

Barefoot Health: The Healthy Lifestyle Path of Monks in Thailand

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Abstract

The dimensions of cultural norms and health lifestyles reveal that individuals within each society group have distinct health lifestyles. Based on 96 Thai monks, this research aims to study the healthy lifestyle path of Buddhist monks in Thailand. This investigates the plausibility of healthy lifestyles under the control of existing cultural contexts and religious institutions. The data collected from this research, which are based on free-listing and semi-structured interviews with monks, show the complexity of the health lifestyle of Thai monks. The results reveal that Thai monks need to consider living by Buddhist doctrine and healthy behavior. Therefore, the development of monks' health needs to be done using health knowledge, the Dhamma code of discipline, and mutual Buddhist education. Monks live under the Dhamma-Vinaya, a social structure that shapes their health behaviors. Moreover, the health of monks is different from that of other population groups due to the conditions of the Book of Discipline; health behavior cannot be considered separate from the social structure, such as the health disparities observed due to dietary practices.

Keywords

Health lifestyle; lifestyle behaviors; monk; social determinants of health; Thailand

Introduction

Healthy and unhealthy conditions are not only shaped by structural conditions. Still, they are individual habitus behavior, which is most recognizable in people's everyday choices, values, and tastes, for example, cooking, clothing, decoration, and cultural preferences (Bourdieu, 1984; Deeming, 2014). However, Buddhist monks cannot only focus on regular physical activity for health promotion because Buddhist doctrine states that eating, exercise, and suitable body movement are kept under control by discipline. As a result, monks engage in physical activities through their daily monastic activities, such as sweeping the temple grounds, walking around the ordination hall, and performing other monastic duties that naturally incorporate body movement. The studies that have implicated the promotion of healthy lifestyle behaviors among Buddhist monks show cultural linkages through the patterns of food that people offer to the monks (Angkatavanich et al., 2014).

In Thailand, in the years following the proclamation of the National Sangha Health Charter (B.E. 2560), monks have revisited health-related lifestyles under the framework of well-being for monks. This framework includes physical development (*kāya-bhāvanā*), moral development (*sīla-bhāvanā*), mental development (*citta-bhāvanā*), and intellectual development (*paññā-bhāvanā*). This approach addresses monks' well-being through the four principles of *bhāvanā*.

Studies on the health of monks during the period of promulgation of the National Sangha Health Charter have aligned monks' health with the four *bhāvanā* principles to provide a more comprehensive understanding of monks' health lifestyle. These studies have focused on monks' perceptions of health, covering physical, mental, social, and intellectual aspects (Phraratsittivetee et al., 2019). The monks' perception of health has been influenced by the National Sangha Health Charter, which has led to the establishment of social and health networks that play a crucial role in the care and promotion of monks' health.

However, the four *bhāvanā* principles sometimes limit Buddhist monks' healthy lifestyles. For example, restrictions from the monastic discipline prevent monks from engaging in certain physical activities to maintain their physical well-being. Understanding these limitations will help keep monks' health practices safe while preserving the wisdom of Buddhism.

The health data of monks may not be collected comprehensively and systematically, but they can be taken into account in understanding the health of monks. The annual report of the Priest Hospital (2023), which specializes in medical knowledge to care for Thai monks' health, revealed that there were 288,956 monks. With the top three diseases that monks suffer from, including hypertension, diabetes, and dental problems, the number of monks admitted for illness in 2023 is 10,244, most in the central and northeastern regions (Priest Hospital, 2023).

Several reviews of the health of Buddhist monks in Thailand have concluded that religious doctrine and practices play an essential role in the lifestyle and health behaviors of Buddhist monks (Angkatavanich et al., 2014; Bong et al., 2020; Chiranthana & Asha, 2020; Jeamjitvibool et al., 2022; Srithong et al., 2021). In addition, because the laypeople's food offerings determine the monks' diet, the food they consume occasionally may not be health-promoting. According to Angkatavanich et al. (2014) and Bong et al. (2020), Buddhist monks suffer from metabolic syndrome due to poor diets that are high in calories. Meanwhile, health programs that are

suitable for the public cannot be directly applied to monks as they have a different lifestyle (Chiranthana & Asha, 2020; Jeamjitvibool et al., 2022; Srithong et al., 2021).

