

Integrating Buddhist Principles and Activities to Promote Health and Disease Prevention of Depression in the Elderly in Chiang Mai Province

Turkish Online Journal of Qualitative Inquiry (TOJQI)
Volume 12, Issue 9, August 2021:7508-7513

Integrating Buddhist Principles and Activities to Promote Health and Disease Prevention of Depression in the Elderly in Chiang Mai Province

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Abstract

The purposes of this study were: 1) to examine the condition of Dharma principles and Buddhist activities in promoting health and preventing depression in the elderly in Chiang Mai and 2) to examine the condition of integrating Buddhist principles and activities for health promotion and prevention of depression in the elderly in Chiang Mai. This is a mixed research method. Both quantitative research and qualitative research samples were used in the research by specific sampling method by choosing a specific study of the Sangha governing Mae Sa Subdistrict, the Abbot of Mae Sa Luang Temple and monks and preachers of the School for the Elderly, Mae Sa Sub-district, Mae Rim District, Chiang Mai Province by using the interview form together with group conversations. This was the tool for collecting information. As for the quantitative data, 85 questionnaires were collected and qualitative data were collected to coordinate in-depth interview appointments. In the quantitative data, computer statistical analysis was used to find the percentage, mean and standard deviation. Descriptive analysis methods were used to find qualitative data.

The results revealed that most of the elderly people in the community did not have depression. Schools for the Elderly were promoted by joint network partners, namely the Subdistrict Administrative Organization, the Sangha, the Tambon Health Promoting Hospital and preliminary ordinance training activities for the elderly. These partners help improve health and prevent depressive symptoms in the elderly by integrating Dharma principles by which the elderly does not fall in love with materialism in this era of globalization. The principles of Dharma can also alleviate depression through Buddhist activities by practicing meditation. Samatha meditation helps to suppress all defilements and feelings. Introspection through Ariyas: standing, walking, sitting and lying as suitable for the elderly is also helpful. Research Recommendations: Sangha administrators should pay more attention to the promotion and development of the elderly, and the community should work together to devise a plan for the development of the elderly in the community for continuous care of the elderly by using Dharma principles and Buddhist activities to enhance health and prevent depression in the elderly.

Keywords: Integration of Dharma, Buddhist activities, Health enhancement, Elderly Depression.

1. Introduction

Thai society at present has stepped into an aging society with a tendency that the number and the proportion of elderly people aged 60 years and over is increasing steadily. The change in the age structure of the population caused by the proportion of the population of different ages can be categorized into 3 large age groups, namely childhood (less than 15 years), labor (15-59 years), and the elderly (60 years and older). It was found that during the years 2000-2010, the proportion of the childhood and working age population tended to decrease, while the proportion of the elderly population tended to increase continuously (Thai Gerontology Research and Development Institute Foundation, 2013). For overall mental health problems in Thailand, when evaluating data from a survey of the Department of Mental Health during 2003-2007, it was found that population areas with relatively high mental health problems are in the northern population, especially the upper northern region which is likely to increase dramatically from 1,889.34 per 100,000 population in 2003 to 3,323.95 per 100,000 population in 2007, with Chiang Mai Province having a mental health patient rate per 100,000 population more than the next largest province. In addition, the northern provinces are also the

provinces where deaths by suicide are the highest in the country. The province that had the highest number of deaths by suicide was reported to be Chiang Mai Province. Considering the age range of deaths from suicide overall, it was found that the age range with the highest suicide rate was between the ages of 25-29. After age 29, the suicide rate decreased accordingly. It was also found that the rate of suicides increased again in the age group 60-74 years.

An important aspect of suicide is depression, especially when suicide in the elderly is compared to the younger group. (Department of Mental Health, 2017). The situation of suicide success rate in Chiang Mai Province found that in 2017, there were 161 successful suicides, 125 males and 36 females, most of them in the age range of 26-60 years. The first three suicides were those in the alcohol and drug group, chronically ill patients and those who contradict close people. The World Health Organization predicted in 2020 that depression would be the second highest cause of health loss after cardiovascular disease due to economic and social factors in Thailand. This is a problem that must be watched. It is a matter that society must focus on, because it has a huge impact on the economy and society. Patients with this disease, if the symptoms are severe, are at risk of suicide or living the life of a mentally handicapped person unable to work (Department of Health, 2017).

