A Participatory Study with Volunteer Monks to Create Media for Promote Better Health among Monks in Northern Part of Thailand

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Abstract

The situation of monks' well-being in the northern part of Thailand was affected by changes and medical conditions resulted due to an unhealthy diet. Not all of them have an understanding of health literacy and a sense of well-being. This paper is part of the innovative development research project in the management of Buddhist monks' health promotion with monk health volunteers (Phra Kilanuphatthak). This was done to collect quantitative data from the monks' self-health management problem survey in 11 Northern provinces. The scope of the area based on trained Phra Kilanuphatthak. This paper presents the problems and potential of Phra Kilanuphatthak in health promotion management. Then created a process of participation in creating and communicating to advocate monks' health media.

The research results initiated the development of innovative media from the community and novices are well versed in music and lyrics composed by a Thai teacher and sung by Thai singers. Doctors and pharmacists are interviewed to raise awareness of the health problems experienced by monks who are in remote areas and Phra Kilanuphatthak's guideline to promote awareness and to prevent the top ten diseases experienced by monks and community people. The research result found that they are in good level from the evaluation of the community and monks. In addition, the hypothesis testing results showed that Phra Kilanuphatthak had different developing skills for health promotion before and after his involvement in media creation significance.

Keywords: 1) Creative media 2) Participatory Action Research 3) Health Promotion 4) Health Volunteer Monk (Phra Kilanuphatthank) 5) Northern Part of Thailand

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Introduction

Between 1993 and 2003 there were an increasing number of monk patients were reported to have non–communicable diseases (NCDs) such as kidney disease, fatty liver disease, thyroid disease, and osteoarthritis. These diseases as well as epilepsy, and asthma increased to 27,588 people. (Thamjaiboon, 2013, p. 69). These patients came from 78 temples in Thailand. There are 1,825 monks in Bangkok, of which 665 monks have high blood high pressure. In 2012 – 2014 the third of the high ranking of monks were admited to hospital for diabetes. In the case of the situation in the Northern part of Thailand, there are 17,317 monks from 8 provinces; Phrae, Nan, Payoa, Chiang Mai, Lampoon, Lampang, Chiang Rai and Meahongson of whom 1,195 are diabetic (Supankul, 2014, p. 260). According to Chiang Mai Health Office (2011), 335 monks have diabets and 29 monks lost body parts due to inappropiate medical treatment.

Thunsatian (2007) reported that of 227 monks with non–communicable diseases, 43% of them had high blood pressure. The average age of these people was 57.9 years old, and their period of being monks was under 10 years. Of these, 51.5% had been maried before becoming monks. Of these, 49.8% had experienced health problems for over 4 years, and 48.9% experienced single chronic diseases. The quality of monks' life is slightly higher than that for the average healthy adult threshold. Therefore, the holistic care of monastic monks with chronic diseases should be prioritized in encouraging social support from relatives and their families including head monks and their colleaques, to help improve the quality of life for monks.

Thammachot (2014, p.13) reported that chronic illness among monks starts from approximately 45 years old on average and affects over 40% of population in the lower–northern part of Thailand. Nontheless, the age of monk patients with non communicable diseases between 56 – 65 years old are hospitalised. As a result of the discipline's commandments, the monks had to receive alms from relatives and food as offered by relatives. Not only that, it is the practice of monks who cannot perform aerobic exercises or 30-minute gradual exercises such as running, swimming, etc. Therefore, the lack of exercise, coupled with the unpreparedness of monastic practice, leads to the development of chronic non communicable diseases, often requiring admission to hospital.

Consequency, Pra Kilanupattak is a new term that creates value in encouraging the increase in the number of patrons by adding the term 'clinic' to achieve meaning in accordance with the National Buddhist Health Constitution, Buddhist Era 2017 of the National Health System. Monks are educated in taking care of their health in accordance with the principles of Dhamma discipline and are ready to help guide communities and society and especially monks in remote areas along the border with neighbouring countries. Wilderness Village, the health insurance system, is not thorough with the proper care of buddhist monks according to the principles of monastic discipline. The main problem with expanding the Kilanupatak network, is that there are a number of monks who have volunteered to promote monk health. Most volunteers have insufficient knowledge to be able to work fully in health care, but have never been assessed for their

knowledge, or work skills. There are those who are unable to make use of innovations that could support volunteer monks in their health promotion tasks, for instance, considering food and drink before eating. Most of the events are symbolic, for example, Dhammayatra which encourages long distance walking, telling health stories via Phaya in public spaces or Kweung to develop knowledge and awareness in society. Unfortunately, there is no evaluation to actually promote their health or the health of others.

This article is derived from An Appropriate Innovative Development of Participatory Health Promotion Management for Monks with Health Volunteer Monks (Pra Kilanupattak) with quantitative methodology; using situation analysis from temples in 11 provinces over the Northern part of Thailand because it is an area where the training of Pra Kilanupattak is carried out for Buddhist monks at monastic level. Then, the researcher analysed the statistics and reported the syntheses information to 60 monks from 10 provinces who participated in the focus group in Phrea and Lampang provinces. To create designs and find ways to promote better health practices among monks.