This article is organized as follows: following an introduction to the health issues of Buddhist monks in Thai society, with a particular focus on understanding the social and cultural dimensions that impact their health and explaining the relationship between the social and cultural contexts of monks, especially as they are unable to choose their food freely, including, the concept of “life chances” by Weber (1978) and Cockerham (2005) to analyze the lifestyle and the accumulation of essential capital as a framework for understanding. Finally, the study addresses two main questions: First, the healthy lifestyle cycle of monks is primarily determined by the principles of the Dhamma. However, when monks fall ill, certain flexibility can be practiced, such as following medical advice regarding food choices rather than adhering strictly to the Dhamma principles. Second, monks’ health-related quality of life is structured around health behaviors, allowing adaptation to achieve better health outcomes through health infrastructures. Nonetheless, the health problems of monks often follow patterns influenced by sociodemographic factors.

Direction of health lifestyle of monks

This study considers the concept of a healthy lifestyle, developed by Cockerham (2017), in terms of health actions related to social processes, which contribute to the diverse creation of meanings and values in health. According to sociologist Max Weber’s (1978) notion of life chances and life choices, life chances are life opportunities for individuals that are directed by economic and social status, influencing an individual’s decision to take action based on their financial and social status, and reflecting on classes by economic facts. Healthy lifestyles are shaped by sociocultural factors that influence health determinants and lead individuals’ decision-making, showing that health behaviors are inseparable from social structures, such as social groups, social classes, and party (organization):

“...health lifestyles are not the uncoordinated behaviors of disconnected individuals, but are personal routines that merge into an aggregate form representative of specific groups and classes.”

(Cockerham, 2005)

In addition, a healthy lifestyle represents a way of life where individuals experience health inequalities, as reported by Blaxter (2003), which appear through health capital: “...health capital consists of bodily currency - strength fitness, immune status, inherited tendencies, developmental spurts and hiccups, physical damage, vulnerability.” Health capital can be reduced due to health risk behaviors and illnesses throughout an individual’s life. It is also related to social structures, resulting in people having different types of capital.

Meanwhile, health perspectives in cross-cultural contexts show different meanings and expressions of health-related behaviors depending on the cultural context of each society (Banna et al., 2016; Brailovskaia et al., 2022; Takeda & Melby, 2017; Teerawichitchainan & Phillips, 2008). There are many studies on the health status of Thai monks, but these studies are based on specific groups or specific areas (Angkatavanich et al., 2014; Lapthananon, 2013, 2014; Panyachit, 2022; Srithong et al., 2021). However, no studies are based on the national representative samples for Thai monks in Thailand. Consequently, there is a paucity of

research on monks' health and quality of life in Thailand. This may be because monks have different living conditions from other population groups and cultural stereotypes.

The few sociological studies on Thai monks' health and quality of life (Lapthananon, 2013, 2014) do not extensively cover healthy lifestyles. However, there are studies on cultural norms arising from the relationships between the devout communities and monks through almsgiving and food offerings. This religious practice affects the nutrition and well-being of monks, while Buddhist concepts and the Dhamma code of discipline also play a role in determining the health of monks (Lapthananon, 2013, 2014).

A healthy lifestyle reflects health literacy. Most monks suffer from overnutrition related to noncommunicable diseases (NCDs) (Angkatavanich et al., 2014; Cockerham, 2022; Ronto et al., 2018; Wrathall, 2014). The leading causes of monks' health issues lie in their lifestyles and the health environment in their communities. In comparison, novice monks tend to have normal body mass index (BMI) and sufficient health knowledge to protect themselves from health risk factors (Panyachit, 2022; Srithong et al., 2021). The findings from these studies also point out health aspects that are categorized differently based on age. Moreover, Angkatavanich et al. (2014) reflect on improving the health environment for monks, particularly in terms of nutrition, which demonstrates the relationship between the flow of food received through alms from laypeople. As a result, monks' healthy lifestyles cannot be separated from the social relationship between them and laypeople.

