

Buddhist Monks and Building Well-being

1. Definitions

1.1 A Buddhist monk is a man aged 20 years or older who ordains into Buddhist monkhood and practices according to teaching of the Buddha.

1.2 According to the National Health Act B.E. 2550 (2007), 'well-being' is a state in which a person's physical, emotional, intellectual and social conditions are well-balanced and integrated.

'Pañyā' (wisdom) refers to comprehensive mindfulness and an understanding of good and evil as well as of what is beneficial and what is detrimental, leading to a good and generous mind.¹

2. Buddhism has been part of Thai society for a long time. 95% percent of the Thai population being Buddhist². Their way of life involve with Buddhism and have applied its principles in such a way that they have formed the roots of Thai culture, heritage and identity. The teachings of Buddhism have permeated the Thai way of life and have served as a cultural model of how to live^{3,4}. Buddhist monks serve as mediators in bringing Dhamma to be practiced by society in order to rise morality, leading to clear and happy minds instilled with faith, religious percept, self-sacrifice, and wisdom.

3. Buddhist monks play an important role in propelling Dhamma taught by the Lord Buddha to be realized in a concrete way in Thai society. They teach over sixty million Thai people to base themselves in the morals of Buddhism. They also play a role in supporting and raising the quality of life of Thai people from various hardships. Owing to these important roles, monks and Thai society can be understood as an integrated unit, with both helping and supporting each other, from the past until present.

4. Apart from their religious role in society, Buddhist monks also play other different roles in societal development, as follows:

4.1 Role in economic development: For example, promotion of integrated natural farming, mulberry planting, silkworm raising, watermelon planting, fish farms, pig farms, etc; initiation of various groups such as gem-cutter groups, rice bank groups, savings groups, community cremation groups, etc. However, many of them were successful, while some faced problems.

4.2 Role in societal development: Buddhist monks act as role models. They are also leaders in various development projects such as building roads in villages, organizing village fences, dredging canals, water supplies, rain water storage, resulting in cooperation between temple, community people, and authorities concerned. In political disputes, monks play a role in morale-building for the people and stay on the people's side in every situation, building for them faith and confidence.

4.3 Role in educational development: Buddhist monks play many roles, including in starting schools and education programs for new monks, offering weekend courses for adolescents and courses via satellite television, starting education park centers, organizing libraries in temples, and offering other occupational training programs.

4.4 Role in health development: Buddhist monks help people by using Thai traditional medicine in treating general illnesses, bone and joint disorders, and drug addiction, as well as by giving preventative support and advice for mental problems and alcoholism and offering rehabilitation for those who suffer from chronic psychological issues and drug addiction.

4.5 Role in environmental development: Buddhist monks create calm and peaceful environments in temples that can serve as sanctuaries for community members. Monks act as

environmental development leaders in communities and also providing environmental preservation courses for young people.

5. Examples of projects in which Buddhist monks play an important role in community development: in Nakhon Ratchasima province, the Pra-Sangha Development Network of Khorat collaborated with the provincial health assembly and the provincial public health office to set up sustainable health care for ill monks in Si-khio district. Health promoting centers were set up at the sub-district level for the purpose of developing Health Promoting Temples and providing sustainable care for invalid monks. In Saraburi, the Saraburi Sangha Council at Wat Phra Phutthabat Ratchaworamahawihan initiated the 5-Sor program which promotes activities to create enabling environment for well-being of monks and health management in the temple as a foundation of sustainable health care⁵. In Lopburi province, the provincial public health office initiated the “Serene Temple, Healthy Monk by community means.” program that provides care for monks by community, novices, and the temple environment at various temples.⁶ The abbot of the Sirattanaram temple in Chonsombun sub-district, Nong Muang district, played a leading role with the office and local community in a successful community project aimed at solving the problem of unplanned teenage pregnancy.⁷

6. Additionally, monks also play roles in projects that aim to develop monks’ capacity. For example, in Nakhon Ratchasima, Phra Khru Amornchaikhun (Luang Ta Chae Phanechonpathana) founded Sangha Patthana Institute which aims to: 1) promote the role of development monks as virtuous local community leaders and increase the number of monk lecturers; 2) strengthen activities of network centers to make them better sources of knowledge and research and increase their impact on local communities; and 3) disseminate knowledge, local wisdom to new/young generation to realize the value of religion, culture and art, as well as the ‘new agricultural theory’ of His Majesty King Bhumibol.