The research team synthesized the results and created media innovation with representatives of the monks. The production and creation of content, and the presentation of the outcome to the community and Pra Kilanupattak was done through a communications forum in Lampang province. The health problems of the monks are no different from the general health situation of people in Thai society. The study was carried out using qualitative processes by virtue of engaging in communication to find solutions that are appropriate to the principles of Buddhist discipline and monastic life-style of the monks. The engagement of everyone in the local community to help support the monks by providing them with healthy food and drink. The message to the local community was intended persuade everyone to join in supporting the local monastic community and health volunteers following the Tri-Sikkha Principle. This paper presents participatory action research to promote monk health volunteers, produce health information, assist in providing opinion on health issues, making decisions, working on plans and activities to promote the health and well-being of the monks within the broader community.

Literature Review

Monk's Health Promotion Concept

The initiation of health promotion of among monks should start with good food as well as appropriate exercise, thus promoting their over-all well-being. The Office of Health Promotion Fund (2018) defined physical activity as, 'body movement with skeletal muscles burning calories.' Furthermore, Purakom (2017) stated that physical activity is part of everyone's daily lifestyle and people should be encouraged to move their skeletal muscles. Bone and muscle move when walking, doing a hobby and other activities that help to develop good health and well-being.

Health Promotion Communication

New media in the technology era, confirm that medicine and health expertise messages develop awareness among people encouraging people to practice healthy living. For example, a virtual reality photograph or diagram detailing the sugar consumption, salt,

seasoning powder, etc., and their long-term effects on the body, including the occurrence of kidney disease, or other diseases. Such an application may help to persuade people to take better care of what they eat and drink and thereby protect them from non-communicable diseases as patients are able to visualize the pain of the disease and dialysis procedures. With awareness people are able to modify their eating habits, especially with regard to salty or sweet foods and avoid diseases such as diabetes. Nonetheless, people need to engage in physical activity as it can help to improve their metabolic functioning.

This article uses the participatory approach to survey health management practices, problems and innovative health management for monks with the participation of monk health volunteers in every community, to share and learn with the researcher. The researcher understands the health and well-being management of monks after collecting data with them and to be certain that Pra Kiranupattak has knowledge to share and discuss. Then, the researcher collected all the available information to formulate an easier, uncomplicated method to design and create the means to inform and support the monks and their communities as follows:

First stage: Monks and researchers co-planned the project, consisting of informing monks of their well-being situation, and planning body movement activities that fitted their routines and lifestyles.

Second stage: The co – creation of appropriate media to the target, communication design, lyrics and story board. The monks themselves chose popular singers and actors to partake in media design. Monks act in the stories that were created by the researcher to create a script and direct the production, produce and finally edit the stories. This process brings all the people together where they are engaged in media creation.

Third stage: The participation of media evaluation and consideration of appropriate media before it is distributed to the public.

Fourth stage: Distribution, follow up and participatory evaluation.

Fifth stage: The ongoing problem of the monks and their well-being.

An appropiate communication design started with the desire and influence their attitude and change their health related behaviour. It is intended to influence and motivate them and communicate through others the necessity to maintain good personal health management.

Objectives

To survey the health problems experienced by monks and the efficacy of Pra Kiranupatak's health management potential.

To develop the participation of media design and creation for advocating monk health promotion.

Methodology

This article is developed from An Appropriate Innovative Development of Participatory Health Promotion Management for Monks with Health Volunteer Monks (Pra Kilanupattak). A mixed method approach is used that is divided into 2 phrases; 1) Pre-research 2) Research phase.

1. Pre-research Phase

- A selection and access to temples

where there are monks who are volunteer health workers or Phra Kiranupattak is developed in accordance with the Health Constitution.

- An integration of the researcher with monks' co-working in the temple.

- A basic survey of monk data.

2. Research Phase

- A study and analysis of problems with Phra Kilanupatak.

- Analysis of potential problems in PAR process and determining solutions.

- Data analysis.

- A presentation to a monk's forum.

Sample and Population

It can be divided into 5 research steps as follows:

First stage: Using purposive sampling in a survey research study by selected areas in the Northern Part of Thailand where, the Department of Health, Ministry of Public Health was training 400 monks or Pra Kiranupattak 400 monks or Pra Kiranpattak as Monk Health workers Promotion Skills. Monks who were eventually certified came from 11 provinces; Mae Hong Son, Chiang Mai, Lamphun, Lampang, Phrae, Nan, Phayao, Phitsanulok, Sukhothai, and Uttaradit were selected into this process. According to Bureau of Elderly Health, Department of Health (2018), there is no record the actual number of monks in the northern part of Thailand. The number of monks in the northern Thailand is not known as monks are routinely transferred from temple-to-temple. In this study, an estimate is used for statistical calculations according to the equation of W.G. Cochran (Wanitbuncha, 2011).

