

LIVED EXPERIENCE OF ELDERLY BUDDHIST NUNS LIVING ALONE IN NORTHERN THAILAND

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Abstract

The qualitative phenomenological study explored the lived experience and social support needed by elderly Buddhist nuns residing in a monastery in a municipality in Northern Thailand. The subjects, purposively selected to participate in the study, included 15 Buddhist nuns aged 60 and over. In-depth interview, non-participant observation and thematic analysis were employed for data collection and analysis. The results show that the lived experience of the nuns was categorized into 4 major themes: 1) reasons for becoming nuns, which included suffering, family problems, illness and religious beliefs in righteousness, 2) living as a nun, that is living a peaceful life, being self-reliant, assisting in monastic affairs, and observing religious precepts, 3) social support, like financial support from monastics and donors, support from fellow nuns, support from family, and support from the healthcare service system, 4) seeking for self-care support that includes self care group and use of herbs for health maintenance and 5) aspirations/wishes of the Buddhist nuns like elderly-specific healthcare service, community support for a better quality of life and support for unity of the Buddhist nuns. This study provides an essential understanding of the lived experience of the Buddhist nuns that must be recognized by healthcare and social service professionals for integrating care to improve the quality of life and meet the multiple needs of nuns within their special context.

Keywords: Elderly, Buddhist nuns, Nun's life

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Introduction

In Thailand, Buddhism is the state religion. Buddhism is considered a universal religion, practiced worldwide based on the Buddha's doctrine. The Buddhist philosophy that the Lord Buddha discovered is the Four Noble Truths. The Four Noble Truths describe a method of wisdom to solve problems by proceeding according to the reasoning system that follows the principles that exist naturally. The Four Noble Truths are 1. suffering, which refers to the problem; 2. Somutai, which refers to the cause of the problem; 3. Niroth, which is the release from suffering; and 4. Mak, which is a practice consisting of 3 items, namely precepts, concentration, and wisdom. The most commonly practiced is Mak, but one must know suffering, Somutai, and Niroh (Phra Dhammapidok, 1998).

In Buddhism, monks are considered to be responsible for the preservation and dissemination of the Buddha's teaching. Ordination, in Buddhist fashion, refers to abstaining from every form of evil. Only men aged 20 and up are officially allowed to be ordained as monks, while those under the age of 20 can be ordained as *Samanera* or novices. Buddhist monks and novices are required to reside in a monastery, separately from their family. The ultimate goal of ordination is to reach liberation from suffering. Ordained monks live a celibate life, with a minimum of possessions and by the code set of 227 monastic rules, whereas Buddhist novices follow only 11 precepts. Monks and novices go on a daily round of receiving alms in the morning, in order for lay Buddhists to partake in almsgiving as a way to make merit.

Nuns, known as Mae chi by Thai people, are Buddhist female monastics in Thailand. Although nuns are not recognized as monastics by state law and Buddhist law, they are dedicated to Buddhism, living an ascetic life and practicing for spiritual attainment and liberation from suffering. Thai women can be ordained as a nun by monks. Thai nuns observe 8 precepts, shave their heads, wear white robes and live on temple grounds, separately from

monks. They also live in celibacy and without unnecessary personal possessions. Unlike monks, Thai nuns are not legitimately and monastically allowed to go on a morning alms round, but the temple provides them with daily meals instead. Nuns typically act as staff for the temple, assigned to oversee general temple affairs and facilitate visitors to the temple. According to a latest survey conducted in 2009, there were 13,285 nuns nationwide (Tantivanichanon, 2017). No update survey has been carried out since then. Very little literature has been published providing necessary insights on Thai Buddhist nuns. The temporary ordination of women became available to the public in 2009 and these ordained women can now assume the scriptural form of *samaneri* (female novices). Songdhammakalyani monastery, where the abbess is bhikkhuni dhammananda - the first contemporary Thai "theravada" *bhikkhuni* (female monks, fully ordained nuns) - is the first monastery to offer this new temporary ordination in Thai society. The monastery, located in Nakhon Pathom, has continued to provide ordination twice a year since 2009, and this April (2018) will be the twentieth time that ordination has been offered. It is not the only monastery in Thailand that offers this ordination to the public. At least two other *bhikkhuni* monasteries, Nirodharam in Chiang Mai and Thipayasathandhamma bhikkhuni arama in Songkhla, also do so on a recurring basis (Yavaprabhas, 2018). This implies an increasing number of Buddhist nuns.

