

Quality of Life among Urban Buddhist Monks

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Objective: To study quality of life and factors affecting quality of life among urban Buddhist monks.

Materials and Methods: This was a cross sectional survey study of 200 monks in Dusit and Nong Chok district, Bangkok. The survey instruments used a socio-demographic factors questionnaires, WHO Quality of Life-BREF Thai edition (WHOQOL-BREF-THAI) and Suanprung Stress Test-20 (SPST-20).

Results: Most of the monks (53.5%) disclosed moderate level quality of life. Forty-four percent and 2.5 percent reported a good level and not good level quality of life respectively. The statistically significant factors related to quality of life were age, education before ordination, temple factor, financial status and stress level. Significant predictive factors of good quality of life were monks aged between 41 to 60 [Odds ratio (OR) 2.27, 95% CI 1.19 to 4.33, $p = 0.013$], no conflict in the temple (OR = 3.53, 95% CI 1.37 to 9.11, $p = 0.009$), having enough money to spend (OR = 4.29, 95% CI 1.56 to 11.81, $p = 0.005$), and low to moderate stress level (OR = 5.06, 95% CI 2.43 to 10.55, $p < 0.001$).

Conclusion: Stress screening and surveying monks' problems, especially conflict in the temple and economic problems, including providing guidance on problem management led to a good quality of life among Buddhist monks.

Keywords: Quality of life, Buddhist monk, Urban, Bangkok

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Buddhist monk refers to a follower of Buddha, one who has faith in the Buddha's quotes, stays in the monkhood and follows the discipline⁽¹⁾. Currently, Thailand has 298,580 monks across the country with 13,512 living in Bangkok⁽²⁾. Monks have various roles in Thai society including an administration of their own communities in order to follow the discipline strictly; administration also includes monks' attendants and other stakeholders resident in the temple. The second role is to disseminate the Buddhist way to the public. The third role concerns social development that includes education and assisting those in need during catastrophes⁽³⁾.

Quality of life (QOL) refers to the well-being of oneself (both physically and mentally) and society; it also covers safety, rights, and freedom⁽⁴⁾. The Sangha Supreme Council of Thailand decided to enact the National Monk's Health Constitution 2560 BE, as its main purpose is to support the health of monks nationwide. The core concept of the above mentioned constitution is the 4 dimensions of the monk's healthiness, which are physical, mental, social, and wisdom. In addition, the Buddhist integrated health

principle states the relationship of each cause and how each correlates with the other. These are called "Precepts Development", "Mental Development" and "Wisdom Development" which lead monks to a good quality of life⁽⁵⁾. Tanakronpaisal studied the environment and health status of monks and novices all over Thailand and found that 45.1% were healthy, 24.4% had asymptomatic cases with risk factors, and 30.6% had clinical diseases⁽⁶⁾. Meanwhile, the research from Jarupoonpon regarding monks' health in Bangkok stated that 38.1% of monks were overweight, 23.4% had mild hypertension, 51.8% needed to exercise more, 37.4% smoked, with an overall need for monks to modify their lifestyle as high as 90.9%. In terms of mental health, the research found that 8.7% had high anxiety and 31.6% moderate anxiety. In terms of sanitation and healthy environment, food containers, water for consumption, food, air quality, sound and buildings nearby demonstrated that microorganism contamination was above average and also that the sanitation in accommodations did not meet the standards⁽⁷⁾.

Wongjirasawad studied mental health and the factors related to mental health of monks in Bangkok and found that 33.8% had mental problems. The factors related to mental wellbeing were age (21 to 25 years), period for being a monk (1 to 5 years), marital status before ordination (widowed/divorced/separated), occupation (ordinary employment), education in dharma, domicile, family income before monkhood (less than 5,000 baht/month), physical

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illness, and substance use behavior before ordination⁽⁸⁾. Tunsatean studied quality of life in monks with chronic illness at Priest Hospital and found that quality of life was only slightly above the average of healthy adults and they reported receiving low social support⁽⁹⁾.

The majority of research about monks has focused more on physical and mental health and some aspects that concern additional quality of life. However, an overall study of monks' quality of life has not been done. This research intends to cover the previously mentioned issue and this project is a part of the urban monk health status project conducted by the research groups of Faculty of Medicine Vajira Hospital, Navamindradhiraj University. This research aimed to study quality of life and the factors that affect quality of life among urban Buddhist monks.

