



ASSOCIATIONS BETWEEN BUDDHIST PRACTICES AND MENTAL HEALTH PROMOTION IN THAI LATE ADOLESCENTS: A NATIONAL SURVEY DATA

Suriya Klangrit¹, Akaradej Deeaom^{2*}, Anan Upasod³, Ali Sorayyaei Azar⁴,
Yasser Ahmed Gomaa⁵, Yuhang Wu⁶

¹Department of Information Management, Chaoyang University of Technology, Taichung, Taiwan

²Faculty of Nursing, Nakhon Ratchasima Rajabhat University, Nakhon Ratchasima, Thailand

³Faculty of Humanities and Social Sciences, Lampang Rajabhat University, Lampang, Thailand

⁴Faculty of Education, University of Malaya, Kuala Lumpur, Malaysia

⁵Faculty of Arts, Assiut University, Assiut, Egypt

⁶Research Institute of Area and International Communication Studies,
Sichuan University of Media and Communication, Sichuan, China

*Corresponding author E-mail: akaradej.d@nrru.ac.th

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Abstract

Background and Objectives: Despite existing evidence linking Buddhism and mental health, limited research has examined specific Buddhist practices together with demographic factors influencing mental health promotion among Thai late adolescents using empirical national data. This study aimed to examine demographic and Buddhist practice factors associated with mental health promotion among Thai late adolescents aged 17-20 years by using secondary data from a national survey. The study sought to identify key demographic and Buddhist practice factors contributing to psychological well-being in this population.

Methodology: The study adopted a cross-sectional research design and utilized secondary data from the 2018 National Survey on the Conditions of Society and Culture, conducted by the National Statistical Office (NSO) of Thailand. The total sample comprised 662 Thai late adolescents. Descriptive analysis was conducted to summarize demographic characteristics, while binary logistic regression analysis was performed to examine demographic and Buddhist practice factors associated with mental health promotion among late adolescents. The variables included demographic factors, such as sex, age, education, marital status, and occupation, as well as Buddhist practices, including praying, offering food to monks, observing the Five Precepts, listening to sermons, meditation, and New Year prayers.

Main Results: The findings indicated that mental health promotion among Thai late adolescents was closely associated with the practical application of core Buddhist principles. Practicing according to religious principles emerged as one of the strongest predictors, highlighting how consistently applied Dhamma, integrating Buddhist teachings into daily decision-making and personal conduct, contributed to inner stability, emotional balance, and overall well-being. Participation in New Year



religious rituals demonstrated a significant positive association, illustrating the role of communal Buddhist practices in fostering a sense of social connection, moral support, and shared purpose, which directly enhanced mental well-being. Interestingly, observing the Five precepts showed a slight negative association, suggesting a complex dynamic where strict moral adherence interacted with developmental challenges in late adolescence. The practice of using Buddhist teachings to solve life problems also showed a positive impact, underscoring the value of practical application of Dhamma in coping strategies and promoting resilience. While regular praying had a minor negative association, potentially reflecting its use as a coping mechanism during times of psychological stress overall, the results emphasized that core Buddhist practices, particularly applied Dhamma and participation in communal rituals, played a central role in supporting mental health among Thai late adolescents.

Involvement to Buddhadhamma: This research provided empirical evidence that Buddhist practices functioned as holistic and practical mechanisms for promoting mental well-being among Thai adolescents. The findings reflected the core orientation of Applied Buddhism, which moved beyond doctrinal understanding toward the integration of Dhamma principles, mindfulness (Sati), compassion (Karunā), and ethical conduct (Sīla) into everyday contexts such as education, family life, and community-based programs. In particular, practices such as Ānāpānasati (Mindfulness of Breathing) helped cultivate attentional stability, emotional regulation, and self-awareness, while the Noble Eightfold Path (Ariya Atṭhaṅgika Magga) provided an ethical and cognitive framework for right understanding, right action, and balanced living. Together, these applied practices aligned with the Buddhist concept of Sukha (Well-being or Happiness) and contributed to moral development, psychological resilience, emotional balance, and sustainable mental health among the younger generation, fostering a deeper sense of purpose grounded in ethical conduct and spiritual growth.

Conclusions: The study underscored the vital role of Buddhist practices in fostering mental health promotion among Thai late adolescents. These practices not only enhanced individual well-being but also strengthened family and community harmony. Encouraging youth participation in Buddhist-based activities thus served as an effective pathway for building resilience, emotional balance, and holistic mental health in contemporary Thai society, while also nurturing moral values, self-discipline, and social responsibility that contributed to long-term personal growth and sustainable collective well-being.

