DEVELOPING HEALTHCARE FOR THE THERAVADAN MONKS IN THE PROVINCE OF NAKHON PATHOM

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Abstract

The research on “Monk Healthcare Development in Nakhon Pathom Province" focused on three objectives: (1) to study monk healthcare (2) to develop monk healthcare activities, and 3) to analyze the model of monk healthcare in Nakhon Pathom Province. This mixed research of quantitative and qualitative research was conducted with a focus group and action research to educate monks on a process of formulating a model for monk healthcare in Nakhon Pathom province. The statistical applications were percentage (%), mean ($\overline{X}$) and standard deviation (SD) to analyze and describe the data in pre-post activities using paired t-test through measuring their results with a measurement model. The results revealed that both pre-post activities using paired t-test conducted with both engagement in Activities 1-2 were detailed as follows. The Measurement 1 scaled the approach of pre-post monk healthcare, which was differently resulted. It showed that the internal monk activities had been well cooperated. The Measurement 2 scaled the pre-post monk healthcare development, which was also differently resulted. It showed that activities were well flowed with fun, stress-free and relaxing. Adoption of hand swings and simple education of the Buddhist doctrine eased participants’ understanding.

Keyword: Health Development, Monk Health, Monk Healthcare Development

Introduction

The current technological advancement brought convenience bringing heath distortion which increased health problems be they mental health, contagious and non-contagious diseases and entailed growing highest rate of high-blood pressure, and diabetes. There was high risk of non-contagious diseases from health behavior and improper ways of life (The Support and Liaison Committee, 2013:1). With the doctrine of "arogayã paramã lãbhã" meaning diseases-free is blissful. How was then to become diseases-free and diseases-unfree? Selfcare was to engage in health activities significant and very necessary for social ways of life and well physical and mental health for oneself including the avoidance of activities harming health, which led to illness or diseases enabling to normalize way of life in societies. Health enhancement facilitated monks to enhance their potentials to control and to improve their own health for the purpose of physically, mentally accessing perfect condition and ability to change environment or self-adaptation in developing health enhancement reported by the World Congress on the Changing Health Enhancement. Health was therefore not the target for living any further but the source of daily usefulness for our way of life. Health was the positive concept useful to societies and personal advantages with potential development. Health enhancement was therefore not only the regional responsibility to handle healthcare but the model of the way of life affecting good health to finally lead to health conditions (Sinsakchon Un-prommee, 2013:1-2). With crisis of monks' health and non-contagious diseases; they came from health behaviors such as smoking, no physical exercises, and failed nutrition. Health Organization was thus accelerate drafting the Monk Health Charter to freeze infirmities and risk watch within the temple compound. His Holy Somdej Phramaha Dhīrãcãra a committee member of The Sangha Supreme Council of Thailand elucidated that the Wat had to promote health and to develop the Phra Gilãnupaṭṭhãka (the volunteer monks of health promotion) to support the local mechanism given the temple compound as the spiritual center having monks as the spiritual leaders who devised sciences of restoration, development and cognitive provision leading to efficient change backed by the Monk Charter to promote monk-cares founded on the Vinaya principles for acquiring good quality of life (His Holy Somdej Phramaha Dhīrãcãra, 2020: online). With the problem of monk health, it was found that the Medical department during 2006-2007; 90,250 monks nationwide had been surveyed and found that majority was infected with

dyslipidemia, high blood pressure, diabetes, lung disease, heart disease and cardiovascular disease caused by the food alms-merited by Buddhist devotees who were ignorant on healthcare leading to harm such as offering coconut-milk curry, dessert, smoking, coffee-taking, 2-bootleg-energizer-taking, half-cooked food tasking, and inadequate physical exercise. In addition, it was also found that 54% were stressful caused by health problems (Ministry of Health 2020: online). Later in 2021, the physical health conditions of monks were found with many major risks. They were led by non-nutrient food leading to 45.1% of obesity, high blood pressure, diabetes and osteoarthritis. As of physical exercises of monks, they could not engage as common people but as a person in monkhood such as walking for morning alms taking, medication walk taking, sweeping the temple compound, and cleaning the religious sites. 43.9% of the monks could routinely take physical exercise. 28.9% of the monks occasionally took physical exercises and 14.6% did not take any physical exercise. Their preventive measures were the resolution of food and nutrition for monks and novices, which could lead to the prevention and the resolution of chronic diseases and sustainable health conditions. In-depth interviews were conducted 29 monks form 4 temples in the urban communities including laities who offered morning food alms intended to investigate the safety of food and drinking water. It was found that majority of monks suffered chronic disease especially the ageing monks. For example, their venerables were overweighed, Hyperlipidemia or Dyslipidemia, high blood pressure, heart disease, and diabetes because food was packed in plastic bags and the morning alms taking mostly emphasized starch and carbohydrate which had quite less protein and inadequate cleanness. Chloroform contaminated had been almost 50% found from all samples. It indicated that cooking food for selling was unmatched with the food sanitary principles. Also, another concern was “nam pãna” (water deserved for drink) a beverage to be taken after lunch. Monks had currently taken food and a variety of beverages similar to laities. If they were, much quantity, taken, they could lead to health problems because of high sugar and unlikely felt full as food. This could lead to drink more. Best was to drink not more than 300 calories or equivalent to 2 cases of milk. (Sanikant Srimanee et, al. 2013:1).

