

# Life satisfaction of the elderly in Phukhiao District, Chaiyaphum Province, Thailand

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Received, 12 May 2010  
Accepted, 26 August 2010

## ABSTRACT

Itabashi S, Chompikul J, Keiwarknka B, Sowattanangoon N, Trakulsri S. Life satisfaction of the elderly in Phukhiao District, Chaiyaphum Province, Thailand. J Pub. Health Dev. 2010;8 (2) : 123-134.

As Thailand is becoming an aging society, the well-being of the elderly should be one of the important concerns. This cross-sectional descriptive study examined life satisfaction and its related factors of the elderly in Phukhiao district, Chaiyaphum province, Thailand. Participants in the study consisted of 203 local residents aged 60 years old or over living in Phukhiao district. Interviews were conducted by local nurses and the researcher utilizing a structured questionnaire in order to collect data in January 2010. The questionnaire addressed socio-demographic characteristics, Buddhist values, mindfulness, loneliness, and life satisfaction.

The participants were mainly female. Their median age was 66 years old. Most of participants reported high scores on Buddhist value, mindfulness, loneliness, and life satisfaction. Pearson's correlation between Buddhist values ( $r = .27, p < .01$ ), mindfulness ( $r = .37, p < .01$ ), loneliness ( $r = .27, p < .01$ ) and life satisfaction revealed a significant relationship. Multiple regression demonstrated that Buddhist values, mindfulness, and loneliness were significant predictors for life satisfaction of the elderly.

In conclusion, Buddhist values, mindfulness and loneliness were positively associated with life satisfaction of the elderly. However, further study is needed to investigate mechanisms of Buddhist values and mindfulness to increase life satisfaction. It is also recommended that in order to help the elderly they should be encouraged to participate in Buddhist activities to promote their well-being.

**Key words**    Elderly    Life satisfaction    Buddhist values  
                  Mindfulness    Loneliness

## ความพึงพอใจในชีวิตของผู้สูงวัยในเขตอำเภอภูเก็ต จังหวัดชัยภูมิ ประเทศไทย

### บทคัดย่อ

ชาโตชิ อิตานาชิ จิราพร ชุมพิกุล บุญยง เกี่ยวกิจการค้า นภารพ โภสวัตนาวงศ์ ศศิริดา ตระกูลศรี. ความพึงพอใจในชีวิตของผู้สูงวัยในเขตอำเภอภูเก็ต จังหวัดชัยภูมิ ประเทศไทย ว.สารานุสุขและการพัฒนา, 2553; 8(2) : 123-134.

เนื่องด้วยประเทศไทยกำลังก้าวเข้าสู่สังคมผู้สูงวัย ดังนั้นจึงมีความจำเป็นที่จะต้องดำเนินการศึกษาของผู้สูงวัย การศึกษาแบบตัดขาดงานนี้มีวัตถุประสงค์เพื่อที่จะสำรวจหาปัจจัยที่มีความสัมพันธ์กับความพึงพอใจในชีวิตของผู้สูงวัยในเขตอำเภอภูเก็ต จังหวัดชัยภูมิ ประเทศไทย การศึกษานี้ใช้แบบสอบถามซึ่งประกอบด้วย ข้อมูลส่วนบุคคล แบบวัดคุณค่าทางพุทธศาสนา แบบวัดความมีสติรู้ตัวอยู่เสมอ แบบวัดการสนับสนุนทางสังคม และแบบวัดความพึงพอใจในชีวิต เป็นเครื่องมือในการเก็บข้อมูล โดยมีพยาบาลในพื้นที่และนักวิจัยทำหน้าที่เป็นผู้เก็บข้อมูล ด้วยการสัมภาษณ์ผู้สูงอายุจำนวน 203 คน ในช่วงเดือนมกราคมปี 2553 เกณฑ์ในการคัดผู้สูงอายุทั่วไป การวิจัยนี้คือผู้ที่อายุ 60 ปีขึ้นไปและอาศัยอยู่ในเขตอำเภอภูเก็ต

