of income and expenses, resilience and flexibility in life, morality practices, and understanding of the truth of life-based on Buddha's teaching. (3) Social self-care ($\rho < 0.000$), i.e., a good relationship with family and associates, positive performance, participating in social activities, doing public benefit of the community, and respect for human dignity and right (Fig. 5).



Figure 5. The guideline of PWBE based on 5APB in Dusit District, Bangkok, Thailand: A Case Study of WSWSC

4 Conclusion

Promoting well-being, especially in the elderly, was a study in diversified methodology and analysis method concerned with the complication of behaviour and influences of validities. The study found frequency practices of 5APB stand for "very high" level go on AYU-P5 Brahmajari, AYU-M5 Brahmajari, AYU-S2 Sappaye Mattanyu. The promoting well-being for the elders (PWBE) based on 5APB analyzed by MRA, presenting impacted of all variables predictor is PWBE ($\rho < 0.000$) and to found absolute percentage error as $R^2 = 0.880$ predictions activated. Finally, (1) Physical self-care ($\rho < 0.000$), (2) Mental self-care ($\rho < 0.000$), (3) Social self-care ($\rho < 0.000$).

Acknowledgements

The current research was supported by the Yanasagvorn Research Institute (YRI), the Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand, and research teams. The project team members are grateful to all three anonymous reviewers for their cementations, fulfilment, and the public version.

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