$$n = \frac{P(1-P)Z^2}{d^2}$$

When n is a good representative of the samples, P is population proportion (50% or 0.50), Z is a level of confidence or statistical significance, Z at a significant level of 0.05, or 1.96 (95% confidence). >> Z = 1.96, d is the proportion of tolerances allowed to occur at a confidence level of 95%, the tolerance ratio is 0.05. The minimum sample size is given at 386 monks. The actual sample size was 413 monks

Exploratory research tools

Questionnaire design by the researcher who collected health data from the guidelines of the Department of Health. IOC or Index of item objective congruence with 3 professors. In this case, the head of Pra Kiranupattak in the Northern Part of Thailand, and 2 professors took part. Then interviews and pilot testing with 30 monks was carried out. The researcher then improved the questionnaire according to the results obtained from the pilot study.

The reliability of questionnaire was tested with 81 monks. It indicated that Cronbach's Alpha = 0.906, meaning that the questionnaire is high ranking and excluded inappropriate questions. The questionnaire remains at 109 questions.

The questionnaires were distributed to temples and monastic accommodations in both mueang districts and remote areas.

Questionnaires returned 413 questionnaires from 153 places divided into 8 Dhammayutti sect and Mahanikai sect 145 places from 11 provinces in the Northern part of Thailand, there are not error and mistake, then the all of them can be used.

Data analysis using descriptive statistics and meta- analysis include factor analysis and

regression and calculate coefficient to test factor of physical and mind of monk's behavior and media use for monk's health promotion.

Second stage: Analysis Phase

Sample selection from monk health volunteers in the District Health Centre in 1st and 2nd Sub divisions including the sample size with inclusion criteria are as follows:

Health monk's volunteer certified by the health department.

The qualification of Pra Kilanupattak selected by the head of Pra Kilanupattak in the Northern part of Thailand. He gave a name list of 11 from 11 provinces; Chiang Mai, Chiang Rai, Lamphun, Lampang, Phrae, Nan, Phayao, Mae Hong Son, Phitsanulok and Sukhothai (consisting of representatives of monks from sub-districts and districts of each province - 7-8 persons for each area.), a total 78 monks.

Two provinces were excluded due to there being no Pra Kilanupattak members as most of them are of the Dhammayutti sect so that they do not accept health promotion training from the Health Department.

Third stage: This study set up 3 principles to build innovations.

Principle 1. Design principle. The design should attract interest from monks, helping them to observe, memorize, think and work enthusiastically. Internal qualifications for the innovation should include harmony, proportion, balance, rhythm, concentration, unity, and contrast as shown by its line, colours, light, and shadow.

Principle 2. Communication principle. The ability to transfer knowledge and experience from research results to monks, emphasizing communication basic principles that include the role of senders or sources of messages, stories or channels and receivers or target groups. The results and noticeable reactions were, from the responses from monks, through one- or two-way communication.

Principle 3. Health promotion principle. The innovation should promote a monk's physical health depending on language, skills, contact, problem-solving social processes, and observation.

Step 4: Design Phase with participation between Pra Kilanupatak and the research team includes:

1) Setting goals and objectives that the researchers want to achieve after applying that innovation to the target audience.

2) Define measurement and evaluation tools. By creating a questionnaire to measure knowledge and understanding.

3) Set a targeted approach to the use of innovation together. Content Style Plan your implementation and choose the right media to meet the needs of most audiences or classify them according to the needs of the target audience.

Step 5 Evaluation: The development of innovations in promoting the health and physical activities of monks according to the discipline of the Kilanupatak Group that volunteers to publish innovations. Some 11 temples in 10 provinces including Mae Hong Son, Chiang Mai, Chiang Rai, Lamphun, Lampang, Phrae, Nan, Phitsanulok, Phayao, Uttaradit (Sukhothai did not participate due to the abbot's mission). Formative evaluation and overall evaluation (Summative) was carried out.

Quality assessment of innovative media by in-depth interviews with 5 stakeholders

include monks, innovative media expertise, medicine and health scientists.

Pra Kilanupattak distributed innovative media in their home temple.

Using structured interviews scripted to in-depth interviews of 30 people who are health monk volunteers.

Evaluate the pre-test and post–test of monk health promotion. The hypothesis is:

The null hypothesis (H_0): Pra Kilanupattaks have the true difference between the understanding of health promotion knowledge before and after participating in the media creation activity is zero.

The alternate hypothesis (H_1) Pra Kilanupattak has the true difference between understanding health promotion knowledge before and after participating in the media creation activity is different from zero.

Data analysis was carried out twice: during media creation and after media creation activities to explain the research objectives and compare the means of the two groups that have different skills of monk health promotion in the media creation (t-test statistics).