However, the health lifestyle of monks is constantly changing, mainly due to the health policies of relevant organizations and prevailing health situations in Thailand. The previous studies show that research related to monks' health is still insufficient, particularly in terms of studies that employ analytics and sociological perspectives. Using Weber's and Cockerham's health lifestyle concepts, it is hoped that this article will enrich the knowledge regarding monks' health. This study aims to investigate the plausibility of healthy lifestyles under the conditions of the existing cultural context and religious institution control. The study also highlights the significance of constructing the health domain of the four *bhāvanā* principles, already established in The National Sangha Health Charter. Furthermore, this research will contribute to developing future healthcare policies that consider monks' circumstances.

Research methods

This article is based on qualitative data and aims to analyze the healthy lifestyle of Thai monks. The research was approved by the Human Research Ethics Committee of Srinakharinwirot University (SWUEC-662167). Data was collected between January and April 2024 through interviews that lasted 40 to 60 minutes. This research is a multi-sited fieldwork study through interviews with health network monks under the support of the Thai Health Promotion Foundation from including 30 provinces: Bangkok, Samut Prakan, Nakhon Nayok, Pathum Thani, Ang Thong, Suphan Buri, Lopburi, Kanchanaburi, Uthai Thani, Nakhon Ratchasima, Nakhon Phanom, Nong Khai, Ubon Ratchathani, Khon Kaen, Maha Sarakham, Roi Et, Buriram, Kalasin, Sisaket, Yasothorn, Bueng Kan, Chiang Rai, Chiang Mai, Lamphun, Phayao, Phetchabun, Chonburi, Phetchaburi, Phuket, Satun, and Nakhon Si Thammarat.

This research area was selected based on its ongoing health development and problem-solving initiatives in collaboration with the Thai Health Promotion Foundation for over a year.

Before each interview, the consents of participants for collecting data and recording audio were obtained. The recorded audio was transcribed, and the information was compiled using fictitious names to protect the anonymity of the participants.

Data collection

Qualitative data were collected through free-listing and semi-structured interviews with 96 Thai monks (the questions were asked in Thai). Free-listing techniques are commonly used in cognitive anthropology studies focusing on social constructs. This method involves gathering data and then using cultural domain analysis (CDA) to identify themes and understand the shared values of a particular cultural group (McGaha & D'Urso, 2019; Takeda & Melby, 2017).

The research technique begins with free-listing, which helps identify key themes of Buddhist monks' healthy lifestyles through words that monks recall within a limited time. This approach emphasizes individual perception. Subsequently, semi-structured interviews will be conducted to gain in-depth insights into monks' healthy lifestyles, incorporating the words generated from the free-listing process into the interviews.

Before the free-listing and semi-structured interview data collection, the participating monks were asked to conduct a voluntary self-assessment through the SRQ-20 interview form, developed by the World Health Organization (2000), which asked 20 self-assessment questions covering the previous 30 days, with only two options: "Yes" (1 point) and "No" (0 points). The accumulated scores were divided into two groups: 1) well-being (0–7 points) and 2) ill-being (8–20 points). The SRQ-20 reflects subjective well-being and helps shed light on key informants' well-being (Jampaklay & Vapattanawong, 2013).

All key informants voluntarily completed the self-assessment using the SRQ-20 interview form. Once the interview form was complete, the researchers started collecting data using the free-listing technique, giving each vocabulary item on the list three minutes of attention. After that, key informants were interviewed and asked to explain the vocabulary items on the list and what came to mind. Data was gathered from the interviews in Thai, while further interviews were used to obtain viewpoints on healthy lifestyles. Table 1 shows interview questions, most of which encompass the four dimensions of well-being outlined in the National Sangha Health Charter. These questions aid in understanding the healthy lifestyles of monks in each aspect.