ผลการศึกษาพบว่า ผู้สูงอายุส่วนใหญ่เป็นหญิง มีอายุนั้นขึ้น 66 ปี ค่าคะแนนของคุณค่าทางพุทธศาสนา ความมีสติรู้ตัวอยู่เสมอ ความโถดดเดี่ยวและความพึงพอใจในชีวิตอยู่ในระดับสูง การวิเคราะห์ทดสอบสัมพันธ์เพียร์สัน พบว่า ปัจจัยที่มีความสัมพันธ์อย่างมีนัยสำคัญกับความพึงพอใจในชีวิตคือ คุณค่าของพระพุทธศาสนา ( $r = .27, p < .01$ ) ความมีสติรู้ตัวอยู่เสมอ ( $r = .37, p < .01$ ) และความโถดดเดี่ยว ( $r = .27, p < .01$ ) การวิเคราะห์การทดสอบพหุคุณพบว่า คุณค่าทางพุทธศาสนา ความมีสติรู้ตัวอยู่เสมอและความโถดดเดี่ยวเป็นปัจจัยที่สามารถทำนายระดับความพึงพอใจในชีวิต

โดยสรุปแล้วคุณค่าทางพุทธศาสนา ความมีสติรู้ตัวอยู่เสมอและความโถดดเดี่ยว มีความสัมพันธ์เชิงบวกกับความพึงพอใจในชีวิตของผู้สูงวัย สิ่งที่ควรทำการศึกษาครั้งต่อไปคือ การค้นหาเพื่อขอรับถึงกลไกที่คุณค่าทางพุทธศาสนา ความมีสติรู้ตัวอยู่เสมอและความโถดดเดี่ยวช่วยเพิ่มระดับความพึงพอใจในชีวิต ผลจากการศึกษานี้สนับสนุนแนวว่าผู้สูงวัยควรจะเข้าร่วมกิจกรรมทางพุทธศาสนา เพื่อเป็นการสร้างเสริมสุขภาวะที่ดี

คำสำคัญ

ผู้สูงวัย ความพึงพอใจในชีวิต คุณค่าทางพุทธศาสนา  
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## INTRODUCTION

Elderly population is increasing dramatically in nearly all countries including Thailand. It was estimated that Thai population age 60 or over will reach 14 million by 2025.<sup>1</sup> Existing research consistently demonstrated that most elderly population suffer from chronic illnesses, psychological disorders, and loss of socio-economic status resulting in low life satisfaction. In a study, the prevalence of depression in elderly Thais was 12.78%.<sup>2</sup> Results from the study also suggested that improving family relationship and physical illness may increase the elderly Thais' well-being. Thus, it is important to gain a deep understanding of aspects contributing to the elderly people' lives.

Life satisfaction is a global concept and is generally used as an indicator of well-being among elderly population. According to Diener (1984), life satisfaction is "a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion".<sup>3</sup> It is also suggested that the temporal satisfaction with life should be focused because it provides a more comprehensive evaluation among past, present, and future level of global life satisfaction.<sup>4</sup> Supporting the suggestion, elderly people might highly satisfy with their past and present; however, due to physical and social problems, they might expect low level of future life satisfaction. The current study will therefore use the temporal satisfaction with life to indicate the complexity of life satisfaction.

Thailand is a Buddhist country. 95% of the population is Buddhist<sup>5</sup> and many elderly people

are especially keen to practice Buddhism in their daily lives. Research in Western and Eastern countries showed positive relationship between religiosity, religious activities and well-being.<sup>6-9</sup> We hypothesized that there might be positive relationship between the temporal satisfaction with life and Buddhist religiosity among Thai elderly people.