Results

According to the research objectives, the research results separated into 2 main points as follows:

1. The situation and communication potential of Pra Kilanupattak to promote monk's health and well-being.

1.1 General information of the situation.

The total of samples is 413 people. The ages of samples are between 23 – 86 years old, ordained in both Dheravada sect and Mahanikay sect. Almost of them (89%) are patients, the top 10 diseases, respectively include high blood pressure, blood lipids, diabetes, joint-knee pain, gout, asthma. Low blood pressure cardiovascular disease, kidney disease and thyroid diseases.

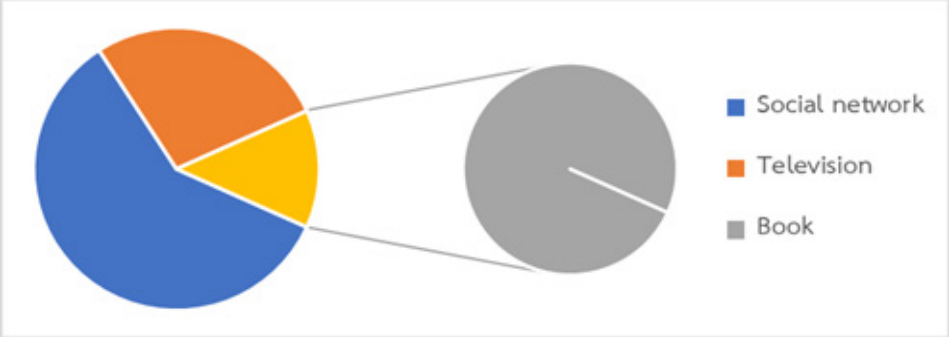
1.2 Cause and Effect of monk's health problems

The research results found that the main reason for their illnesses is that the monks never reject or choose healthy food before they eat. Due to the Buddhism principle remarked that monks must not ask or request food and drink and do not refusing ready meals and frozen foods from convenience stores especially, in the remote areas, the frozen and fermented foods can be served easily for instance, in the hilltribe and along the border's communities, most are affected by ethnic people who prefer to consume MSG which they also gave them to the monks. Even the principle of monks is to have only 1 – 2 meals each day but they can drink sweet juice or energy drink during the day. The result is that many are fat and overweight.

1.3 Recommendations for monk's health promotion as in the Table No. 1 below.

Table No. 1 Shows number and percentage of monk's health promotion (choose more than 1 choice)

Agreement Items	Frequency	Percentage
1) Practice monk's exercise manual	178	43.1
2) Routine alms walking is your regular exercise.	338	81.8
3) Diet and considering before eat.	304	73.6
4) Exercise media for monk's only.	86	20.8



Picture No. 1 Shows the type of media suitable for promoting the wellbeing of monks.

1.4 Media exposure behavior to promote monks' health

- Sample size 178 persons (43.1%) perceive health promotion information from exercise manual and community people share and evaluate the media.

Picture No. 1 The sample identified the media for promoting the well-being of monks the most, respectively for instance social network media (i.e., LINE, Instagram, YouTube, Facebook and WeChat) 60.2%, Television 16.7%, Book 8.2%, Radio Broadcasting 6.1%, 1.7%, Personal media such as Medicine 0.9% and other media/ public space 0.8%. The opinions conclusion shows that community must provide public space appropriately for monk properly and short video of not over 3 minutes for Sub-District or Tam-bon Health Promoting Hospital in remote and border area, Thailand.

Factors affecting monks' health problems

Data analysis results in the extraction of factor elements of Physical and Mental Health Management of the monk's sample. Then the researcher analyses all variables for regressive relationships by means of the Enter method showing the coefficient (R) and prediction coefficient (R^2) Decision coefficient (R^2 Change) F Ratio Value (F) and F ratio of decision coefficient (F Change) of independent variables. Effective in prophesying the knowledge, attitude and behaviour of monks (Y). Multiple regression analysis using the Enter method of physical and mental health management behaviour with medical conditions. It imported all 12 groups of extracted factors. The relationship agreement between the variables used in the analysis is based on the analysis as follows.

1. Agreement on the relationship between free variables (X) and variables by (Y) Zero order ≥ (-) / (+) 0.21 Variables with no valuereachedforexample"Monks'consumption risk" "Television media" "Online media or LINE application" and "Books" are eliminated and are not calculated.

2. Check by using Variance Inflation Factors (VIF) Tolerance and no Tolerance approaching 0 and VIF > 10, then, no variables are eliminated.

3. Linearity Agreement F - test ANOVA the result shows F = 21.382, α = 0.000 significantly (Linearity) ≤ 0.05 showing there's a linearity.

4. Variable distribution tolerance test based on test of normality consider with Kolmogorov-Smirnov Test in case of knowing the average and variance of the population.

H_0: $\beta_1 = \beta_2 = \ldots \beta_k = 0$

H_1: there is β_i at least 1 value at ≠0; i=1,2, ... k

The test of normality shows the Kurtosis value in between -1.051 – 0.437 (α=0.241). Thus, every Kurtosis element has no greater value than 3, it means not eliminate. All elements can be prophesied and the Skewness is in between -0.733-1.934 (α=0.121) approves that H_0: X has no relation with Y to k in linearity. Therefore, this information has a normal distribution, it can be used to test differences.