With the statistical data of the monks admitted in the Monk Hospital during 2017, there were sick monks with Hyperlipidemia or Dyslipidemia, high blood pressure, and diabetes, as lead, respectively. Causes of symptom were

majorly from taking food (Medical Department, 2020: online). This was the cause of health problem risky to non-chronic contaminated diseases such as Hyperlipidemia or Dyslipidemia, diabetes, high blood pressure and led to heart disease and vascular disease (Nitra Kitthirawuddhiwong, 2016:113-126).

From the monk health problems and their healthcare behavior, the researcher was attracted to develop monk healthcare model located in Nakhon Pathom Province. Also, due to addressing the problems of monk health care, Dyslipidemia, high blood pressure, diabetes, lung disease, heart disease, vascular disease, food taking and spending life with quality; there should be a study on factors related in order to gain benefits in bettering life and health development for monks.

Research Objectives

1. To study monk healthcare in Nakhon Pathom Province.
2. To develop monk healthcare activities in Nakhon Pathom Province.
3. To analyze the monk healthcare model in Nakhon Pathom Province.

Methodology Research

In the Quantitative Research, the researcher selected as the first part in this empirical analysis through data collection and using statistical application to analyze them in order to gain reasons related to the qualitative data and to fill the flaws in this qualitative data through using a survey research conducted with the samples. This was to investigate the monk healthcare in Nakhon Pathom Province with the following principles:

1. Designing the instrument/ questionnaire to survey the opinion of monks met with health problems in each administrative district: Bang Len District, Kamphaeng Saen District, Mueang Nakhon Pathom District, Nakhon Chaisi District, Sam Phran District, Don Tum District and Phutthamonthon District. They were totalized of 7 districts.

2. Surveying the opinions on the monk healthcare in Nakhon Pathom Province for 1,328 monks. Samples were randomized founded on Krejcie and Morgan principles and 302 samples were selected.

3. Analyzing the opinion survey data and approaches about the behavior control on the monk healthcare and to develop the monk healthcare models in Nakhon Pathom Province.

4. Organizing the quantitative data to understand opinions and the approaches about the behavior control on the monk healthcare and to develop the monk healthcare models in Nakhon Pathom Province.

In the Qualitative Research, the researcher adopted the qualitative data collected from in-depth interview to find problems or needs cohesive to the monk healthcare development model in Nakhon Pathom Province. The assertion of data was through a focus group in order to develop activities of the monk healthcare while analyzing their models under the following process.

1. In-depth interviews conducted with 15 purposive sampled monks in the vicinity of Nakhon Pathom Province knowing healthcare problems and health problems themselves about educating health, selfcare in daily life, selfcare in feeding and approaches to treat health problems.

2. Conducting focus group attended by10 participants who were 4 monks knowing about monk health problems, 3 lecturers educating monk health problems, 3 scholars knowing monk health problems, in order to know the way of developing healthcare activities for monks in Nakhon Pathom Province; and knowing the processes of lessons learnt from experiences pertaining the physical health conditions, daily life spending, healthcare by social intellectual thoughtfulness, and resolutions by applying the four Bhãvanã (growth, cultivation, training and development).

3. the interviewed data processing from the qualitative key informants for analysis and synthesis to elucidate the healthcare activity development for monks in Nakon Pathom Province.

4. the focus-group data processing from the qualitative key informants for analysis and synthesis to elucidate the process from the research results and the lessons learnt from experiences about healthcare model development for monks in Nakon Pathom Province.

Action Research was a process of modeling the monk healthcare in Nakon Pathom Province with the following process:

1. the process of modeling the monk healthcare in Nakon Pathom Province to create cognitiveness on health problems and their resolutions.

2. Educating 15 volunteering monks on the process of modelling the monk healthcare in the locality selected from one in seven in Nakon Pathom Province for adopting to model healthcare activity development for monks.