Keywords: Mental Health Promotion, Buddhist Practices, Late Adolescents, Thailand

Introduction

Buddhism holds a profound and enduring influence in Thai society, with nearly 94% of the population identifying as Buddhists. Beyond being a religion, Buddhism represents a moral and cultural framework that guides personal behavior, family life, and community interaction. Its core teachings, ethical conduct, mindfulness, meditation, and virtuous living, aim to cultivate emotional balance, inner peace, and resilience, thereby enhancing overall well-being (Lewis et al., 2000); (Francis, 1998). Through practices such as praying (Vandanā), offering food to monks (Dāna,



specifically *Piṇḍapāṭa-Dāna*), observing the Five Precepts (*Pañca-Sīla*), and meditation (*Bhāvanā*), individuals develop moral discipline (*Sīla*), empathy or compassion (*Karuṇā*), and mental clarity (*Samādhī/ Citta-Visuddhi*). These practices function not only as spiritual exercises but also as mechanisms for fostering social harmony and holistic health across the lifespan (Childs, 2010); (Can Oz et al., 2022).

Late adolescence, typically defined as ages 17-20 years, represents a critical developmental stage characterized by identity formation, emotional regulation, and increasing social and academic pressures. In Thailand, engagement in Buddhist practices such as temple visits, New Year prayers, and observing the Five precepts provides adolescents with moral guidance, mindfulness, and social connectedness within family and community contexts. Religious education and exposure to Dhamma principles encourage adolescents to apply Buddhist teachings to real-life situations, including problem-solving, emotional regulation, and empathy development. These experiences promote self-awareness, ethical decision-making, and emotional balance, all of which are essential components of positive mental health outcomes. Despite Buddhism's deep cultural presence, contemporary Thai adolescents increasingly face challenges in sustaining religious engagement. Rapid social changes driven by globalization, technological advancement, and Western cultural influences have transformed values, lifestyles, and aspirations among young people (Onthaisong, 2020); (Chaiphugdee, 2021). These transitions have contributed to weakened adherence to Buddhist teachings and declining participation in religious practices, often accompanied by increased exposure to risky behaviors such as substance use, gambling, and early sexual activity (Khunkaew. et al., 2022); (World Health Organization, 2021). Moreover, many adolescents perceive religious faith as less relevant to modern life, potentially diminishing opportunities for cultivating mindfulness, empathy, and psychological resilience.

Nevertheless, existing research consistently demonstrates that core Buddhist practices, such as observing the Five Precepts, praying, meditation, and the application of Dhamma teachings in daily life, function as protective factors that promote mental stability, moral development, and psychological well-being (Fincham, 2022); (Estrada et al., 2019). The relationship between Buddhism and mental health can be explained through integrative frameworks emphasizing spirituality, psychological well-being, and holistic human development (Collinge, 1997). Buddhism functions not merely as a belief system but as a practical way of life that fosters emotional stability, resilience, and harmony at both individual and social levels (Bodhiprasiddhinand, 2024); (Ghaemi, 2009). From this perspective, mental health is understood as inner harmony among body, mind, and spirit rather than simply the absence of psychological distress. Empirical studies have shown that practices such as meditation, mindfulness, and moral observance reduce anxiety, depression, and stress while enhancing self-regulation, empathy, and positive affect (Childs, 2010); (Estrada et al., 2019).

Theoretical distinctions between religious practice and spirituality further underscore the complexity of religion and mental health relationships. Religious practice refers to external behaviors such as rituals and communal worship, whereas spirituality reflects internalized moral understanding and ethical guidance; Both dimensions contribute to purpose, connectedness, and psychological growth during adolescence (Fincham, 2022); (Abdel-Khalek, 2015). Participation in



Buddhist rituals within family, school, and community settings strengthens emotional bonds and collective identity (Can Oz et al., 2022). Theoretical models, including Koenig's framework and the Pathways to Health model, suggest that religious engagement enhances emotional regulation, decision-making, and prosocial behavior, thereby promoting resilience and mental health (Koenig et al., 2012); (Zotti et al., 2016); (O'Sullivan & Lindsay, 2023). These perspectives align with the World Health Organization's holistic view of mental health, which emphasizes the interconnectedness of body, mind, spirit, and society (Galderisi et al., 2015). Although international and Thai studies have documented positive associations between Buddhist participation and psychological well-being (Winzer & Gray, 2019); (Pholphirul & Srijamdee, 2025); (Pengpid & Peltzer, 2025), several gaps remain. Prior research has often focused on general religious involvement or adult populations, with limited empirical attention to specific Buddhist practices and their differential associations with mental health among Thai late adolescents. Furthermore, the combined influence of demographic characteristics and diverse forms of Buddhist engagement, such as praying, ordination, chanting, listening to sermons, and applying religious teachings to daily life, has not been sufficiently examined within a single analytical framework.