Because a religion is conceptualized and represented with multiple domains, the religious measurement should be treated more rigorous, balanced and comprehensive.<sup>10</sup> Based on review of religion and health research, Marks (2005) proposed a conceptual model of religion and bio-psycho-social health.<sup>10</sup> The model conceptualizes the connection between three dimensions of religion (religious practices, spiritual beliefs, and faith community) and three dimensions of health (biological, psychological, and social) respectively. In this research, spiritual beliefs were measured as Buddhist values, which were defined as how much the participants agree or disagree to basic Buddhist teachings. Religious practices were measured as mindfulness, which was defined as the presence or absence of attention to and awareness of what is occurring in the present because it is possible that mindfulness may be cultivated through practices other than meditation.<sup>11</sup> Therefore, the more practices are conducted, the more mindfulness is cultivated. Faith communities were measured as loneliness (indicating social well-being), which consists of emotional loneliness and social loneliness. Emotional loneliness means the absence of an intimate relationship or a close emotional

attachment like a partner of best friend. Social loneliness means the absence of a broader group of contacts or an engaging social network.

The aims of this research were to describe life satisfaction of the Thai elderly and to examine relationship between Buddhist dedication (consisting of Buddhist values and mindfulness), loneliness and their life satisfaction.

## METHODOLOGY

This cross-sectional study was conducted in Phukhiao district, Chaiyaphum province, Thailand. Multi-stage cluster sampling was used to select a sample. One sub-district named Khok Sa-at was selected from the eleven sub-districts in Phukhiao District. There were twenty-one villages in Khok Sa-at sub-district. Then, four villages among them were chosen for community research areas. Due to limited available parameters, the formula for simple random sampling was used to calculate sample size. Based on 95% confidence interval and 7% acceptable error, the estimated sample size was 193. To ensure the sufficient sample size if any missing data or incomplete data occurs, 10% was added to the estimated sample size. The required sample size was therefore at least 214. In the study, because of incomplete data, 203 Buddhist elder persons aged  $\geq 60$  years were included. The villages were handled by a health center named Phudin health center. Four local nurses who speak local dialect interviewed the elderly utilizing a structured questionnaire in order to collect data in January, 2010.

The questionnaire was divided into five parts: (a) socio-demographic characteristics of the elderly; (b) Buddhist values as spiritual beliefs; (c) mindfulness as religious practices; (d) loneliness as faith communities; and (e) temporal satisfaction with life as life satisfaction.

Part of socio-demographic characteristics of the elderly was composed of age, sex, subjective health situation, subjective financial situation. Subjective health situation and subjective financial situation was rated on a five-point scale.

Buddhist value was measured with the Buddhist values measure<sup>12,13</sup>, which consists of 8 items with a 5-point scale ranging from 1 to 5 (1 = strongly disagree to 5 = strongly agree). The total score is the summation of all 8-item score. A high score indicates that a participant strongly believe in Buddhist teachings.

Mindfulness was measured with the mindful attention awareness scale.<sup>14</sup> This scale, which is composed of 15 items with a 6-point scale ranging from 1 to 6 (1=almost always to 6=almost never), measures how much a participant experience less attention or awareness in daily living. The total score is the summation of all 15-item score. A lower score means that a participant experiences mindlessness, while a higher score means that a participant experiences mindfulness.

Loneliness was measured with the 6-item De Jong Giereld loneliness scale<sup>15</sup>, which consists of two parts: emotional loneliness and social loneliness. The scale was scored on a 3-point scale, was made up of “yes =1”, “uncertain=2”, and

“no=3”. The total score was the summation of the 6-item. A higher score indicates low loneliness which refers to high level of social involvement.

Life satisfaction, which was defined as an individual's general sense of satisfaction with their life as a whole, when they viewed their past, present, and future lives respectively from the present standpoint, was measured with the temporal satisfaction with life scale.<sup>4</sup> This scale consists of 15 items with a 7-point scale ranging from 1 to 7 (1=strongly disagree to 7=strongly agree). The total score is the summation of all 15-item score. A higher score indicates that a participant is strongly satisfied with own life.