Therefore, in view of the situation and importance of the elderly, a project on the integration of Buddhist principles and activities for health promotion and prevention of depression among the elderly in Chiang Mai has emerged. Under the innovation development plan and the mechanism for developing the health potential of the elderly, communities, religions, and Lanna wisdom are the bases for health promotion in Chiang Mai.

Research Objectives

1. To study the condition of Dharma principles and Buddhist activities for health promotion and prevention of depression among the elderly in Chiang Mai.
2. To integrate Dharma principles and Buddhist activities to promote health and prevent depression in the elderly in Chiang Mai.

2. Research Methodology

A mixed method research was used.

- 1) Qualitative research using analysis. Content was synthesized from papers and research, in-depth interviews, training, and group discussions. Data are presented in descriptive form.
- 2) Quantitative research. Quantitative research used questionnaires and analyzed the data by using a packaged program for the analysis of social science data.

Population and Sample

1. Qualitative research. The population and the sample group consisted of people in Mae Sa Sub-district, Mae Rim District, Chiang Mai Province by means of specific sampling from related persons in Mae Sa Sub-district, Mae Rim District, Chiang Mai Province.
2. Quantitative research. The population and the sample group were 85 people at Wat Mae Saluang School for the Elderly, Mae Sa Sub-district, Mae Rim District, Chiang Mai Province (Mae Sa Sub-district Administrative Organization, 2020).

Research Tools

1. Qualitative research. The research tool used in this research was interview form and Focus Group Discussion at the level of thinking together. Cameras, notebooks and audio recorders were used to record the information obtained by the researcher from the interviews. Issues and opinions received from informants including the record of observations and data analysis of the researcher in each period of the visit to the data collection are as follows: Interview Form Part 1 General information about the interviewee.

Interview Form Part 2 Questions were asked to study the condition of Dharma principles and Buddhist activities for health enhancement and prevention of depression among the elderly in Chiang Mai Province and the integration of Dharma principles and Buddhist activities for health promotion and prevention of depression among the elderly in the province

Interview Form Part 3 Recommendations for development

2. Quantitative research. The researcher used the research tool, namely a questionnaire, to study research on the integration of Buddhist principles and activities for health promotion and prevention of

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depression among the elderly in Chiang Mai in the Elderly School, Mae Sa Sub-district, Mae Rim District, Chiang Mai Province. 85 people participated.

Part 1. Basic information of the elderly.

Part 2. Elderly Depression Level Assessment Data

Part 3. Recommendations for health promotion and prevention of depression among the elderly in Chiang Mai Province.

Data Collection

1) Quantitative Data collecting that information. Researchers in the field collected the data by themselves ie. the researcher collected the data by himself as well as using graduate students of the Faculty of Religion and Philosophy. 5 persons distributed 85 questionnaires with a letter from the administrators of Mahamakut Buddhist University, Lanna Campus asking permission to collect data.

2) Qualitative Data Researchers got into the field to collect data. A letter of permission from the research project administrator had been prepared to collect information, contact, and ask for cooperation and to arrange an in-depth interview with informants such as the Abbot of Mae Saluang Temple, Village No. 3, Mae Sa Sub-district, Mae Rim District, Chiang Mai Province /Chairman of the People Training Unit in Mae Sa Sub-district (AOT) / Dean of Mae Sa Subdistrict, Chiang Mai Province / Working Group of School for the Elderly, Mae Sa Sub-district, Mae Rim District, Chiang Mai Province / Staff of Mae Sa Sub-district Health Promotion Hospital (Hospital Hospital) and preachers of the School for the Elderly, Mae Sa Sub-district, Mae Rim District. The researchers met these informants and collected data by audio recording and note taking.

3. Research Results

The condition of integration of Dharma principles and Buddhist activities for health promotion and prevention of depression among the elderly in Chiang Mai found that most of the elderly people in the community did not have depression. Schools for the Elderly relied on the process of participating and promoting network partners, such as Mae Sa Sub-district Administrative Organization, Mae Sa Sub-district Sangha, and Mae Sa Sub-district Health Promotion Hospital together as well as the integration of Dharma principles and Buddhist activities to promote health and prevent depressive symptoms of the elderly. This was carried out through activities to practice basic ordinances for the elderly, helping to improve the health and prevent depressive symptoms in the elderly during school teaching of the elderly.