Given these social transformations and existing research gaps, it is increasingly important to understand how engagement in Buddhist practices contributes to mental health promotion among Thai late adolescents. Therefore, this study aims to examine the relationship between demographic factors, participation in Buddhist practices, and mental health among individuals aged 17-20 years in Thailand using national survey data (Steinberg, 2014). By identifying key Buddhist practice factors associated with psychological well-being, the findings are expected to provide evidence-based insights for educators, parents, policymakers, and religious institutions in developing culturally grounded strategies to promote holistic mental health among Thai youth (Hackney & Sanders, 2003); (Singh et al., 2020).

Objectives

This study aimed to examine demographic and Buddhist practice factors associated with mental health promotion among Thai late adolescents aged 17-20 years. Using secondary data from a national survey, the study sought to identify key demographic and Buddhist practice factors contributing to psychological well-being in this population.

Methodology

Participants

This study employed secondary data derived from the 2018 Survey of the Social and Cultural Situation and Mental Health conducted by the National Statistical Office (NSO) of Thailand. From the national dataset, a subsample of 622 respondents aged 17-20 years was selected to represent late adolescents, based on the World Health Organization's classification of adolescent developmental stages. This specific age group was chosen to explore how Buddhist practices contribute to mental health promotion during the transition from adolescence to early adulthood.



Sampling

The study used stratified sampling across Thai provinces with proportional allocation to ensure national representativeness. Households were randomly selected, and eligible adolescents were recruited, allowing inclusion of participants from diverse geographic and demographic backgrounds. Late adolescents were then selected for analysis.

Data collection

Data were collected through face-to-face interviews with adolescents, conducted by trained enumerators using a structured questionnaire. The questionnaire captured demographic characteristics, Buddhist practices, and self-reported happiness. Standardized protocols were applied nationwide to ensure consistency, reliability, and accurate understanding of the questions.

Variables and scale measurements

All variable definitions are presented as follows: Demographic factors included sex, age, education, marital status, and occupation. The independent variables consist of Buddhist practices, included 1) Praying, 2) Offer food to the monks, 3) Listen to sermon & Dhamma reading, 4) Five precepts, 5) Meditation, 6) Ordination, 7) Become a nun, 8) Benefit of praying, 9) Praying for New Year celebration, 10: Place of New Year praying, 11) Necessity of religious teaching for living, 12) Using religious teaching for life problem solutions, 13) Belief in religious faith, and 14) Practice according to religious principle. In this study, the measurement of variables consists of the demographic factors, which are classified as variables measured on a nominal scale. Second, the independent variables included Buddhist practices, which were measured on an interval scale (Pengpid & Peltzer, 2025); (Vitorino et al., 2018). Finally, the dependent variable, mental health, is assessed using a nominal scale.

Data analysis

This study employed the Statistical Package for the Social Sciences (SPSS, Version 25) to analyze the data. Descriptive statistics were employed to summarize the demographic characteristics of the participants. Multiple binary logistic regression analysis was performed to examine demographic and Buddhist practice factors associated with mental health promotion among Thai late adolescents. Adjusted Odds Ratios (ORs) with 95% Confidence Intervals (CIs) were reported, and statistical significance was set at $p < 0.05$.

Conceptual framework

The conceptual framework illustrates the relationship between demographic factors, Buddhist practices, and mental health promotion among Thai late adolescents aged 17-20 years. It is grounded in the Buddhist concept of holistic health, which emphasizes balance among the body, mind, and spirit. Demographic factors, sex, age, education, marital status, and occupation are considered key background variables that may influence adolescents' engagement in Buddhist practices. Buddhist practices include a wide range of activities such as praying (Vandanā), offering food to monks (Dāna, specifically Piṇḍapāta-Dāna), listening to sermons and Dhamma readings (Dhamma-savana and Dhamma-desanā), observing the Five precepts (Pañca-Sīla), meditation (Bhāvanā), ordination (Upasampadā), and becoming a nun (Pabbajjā), participating in New Year prayers,

and applying Buddhist teachings to life problems. Mental health promotion is the dependent variable, representing adolescents' emotional balance, resilience, and overall well-being. The framework posits that active participation in Buddhist practices and moral observance positively contribute to adolescents' mental health.