Table 1: Sample Interview Questions Used for the Group of Participants

Interview question
Free-listing question
1) When you hear the words "physical well-being," what comes to mind?
2) When you hear the words "mental well-being," what comes to mind?
3) When you hear the words "social well-being," what comes to mind?
4) When you hear the words "intellectual well-being," what comes to mind?
5) What was your "health-related quality of life" during the previous month?
Semi-structured interview question
1) What is your daily routine?
2) From the words you list about "physical well-being," why do you think of these words?
3) From the words you list about "mental well-being," why do you think of these words?

Interview question

- 4) From the words you list about “social well-being,” why do you think of these words?
- 5) From the words you list about “intellectual well-being,” why do you think of these words?
- 6) What factors do you think your “well-being” entails?
- 7) What are the components of your “health-related quality of life” and why?

Characteristics of the sample

Characteristics of the sample are shown in Table 2. The participants in this research were 96 monks aged 18 to 70, with an average age of 41 years. Of the 96 monks who participated in the study, one did not provide their age. The monks who participated in the survey were ordained between 0 and 48 years old, with an average ordination period of 10 years. Seven monks resided at the Royal Monastery, a Buddhist monastery, 81 at a private monastery, and eight in a priest's home. There were 22 abbots, two deputy abbots, 13 assistant abbots, and 59 monks. The proportion of temples in rural areas (55.2%) was comparable to that in urban areas (44.8%).

Regarding the dimensions of the self-mobility of monks, most participants had not migrated out of their original homeland. The proportion of monks who participated in the research and had a bachelor's degree was 38.5%. Only one monk had graduated from the Department of Pali and Buddhism at the doctoral level, while 71 had not. While studying Buddhism at the Department of Dhamma, 88 monks had graduated as Dhamma masters. Regarding health, the monks who participated in the research had an average height of 169.5 centimeters, an average weight of 70 kilograms, and no chronic disease at 61.5%.

Table 2: Characteristics of the Participants

Feature		N	Percentage
Age	18–70 years old	95	—
Ordination years	0–48 years	96	—
(Rainy season)			
Type of affiliated temple	Royal monastery	96	7.3
	Public monastery		84.4
	House of priest		8.3
Status in the temple	The abbot	96	22.9
	The deputy abbot		2.1
	The assistant abbot		13.5
	Member		61.5
Migration	Non-migrant	96	51.0
	Internal migrants		19.8
	Migrants across regions		29.2
Place of residence	Rural	96	55.2
	Urban		44.8
Educational attainment	Primary education	96	5.2
	Lower-secondary education		2.1
	Upper-secondary education		27.1
	Vocational certificate		7.3
	Bachelor degree		38.5

Feature		N	Percentage
Pali grade	Master's degree or higher	96	19.8
	Uneducated		74.0
	Elementary level (Parian Dham 1)		16.7
	Intermediate level (Parian Dham 2)		8.3
	Advanced level (Parian Dham 3)		1.0
Dhamma grade	Elementary level	96	1.0
	Intermediate level		7.3
	Advanced level		91.7
Height	151–192 cm	96	—
Weight	45–125 kg	96	—
Chronic disease	No chronic disease	96	61.5
	1 disease		20.8
	> 1 disease		17.7

Data analysis

This research focuses on inductive and deductive analysis; the data collected using these research techniques were used to set a theme that reflected the theories generated by the database, and the analyzed data was divided into existing theories (Mason, 2002). Cultural domain analysis (CDA) was chosen to organize the dataset theme and explain the monks' healthy lifestyles. This technique is characterized by consensus analysis that considers cultural biases disclosed by key informants (Borgatti, 1994).

The data from free-listing and semi-structured interviews conducted in Thai were analyzed and transcribed for re-reading several times. To confirm the correctness and dependability of the data, audio recording was utilized in addition to my field notes and those of my research assistant. I used pseudonyms when presenting the interview excerpts to make it impossible to identify participants and avoid identifying areas of the data implementation.