5. Agreement of Homoscedasticity by analysis of Box's Test of Equality. Test results showed statistical significance of variability at 0.000>0.05 Indicates that the variance of tolerances is constant at all observations.

Table No. 2 show forecasting

Forecast variables	B	Beta	t-value	p-value
Constant	2.336		3.230	.001
1. Hygiene and health behaviour of monks to be treated.	.205	.213	5.244	.000**
2. Receiving information from all kinds of media to bring knowledge into action to promote physical and mental health.	.473	.490	12.177	.000**
3. Nutritional and mental health management	.184	.191	4.690	.000**
4. Monk's Physical Activities	.124	.129	3.284	.001*
5. Monk Hygiene	-.054	-.056	-1.402	.162
6. Behaviour of maintaining health when a monk is apathetic.	.124	.129	3.249	.001*
7. Stress Management	.080	.083	2.109	.036*
8. Nutritionally correct consumption habits	.122	.127	3.233	.001*
9. Apathy Management	.076	.079	1.949	.052
10. Stagnant behaviour or immobilization	-.106	.110	2.751	.006*

Table No. 2 (Continued)

Forecast variables	B	Beta	t-value	p-value
11. Monk's clothing behaviours	-.034	-.035	-.865	.387
Communication Behaviour				
12. Radio Programme	-.180	-.050	-1.233	.218
13. Google	.087	.043	.870	.385
14. YouTube	-.105	-.054	-1.170	.243
15. Facebook	.163	.070	1.420	.156
16. Instagram	-.099	-.050	-1.070	.285
17. WeChat	.178	.048	1.120	.263

R = 0. 637a R^2 = 0. 406 F = 14.753 p-value = 0.000**, 0.05* Durbin-Watson 1.739

R^2 = 0.637 refers to the decision coefficient = 63.7% or factors of managing the physical and mental health of monks and media habits. It can describe the relationship of knowledge level averages. Monks' attitudes and behaviours in health management 63.7%, significantly (.000) less than 0.01 accept Model 1 explains all 17 variables have at least 1 variable relate to accept the relation size R = 63.7%, Durbin-Watson is 1.739 in between 1.5–2.5 means independent or no problem with autocorrelation or serial correlation and the equator prediction that affects the knowledge, attitude and behaviour of monks, (y) is 63.7% and remains 36.3% there may be other variables that affect variable changes or y means that Pra-Kilanupattak and the media used in health promotion. It can be shown that innovation must increase hygiene knowledge, attitude, and monk behaviour. Monks should be educated or actively seek knowledge about their own healthcare be able to perceive knowledge from mass media such as radio broadcasts, television, mobile applications, enabling them to be able to promote their own health needs. Every temple should provide space for monks to be able to maintain their own health.

Restrictions on properly managing monk's well-being.

Considering food items offered as alms by people.

Monk have knowledge but a lack of impact on their overeating and the effects on their health and wellness such as salty, desserts (sweet), spicy food and MSG. Furthermore, a lack of exercise affects more fat and a greater imbalance of the body accumulates fat that can affect the whole system.

Monks have more stress than priests, if they do not practice meditation and Dharma, it will affect to their mental health.

Physical management of their stress in daily life.

Do an activity that can affect their metabolism such as sweep the temple floor, alms walking except some cannot walk in town where the traffic is dangerous, many temples have exercise equipment but keep it indoors.

The results of the survey were conducted and analysed with the help of medical and pharmaceutical professionals. The analysis shows ways to promote the health of monks by creating content that can persuade general and specific target audiences as follows:

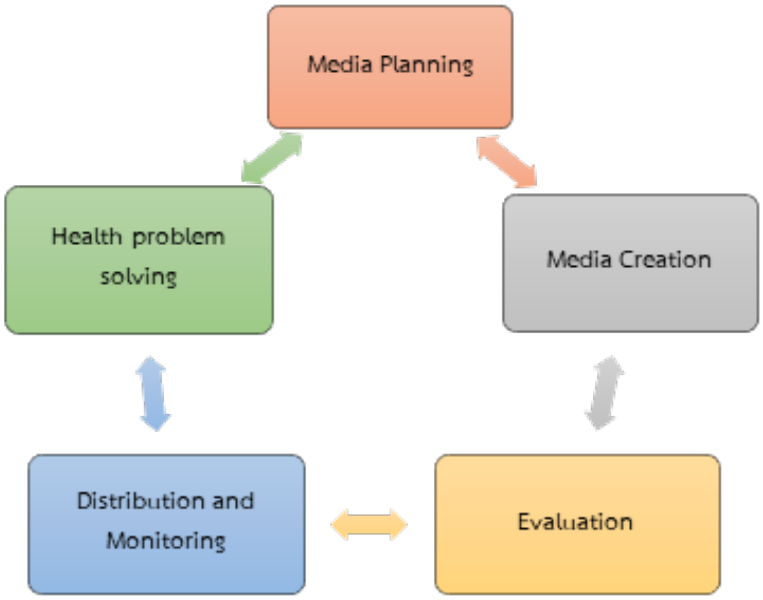
General target audiences including people awareness content which encourages people to offer appropriate food to the monks.