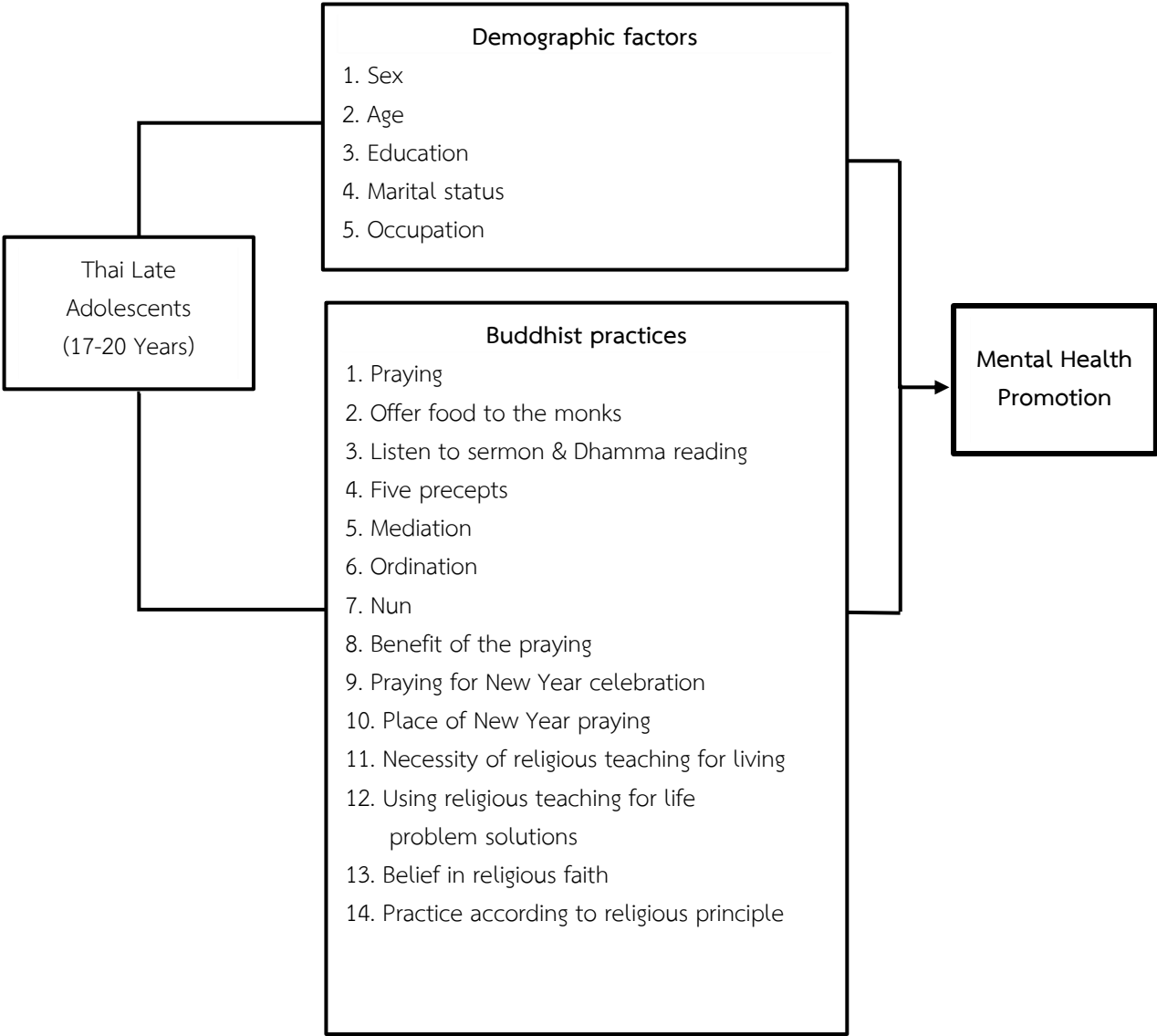


Figure 1 Conceptual framework

Figure 1 illustrates the conceptual framework that describes the relationship between the independent and dependent variables. Based on the Buddhist concept of holistic health, it emphasizes the balance of body, mind, and spirit. Demographic factors (Sex, Age, Education, Marital Status, Occupation) influence engagement in Buddhist practices such as praying, offer food to the monks, listen to sermon & Dhamma reading, Observing the five precepts, mediation, ordination, Become a nun, benefit of praying, praying for New Year celebration, place of New Year praying, necessity of religious teaching for living, using religious teaching for life problem solutions, Belief in religious faith, Practice according to religious principle. These practices serve as key



determinants that positively affect the dependent variable, mental health promotion, which represents adolescents' emotional balance, resilience, and overall well-being.