7. Due to the very fast pace of changes at present in society, and dramatically changes in development, society has become more materialistic. Leading monks faced many problems on their own without support, especially in the matter of healthcare. Recent government policies have not been able to address monks’ healthcare problems and health promotion, and research has reflected and emphasized this matter.⁴

8. Monks, being ordained Buddhist practitioners, are prohibited from engaging in many lay activities, and are required by their codes of conduct to obtain the four requisites of life - food, clothing, shelter and medicine - via donation from the community. The fact that some monks must live separately from society creates a gap between monastic and society at large lead to certain risks, especially in healthcare. This corresponds to Chapter 5 of the 2009 National Health System Statute concerning the standard prevention and control of diseases and of other health-threatening factors, which must be current, based on economic, social and environmental equilibrium under the concept of Sufficiency Economy philosophy.

9. The health examinations of 90,250 monks conducted in 2006-2007 by the Department of Medical Services found that 30.57 percent had a health conditions such as hyperlipidemia, high blood pressure, diabetes, lung disease, and cardiovascular diseases. 4.5 percent were found to be overweight, 41.3 percent smoked tobacco, and 43.1 percent did exercise.⁸ This corresponds with the reports of the Royal Mobile Doctors Unit for Monks project under patronage of HRH Crown Prince Mahavajiralongkorn, 50 Pansa Mahavajiralongkorn Hospital examined 94,928 monks in 77 provinces in 2011 and found that of 4,748 blood tests showed 836 tests, or 17.6 percent had hyperglycemia. 4.01 percent had diabetes, and 40 percent smoked tobacco⁹ (according to a survey in 2007 , there was a total of 260,437 monks nationwide).

10. Reports from health examinations of 1,122 monks and novices from 28 temples in Bangkok conducted by the Department of Medical Services in 2006 showed that 13.8 percent smoked tobacco, 11.4 percent had eye diseases, 11 percent have allergies, 6.4 percent had bone and joint diseases or disorders, 6.4 percent had diseases relating to ears, throat and nose, 5.8 percent had hypertension, 4.3 had cardiovascular diseases and 4.2 percent had diabetes. When ill,

79.2 percent used public hospital, of which 36.3 percent were under universal care coverage. Problems found accessing healthcare were: 27.5 percent had trouble on transportation to hospital, 25.6 percent had problems regarding Buddhist monks' rules of conduct, 44.4 percent exercised once in a while, 17.5 percent had never exercised and only 8.7 percent exercised 3 times per week.¹⁰

11. A study conducted by the Thai Health Promotion Foundation and the Social Research Institute of Chulalongkorn University interviewed 246 monks in 11 provinces. The study found that 52 percent have had an annual medical examination of which only 21 percent have it on a yearly basis and 31 percent have it occasionally. About half of the interviewees had health problems related to nutrition such as gastrointestinal diseases, hypertension, diabetes, and hyperlipidemia.¹¹ And from a study conducted by Faculty of Public Health, Vongchavalitkul University in Nakhon Ratchasima province found that 40.2 percent of monks smoked an average of 8 cigarettes per day, where 12.6 percent of them obtained cigarettes by means of donations and 89.6 percent by purchase.¹²

12. Studies of illnesses of monks found that the majority of the health problems resulted from certain risk behaviors and other risk factors. One main risk factor was food obtained from food offerings. The majority of people who gave food offerings lack understanding of nutritional balance and offer unhealthy food such as coconut curries, high fat food and dessert with high sugar content. Other risk behaviors include smoking, drinking coffee, drinking more than two bottles of energy drinks per day, drinking less than six glasses of clean water per day,^{13, 14, 15} eating undercooked food, and lack of exercise.¹³ In addition, 54% were found to have stress. Chronic diseases result in other health problems and high cost of medical expenditure. In 2006, the total cost of medical expenses of all the monks who received treatment at the Priest Hospital was 56,499,198 Baht.¹⁷ This could have been greatly reduced if monks had health promotion and proper care while they were ill.