Specific target audiences including monks means that content should aim to promote the needs of monks and consideration should focus on their dietary needs before eating and drinking.

The output information shows that health problems and progressive participatory communication could find an approach for media creation and congruence of health information that appropriately follows Dharma principles.

2. The results of creative media production a guideline to promote monks' health.

Result of 2 – 4 stages: A participatory research with 78 monk health volunteers living in community to create and design appropriate media to promote and persuade monk health management and evaluate media before application. There are 5 stages as shown below.



Picture No. 2 Participatory Action Research

Table No. 3 shows a process of development and production of media.

Stage	Process	Media Approach
1	Planning media	78 Buddhist health volunteers from 11 provinces in northern Thailand participated in the planning monitoring and recognising of health problems. The management and coordination daily health related activities.

Table No. 3 (Continued)

Stage	Process	Media Approach
2	Buddhist health volunteers give opinions and analyze health problems and the promotion of Monk health in Thailand.	3 Context of media production concepts suitable for promoting monk health. Context 1: Activity and the limitations of monk body movement. Especially, social distancing and isolation during the COVID19 situation. Monks are not able to walk for alms. Context 2: Monks travel outside with public or private vehicles and not on foot. Context 3: Monks are able to do aerobics for instance swinging arms, stepping up and down stairs, resisting and stretching in private areas.
3	Innovative media selected by monks and the requirement of the innovation capacity to improve knowledge, attitudes and performance. The innovative characteristics are tangible and intangible media.	Campaign music to promote healthy eating and food distributed through social networks and also on the radio and television media. The lyrics include content which extract factors as follows: 1. Hygiene practices and health behaviours of monks 2. Monks' consumption of risk behaviour 3. Suitability of nutrition and the exercise of monks 1. Tangible innovative media as follows: 1.1 Dharma Music and Dharma voice or sermons. 1.2 Online Media include social networks i.e., pages or media channels, google perception frequency, creation, and health promotion innovation products, also, media formats such as music, traditional songs, or Lea music. The music lyrics, rhythm like a sermon, should disseminate information to all audiences in the community and on radio broadcasts. The content is written follows the health problem situation as shown in the research results. Representatives of the monks chose Mr. Thodsapol Himmapan as singer. In addition, doctors and pharmacists with the top 10 expertise in disease and health check-ups have been produced and presented online in 10 video clips online, called "pharmacy kiosks" or "Too-Ya-Online". 2. Intangible innovative media includes personal media such as psychologists who can advise older people who do not have access to social networks. - Community idols who can persuade others to take care of their well-being by having the right food for disease prevention.

Table No. 3 (Continued)

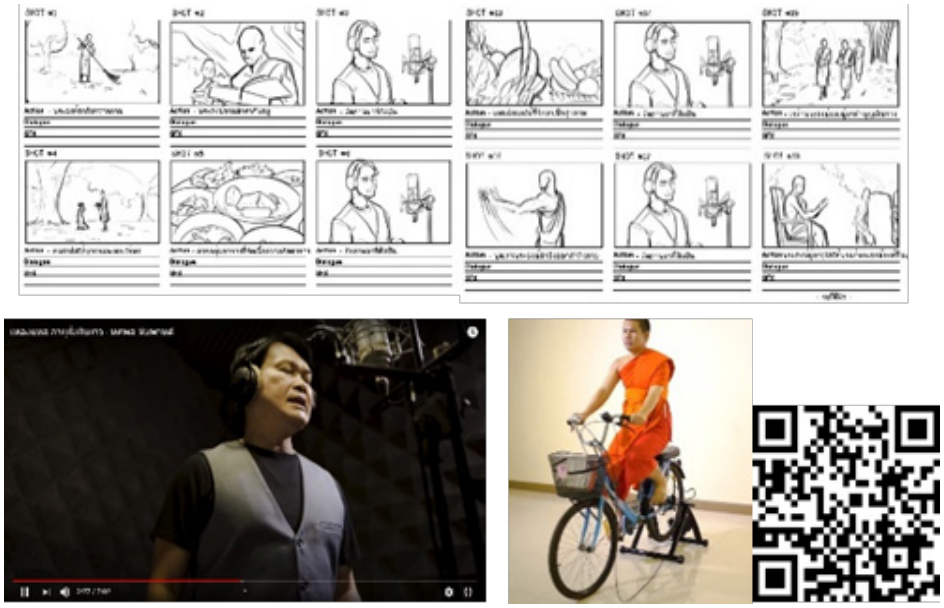
Stage	Process	Media Approach
4	The participation of priests or Phra-Kilanupattak in evaluating and improving innovation	The first music evaluation result shows that the music and lyrics are very good and appropriate but there is no visual, so the researcher made an audio-visual music video. Interview programmes should be conducted by monks who know what the right conversations are and understand the situation and health problems.
5	The participation of priests or Phra-Kilan-upattak in distribution, monitoring, and evaluation.	Monks are conductors and publish through all 11 temples in their communities, both online and on the ground. The researchers then collected an assessment of 350 groups of samples from monks' recipients online.
	The long–term participatory process of health management and solution for monks.	The monk who volunteered as a public health volunteer or Pra-Kilanupattak visited the community with the Department of Health on an ongoing basis.