Results and discussion

The research findings were presented in two sections as follows,

1. Demographic characteristics of Thai late adolescent
2. The key factors of Buddhist practices in promoting mental health among Thai

late adolescent

1. Demographic characteristics of Thai late adolescent

Table 1 Demographic Characteristics

Demographic Characteristics		(n = 662)	Percentage (%)
1. Sex	1. Male	321	49%
	2. Female	341	51%
2. Age	age 17-20 years	662	100%
3. Education	1. Non-educated	9	1.3%
	2. Pre-primary	1	0.1%
	3. Primary	89	13.4%
	4. Pre-secondary	337	50.8%
	5. Secondary	163	24.9%
	6. Vocational	63	9.5%
4. Marital status	1. Single	560	85%
	2. Married	102	15%
5. Occupation	1. Agriculture	596	90%
	2. General	66	10%

Table 1 presents the demographic characteristics of the Thai late-adolescents (N = 662). The sample consisted of 49% males and 51% females. All participants were aged between 17-20 years. In terms of education, the largest group had completed pre-secondary education (50.8%), followed by secondary (24.9%) and primary levels (13.4%). A smaller proportion had vocational training (9.5%), while only a few reported being non-educated (1.3%) or having pre-primary education (0.1%). Regarding marital status, the majority of respondents were single (85%), with 15% being married. In terms of occupation, the majority of adolescents' parents (90%) were engaged in agricultural occupations, while approximately 10% worked in general wage labor.



2. Key factors of Buddhist practices in promoting mental health among Thai late adolescent

Table 2 Adjusted Odds Ratios from Logistic Regression Analysis of Association Between Buddhist Practices and Mental Health Promotion

Buddhist Practices	Adjusted OR	95 % C.I for EXP(B)	
		Lower	Upper
1. Sex	1.56*	1.05	2.32
2. Age	1.19	0.95	1.45
3. Education	0.98	0.97	1.45
4. Marital status	1.00	0.55	1.74
5. Occupations	0.92	1.00	1.00
1. Praying	0.97*	0.87	0.99
2. Offer food to the monks	1.04	0.90	1.05
3. Listen to sermon & Dhamma reading	0.88	0.98	1.11
4. Five precepts	0.98***	0.83	0.94
5. Meditation	1.17	0.92	1.05
6. Ordination	0.99	0.84	1.62
7. Become a nun	1.03	0.86	1.15
8. Benefit of praying	2.55	0.92	1.15
9. Praying for new year celebration	1.33***	1.37	4.74
10. Place of new year praying	2.79	0.37	4.82
11. Necessity of religious teaching for living	1.21	0.80	9.71
12. Using religious teaching for life problem solving	1.09*	1.01	1.46
13. Belief in religious faith	0.72	0.94	1.28
14. Practice according to religious principle	1.56***	0.61	0.86

Note: ** $p < 0.01$; *** $p < 0.001$

Table 2 presents adjusted odds ratios from a multivariate logistic regression examining Buddhist practice variables. Several practices, including sex, praying, observing the five precepts, praying for the New Year celebration, using religious teaching for problem solving, and practicing according to religious principles, were statistically significant predictors of mental health promotion. The analysis revealed three highly significant predictors from the Buddhist practices. Practice according to religious principles demonstrated the strongest positive association (OR = 1.56, $p < 0.001$), suggesting that consistent application of Buddhist teachings in daily life substantially benefits mental health. Similarly, praying for new year celebration (OR = 1.33, $p < 0.001$) showed a strong positive relationship, highlighting the importance of cultural and religious celebrations. Conversely, five precepts showed a slight negative association (OR = 0.98, $p < 0.001$), possibly indicating more complex relationships with mental health outcomes. Among demographic factors, sex emerged as a significant predictor (OR = 1.56, $p < 0.05$), indicating gender differences in mental health



outcomes. Regarding other Buddhist practices, Praying showed a slight negative association ($OR = 0.97$, $p < 0.05$), while using religious teaching for life problem solution demonstrated a positive relationship ($OR = 1.09$, $p < 0.05$), underscoring the practical benefits of applying Buddhist principles to navigate life challenges. Several Buddhist practices showed no statistically significant associations, including offering food to the monks, listening to sermons and dhamma readings, meditation, ordination, becoming a nun, the benefits of praying, the Place of new year praying, the Necessity of religious teaching for living, and Belief in religious faith. Other demographic factors such as age, education, Marital status, and Occupation also demonstrated no significant relationships with mental health outcomes. The findings suggest a hierarchical pattern of influence, with consistent religious practice and cultural celebrations showing the strongest associations, followed by gender and specific practical applications of Buddhist teachings, while many traditional practices and demographic factors appear less influential in mental health promotion among Thai later adolescents.