Women ordained as "nuns" are often thought as beset with problem(s) like love and personal matters. These problems seem to be seen as reasons for women to be ordained as nuns. Thai nuns are not fully recognized compared to female monastics in other countries. The full ordination of women has never been accepted by Thai monastic community. In Thailand, women can only be ordained as nuns, positioned as subordinate to monks and novices in the monastic hierarchy. As they are not fully regarded as monastics,

opposition to the ordination of nuns still prevails. Moreover, nuns and their roles are defined differently by government bodies. The Thai Ministry of Interior, for instance, regards nuns as monastics, making them not eligible to vote in political elections. In contrast, the Ministry of Transport considers them as Buddhist lay people taking 8 precepts, thus not entitled to monastic benefits like discounted passage. As seen from the varied definitions given, nuns are not clearly positioned in terms of their social status. Originally, “chi” derived from the Pali word “shi-na” literally means desire (klesha) conqueror, the ultimate goal of one’s renunciation. “Chi”, in this sense, refers to a person whose renunciation serves as a path to liberation. The renunciants dress differently from the laity, going forth into a homeless life to be liberated from lust. Ordained people governed by rules live an ascetic life, differently than secular people. Hence, they need social support to withstand challenges in living in asceticism (Tantivanichanon, 2017).

As discussed, there seems to be no room for Buddhist nuns to be positioned legitimately and monastically. Nuns are yet to be officially accepted into their monastic ranks, merely regarded equivalently as Buddhist lay women. Since the word Maechi or nun has never appeared in Buddhist scripture, Thai nuns are stereotyped as problematic, ordained to run away from life problems. Elderly nuns, in particular, who are vulnerable, both physically and psychologically, typically spend their retirement life alone in a secular city with less ascetic community. Buddhist nuns seem to have been given only marginal support for their quality of life and well-being. Growing understanding of their lived experience and sufficient social support provision for their needs are essential. Thus, this qualitative study attempted to explore lived experience and needs for social support in the Buddhist nuns, making use of in-depth interviews and non-participant observation with intention to provide policy recommendations for improving the nun’s quality of life, well-being and health conditions.

Materials and Methods

Research Design

The study utilized a qualitative phenomenological research methodology.

Objectives of the Study

The study aimed to explore lived experience and social support needed by elderly Buddhist nuns residing in a monastery in a municipality in northern Thailand.

Population and Sample

In this study, the population was Buddhist nuns aged 60 and over, residing in a monastery in a municipality in Northern Thailand. The monastery was selected as the researchers make frequent visits to and are acquainted with most of the nuns residing there. The participants were selected by a purposive sampling method. The participants included 15 nuns who had been ordained for no less than 5 years, were capable of doing routine activities, communicated in Thai and were information-rich key informants who were willing to provide information so that saturation data could be reached.

Research instruments

The research instruments comprised the researchers as a key instrument, general information records, field notes, and question guidelines for the in-depth interview developed by the researchers based on the literature review and experiences in taking care of nuns. The open-ended questions mainly involved the following: “Could you tell us about your experiences...” Follow-up questions were formulated based on the responses of the participants that pertain to their lived experiences.

Protection of Research Subjects

As for the protection of the study participants, the research study was approved by the Ethical Review Committee for Research in Human Subjects, Boromarajonani College of Nursing Phraputthabat, Saraburi (EC011/

2558). The researchers made every effort to carefully protect the identity of the participants, including not disclosing identifiable information about the participants. In addition, the study participants voluntarily took part in the study and had the right to withdraw from the study without negative consequences at any time. All key informants also signed an informed consent before participating in the study. Their responses were treated with utmost confidentiality.