Materials and Methods

The present study was conducted after approval from the Ethics Committee for Research involving Human Subjects of the Faculty of Medicine Vajira Hospital, Navamindradhiraj University it was a descriptive cross-sectional study by using purposive selection. As a result, the sample group was 200 monks whose age was 20 years old or above, who had been monks for at least one, able to read and write in Thai and answer the questionnaire. Data were collected from monks living in urban area, 27 temples in Dusit and Nong Chok district. Gathered data were general characteristics and demographic data such as age, number of rainy seasons since being ordained, education before ordination, level of religious studies, marital status before ordination, temple factors, family factors, financial status, educational problems, reason for ordination and medical illness, stress level, and quality of life as evaluated by Suanprung Stress Test-20 and the Thai version of the brief form from the WHO quality of life assessment instrument (WHOQOL-BREF-THAI).

Suanprung Stress Test-20 (SPST-20)⁽¹⁰⁾

SPST-20 is the stress level assessment regarded as the most appropriate instrument for Thai people by using biological, mental and social concepts developed by Mahatnirunkul et al. This test has high validity and reliability and contains 20 items rated on a 5-point Likert scale with item responses ranging from "1" (no stress) to "5" (extremely high stress). The total scores can be classified into four levels as followed: 0 to 23 as mild, 24 to 41 as moderate, 42 to 61 as high, and more than 61 as severe stress.

The WHOQOL-BREF-THAI⁽¹¹⁾

The Thai version of the brief form of the WHO quality of life assessment instrument developed from WHO's Quality of Life Indicator that contains 100 questions designed by Mahatnirunkul et al. Cronbach's Alpha Coefficient for this tool is 0.84, validity is 0.65. The WHOQOL-BREF-THAI consists of 26 items, including 24 items for four domains (physical, psychological, social, and environmental), one item for general quality of life, and one item for health-

related quality of life. The item scores ranged from 1 to 5, the numbers of items are different for each domain, seven items in the physical domain, six items in the psychological domain, three items in the social domain, and eight items in the environmental domain. The QOL score is then used to classify the quality of life as bad, moderate or good (Table 1).

Statistical analysis

All data were analyzed using SPSS program. Descriptive data are presented as percentages and frequencies. Socio-demographic factors and stress level that correlate to each monk's quality of life were analyzed by Chi-square or Fisher's exact test as appropriate and using multiple logistics regression to define the predictive factors of good quality of life. The p -value <0.05 was considered statistically significant.

Results

From a total of 200 monks who participated in the study, 53% reside in Dusit and 47% reside in Nong Chok. Most monks were aged between 20 to 40 years old (49%), the number of rainy seasons since being ordained between 1 to 5 years (59.5%), high school graduate before ordination (45.5%), Dhamma scholar level (58.5%), marital status: single before ordination (71%), no conflict in the temple (85.5%), no family conflict (83%), enough money to spend (86%), no educational problems (95.5%), intended to be in the monkhood (58.5%), no medical illness (64.5%) and low to moderate stress level (71%) (Table 2).

As a result about quality of life, 107 (53.5%) monks in Dusit and Nong Chok area showed moderate level, good in 88 (44%) monks, and bad in 5 (2.5%) monks. When classifying in each domain of quality of life, it was found that most of monks were good in psychological and social domains, and moderate for physical and environment domains (Table 3).

Socio-demographic factors and stress levels were analyzed for their relationship with quality of life. We found that age, education before ordination, temple factors (conflict in the temple), financial status (had enough money to spend) and stress level were associated with a statistically significant quality of life at level of 0.01 and 0.05 ($p = 0.031, 0.002, 0.006, 0.003$ and <0.001 respectively) (Table 4).

From the multiple logistic regression analysis, the authors found that the factors that affect good quality of life in monks that were statistically significant were monks aged between 41 to 60 years old [odds ratio (OR) 2.27, 95%.

Table 1. Subscale and overall quality of life scoring

Subscale	Bad	Moderate	Good
Physical health	7 to 16	17 to 26	27 to 35
Psychological health	6 to 14	15 to 22	23 to 30
Social relationships	3 to 7	8 to 11	12 to 15
Satisfaction with the environment	8 to 18	19 to 29	30 to 40
Overall	26 to 60	61 to 95	96 to 130

Table 2. Socio-demographic factors and stress level (n = 200)