13. Looking at Buddhist monks' recovery periods after illness, many who suffer chronic diseases and mobility problems do not receive proper visits and rehabilitation from public health workers. This leads to the lack of proper and constant medication, lack of physical therapy and lack of necessary health promotion support. Living environment of monks lack caretaking, even for those who have relatives living near the temple. There is less health care taking among monks. Furthermore, monks have extra expenses in going to see the doctor, to the hospital or to a clinic.¹⁶

14. Regarding health promotion for monks: there are very few activities that Buddhist monks do to promote health. There are no clear recommendations on exercise for monks from relevant organizations yet. Daily exercises for monks include walking while going out to receive food offerings, walking meditation, cleaning the temple and its premises, and weeding and sweeping leaves, which are regular daily activities for monks. Walk during reception of food offerings takes an average of 45 minutes to one hour for an average distance of one to two kilometers per day. However, monks in metropolitan areas spend an average of 20-45 minutes for distance of one kilometer per day since they normally walk to market near the temple.^{16, 17}

15. Regarding disease prevention in temple: as yet, monks lack a clear protocol for disease prevention. Certain preventative acts are violations of the Pra Dhamma-Vinaya code of conduct, such as the use of larvicides i.e. temephos (ABATE brand larvicide) to eradicate Anopheles mosquito larvae in water containers, and rabies vaccination. Even though, local authorities have offered those services, but are not widespread or far-reaching. There is no poultry control. Monks do not receive adequate information on personal care from the authorities, and their practices are informed only by the media.^{16, 17}

16. A survey conducted by the National Health Security Office in collaboration with Sim Research Company in 2009, of 690 monks and novices, 77 percent suffer from illness in which 54 percent preferred going to a public hospital, 27 percent bought medication over the counter, 17 percent went to private hospitals, and 2.5 percent did not receive any treatment. For those who

had medical treatment, 29 percent paid out of pocket, 31 percent did not use the Universal Healthcare Coverage, for the following reasons: there is a long waiting list (26 percent), only minor illnesses (21 percent), and not eligible due to change of domicile (16 percent).¹⁹

17. In 2006 five temples in Rachaburi, Chiang Mai, Trang, Chainat and Nakhon Ratchasima initiated 'Health Promoting Temple' project by applying standard criteria on Health Promoting Temple of the Department of Health and aiming to develop and improve environment in temples in the following 5 categories: clean and green, mind development, health promotion, culture and environment preservation, and collaboration for development. Reports suggested that there was good cooperation between community and personnel of governmental and non-governmental organisations with the temple abbots. Temple abbots who were good role models, had discipline, self-sacrificial, courteous, down-to-earth were able to facilitate cooperation among different local networks for temple development, such as health promotion for senior citizens project, training Buddhism for youth, and kitchen improvement in temples to meet the standard. These projects showed good cooperation between the temple committees and the community.²⁰

18. The Ministry of Public Health by the Department of Health has been operating Network of Buddhist Monks for Health Promotion project since 2007. The project educated 4,112 Buddhist monks from all over the kingdom with cooperation from monk leaders, temple committee members, senior citizens, community members around temple areas, local public health workers, and local administrations. The project provided opportunities for improvements of quality of life of all people involved and created environments for health promotion in the temples. Impact of the project were: 90.6 percent of the monks who participated said that they had applied what they learned to do self care, while 70 percent disseminated the knowledge to local people. In addition, 87.5 percent of 'Health Promoting Temples' were able to exchange knowledge related to health promotion and environmental health to their networks.

Related policies and measures:

19. The 2002 National Health Security Act (Chapter 1, Section 5) grants all persons the right to access to standards and efficient public health services, Section 6 indicates that person who wants to use his or her right to the Universal Care Coverage can register at office or agency designated by the National Health Security Office and choose a health care unit for regular visit.²¹ A Buddhist monk is also eligible to the Universal Care Coverage if he is not registered in the social security system or civil servant medical benefit scheme.