Data Collection

The main researcher met with the abbot of the monastery to gain permission to conduct the research. The researcher also explained the objectives, research methodology and expected benefits of the study to the abbot. After gaining permission, prospective participants were asked to participate in the study and were informed the study objectives, data collection methods and expected implications. The data collection was carried out between July 2016 and December 2017. The data collection began with the observation of the participants' lifestyle. The very first step involved building relationship between the researcher and the participants and establishing mutual trust with the intention of maximizing and optimizing the willingness to share their own information and experience. The researcher participated in activities done in the monastery with the participants on a regular basis, once or twice every month on Buddhist Holy days for a whole year. The joined activities included making merit at the temple on Buddhist Holy days, evening prayer, general health checks e. g. blood pressure, pulse rate and heart rate, consultations on health-related issues, chronic health conditions and medication, and accommodating them with assistance. The data on the nun's lifestyles were recorded in a written observation form. After a year of observation, in-depth interview was conducted with one week's notice prior to the interview date. The interview was done individually and privately, one researcher to

one participant, at the participant's residence with approximately 45 minutes duration. The interviews were tape recorded with the participants' permission, transcribed verbatim on the day of the interview for in-depth understanding and enhancing data saturation. In total, 3 interviews were conducted with each participant. Once the complete transcript was obtained, the interview process ended with thanking the participants for their participation. After initial check for accuracy by the researchers, the transcribed data were checked and verified by the participants within 1 week of the interview, and were then revised accordingly. The revised data were then analyzed in the following stages.

Data Analysis

Frequency distribution was used to analyze the demographic profile of the participants, while the data on lived experience were described by thematic analysis (Liamputtong, 2013). In identifying emerging themes, careful, repeated reading of the transcripts was done. The coding scheme was developed to label the thematic content, which was coded under the themes. After the coding process was completed, a chart was established illustrating the relationship between major themes.

Reliability of the Study

The reliability of the study was established based on credibility suggested by Guba and Lincoln (1981) for trustworthiness. In the study, the credibility was achieved by prolonged contact. The researcher is a frequent visitor to this monastery and has some acquaintance with the residing nuns, some of whom the researcher had known for 5 years before conducting the study. The data collection began with constantly building relationship of trust for a whole year before in-depth interviews were conducted. Time triangulation, peer debriefing and member checking were used throughout the study. Audit trail was also used in data collection to increase confirmability.

Results and Discussion

All of the 15 participants were originally from the lower part of northern Thailand. Most of them were 71-89 years old (66.7%), had high-school education (66.7%), were widowed (100%), had been ordained for 16-25 years (40%), had chronic diseases (93.3%), had 2-3 children (66.7%), and earned less than 100 baht/month (66.7%). Concerning their income, all the participants mostly received a monthly allowance for the elderly from the government. Some of the participants were financially supported by their families, with 13.3% regularly supported, 60% seldom supported, and 4% never supported.

Based on the in-depth interview data and non-participant observation, lived experience of the participants was categorized into 4 major themes as follows.

Reasons for Ordination

Obtained Suffering

Sufferings can be obtained from family problems and personal illness. Regarding the suffering from family problems and personal illness before ordination, some nuns had been trying many ways to relieve such sufferings, but the problems did not seem to be gone or better. Additionally, religious beliefs in righteousness/consequences of merit versus sin is an ordination cause as well. Many people even tried to commit suicide to end their suffering, but they cared about their children, as well as the Buddhist belief that committing suicide is a sin, for which the one who does it shall go to hell and become a Petra or a hungry ghost in the afterlife with no reincarnation to be human again.

A nun said *"I had tried to take my own life by drinking pesticide, but he... he saw what I was doing and took the pesticide from my hand... then I regained myself and realized that I had a child to take care of, and I was afraid of sin and hell..."* Another nun added *"I was depressed from the competition in living. Days were full with headache... I needed to get away from that life to end such sufferings and problems... so I turned myself to Dharma for liberation, being ordained as a nun here..."*

a place with true calmness ... and that is why I am here until now."

Mind suffering is one mental problem. Those with suffering often search for their spiritual anchor or something onto which to hold. Religious teachings often serves as this spiritual anchor that strengthen the mind to accept what is happening, to find a solution for life by rethinking, taking a different view of circumstances, and thinking of life in a different way. They find that the true cause of suffering is the misunderstanding of living, since they had seen that illness and family problems were the origins of their sufferings. However, Buddhists are taught that such things are usual and inevitable in life (Chattinawat, 2009), so when obtaining sufferings, religious morale is a method that helps one to confront the problem and extinguish the thought of suicide. This is one method to deal with and prepare the self for all possible problems. Nun ordination is one means of facilitating this method.