Regarding the validity and reliability, the questionnaire was submitted to an expert related to this research fields in order to check validity and

confirm the translation of the content. The questionnaire was revised according to the comments and the suggestion given by the expert. After getting approval from the ethics committee of Mahidol University Institutional Review Board (COA. No. MU-IRB 2009/314.0812), the questionnaire was tried out on 30 Thai elderly, who shared similar characteristics with the sample, in Kaset Sombun district where is next to a district of the study site. Then, the internal consistency of the questionnaire were calculated with Cronbach's Alpha Coefficient when sample size was equal to 30 and 203. For the pre-test, Cronbach's Alpha Coefficient of loneliness part was only 0.17, therefore, some questions were revised. The coefficient of the revision increased to 0.62 for the whole data set (Table 1).

**Table 1** Internal consistency of all scales

<b>Questionnaire</b>	<b>n=30</b>	<b>n=203</b>
1. Temporal Satisfaction with Life Scale --	<b>.70</b>	<b>.90</b>
Past subscale -----	.50	.81
Present subscale -----	.43	.75
Future subscale -----	.42	.77
2. Buddhist value -----	<b>.90</b>	<b>.81</b>
3. Mindfulness -----	<b>.84</b>	<b>.90</b>
4. Loneliness scale -----	<b>.17</b>	<b>.62</b>
Emotional subscale -----	.11	.51
Social subscale -----	.42	.60

Data analysis was conducted in three stages. The first stage was the determination of univariate analysis for the results of all variables. All of the data were described in forms of mean, quartile deviation (Q.D.), frequency and percentage. The second stage was the determination of Person's correlation to examine the associations of Buddhist values, mindfulness, and loneliness with life satisfaction. Finally, multiple regression was performed to determine the impacts of age, subjective health situation, subjective financial situation, loneliness, Buddhist values, and mindfulness on life satisfaction.

## RESULTS

Socio-demographic characteristics of the elderly were shown in Table 2. Most of participants were female (70.94%). The range of participants' age was from sixty to ninety-two. Median age was sixty-six years. Most of the elderly (75.86%) lived in extended family. Over half of the elderly (56.16%) were retired or were housewives. The major occupation was farmer (38.92%). Their education

levels were mainly lower primary school or no education (74.38%). Over half of them (53.69%) had positive feeling to their subjective health situation. Most of them (78.81%) were subjectively satisfied with their financial situation. Nearly all of the elderly dwelled at their own houses (96.06%).

Score range and median score of each variable were shown in Table 3. Results show that total score of Buddhist values, mindfulness, loneliness (social well-being), and life satisfaction are high. Correlations among variables were indicated in Table 4. There were significant relationships between life satisfaction and Buddhist value, mindfulness, and loneliness. Moreover, multiple regression in Table 5 presented that Buddhist value, mindfulness, and loneliness were significant predictors for life satisfaction after controlling for age, subjective health situation and financial situation. The result indicated that the more the elderly value Buddhist teaching, the more satisfied they are with their lives. Similarly, as mindfulness and social well-being increases, the elderly are more satisfied with their lives.

**Table 2** Percentage distribution of the Elderly by Socio-Demographic Characteristics

Socio-Demographic Characteristics	Number	Percent
<b>Gender</b>		
Male	59	29.06
Female	144	70.94
<b>Age (years)</b>		
60 – 68	121	59.61
69 – 77	62	30.54
78 – 86	18	8.87
>87	2	0.99
Median=66.00 Q.D. =5.0 Min=60 Max=92		
<b>Family structure</b>		
Alone	9	4.43
Nuclear	40	19.70
Extended	154	75.86
<b>Occupation</b>		
Non-Professional	8	3.94
Farmer	79	38.92
Volunteer	1	0.49
Others	1	0.49
Retirement/ Housewife	114	56.16
<b>Education</b>		
None	17	8.37
Lower primary education	134	66.01
Primary education	48	23.65
Secondary education	4	1.93
<b>Subjective Health situation</b>		
Excellent	21	10.34
Good	88	43.35
Uncertain	21	10.34
Not good	68	33.50
Severe	5	2.46
<b>Subjective Financial situation</b>		
Rich	5	2.46
Enough	155	76.35
Uncertain	3	1.48
Not Enough	31	15.27
Poor	9	4.43
<b>Ownership of accommodation</b>		
Owner	195	96.06
Staying with relatives and no pay	8	3.94