The integration of Dharma principles and Buddhist activities for health promotion and prevention of depression among the elderly in Chiang Mai found that the principles of solitude, contentment with what one has, and not falling in love with the materialism trend in this age of globalization are important factors. It was also found that the integration of Dharma principles and Buddhist activities to promote health and prevent depressive symptoms of the elderly in Chiang Mai can alleviate depressive disorders through Buddhist activities, namely meditation, which is Samatha meditation. Practicing meditation can quell defilements and all the feelings of sorrow, and stop a distracted thought or calm the mind. Practicing introspection through Ariyabath: standing, walking, sitting, and lying down as suitable for the elderly also contributes to healthy living.

4. Discussion of the Results of the Research

The research subject of integration of Dharma principles and Buddhist activities to enhance health and prevent depression among the elderly in Chiang Mai was mixed research with the purpose to study the condition of Buddhist principles and activities for health promotion and prevention of depression among the elderly in Chiang Mai Province. The study was conducted in two parts: quantitative data and qualitative data. The quantitative data resulted from the integration of Dharma principles and Buddhist activities to enhance health and prevent depression in the elderly in Chiang Mai. This provides a useful level of frequency in questionnaires and other suggestions. The qualitative data section was a study of the condition of dharma principles and Buddhist activities to enhance health and prevent depression among the elderly in Chiang Mai.

Quantitative Data

Quantitative data measured the integration of Dharma principles and Buddhist activities to promote health and prevent depression among the elderly in Chiang Mai. It was divided into 3 parts

Part 1 General information about the elderly who answered the questionnaire

Part 2. Data were analyzed from the elderly who answered the questionnaire using the 9-Questions Depression Assessment (9Q) tool, which is an initial assessment of depression level under the research project on the integration of Buddhist principles and activities for health promotion and preventing depression among the elderly in Chiang Mai in order to apply the results from the initial depression level assessment to integrate Buddhist principles and activities for health promotion and prevention of depression among the elderly in Chiang Mai Province. The criteria were less than 7 without depression, 7-12 with mild depression, 13-18 with moderate depression, and greater than 19 with severe depression.

Part 3 Recommendations were analyzed to strengthen and prevent depression in the elderly in Chiang Mai Province.

The results showed that most of the informants were elderly people who answered the questionnaire. They were mostly males. 54 males represent 63.5% of the total group. 31 females represented 36.5%. Most of them were aged between 61-65 years old. This group accounted for 41.2% of the participants. They were followed by 19 people aged 66-70 years representing 22.4%, 18 people aged 71-75 accounting for 21.2%, 8 people aged 76-80 accounting for 9.4% and 5 people aged 81-85 accounting for 5.9%. The 81-85-year-old group was the smallest.

Most of the informants, 51 persons, graduated from primary school, accounting for 60% of the study group, followed by 22 people with vocational/diploma status, accounting for 29.4%, and the least group of 12 people with bachelor's degrees, accounting for 14.1%. Most of the elderly were engaged in agricultural occupations. 42 persons in this category accounted for 49.4% of the study group, followed by 30 people from general labor occupations, accounting for 35.3%, 9 people who had personal business careers, accounting for 10.6%, and the smallest group, 3 person who worked in civil service occupations, accounting for 4.7%. It was also found that most of the elderly had high blood pressure at home. The 52 people with high blood pressure accounted for 61.2% of the study group, followed by 16 people with heart disease accounting for 18.8%, and 17 people with diabetes accounting for 20%.

The elderly answered the questionnaires and [participated in] Buddhist activities for health promotion and prevention of depression in the elderly in Chiang Mai. Using the 9- question (9Q) depression assessment form, the results were analyzed and compared with the 9Q questionnaire criteria. It was found that most of the elderly, 79 people, had symptoms of depression at 0 level, meaning none. These people represented 92.5% of the study group. 6 people, accounting for 7.5% of the study group, had symptoms of depression at level 1, meaning that they have depression symptoms some days during a week of 1-7 days. The mean of 0.38 and a standard deviation of 0.043 is consistent with the research of SunandhaAucharoen (2017) on the effects of depression reduction programs in patients. This is similar to the research of SomchitSermthongthip (2017), a program of cognitive therapy based on mindfulness applied to depression. It is also consistent with the research of SupapornKanyatib (2017) on Buddhist principles and health promotion of the elderly, because he believes that the goodness of the Buddhist way of life will lead to a good life of both physical health and mental health at the end of life. Also similar is the research of PhraPhuchissaPanyapachoto (2019), enhancing well-being according to the 4th prayer principle of the elderly.