The process of media characteristic creation to promote the health of monks and communities is classified into 3 stages:

1. Pre-production: Evaluation and synthesis of data collection obtained from research, define theme, character, basic design, scene, photograph, sound and actor/actress characteristics of the story.

2. Production: Group meetings, creation and production and work on storyboards, scripting, lyric writing, melody and music video scripting. The following details are shown:

2.1. Folk songs: Lyrics in Thai with blunt popular folk songs in central Thailand. The format and content of the songs are designed to be easily accessible through simplicity, popularity and identity. Monks create content which concern information on healthy nutrition and avoiding offers of foods that will cause chronic non-contagious diseases (dietary diseases), as well as presenting an appropriate form of exercise for monks. The same applies to appropriate approaches to other behaviour by monks as they are influenced by the strictures of monastic discipline. The filming was shooting at Wat Tha Luang, Amphoe Mueang, Phichit Province. The actors in the videos are monks who have been monks for more than five years and thus have adhered to and understand Dharma discipline. They volunteered to take part in making the videos. The main actor's name is Phra Maha Piyachet from Chulalongkorn College, Phitsanulok Province. The purpose of music and video is easy to understand, interesting, trustworthy and to master it personally. In addition, the real site is



Picture No. 3 Production process of music video and Lea Music as shown in QR Code
Source: Pinitta (2022)

Ban Pong Chai Archaeological Site in Jae Hom Sub district, Jae Hom District, Lampang Province, one of the sacrificial sites in the music video. Please scan QR Code to view the content

2.2. Pharmacy cupboard video series shows the details of non-communicable diseases in the society which effects all people including monks. The interviewer is Deputy Abbot in Ratchaburana Temple, Phitsanulok District, Phitsanulok Province, Thailand. Please see the video via

3. Post-Production: Edition of mixed

Picture No. 4 Partial of Pharmacist cupboard online, please scan QR Code
Source: Pinitta (2022)

sound, audio, and visual follow the research content and present monk meeting at Pra Keaw Dontoa Temple in Muang District, Lampang Province, Thailand.

4. Evaluation and Summary Stage.

The approach of media content creation to persuade monks to analyse and interviews about medicine with a pharmacist. Aiming to remind people in the community to consider carefully before giving food and drink. Then the innovation was distributed as social innovations supporting the health promotion of monks.

The result shows the relationship between the motivation of monks and general people to look after and care for their

health management behaviour appropriately. The content is creative, interesting and a new perspective publically introduced. The media use an interesting technique. The content is familiar to the monks and interesting to the monks. The appropriate persuasive message is designed to aware monks' health situation contents for monks and general audiences.

Monks are able to raise the ability of people to accept difference in others and to share, learn, coordinate, work, and integrate knowledge with creation both in the Buddhist dimension and in social development, copying and repeating ideas under Buddhist principles, all the factors are placed at their best levels.

The music video is about health promotion by giving new ideas and has been targeted appropriately, through this study, covering all the details and giving more ideas to promote the well-being of monks. The content is updated and interesting to follow. The idea concept is easy to understand and is concrete.

Pharmacist's cupboard assessed the results which average at the best levels. The results show that the content was appropriate and the appropriate deadlines for advising to the monks helping them to understand dietary diseases. The content and sequencing had an impact on the level of understanding necessary to promote better health. They gave as their opinion that the storylines are interesting and factual as it is passed by experts.

The results of the cognitive assessment of promoting better health among the monks before and after participating in media creation indicate a better understanding of health concepts.

Table No. 4 shows the average scores before and after the health promotion project among 78 Pra Kilanupattak (monks) found that the average scores of before participating in media creation activity, knowledge, attitude and behavioural scores are higher than before participating in media the creation activity, ($\bar{x}_2 > \bar{x}_1$).

To summarize, the hypothesis testing is accepted (H_1) Pra Kilanupattak have greater knowledge and understanding of health promotion before and after participating in media creation activities.