20. Every public health post under the Ministry of Public Health has referral and home health care services conducted by multidisciplinary teams/public health officers. Home health care is a service that provides medical treatment and care at the patient's residence, focusing on continuous treatment, care and supportive services to patients aiming to enable them to become independent especially elders, patients undergoing rehabilitation, patients suffering from chronic diseases, disability, and end-stage diseases. Services given are treatment, health promotion, disease prevention and rehabilitation. Healthcare plans are made by considering the patient's social, cultural, home and community environments, and with the collaboration of family members. It also encourages patients and their family to develop skills necessary to become more independent, reducing risk of illnesses and disability, improving quality of life, and living in community with dignity. Moreover, local health volunteers are designated to visit and monitor and provide care for the patients. However, the majority of Buddhist monks who suffer from chronic diseases lay sick in their huts and do not receive care from this system, with neither relatives nor local health volunteers visit them or provide them care and rehabilitation.

21. The Department of Health, Ministry of Public Health, had signed an agreement with the Office of National Buddhism in 2004, with the endorsement of the Sangha Supreme Council of Thailand. Resolution 103/2547 allows 'Health Promoting Temples' to be criteria for selection of model developmental temples. The Department of Health had proceeded to initiate 'Health

Promoting Temples' in all regions. In Resolution 283/2552 indicated that the Office of National Buddhism should support the 'Health Promoting Temple' project by proposing to the meeting of regional and provincial monk leaders to initiate the project in temples that have capacity in order to have 'Health promoting Temples' in every district, focusing on improving the environment in temples which would lead to good health of monks and people in community. Temples should be a place where health promoting activities take place, take care of people's physical and mental health, be free from contagious diseases, be environmentally friendly, conserve local wisdom, etc. Projects should be conducted by committees consisting of different sectors of the local community. In 2011, out of the total of 37,331 temples nationwide, 1,821 are selected as model developmental temples, and 2,914 are 'Health Promoting Temples' (data as of 2011).

Problems, limitations and solutions:

22. Trend of health problems in Buddhist monks are found to be increasing, particularly in chronic diseases. The strict Pra Dhamma-Vinaya code of conduct, along with lack of proper treatment, health support, illness prevention, rehabilitation, proper and healthy living environments and healthcare from authorities and relatives, result in problems that should be dealt with immediately.

23. The development of the health approach for Buddhist monks in which complies with monks' codes of conducts and recent situations, and the promotion of 'Health Promoting Temples' are operated in parallel, causing:

23.1 Lack of capacity building for monks to be leaders in temple development, be health volunteers within the temples, to be able to take care of their own health, and teach people in the community.

23.2 The campaign to encourage people who offer food for monks to exclude unhealthy food and drinks, which may cause diseases such as obesity, diabetes, hypertension, lung diseases, etc., is still a challenge in which all sectors and parties must emphasize.

23.3 There is a lack of support for educational institutions to conduct courses, researches and create innovations on continuing health care for Buddhist monks.

23.4 There is a lack of hosts responsible for operation of projects at the local level. There is also lack of integration of operations between local administrations, local governmental agencies and private sector in promoting and supporting Buddhist monks in the area for health development operations in community.

24. Therefore, in order to achieve the well-being of the society in general, with Buddhist monks as one part of the society, to reduce illnesses, reduction of deaths, which would result in reduction of healthcare costs, complying with the 'promotion of health before the restoration of health' approach. All levels of operation must be integrated (home-temple-school-public health care provider-local administration)²¹ by developing a health surveillance system that monitors the wellbeing of monks by community, strengthening monks' and community's ability to create well-being. There must be improvements of temples and their environments in order to promote public health and control communicable diseases. There must also be a mechanism and a system to allow easier access to healthcare for monks. All these require policies that can lead to developments in the same direction, and to achieve the goal together.

Issues to be considered by the National Health Assembly:

Requesting the National Health Assembly to consider document National Health Assembly 5/ Draft Resolution 3

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