Qualitative Data

A study of Dharma Principles and Buddhist Activities for Health Promotion and Prevention of Depression in the Elderly in Chiang Mai Province. This school for seniors operates community-initiated participation with the local administrative organization in the sub-district, with the Sub-district People's Training Unit (AOT) which has participated in consultations with the Elderly Club of Mae Sa Sub-district. The Cultural Council discussed how to make the elderly people who are not lonely to live a life that is not lonely and to have friends to exchange and talk to. Therefore, a school for for the elderly has been established which has the goal to allow the elderly in the sub-district to participate in conversational activities and to develop knowledge skills in various fields for the elderly to live in society happily. This is in line with the research of UtenLarping (2018) that brings the Dharma principles for the development of social well-being of the elderly by using the Sanghavathu 4 principles to connect with the development of the elderly. The results of this research applied Dharma principles as follows: solitude, being content with what they have, not falling in love with the materialist trend in this age of globalization, and the integration of Dharma principles and Buddhist activities to promote health and prevent depression among the elderly in Chiang Mai. These principles can alleviate depression through Buddhist activities. By practicing meditation, which is Samatha meditation, the elderly can quell all defilements and sorrows, stop a distracting thought, calm the mind, and

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provide introspection through Ariya: standing walking, sitting, and lying down as suitable for the elderly. It is also consistent with the research process of PrapassornKimsuwanwong (2012) on holistic health care of the elderly according to Buddhist concepts.

To summarize, as a guideline for this study, to show the pattern of application of Buddhist principles in enhancing the elderly's health through the trisikkha principles which consist of morality, concentration, and wisdom and adopting the main guidelines for Buddhist activities in matters of worshiping (respecting) monks, and doing temple activities to practice basic ordinances for the elderly. This is consistent with PiromCharoenphon (2010) on the issue of health promotion and prevention of depression among the elderly through the teaching and learning of the Elderly School. The results of the above research are also consistent with the research of Phrarajenvisatho (2017) on the issue of integrating Buddhism with long-term health care systems for the elderly with network partners from Mae Sa Sub-district Administrative Organization Seniors Club, Mae Sa Sub-district Health Promoting Hospital, Mae Sa Temple Police and monks at various temples of Mae Rim District, Chiang Mai Province.

This is a network for the elderly. In terms of networking, it plays a role in the activities of the elderly. By providing support, for example, Mae Sa Sub-district Administrative Organization will provide support in terms of the system and budget to support activities for the elderly. The Senior's Club is a driving force in the establishment of schools and is an important force in the development of schools for the elderly. Mae Sa Sub-district Health Promoting Hospital will provide knowledge about health and provide for health care for the elderly and speakers in organizing activities for the elderly. The police educate the elderly about rules and regulations. Mae Sa Temple and moods at various temples of the Mae Rim District, Chiang Mai Province lecture on Dharma principles for use in the daily life of the elderly.

5. Suggestions

1. Policy recommendations

- 1.1 The administrators of the Sangha Affairs organization should pay more attention to the promotion and development of the elderly group.
- 1.2 There should be a community SWOT analysis process before being introduced to the preparation of the Elderly Development Plan or the Local Community Development Plan.
- 1.3 The community should work together to develop a plan for the development of the elderly as an important agenda in the community. In order to be a community of continuing care for the elderly, it will serve as an example for the development of the elderly by using Buddhist principles and activities to promote health and prevent depression in the elderly.