In conclusion, participatory workshop research is an opportunity for skill development and persuasive communication, where monks co-create media and co-produce media innovation. It also serves to advise monks and people in other communities to stay healthy

Table No. 4 Results of the cognitive assessment of promoting the health of monks before and after participating in media creation

Evaluation Score	Knowledge	Attitude	Behaviour
Average score ($\bar{x}_1$)	8.40	8.30	8.05
Before (E_1)	168	166	161
Average score ($\bar{x}_2$)	10.70	9.90	9.65
After (E_2)	214	198	193

by providing information. In the engaging phase, start by increasing the knowledge of monks by recognizing the reports of health problems among monks in the north of Thailand or situational notification and consultation for decision making and evaluation. The project would stop if there are negative consequences or problems, for example, during the research process or the COVID19 situation worsens, then the researchers could use the Google Form application to collect data instead of field visits.

Conclusions

This paper concerns the findings of a study using participatory action research methods. The results of the research project that included the participation of monks, as well as the work of Rakkanto, Kongkhuntod and Kanchana (2008) suggesting that the acquisition of holistic health knowledge relies on communication as a tool to improve the to promote the health consciousness of monks. There are 3 factors of decision making as follows.

1. A group of monks who are interested and concerned about the health problems of monks.

2. Developing innovative tools and applications necessary to help monks in maintaining their own health.

3. A decision by a group of monks to participate in the development health promoting innovations.

Therefore, the monks who are representative of their communities, or Pra Kilanupattak have a role in sharing, thinking, decision making, learning and responding to social change. The research team has learned from other members in society and the social context for monk health promotion initiatives.

Research Findings

Combining the weaknesses and strengths of research problems, what is found through the research and the writing stories that create scripted content and lyrics, filtered from the exchange of shared experiences and content caused by linking scientific knowledge from doctors, pharmacists sharing in online videos, a series of pharmacy kiosk videos on YouTube to communicate with people in the community.

The main target group of the research is a monk who has a different vision from the researcher. The priests believe in the Dharma principle in contrast to the researchers' team who trust in a scientific worldview. However, researchers and participants collaborated on health communications. Produced by a national artist named Mr.Tossapol Himmapan, who was ordained as a monk and knew the practices of monks and health problems. The singer pointed out that this is the first time that he participated in the creation of lyrics and melodies based on research.

Innovation and creative media production can target specifics, including 1) Buddhist monks and 2) believers, understand the offering of food and drink, sharing of understanding and the awareness of nutrition and food values. Therefore, avoiding the frequent offerings of unhealthy foods to monks it can be said that believers presenting delicious foods that are sweet, fatty and salty is not the right thing to do. In addition, the old worldview that monks cannot refuse the food that people offer (except for forbidden foods

under their discipline), monks will become sick in the future.

In addition, the traditional “Lae music” is of the culture from the central Thailand. The lyrics are a kind of Thai poem that people can access and remember the identity of the melodies and accents of Mr. Vipot Phetsupan. The content created to tell the story of the nutrition of food, avoiding the offering foods that could cause chronic diseases in monks. It also offers advice of the proper movement of the body.

National artists have the strengths of creativity but have the communication limitations required under the principles of monk discipline, however, lyric writers, and anyone who works with old people who use Lae and traditional songs, usually do not write lyrics with national artists. However, his efforts to use the technical terms of monks in the lyrics was not all that difficult.

People in the community have learnt to donate food to monks in a new way. They offer nutritious food along with more fruit and vegetables. They have also provided exercise equipment or rethinking to offer healthy food and the right amount of fruit, and they do not feel sorry if monks do not choose particular items of food.

Pra Kilanupattak, who was involved in the research, understood the health problems experienced by other people, but had never considered his own health or taken precautions to protect his own health, or analyse his health situation. Monks analyse their experience in health promotion, less than other health workers even as they are trained and have to produce health reports to district hospitals. They never create and analyse health problems directly with researchers and create content for a general audience.

In addition, monks who participated in the research were empowered by changing their role from passive audience to active creators (sender), of messages designed to promote monk health. According to Silamad (2014) monks are raised by people and this project is the first time they are the message creators, actors and moderators via online and the video programmes. They speak in simple language to the general audience for the perception of health promotion through the media, such as telling the stories of people’s beliefs. Additionally, the general media cannot encourage activities among monks who always eat a lot of food and never exercise, which is not an appropriate activity if the monk is exercising in the gym or doing regular exercise as usual. Besides, monks must be literate in online media and understand the broader events and issues of the world at present. The participation of media creation let them understand suffering and care for their own health and change their own behaviour at present.

Suggestions

1. Health management policies cover and understand the limitations of monks’ personalities in receiving services in the general public health system or have places to care for elderly monks in communities, including caring for elderly monks in nursing homes.

2. Medical or public health courses should promote health management to promote the health of monks in the Royal College of Chulalongkorn University or Phraya

Thi Thammasat School to promote the creation of skill-enhanced Kilanupakh. Training to care for elderly monks or first aid.

3. Buddhist Bureau finds an approach where physical activity encourages monks and prevents non-communicable disease as well as giving healthy food and drinks to monks appropriately or providing monks with equipment to maintain their physical health.

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