Discussion

Demographic contributors

The results highlight that sex was the only significant demographic factor influencing mental health outcomes among late adolescents. This gender difference suggests that male and female late adolescents may experience varying levels of mental health benefits from Buddhist practices or face distinct psychological challenges. Previous studies indicate that gender roles and social expectations in Thai society can differentially impact mental health vulnerability and coping mechanisms (Estrada et al., 2019). The finding underscores the need for gender-sensitive approaches in mental health promotion programs, recognizing that interventions may require tailoring to address the specific needs and experiences of male and female late adolescents. This gender dimension adds an important consideration to understanding how demographic factors interact with religious practices in influencing psychological well-being. (Aggarwal et al. 2023); (Akib et al., 2025)

Buddhist practices contributors

The results demonstrate that core Buddhist practices significantly contribute to mental health promotion among late adolescents. Three practices showed particularly strong associations: Practicing according to religious principles, praying for the new year celebration, and the Five Precepts. These findings align with the developmental characteristics of late adolescents aged up to 20 years, who are in a learning stage characterized by curiosity and experiential formation (Manchanda et al., 2023). The strong association of praying for the New Year celebration can be explained by adolescents' natural attraction to social and participatory activities, particularly those shared with family. Such celebrations provide opportunities for engagement and warmth within family contexts, creating shared experiences that promote collective happiness (Tosyali et al., 2024). Similarly, practicing according to religious principles and the five precepts allows young people to experience moral accomplishment and ethical awareness through practical engagement (Santre, 2022). These core Buddhist practices may play an important role in shaping religiosity among adolescents, consistent with previous studies linking religious engagement to psychological well-being



(Vaillant, 2012); (Behere et al., 2013). The findings confirm that applying religious teachings in daily life and adhering to Buddhist principles are thought to play a role in supporting mental health, supporting earlier research on religiosity and happiness (Winzer & Gray, 2018). The participatory nature of these practices makes them particularly effective for adolescents' developmental needs, providing both a moral framework and social connection that enhance psychological resilience.

A secondary group of Buddhist practices showing significant associations with mental health includes praying and using religious teachings for life problem solutions. This pattern reflects the developmental characteristics of late adolescents, who are still developing cognitive and emotional maturity. The inverse association with praying may indicate that adolescents facing mental health challenges turn to prayer more frequently as a coping mechanism, while the positive association with using religious teaching for life problem solutions demonstrates the practical benefits of applying Buddhist principles to navigate life difficulties (Estrada et al., 2019); (Vithana et al., 2023) These findings align with developmental theories emphasizing that adolescents benefit from structured, practical approaches to moral and spiritual learning (Piaget, 1972); (Kohlberg, 1984). The application of religious teachings to address concrete life problems provides adolescents with practical tools for managing daily challenges, thereby making Buddhist principles more accessible and relevant to their lived experiences. In contemporary Buddhist contexts, initiatives such as Gilannadhamma, programs promoted by the International Network of Engaged Buddhists (INEB), Buddhist coaching, and the involvement of moral-teaching monks emphasize the application of Buddhist teachings to emotional regulation, ethical decision-making, and coping with stress. These activity-based approaches illustrate how Buddhist principles are operationalized in real-life settings. Cross-cultural research further supports these findings, demonstrating that religious coping strategies and practical spiritual applications enhance psychological resilience across different faith traditions. (Meer & Mir, 2014); (Karimipour et al., 2015). The results underscore the importance of providing age-appropriate Buddhist education that emphasizes practical application over abstract concepts, enabling late adolescents to develop effective coping mechanisms and ethical frameworks that support mental well-being (Robinson, 2010). This approach aligns with the developmental needs of late adolescents, offering them concrete ways to integrate Buddhist teachings into their daily lives while building psychological resilience.