	Number (%)
Temple location	
Dusit	106 (53.0)
Nong Chok	94 (47.0)
Age (years)	
20 to 40	98 (49.0)
41 to 60	64 (32.0)
>60	38 (19.0)
Number of rainy seasons since ordination	
1 to 5	119 (59.5)
>5	81 (40.5)
Education before ordination	
Primary school	53 (26.5)
Secondary school	91 (45.5)
Bachelor or above	56 (28.0)
Level of religious studies	
Uneducated	48 (24.0)
Dhamma scholar	117 (58.5)
Buddhist theology	35 (17.5)
Marital status before ordination	
Single	142 (71.0)
Married	35 (17.5)
Divorced/Widowed	23 (11.5)
Temple factors	
No conflict in the temple	171 (85.5)
Temple administration problems	19 (9.5)
Relationship problems with other monks and stakeholders	4 (2.0)
Pollution within the temple	6 (3.0)
Family factors	
No family conflict	166 (83.0)
Family separation	24 (12.0)
Problem in childhood relationship with parents	3 (1.5)
Losing a beloved person	5 (2.5)
Abandoned by relatives	1 (0.5)
Provide for the family	1 (0.5)
Financial status (enough money to spend)	
Not enough	28 (14.0)
Enough	172 (86.0)
Educational problem	
No	191 (95.5)
Yes	9 (4.5)
Reason for ordination	
Intended to be in monkhood	117 (58.5)
Ordination in regard for parents	70 (35.0)
Ordination at the cremation	2 (1.0)
Forced to be in monkhood	8 (4.0)
Other reasons	3 (1.5)
Medical illness	
No	129 (64.5)
Yes	71 (35.5)
Stress level	
Low to moderate	142 (71.0)
High to severe	58 (29.0)

confident interval (CI) 1.19 to 4.33, $p = 0.013$], no conflict in the temple (OR 3.53, 95% CI 1.37 to 9.11, $p = 0.009$), having

Table 3. Quality of life (n = 200)

Quality of life	Number (%)
Overall	
Bad	5 (2.5)
Moderate	107 (53.5)
Good	88 (44.0)
Physical health	
Bad	1 (0.5)
Moderate	135 (67.5)
Good	64 (32.0)
Psychological health	
Bad	7 (3.5)
Moderate	96 (48.0)
Good	97 (48.5)
Social relationship	
Bad	10 (5.0)
Moderate	89 (44.5)
Good	101 (50.5)
Satisfaction with the environment	
Bad	10 (5.0)
Moderate	109 (54.5)
Good	81 (40.5)

Table 4. Factors related to quality of life

Variables	Quality of life level		p -value*
	Good n (%)	Moderate-Bad n (%)	
Age (years)			
20 to 40	34 (34.70)	64 (65.30)	0.031*
41 to 60	35 (54.70)	29 (45.30)	
>60	19 (50.00)	19 (50.00)	
Education before ordination			
Primary school	25 (47.20)	28 (52.80)	0.002**
Secondary school	29 (31.90)	62 (68.10)	
Bachelor or above	34 (60.70)	22 (39.30)	
Temple factors (conflict in the temple)			
No	82 (48.00)	89 (52.00)	0.006**
Yes	6 (20.70)	23 (79.30)	
Financial status (enough money to spend)			
Not enough	5 (17.90)	23 (82.10)	0.003**
Enough	83 (48.30)	89 (51.70)	
Educational problems			
No	85 (44.50)	106 (55.50)	0.734 ^a
Yes	3 (33.30)	6 (66.70)	
Stress level			
Low to moderate	77 (54.20)	65 (45.80)	<0.001**
High to severe	11 (19.00)	47 (81.00)	

* The p -value corresponds to Chi-square test and Fisher's exact test (a)

enough money to spend (OR 4.29, 95% CI 1.56 to 11.81, $p = 0.005$) and low to moderate stress level (OR 5.06, 95% CI

Table 5. Factors affecting quality of life analyzed by multiple logistic regression

Variables	Adjusted OR*	95% CI	p-value
Age (years)			
20 to 40	1.00		
41 to 60	2.27	1.19 to 4.33	0.013*
>60	1.88	0.88 to 4.02	0.103
Temple factors (conflict in the temple)			
No	3.53	1.37 to 9.11	0.009**
Yes	1.00		
Financial status (enough money to spend)			
Not enough	1.00		
Enough	4.29	1.56 to 11.81	0.005**
Stress level			
Low to moderate	5.06	2.43 to 10.55	<0.001**
High to severe	1.00		

* Statistically significant at level 0.05

** Statistically significant at level 0.01

2.43 to 10.55, $p < 0.001$) (Table 5).