3. Developing activities in modeling the monk healthcare in Nakon Pathom Province about the feeding behaviors of monks reinforced by the Routine Principle 10.

4. Developing activities in modeling the monk healthcare in Nakon Pathom Province about daily life routine spending for healthcare by emphasizing hand swing, and meditation walks for strengthening wisdom.

5. Developing activities in modeling the monk healthcare in Nakon Pathom Province to know the nature of feeding by emphasizing social intellectual thoughtfulness.

6. Developing activities in modeling the monk healthcare in Nakon Pathom Province to educate the nature of health problems and the knowledge of *Bhãvanã IV* (growth, cultivation, training and development) as guides fo healthcare.

7. Analyzing knowledge, lesson learnt from experiences and the consequences of modeling the monk healthcare in Nakon Pathom Province.

Results

Objective 1: It was found that the data analysis on monk healthcare behaviors revealed that majority of monks met moderate level of health problems at 3.06 reflecting the moderate levels or 42.1% of the opinion among the majority of respondents and the least level at 8.6%. As of the data analysis on the monk healthcare activity development in Nakon Pathom Province, it was found that most monks had high level or 3.96 of opinion regarding activities reflecting the high levels or 41.7% of the opinion among the majority of respondents and the low level at 1.0%.

Objective 2: It was found that the 15 participants of pre-post activity engagement applying pair t-test with both pre-post activity engagement

according to Activity Measurement 1-2 as following detains. The Measurement 1 was to scale the approach of pre-post most healthcare behavior and contributed different results; it revealed that the internal monk activities had been well cooperated. The Measurement 2, was to scale the pre-post healthcare development activities and contributed different results. It indicated that the activities were well flowed with fun, stress-free and relaxing, adopting hand swings and simple education of the Buddhist doctrine eased participants' understanding.

Objective 3: It was found that educating on monk health revealed that the physical, moral, spiritual and dharma developments were a kind of healthcare. The perfect human conditions physically, spiritually, socially and caretaking the monk routine vocation were possible if not violating the Dharma Vinaya but to appropriately practice nutrition as in monkhood. Nevertheless, most monks could not practice nutrition due to their venerables could not negate foods offered. However, to avoid violating the Dharma Vinaya, taking food with consciousness, watchfulness, self-control, spiritual and intellectual development would strengthen their venerable health.

With regards to modelling the monk healthcare development, the process was as below:

1. Analysing the results of the direction and approaches regarding modelling the monk healthcare development, this was a kind of resolution on health. Engaging in religious rites should not be stressful. In addition, it was necessary to detach personal problems or other problems affecting health. They were parts indicating that monks should regularly handle their venerable healthcare, not being over-stressful but maintaining good healthcare, and spending monkhood without anxiety. In addition, their venerable should pay attention to health problems, and educating the importance of the mind and body which would efficiently lead to good health.

2. Modelling to organize health activities to the process of analyzing data, activity organization, focus group and learning exchanges; its importance was the emphasis on social intellectual thoughtfulness to become optimists, virtuous persons, sacrificeable person and with good health. In addition, it was necessary to know about self-development in daily life such as spiritual training, tranquility development (Samatha bhãvanã), and stations of mental exercise

(Kammaṭṭhāna), for calm mind, tranquility social services, and religious evangelization and so on.

3. Developing activities involving activities of treating physical bhãvanã, daily life spending, and selfcare based on social intellectual thoughtfulness and solving health based on bhãvanã 4; this indicated that the monk healthcare would emphasize maintain health – mental health. That was to be at ease, not being stressful, never bundling many problems, meditation, mediation walks and fulfilling monk affairs. These were counted best healing and best solving health problems; however, worldly life should never forget health checking.

4. Leading to the organizing filed activities using 15 participants in the focus group, this was for planning activities to proceed yet the internal monk activities had been well cooperated, gaining the knowledge of health, having ways to change health for better quality of life. Activities disseminating clear and lucid knowledge while the activities were flowing well with fun, stress-free and relaxing adopting hand swings and simple education of the Buddhist doctrine eased participants' understanding. These could apply the understood doctrine for well healthcare for monks with efficiency

5. Leading to lessons learnt from experiences about modelling healthcare development for monks with regards to knowledge creation and to be the way in activity development; and in the research on "Monk Healthcare Development in Nakhon Pathom Province" had planned activities and analyzed all data under the objectives of (1) to study monk healthcare (2) to develop monk healthcare activities, and 3) to analyze the model of monk healthcare in Nakhon Pathom Province. There was adoption of the process in organizing activities in modelling healthcare, conducting in-depth interviews and organizing focus group so as to lead to appropriate and efficient process of organizing activities and entering the process of organizing activities in modelling monk healthcare development in Nakhon Pathom Province illustrated in the Figure below:

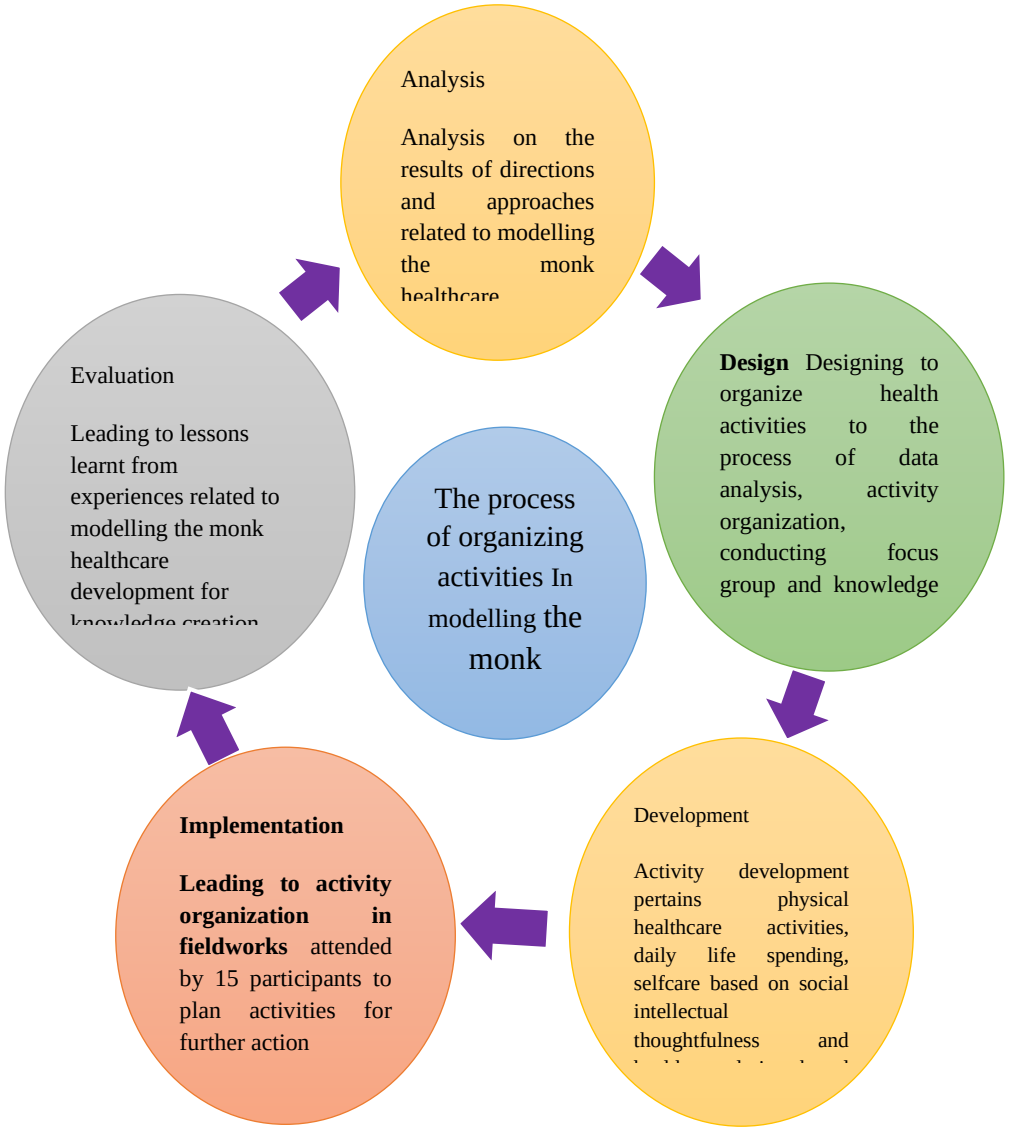

Figure1: Activity creation on modelling monk healthcare development

Discussions

The data analysis on monk healthcare behaviors revealed that majority of monks met moderate level of health problems at 3.06 reflecting the moderate levels or 42.1% of the opinion among the majority of respondents and the least level at 8.6%. They were corresponded with the work of Boonlert Yongpetch (2018: 257) who investigated “Monk Roles to Strengthen Public Healthcare” He found that monks in Cholburi Province played the moderate roles in promoting

public physical healthcare, social healthcare, mental healthcare and spiritual-care. This comparative study was between the monk roles with public healthcare distribute by age, monkhood years, position, classification of the temple, and monkhood title. He found that there was significant difference with age, monkhood years, position, dharma title and worldly academic title whereas the pãli title had no effect over the monk roles in promoting health. Data from in-depth interview revealed that most monks with the pãli titles were currently irresponsive to the social ways of life and social healthcare.