The lack of statistically significant associations between several Buddhist practices and mental health promotion among Thai late adolescents may be explained by developmental, contextual, and experiential factors. Practices such as meditation often require sustained practice, emotional maturity, and life experience to generate meaningful psychological benefits. Adolescents may engage in meditation in a limited or externally guided manner, without sufficient depth or continuity to foster measurable emotional regulation or insight. (Johnson et al., 2024) Similarly, ordination and becoming a nun represent intensive religious commitments that are uncommon at this life stage, as late adolescents in Thailand are primarily focused on formal education and academic achievement. (Long et al., 2025) Consequently, limited exposure to these practices reduces their observable impact on mental health outcomes. Other traditional



activities, including offering food to monks (Dāna, particularly Piṇḍapāṭa-Dāna), listening to sermons and Dhamma readings (Dhamma-Savana and Dhamma-Desanā), may be experienced as routine cultural or familial practices rather than personally meaningful or reflective experiences, thereby weakening their psychological influence. Abstract aspects of religiosity, such as belief in religious faith, perceived benefits of praying, or views on the necessity of religious teachings for daily life, may not directly translate into mental health benefits unless they are actively integrated into practical coping strategies.

These findings are consistent with prior literature suggesting that internalized and applied religious engagement exerts a stronger influence on well-being than symbolic or passive participation. The absence of significant associations for demographic variables such as age, education, marital status, and occupation may reflect the relative homogeneity of the study population, as most Thai late adolescents share similar educational pathways and social contexts. Overall, the results suggest that mental health promotion in this population is more strongly shaped by developmentally appropriate, consistent, and practically applied religious experiences than by formal or infrequent religious practices. (Prati, 2024)

Originality and Body of Knowledge

This study contributes new empirical and theoretical insights by demonstrating how specific Buddhist practices function as a culturally embedded model of mental health promotion among Thai late adolescents. Unlike prior research that has examined religiosity in broad terms, this study differentiates concrete Buddhist practices and shows that consistent moral practice, New Year prayer participation, and living according to Buddhist principles are protective factors for adolescent mental health. The findings clarify that Buddhist practices operate not merely as spiritual beliefs but as applied psychosocial mechanisms that enhance emotional regulation, resilience, and coping in daily life. This culturally grounded, developmentally specific perspective extends existing mental health frameworks and highlights Buddhism's unique role in supporting adolescent well-being. Core practices such as observing the Five precepts, participating in New Year prayers, and living according to Buddhist principles are strongly associated with positive mental health outcomes. Additionally, activities such as praying and applying religious teachings to solve life problems also show significant associations with improved mental health. These findings reveal that Buddhist practices, particularly these activities, serve not only as spiritual rituals but also as practical tools that foster psychological resilience and well-being. The results suggest that home, school, and temple can integrate Buddhist values into daily life to support the Thai late adolescents' mental health, positioning these practices as a holistic framework for promoting psychological well-being among late youth (As in Figure 2).