Family Problems

Having been living with a husband who was abusive, having mistresses, selfish, and never financially supporting the family, after the children have grown up enough to take care of themselves, some women decided to ordain to lead a peaceful life taking religious teachings as a guide of thinking. Thereby, they adapted for living, without a thought of suicide. A nun stated, *"Being human was like a load of needs, when there was no need, I then chose to practice Dharma."* and another nun said *"if the family problems were not this much, I should have been living as common people do. Living with the children ... I have felt that was too much for me. I want to find peace, to let go of sufferings, so I have found mind calmness as a nun."* Thai family living conditions have changed from simple peace to complexity. The warm connection in a family has subsided, causing family problems. So, ordination has been selected to individually free one's self from sufferings, to live in another current of life, as well as offering physical, verbal, and mental practice to find calmness and understand the world. By this,

they achieve liberation from sufferings (Duangjun, 1999).

Illness

Incurable illnesses are potential causes of depression in life, desperation, low morale, loss of independence, and being aware of people around losing patience with the illness, so religious teachings are practiced to be liberated from those sufferings. Staying in a temple alone without being a load on the family, settling in the world of Dharma, meditation, as a natural healing method, renunciation to be ordained is a way. As said by one of the participants *“the body itself is not good at all... sickness... full of conflicts... no peace, being a load ... so I was ordained ... I found peace... I feel better... I do meditation every day, chanting, reading Dharma, and my mind is better ...”* Therefore, it is believed that ordination is extrication to find calmness when having unexpected incidents, like fatal illness or accident or serious chronic disease, being at the verge of death, and wanting to be cured. So, ordination for a short time or lifetime can be committed to extend life, etc. Ordination is believed by Thai Buddhists to be the way to cut the circle of reincarnated mortality by practicing the mind to hold onto Sikkha, the Threefold Learning, (moral, mental, and wisdom) to maintain non-negligence consecutively and to find true happiness (Chattinawat, 2009)

Religious Belief in Righteousness/Benefits of the Ordination

Religious belief is gradually established at a young age. Having strong faith in religion since childhood in Thai families, most Thais have been closely connected to the temple. Children follow their grandparents to the temple, and this helps them absorb the Buddhist ways of life and find pure happiness from an early age. They might think of ordination, as said by a nun, *“My family are generous and religious, and I always went to the temple with my grandparents ... for enjoyment as a child ... I had been to the temple many times and did chanting often. I once thought of being a monk, if it was impossible, being a nun might be enough ...*

when life was calling for a true peace, when I was free of worries and needs, I was then ordained ...” One Thai community believe in ordination from the past up to today is that if a man is ordained it is a way to repay gratitude of the parents, and the consequence of that ordination will take the parents to heaven when they pass away. An ordained child shall receive the consequence as well, and the summit consequence is Nirvana, which is liberation from needs and sufferings. So when a woman is ordained as a nun, this belief is the same (Duangjun, 1999). Therefore, the number of nuns in Buddhism is increasing, as the number of monasteries catering to them also increases.

Living as a Nun

Living a Peaceful Life/Observing Religious Precepts

The nuns strictly observe Buddhist teachings, altering their common lives from busy life surrounded with people that lead to disruption, problems, stress, mind detention, illness problems, failed family, etc. to a peaceful life following the path of Dharma. Buddhist nuns primarily follow 8 precepts, or 10 precepts for some nuns, and find peace as they wish. One of the participants said, *“Being a nun, I am living alone and I am old. I cannot go back to my family, since there is no sense of familiarity. I like this simple life, chanting, and practicing as I want. I am hoping this can make me find a path to nirvana... mortal happiness is uncertain...”* Herein, Buddhist ordination is separating one from home and family, unleashing common living to a monkhood path, as taught by Lord Buddha. It is living in another way than the common, which is against the current of lusts and passions, as well as practicing to discover the core of Buddhism teachings that is a liberation called Nirvana. Nuns can live peacefully, free from needs, lust, and passions. They dress in white, committing themselves to 8 precepts, living in the monastery, separating from the monk area (Chattinawat, 2009)