As of the data analysis on the monk healthcare activity development in Nakon Pathom Province, it was found that most monks had high level or 3.96 of opinion regarding activities reflecting the high levels or 41.7% of the opinion among the majority of respondents and the low level at 1.0%. They were corresponded with the work of Phrakhrũ Bhãvanã Bodhiguṇ (2014:89) studying "The Roles in Strengthening Buddhist Healthcare in the Office of Dharma Practice in Khon Khaen Province". His Venerable found that knowingly accessing reality and encountering miseries. Health was distributed into 4 aspects, i.e. (1) the physical health – having perfect and strong body free from infirmities, owning means for basic living without paucity, free from physical threats, relaxing ways of life and equilibrium. (2) Social and environmental health: it was to live in a surrounding which facilitated living, free from pollution but having relationship with adaptations between humans, social and environment. (3) Mental and emotional health: it was distributed into the primarily mental and emotional capacity – feeling comfort. (4) Intellectual health – it was distributed into 2 levels, i.e. the worldly level (lokiya) and the intellectual level. They were the intellectual at the level of living in societies with happiness, able to distinguish good things and bad things, owning plans living, and owning knowledge development for invention, innovation to reinforce creative capacity.

The analysis of the Measurement 1: it was a measurement to scale 15 monk healthcare behavior where there was comparison the results of pre-posttest on engaging in healthcare activities. The results of pre-healthcare activity engagement by average was between1.56 - 3.31, and SD was between 0.000-1.365 whereas the results of post-healthcare activity engagement by average was between3.39 – 5.00, and SD was between 0.000-1.138. It proved that these monk healthcare activities were in the efficient levels. Monks gained cognition

and perceived more on securing health. They were corresponded with the work of Cholthicha Jariphakphong, Asst. Prof. et, al., (2018: Abstract) studying "Monk Health: Development of Health Model based on the Buddhist Way through Integration of Public Health for the Quality of Life in Lam Pang Province". They found that the components were (1) the *Bhãvanã* 4 principle, and (2) the healthcare based on Public Health system, i.e., health promotion, prevention, medication and restoration, (3) participatory administrative process. (4) In monk good health and acquired knowledge, it was found that strengthening monk health in the Buddhist way through integration of community public health for the quality of life demanded reflection of the problems in strengthening monk health, the roles of the temple, communities, and the government agencies in organizing the monk health responsive to the four Bhãvanã principle and the healthcare based on Public Health system which affected the quality of the monk life.

The analysis of the Measurement 2: it was a measurement to scale 15 monk healthcare behavior where there was comparison the results of pre-posttest on engaging in healthcare activities. The results of pre-healthcare activity engagement by average was between 2.75- 3.45, and SD was between 0.000-1.210 whereas the results of post-healthcare activity engagement by average was between3.1 – 5.00, and SD was between 0.000-0.933. It proved that this activity had been tested on data developing the monk healthcare activities about simple activity contents. Monks acquired cognition and eased to follow the simple ways with unlikely too complication. They were corresponded with the work of Siriporn Phanthulee and Wattana Wanitchanont, (2011:86) studying "Communicating Health at the Local Level Applying A participatory process to Strengthen Public Health in the Mae-Saai Community: Prae Province." They found that 89 people in the Mae-Saai Community who were interested and collaborated as the health communicative members. The health communicators were anyone who were interested in health, able to communicate health with simplicity and applicability including accurately introduced health prevention for families and people in communities. In addition, the health communicators of the Mae-Saai Community still played the role to co-strengthen the watch, prevention and resolution of health of the local people. They were the health data middlemen where the local people could conveniently access them which helped support the government affairs. As such, the Mae Saai health communicators should know well about health, sacrifice, devotion to social

service (sense of public), accountability, good human relation, leadership, courageous to express, having oratory and communicative technique, applicability and role model in healthcare.

Conclusions

The results revealed that both pre-post activities using paired t-test conducted with both engagement in Activities 1-2 were detailed as follows. The Measurement 1 scaled the approach of pre-post monk healthcare, which was differently resulted. It showed that the internal monk activities had been well cooperated. The Measurement 2 scaled the pre-post monk healthcare development, which was also differently resulted. It showed that activities were well flowed with fun, stress-free and relaxing.

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