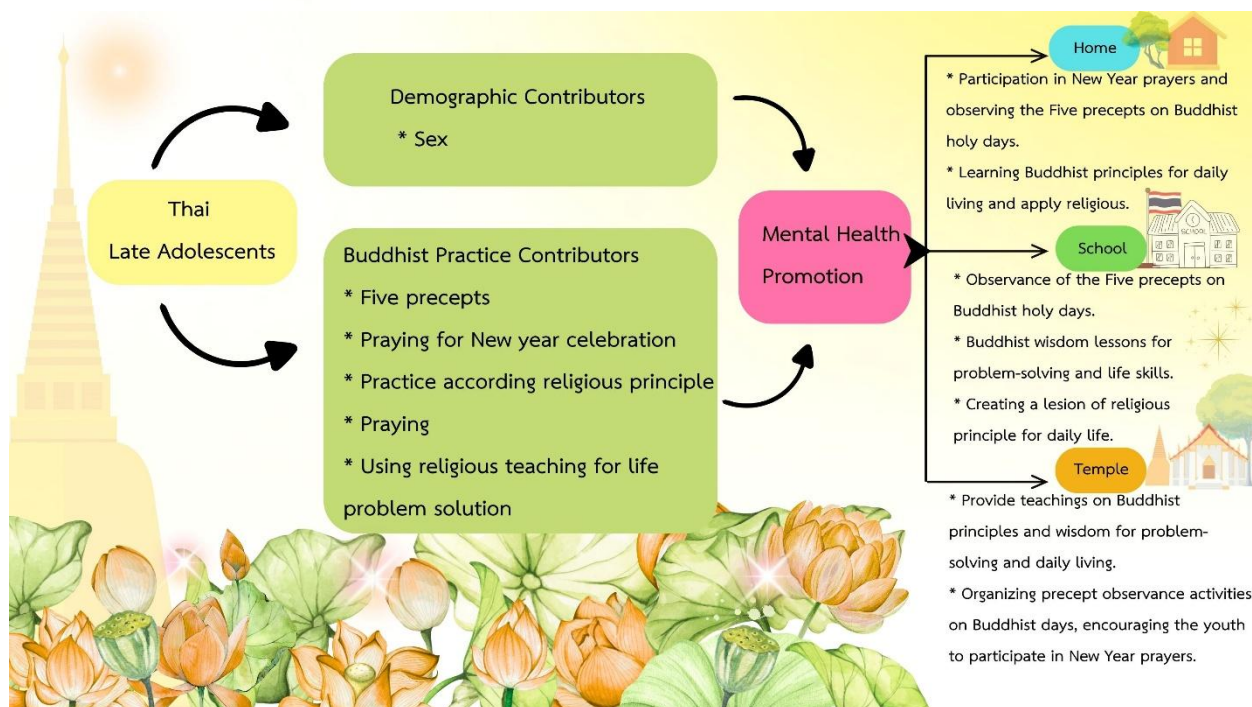


Figure 2 Key Contributors and Recommendation on Buddhist Practices
In Promoting Mental Health Among Late Adolescents

Conclusions and Recommendations

This study reveals that both demographic factors and Buddhist practices significantly influence mental health among late adolescents. The analysis identified six significant predictors, which can be categorized by their strength of association, the strongest predictors were practice according to religious principle and praying for new year celebration indicating that consistent application of Buddhist teachings and participation in communal rituals substantially benefit mental well-being. Conversely, observing the five precepts showed a slight negative association suggesting a complex relationship between strict moral adherence and mental health in this demographic. Sex emerged as a significant demographic factor, indicating notable gender differences in mental health outcomes. The practice of using religious teaching to solve life problem showed a positive association, emphasizing the value of applied Buddhist principles. Regular pray demonstrated a slight negative association possibly reflecting its role as a coping mechanism during psychological distress. These findings highlight that Buddhist practices and gender play an important role in promoting positive mental health among late adolescents. Several limitations should be acknowledged in this study. First, the analysis focused specifically on late adolescents aged 17-20 years, which may restrict the generalizability of the findings to younger adolescents or other age groups. Second, as the study utilized self-reported data, there remains the possibility of response bias, particularly concerning the accuracy and sincerity of reported Buddhist practices. Third, the use of secondary cross-sectional data from the national survey limits the ability to infer causal relationships or observe long-term developmental effects of Buddhist practices on mental health promotion. Despite these limitations, this study provides important evidence highlighting how Buddhist practices can serve as meaningful



strategies for promoting mental well-being among Thai late adolescents, contributing to a more holistic understanding of adolescent mental health in Thai cultural context. For recommendation, based on the findings of this study, several practical implications can be considered for promoting adolescent mental health across family, school, and community contexts. Rather than positioning religious practices as prescriptive solutions, Buddhist teachings may be understood as optional cultural resources that complement universal psychosocial principles such as compassion, emotional regulation, family connectedness, and community collaboration. Within families, parents and caregivers may draw on moral or religious values, where culturally appropriate, to model mindfulness, empathy, and ethical decision making in everyday life. Family participation in cultural or religious activities, such as New Year prayer celebrations, may also provide opportunities to strengthen emotional bonds and shared meaning. Practices like observing the Five Precepts can be adapted in age-appropriate ways, emphasizing open moral dialogue and practical ethical reflection rather than rigid adherence. In school settings, culturally relevant perspectives, including religious or ethical teachings, may be integrated into counseling services and life skills education as one of several supportive approaches, alongside evidence-based psychosocial interventions. Mindful reflection activities, rather than obligatory religious practices, can offer flexible coping strategies for stress and emotional challenges, while gender-sensitive approaches may help address differing mental health needs among adolescents. At the community level, temple based or youth-oriented programs can contribute to mental health promotion by offering contemporary, engaging activities that emphasize life skills, emotional support, and ethical reflection. Collaboration among families, schools, religious institutions, and mental health professionals can further strengthen support systems for adolescents. Presenting Buddhist practices within this broader ecosystem of care enhances inclusivity, respects individual choice, and aligns mental health promotion efforts with contemporary public health frameworks.

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