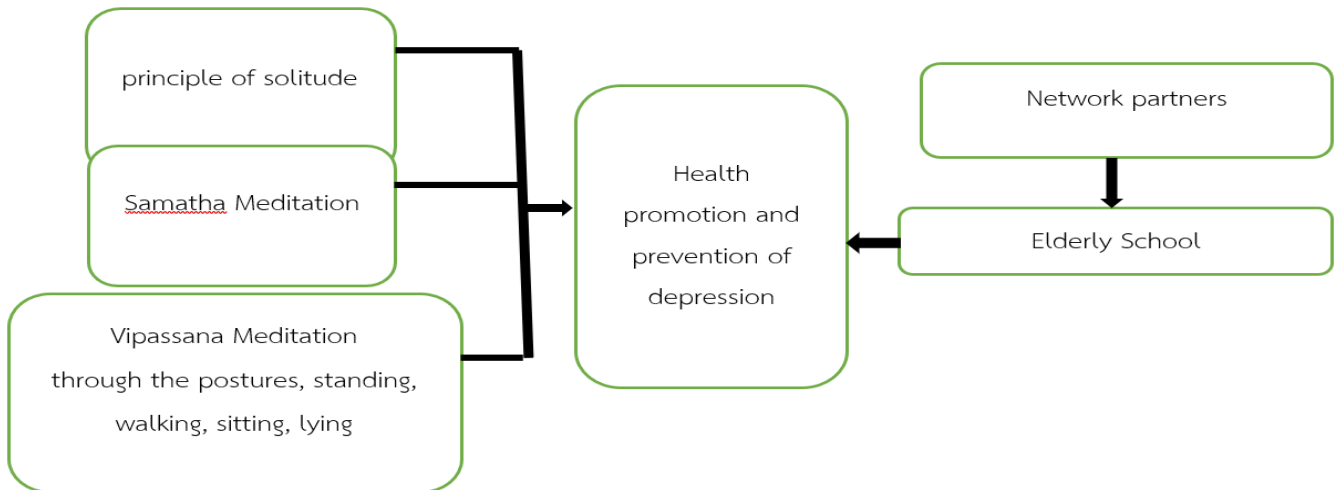
2. Research recommendations

- 2.1 If research is to be carried out, it should begin with a study on the process of developing the basic factors of the elderly in the community in order to prevent suicide and take care of the elderly who are at risk of depression.
- 2.2 There should be a comparison between the data before and after the process of promoting and managing the elderly in order to have more clear information.

New knowledge from the research

The new knowledge arising from research on the integration of Dharma principles and Buddhist activities to enhance health and prevent depression among the elderly in Chiang Mai are:

1. Schools for the elderly are supported and empowered by network partners such as sub-district administrative organizations, communities, clergy, police stations, and sub-district health promoting hospitals.
2. Integration of Dharma principles and Buddhist activities promote health and prevent depression in the elderly. Solitude, contentment with what they have, not falling in love with materialism in this age of globalization can alleviate depressive disorders. Buddhist activities, namely practicing meditation, which is Samatha meditation, suppresses all defilements and feelings of sadness and provides introspection through Ariyas, standing, walking, sitting, and lying suitable for the elderly. This can be summarized as a body of knowledge as shown in this diagram.



Picture 1: A diagram showing the body of knowledge, integration of Dharma principles and Buddhist activities to enhance health and prevent depression of the elderly in Chiang Mai

References

5. Department of Mental Health Ministry of Public Health (2017) Thai Mental Health 2003-2007. Bangkok: Shipping and parcel organization.
6. Foundation of Thai Gerontology Research and Development Institute (2013) An annual report Situation of the elderly in Thailand 2012. Nonthaburi: SS Plus Media. Royal Academy. (2003)
7. Mae Sa Subdistrict Administrative Organization (2020) Statistics of the elderly in Mae Sa sub-district for the year 2020. Division of Education, Religion and Culture. Mae Sa Subdistrict Administrative Organization.
8. PhraPhuchissaPanyapachoto (2019) Promoting well-being according to the 4th prayer principle of the elderly in Yang Hom Subdistrict, Khun Tan District, Chiang Rai Province. Journal of Social Development, Mahachulalongkornrajavidyalaya University.
9. PhraRachenWisartho (2017) Integrating Buddhism with long-term health care system for the elderly in Sriwilai District Bueng Kan Province. Mahachulalongkornrajavidyalaya University, Nong Khai Campus.
10. PrapassornKimsuwanwong (2012) holistic health care for the elderly according to the concept in Buddhism. Journal of Graduate Studies Periscope 8 (3) P 19-42.
11. PiromCharoenphon (2010) The study and analyze the Buddhist principles used in the life of the elderly: A case study of the elderly in nursing homes Nakhon Pathom Province. Thesis, Mahachulalongkornrajavidyalaya University.
12. SomchitSermthongtip (2017) Effects of Mindfulness-Based Cognitive Therapy Programs on depression in people with diabetes. Journal of the Faculty of Nursing, Burapha University.
13. SunantaAaucharoen and team (2017) Effects of Depression Reduction Program in Patients with Non-Chronic Communicable Diseases with Buddhist Integration. Journal of periscope peace studies, Mahachulalongkornrajavidyalaya University
14. SupapornKanyatib (2017) Buddhist principles and health promotion of the elderly: A case study of a meditation establishment. Master of Public Health Thesis, Thammasat University.
15. UtenLarping (2018) The development of social well-being of the elderly by using the 4 Sanghavattha principles in the North of Thailand. Thammathat Academic Journal (18), P 233-243.