Nuns also practice Buddhist teaching for liberation from sufferings by acceptance of 8 precepts, shaving their head, dressing in white,

complying with the regulations from the Sangha Supreme Council, doing chores, studying Dharma, taking responsibility for themselves, and preparing housing and food by themselves, but do not gather alms like the monks do. As said by a nun, *“I have dedicated my life to Buddhism. I take it seriously, since it is not a game... it is goodness. It is peaceful happiness. If I am not ready, I am not right here, do you see?”* Another nun added *“I hold onto 8 precepts ... shaved my hair and eyebrow ... doing the chores both morning and evening every day at the chanting chamber, study Dharma, and the abbot is pleased to teach us time to time... but I don't do alms receiving like monks. There is not allowance. I have to be responsible for myself, the resident area, dining, but the monks share with us what they received in their alms bowls.”* Buddhism regulates and practices provisions and precepts, such provisions encourage not taking advantage to one another, and this reserves Buddhism as a religion of wisdom. In addition, ordination means free from all evils and from a house to be homeless (Monier and Sonaler'st, 1976) as a community of homelessness. The objective is to seek the path of suffering extrication. Homelessness is independent, with no job, no possession, and to maintain chastity, so nuns are practicing the homelessness for their extrication.

Being Self-reliant

Nuns reside in the monastery, observing precepts, practicing, chanting, doing morning and evening chores, managing temple activities and coordinating with temple visitors, etc. These new living transitions cause nuns to become more self-reliant, performing the new role efficiently. They have to take care of their health without depending with the others. When they are sick, they have to be strict to the prescriptions and advice from the doctor to avoid being ill again. They have to be healthy to reduce dependence. A nun said, *“I have to deal with everything myself ... it takes time... Health has to be concerned, too... You are a load when you are sick... My health is my own responsibility... I have to accommodate myself to stay healthy ... so it*

can help me doing a nun's chores...” Besides, nuns help the temple gain income or supplies as nuns can be seen selling flowers, incense, candles, cooking, cleaning, and providing service to people who come to the temple, as the nuns have to reside in the temple (Chattinawat, 2009; Tantivanichanon, 2017).

Assisting in Monastic Affairs

One of the jobs of a nun is assisting the monks in preparing a place for people who come to the temple, giving advice on rites and ceremonies, and training females who apply nun practicing. These activities are supporting Buddhism to be maintained and nourished. One the nuns said, *“We work for the temple, helping monks for the people who believe and hold onto Lord Buddha. We help the temple as much as we can ... we train Dharma to the people who come here for practicing ... some of them lived here for 3 to 7 days before leaving ... the abbot allows them to practice here and we have to advise them. This means we have practiced inheriting the religion to be sustained and helpful for people...”* This cohered with a study of Tantivanichanon (2017) that analyzed the research about Thai Buddhist nuns and reported that Thai nuns play their role in supporting Buddhism. In general, nuns help monks in basic chores, like cleaning the pavilions and washing dishes, like they are servants to Lord Buddha, and preparing the temple for people as well as service to those people. It is also found that nuns train and give advice to people who come to the temple, as well as people who come to practice Dharma with the abbot. Furthermore, nuns are organized to help the temple for their religious mission.

Social Support

Financial Support from Monastics And Donors

Nuns who live in temples provide practical help to the monks. At any temples where the abbot allows nuns to live that do a religious practice, the monks will give food to the nuns of the monastery. It includes the items that are dedicated to the nuns, especially food, clothing and medicine. They also take care of

the nuns' shelter. One of the nuns said: *'People will know that they will offer nourishment to the nuns, the monks also took care of the nuns, share the food, and necessities. The stuffs they received from the alms and offerings will be provided to the nuns as well.'* Buddhists will support all living factors for monks and nuns, including food, clothing, resident, and medicine, by making merit to the monks, Khatin to restore the pagoda or the pavilion of the temple, for instance. These merit-making activities are considered merit-based for the followers of the religion. But most Buddhists usually offer it to the monks, and the monks would be the supporters for the nuns by sharing the four essential elements of nuns' livelihood from the merit and alms of the monks. Tantivanichanon (2017) reported that Duangjun (1999) said, 'Although the nuns are not equivalent to the monks, at the same time, they look at the nuns higher than women in general because the nun's lifestyle is not very different from the monks. The monks and the people who make merit to nourish the nuns with faith, as well as philanthropy.