Discussion

Thailand does not yet have a study about the overall quality of life (QOL) among monks, only studies of the quality of life in a specific context for example, the study of monks who had chronic disease⁽⁹⁾ or studies on quality of life in other types of population such as elderly peoples' life quality in urban areas⁽¹²⁾, and factors affecting Thai's quality of life⁽¹³⁾. This study is about monks' overall quality of life. Most monks (53.5%) had moderate level of quality of life and 44% good, similar to a study in other populations that used the WHOQOL-BREF-THAI survey and found that quality of life was moderate in most of the population⁽¹⁴⁻¹⁹⁾. After considering each domain of QOL, we found that monks had good QOL in the psychological health and social relationship domains (48.5% and 50.5%), and moderate QOL in physical health and environment domains (67.5% and 54.5%). The authors think that the major reason for the good QOL on the psychological health and social domains is due to the fact that the monks' major roles are to study the religion itself, practice the dharma, meditate and practice introspection which turns out to help monks control their mental health; this was consistent with Buathed studying monks' health in upper central Thailand. His study found no severe mental health issues in monks and 77% of them had low to moderate stress levels⁽²⁰⁾ which was considered normal status and not harmful to physical body⁽¹⁰⁾. As social relationship domain of QOL was good, it means that the monks were aware of the relationship between themselves and others, being helped by others in the society and knowing that they contribute help to others. The format of the relationships within the monks' communities can be

categorized into 2 types which were an inter-relationship between monks and the relationship with the community⁽¹¹⁾. Data in the present study showed that 85.5% of monks had no problems in the temple, therefore causing no problems in social relationship domain.

The factors related to quality of life that were statistically significant were age, education before ordination, temple factors, sufficient financial status and stress level. Significant predictive factors of good quality of life were monks aged between 41 to 60 (OR 2.27, 95% CI 1.19 to 4.33), no conflict in the temple (OR 3.53, 95% CI 1.37 to 9.11), having enough money to spend (OR 4.29, 95% CI 1.56 to 11.81) and low to moderate stress level (OR 5.06, 95% CI 2.43 to 10.55), as confirmed by the study from Tunsatean on monks with chronic disease at Priest Hospital who found that age was correlated with QOL⁽⁹⁾. Kangsan et al studied the QOL of registered nurses in community hospitals and found that age, income, debt and stress related to quality of life⁽²¹⁾ and it can explain that monks aged between 41 to 60 years old are in a mature stage, have more experience in life and work more than other age ranges, have ability to evaluate the situation and make decisions about various matters well in accordance with Orem's concept that age is an indicator of maturity or ability to deal with the environment, mental conditions and perceptions. These abilities will be increased with age until achieving the maturity stage⁽²²⁾. In addition, at this age, there are not much physical health problems compared to monks who were 60 years old or older, so there were fewer problems to worry about resulting in a better quality of life. As for how problems within the temple and financial factors in terms of sufficient spending money were related to monks' QOL, researchers think that these factors can cause stress^(23,24). There were various studies on the relationship between stress and quality of life in many types of populations that found that stress levels were associated with inverse levels of quality of life^(23,25-27).

The limitation of the present study was the size of the sample group. The size being used in this research does not cover all areas and does not represent the whole monk population so the sample size should be increased and the study range extended to cover the number of monks within Bangkok and also study other related factors that could potentially be connected to life quality, stress level and other behaviors including monks' personal illness by applying in-depth interview methodology to find the root causes and obstacles that affect monks' life quality.

Conclusion

The overall QOL of monks in Dusit and Nong Chok Districts of Bangkok were moderate. Considering that each domain of QOL, such as environment and physical health was moderate QOL, psychological health and social relationships were good. The factors that affected monks' life quality were age, education before ordination, temple factors, financial status and stress level. The factors that ensured monks' good life quality were aged between 41 to 60

years old, no conflict in the temple, having enough money to spend and low to moderate stress level; therefore, in order to develop good quality of life for monks who are residing in urban areas, the National Office of Buddhism should set policies to continuously screen stress in monks, and explore various problems of monks, especially, problems that occur within the temple and financial problems, as well as providing guidelines for dealing with such problems.

What is already known on this topic?

The majority of the studies on monk's life quality concentrate on physical, with mental health and life quality only studied only in certain aspects. However, a study of monks' overall life quality had never been conducted.

What this study adds?

Age, education before ordination, conflict in the temple, financial status and stress level have a relationship with monks' quality of life in urban area.

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Potential conflicts of interest

The authors declare no conflict of interest.

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