**Table 3** Score of variables in the study

Variables	Possible score range	Actual score range	Median	Q.D.
<b>Buddhist Values</b>	5-40	32-40	40	0.5
<b>Mindfulness</b>	15-90	43-90	86	5.0
<b>Loneliness</b>				
Total score	6-18	10-18	18	1.0
Emotional Subscale	3-9	3-9	9	0.0
Social Subscale	3-9	5-9	9	1.0
<b>Life satisfaction</b>				
Total score	15-105	44-105	96.00	7.5
Past subscale	5-35	5-35	33.00	2.5
Present subscale	5-35	19-35	32.00	2.5
Future subscale	5-35	11-35	32.00	2.0

**Table 4** Correlation coefficients of all variables

Variables	1.1	1.2	1.3	1.4	2	3	4.1	4.2	4.3	5
<b>1. Life satisfaction</b>										
1.1 Total score	1									
1.2 Past subscale	---	1								
1.3 Present subscale	---	---	1							
1.4 Future subscale	---	---	---	1						
<b>2. Buddhist value</b>	.272**	.220**	.295**	.211**	1					
<b>3. Mindfulness</b>	.369**	.281**	.319**	.387**	.190**	1				
<b>4. Loneliness</b>										
4.1 Total score	.266**	.194**	.248**	.272**	.111	.387**	1			
4.2 Emotional subscale	.264**	.177*	.249**	.286**	.105	.456**	---	1		
4.3 Social subscale	.158*	.143*	.142*	.131	.075	.099	---	---	1	
<b>5. Age (year)</b>	-.021	-.002	-.063	.004	-.034	-.022	-.051	-.030	-.066	1

\*p < .05    \*\*p < .01

**Table 5** Multiple Regression between the independent variables and life satisfaction

Factors	b	t	p-value
Constant	17.67	1.19	0.235
Age (year)	0.01	0.14	0.890
Subjective Health Situation (1=Excellent or Good)	2.19	1.66	0.098
Subjective Finance Situation (1=Rich or Enough)	-3.57	-2.26	0.025*
Loneliness	0.9	2.33	0.021*
Buddhist value	1.06	3.26	0.001**
Mindfulness	0.26	3.65	<0.001***
R <sup>2</sup> = 22.1%	R <sup>2</sup> (adj) = 19.7%	Se = 8.52	n=203
*p < .05	**p < .01	***p < .001	

## DISCUSSION

The results of the current study showed that most elderly in Phukhiao district Chaiyaphum province have high life satisfaction, which is consistent with Diener and Diener's study involving 31 nations, fairly industrialized countries. The study revealed that 63% of men and 70% of women reported positive levels of life satisfaction.<sup>16</sup> Biswas-Diener et al. reported positive levels of well-being in smaller, non-industrialized societies such as the Maasai in Kenya, the Inughuit in Greenland, and the Amish in the U.S.<sup>17</sup>

What are the reasons for the fact that most of the elderly in Phukhiao are satisfied with their lives? One of the possible reasons might be that their basic needs were fulfilled at their levels. According to the results, over half of the elderly positively responded to their health and financial situations. In other words, they accepted their situations because they might have less expectations and desires.

In addition, most of them also felt positively against loneliness. Baumeister and Leary suggested that the need to belong or to have close and long-term social relationship was a fundamental human need, and that well-being depended on this need being well met.<sup>18</sup> They also mentioned that the role of belongingness was also apparent in religion.<sup>18</sup> Therefore, it is possible that Buddhism tighten their relationship in a community, and contributes to their life satisfaction.