Self Help Group

Nuns are allocated a shelter separated from the monks' one by the abbot. They are grouped together in a temple, but separate rooms. The abbot will be the instructor and guide various aspects, including the practice of the Buddha's teachings. The abbot also has a working group of nuns who take care of each other, divided into leaders and members for cohabitation. Therefore, they are together in the community of the nuns and interact with each other as they like and take care of each other among the nuns. One of the nuns said: 'The past abbot has set up this temple since the past 40-50 years ago, and allowed the nuns to practice in the temple. Nuns are known to help each other. The abbot appoints the leaders of the nuns to have close supervision. As Kaplan *et al.* (1977) explained, social support refers to the incorporation of interpersonal bonds that they can help each other emotionally and the other resources. Social support comes from many sources. For example, family, relatives, neighbors, work colleagues or close friends.

Idethia and KeZia (2012) found that the activity of the elderly is a dimension of interdependence.

Support from Family

Many Thai nuns also have a family to look after them periodically by visiting, bringing necessities. A poor family may visit less but not abandon the nun. As a nun said: *'The nun has a bright family, they came to visit her to provide the necessities, what they think the nun needs to have-they brought it, such as clothing, shoes, dried food and essential medicines.'* Another nun said: *'He doesn't come to visit me often because he isn't wealthy and works very far. He comes once a year. He never leaves me. I understand him. He will come to see me only on a very special occasion like Songkran Festival, and he brings me clothes and some useful things.'* Taking care of the elderly is an important mission for the family. It is a bond between the family members, providing either emotional support or other resources (Kaplan *et al.*, 1977).

Support from the Healthcare Service System

The government provides care under the National Elderly Act, but do not care specifically for nuns, who are treated like the general elderly in the service. However, in order to receive service steps, the hospital gave the monk's permission to the nuns, too, such as receiving the drug from the medicine room in the expressway of the monk. One of nuns said: *'I use the elderly card to go to the hospital, the doctors take care of me free of charge, but I don't have a free treatment card like a monk. There are also free expressways for medicines and separate seats for monks and nuns. Some people take care of us like old people, some care about us like nuns. They regards us as nuns.'* Kaplan *et al.* (1977) explained, getting support from health professionals will help keep the emotion properly and have a good attitude from the elderly. Additionally, if the elderly are cared for, information and advice are better on the care of the wellness condition from the public health system, such as medical personnel or

public health officials. Elderly patients are more confident in the care they receive and the elderly are more confident in their practice following instructions to promote proper health. Elderly nuns are considered elderly people who need to provide care, but do not have specific services for nuns.

Seeking Self-care Support

According to the participants, living in the nuns' role for about 16-25 years has given them the ability to take care of their own health to maintain their self-reliance by seeking for self-care support. This refers to whatever is done to get a good feeling response integrating their beliefs, forming the basic activities that influence lifestyles and enabled their body to be free from health problems. These include modern medicine and herbs, and using healthcare coverage for older people health insurance. As said by a nun: *'I take care of myself as much as possible. The Buddha taught us to eat healthy, not to eat for pleasure or enjoy. Here I am listening to daily radio knowledge on healthcare (pointing to the transistor radio placed next to her). I asked someone else to stay healthy. We don't eat what's not good for us. We are old. If we are sick, there is no one to care for us. Sometimes I when I sick, I eat rice as a main food and self-care with herbs. If the symptoms are severe, I know that the current treatment plan will be available at the hospital.'*

Nuns use traditional medicine with herbs in healthcare because of illness, personal disease, hypertension, diabetes, and natural deterioration. The nuns have to go to see a doctor on a regular basis to maintain health. One nun said, *'if I'm sick, I have to go to the hospital as the doctor appointment, I do not only depend on herbs, disease now is not the same as before. Health must be maintained well. If we are sick, it is another burden to other people. It is hard work. You should care for your own body. If it is healthy, it will take us to do the work of nuns.'* This is because Thai people have the wisdom of traditional herbal medicine and traditional massage. This is a self-reliant healthcare that is inherited from each other, and to live a self-reliant life from

generation to generation. Thai people care about health, but most nuns are older, they also use herbs to maintain healthcare, according to ancient beliefs and what is recommended from nun friends (Chattinawat, 2009).

Nuns also use the government health insurance accorded to the elderly as medical treatment. Medical treatment admission will be provided at the hospital's in-patient and on-site visits because of illness, disease, hypertension, diabetes and natural deterioration. They have to go to see a doctor on a regular basis to maintain health. One of the nuns said: *'It's my personal disease. I'm sick. I have to go to the doctor's appointment. If I did not have an elder card, I would be in bad shape. I do not work. I do not have the treasure to take money to treat myself. Some hospitals are good. The hospital has a special channel. Access to treatment is specific, but some hospitals do not have an expressway for nuns, I have to follow the queue.'*

Nuns have the ability to take care of their own health, because the majority of these nuns have been ordained for 16-25 years, and nuns have the will to maintain their self-reliance. Buddhism teaches self-reliance not based on negligence, go the middle line to eat healthy. One nun said that they eat two meals which are breakfast and before lunch meal. This corresponds to the conclusion made by Tantivanichanon (2017) in a study of health status and behavior of elderly Thai nuns seeking healthcare. It was discovered that nuns had self-reliant healthcare and information on where to go for health services when sick and maintain health by eating two meals; breakfast and a meal before lunch time. Also, they eat rice as a main food and self-care with herbs. If the symptoms are severe, they know that the current treatment plan will be available at the hospital.

Aspirations/Wishes of Buddhist Nuns

Need for Elderly-Specific Healthcare Service

The nuns would like to be eligible for monastic benefits for the clergy like monks and novices for access to public and private services, including healthcare and free/

discounted transportation. One of the participants said, *“when receiving services, I wish to be facilitated as male monastics. I’m old. I want to get some transportation privileges like free rides and reserved seats on buses as we live an ascetic life and take more precepts, making it not as easy for us as laypeople.”*

Community Support for a Better Quality of Life

The nuns call for support for a better quality of life from the community. They want to be more recognized as monastics, have proper status and living conditions, and get better welfare benefits. One participant said *“there should be more concern about nuns’ living conditions, living facilities and safety in the monastery. We, old women, live alone. Imagine how bad it would be if we were harmed by an accident or a bad guy. What if we get injured by the house collapse?”*

Support for Unity of Buddhist Nuns

All the nuns need to be legitimate and officially recognized as Buddhist monastics. A concrete and feasible plan to promote the unity of nuns should be established. They need to be treated as monastics, not just as old women. One nun said *“we are treated sufficiently by the government and the society, but just because I’m a senior. Honestly, I want nuns to receive the same level of support given to monks”*. This is added by another nun saying *“I want people to recognize what we do for the monastery and for the people. We help suffering people cope better. We do a lot...but little is known. We are considered as old people living in the temple. That’s it”*. A study on support organizations for unity of Buddhist nuns found that there has been insufficient support and funds provided to improve the status of Buddhist nuns in Thailand (Tantivanichanon, 2017).

Conclusions

Elderly nuns are vulnerable, both physically and psychologically, typically spending the latter of their life living alone in a secular city

with less ascetic community. Buddhist nuns seem to have been given only marginal supports for their quality of life and well-being. The nuns living in the northern part of Thailand have aspirations and wishes which have to be addressed, thus the insightful understanding of their life and sufficient social support provision for their needs are seen as crucial. Furthermore, an essential understanding of the lived experience of the nuns will be able to meet the multiple needs of nuns within their special context. Thus, it is recommended that a policy recommendation for a better quality of life of Buddhist nuns is that the Ministry of Public Health, Ministry of Social Development and Human Security, National Office of Buddhism, local administrative organizations and relevant actors should be involved in framing development policies on quality of life and healthcare service provision for elderly nuns, in compliance with Women’s Rights Law and Elderly Person Act. Additionally, local administrative organizations should encourage community members to be involved in promoting the unity and status of Buddhist nuns, and also allow the nuns to actively participate in enhancing quality of life and the community betterment.

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