On the other hand, there were a few people who seemed to be unhappy or had difficulty in their lives. However, they also responded their satisfaction with life, even though their subjective health or financial situations were not good. The reason might be that they consciously or unconsciously follow their norms, such as acceptance and tolerance. Their feelings were negative, but they could not admit the feelings. Thai culture is a

collectivist culture.<sup>19</sup> Moreover, Suh and colleagues (1998) found that norms and emotions were equally strong predictors of life satisfaction in collectivist cultures.<sup>20</sup> Therefore, when the elderly judged their own life satisfaction following their standard idea or norm, they might think that they should accept their lives no matter how they were. Then this acceptance turned to satisfaction and they replied that they were satisfied with their lives.

Another possibility is that an elderly person who looked unhappy might not be satisfied with his or her own life. However, a Buddhist goal is not only one's own welfare but also others' welfare as well as welfare of both oneself and others<sup>21</sup>, the elderly person might think that his or her life was not good, yet their lives in a community were not so bad. Then, he or she may be satisfied with not own personal life but their life as a community. Therefore, his or her answer was satisfaction.

The results showed that there were significant relations between life satisfaction and Buddhist values, mindfulness, and loneliness. In terms of mindfulness, the result was in accordance with the result of Brown and Ryan.<sup>14</sup> Another question was come up: how Buddhist values, mindfulness, and loneliness were related to life satisfaction of the elderly.

The Buddhist values measure examined how much the elderly agreed to basic and fundamental Buddhist teachings, such as suffering, doing good, making merit, the Middle Pathway, and so forth. Then, as they revealed high agreement, it would be possible that they follow and put the teaching into

practice. Thus, by means of accepting their problems owing to aging and living situations, they could relieve their sufferings. As they had already aged, it was natural for them to lose a spouse and close friends so that they could accept it. They would also live their lives of peace making good relationships with each other in a community by doing well and following the Middle Pathway which refers to the threefold training of morality, concentration, and wisdom resulting in eliminating suffering.<sup>21</sup>

Enhancement of mindfulness might make their minds attentive and improve mental function including self-regulation, which makes their behaviors and lifestyles healthier. Then mindfulness might reduce physical problems, such as pain, and mental problems including anxiety and depression. Their attentive minds might also contribute to a cooperative and harmonious community.

If the elderly commit to their own society, they can make it better and supportive. A supportive society may provide them with a spirit of mutual assistance, useful information for their life, and pleasure. These products of a social network might prevent or reduce loneliness, anxiety, and other negative mindsets.

Buddhist values, mindfulness, and loneliness are three dimensions of Buddhism religiosity and each dimension contributes to the three aspects of health, that is, the psychological, physical, and social aspects respectively. As hypothesized above, Buddhist beliefs, Buddhist practices, and social involvement might promote life satisfaction among the Thai elderly.

## RECOMENDATIONS

In this study, there might be no longer any doubt for the elderly people that participation in Buddhist activities is one of the crucial parts of their lives in order to keep in contact with their own society and to make their feeling peaceful because social participation increase the elderly people's well-being. However, some of the elderly cannot go to a temple nor take part in any activities freely by themselves because of physical or cognitive disability. Therefore, it is recommended to develop a program to help the disabled elderly go to a temple or participate in Buddhist activities. Collaborative activity among stake holders, such as a district office, a health center, and village health volunteers might be needed.

Further research is needed to investigate the mechanism of the relation between Buddhism and life satisfaction of the elderly. Although this study showed a significant relationship between Buddhist value and life satisfaction, this study did not demonstrate its mechanism because of the cross-sectional study. Therefore, longitudinal study should be conducted to explore how Buddhism makes the elderly satisfied in lives as well as how their well-being is improved.

## ACKNOWLEDGEMENTS

The authors would like to express sincere gratitude to all staff of Phudin health center in Phukhiao district, Chaiyaphum province, Thailand for their cooperation during the data collection period.

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