Results

The social structures that underpin the health of Thai monks through the mechanisms of Buddhist institutions are the *Tipitaka*, the Dhamma code of discipline, and Buddhist precepts. All of these social structures influence Thai monks' healthy lifestyles. Thai monks have a healthy lifestyle that can be distinguished by health actions, even if various factors guide them. In this section, the findings are covered in three parts: first, the health lifestyle cycle in the shadow of Buddhism; second, a perspective on Thai monks' quality of life in terms of health; and third, a presentation of Thai monks' health lifestyle.

The healthy lifestyle cycle in the shadow of Buddhism

The healthy lifestyle of Thai Buddhist monks strictly follows the Dhamma code of discipline and has a precise procedure sequence. The first thing Thai monks need to do after waking up

is do morning prayers. Then, monks will start by collecting alms. Alms collection is one of the essential daily routines according to the principles of the Dhamma code of discipline. Monks can practice spiritual determination and meet devout communities when alms are given. After returning from the alms collection, the monks can eat food together. After finishing the meal, the monks spend the day performing their spiritual duties, and the daily routine culminates in evening meditation and introspection. These daily routines reflect a healthy lifestyle embedded in Buddhist principles that have become familiar with the habit of practicing monks. Phra Than, who was 32 years old and had been ordained for seven years, said:

"The temple has a regular daily schedule from around 5 to 5:30 a.m. We wake up at 5 a.m. and chant prayers at 5:30 a.m. At around 6 a.m., we leave the temple to receive alms in the community because it is close to one. After that, at around 7 to 8 a.m., we have breakfast together. From 9 a.m. onwards, we start to perform our individual duties. We return to the temple around 5 to 6 p.m. and then chant prayers again."

Another crucial stage in the monks' health lifestyle cycle is eating time. Buddhist monks are allowed to eat from morning until noon, which is considered a single meal according to monastic principles. They are not permitted to consume food during the evening or at night. Consuming only a single meal daily requires careful consideration of nutritional adequacy to ensure it meets their daily energy needs. Relying on a single meal may lead to nutrient deficiencies if consumed food does not provide sufficient essential nutrients. In the long term, a single meal's inadequate nutrition could adversely affect the monks' health.

The stability of the people's faith is correlated with the food security of the monks. The status of their devout communities directly influences the monks' health. Phra Sila, who was aged 43 and had been ordained for seven years, stated, *"There is no lack of food or snacks because the devout kith and kin keep the faith, but some days the food is as much as 20 to 30 lunchboxes. Some days, it's 40 or 50 lunchboxes."*

Phra Theer, who was 39 years old and had been ordained for seven years, added, *"Devout communities who come regularly know what kind of food is suitable for each monk. For example, they avoid offering fried foods, oily food, and desserts to those who are ill."* The alms given and collected by the monks are also controlled by the *Pochanapatisangyut*, a subset of the 227 precepts in the *Sekhiyavatta* section of the monks' training. The principle of *Pochanapatisangyut* establishes guidelines to govern Buddhist monks' eating behavior and dining etiquette. These include not consuming excessive amounts of curry, accepting alms food in moderation, and maintaining proper manners while eating—such as avoiding loud chewing, not sticking out the tongue, and not licking fingers.

When monks have to deal with illness, their health often deteriorates, and they are unable to perform religious duties. Phra Theer added, *"According to the Dhamma's code of discipline, if the monk is ill, he has permission to eat based on the time he has to take medicine."* Therefore, the Dhamma's code of discipline exempts monks who are ill and able to take care of themselves according to the doctor's advice. For example, monks may be allowed to eat a meal, usually only in the morning (7:00 a.m.–8:00 a.m.) and during lunchtime (11:00 a.m.–12:00 p.m.). This is because the Dhamma's code of discipline stipulates that monks are not allowed to eat after lunch until the following day. This regulation appears in the *Phodchanawak 7 Sikabot*, where it is stated that when a monk is ill, he is exempt from refraining from eating or taking medicine according to the doctor's advice. However, according to Buddhist principles, monks do not get bored with a healthy lifestyle cycle. The monks see such control as helping to promote

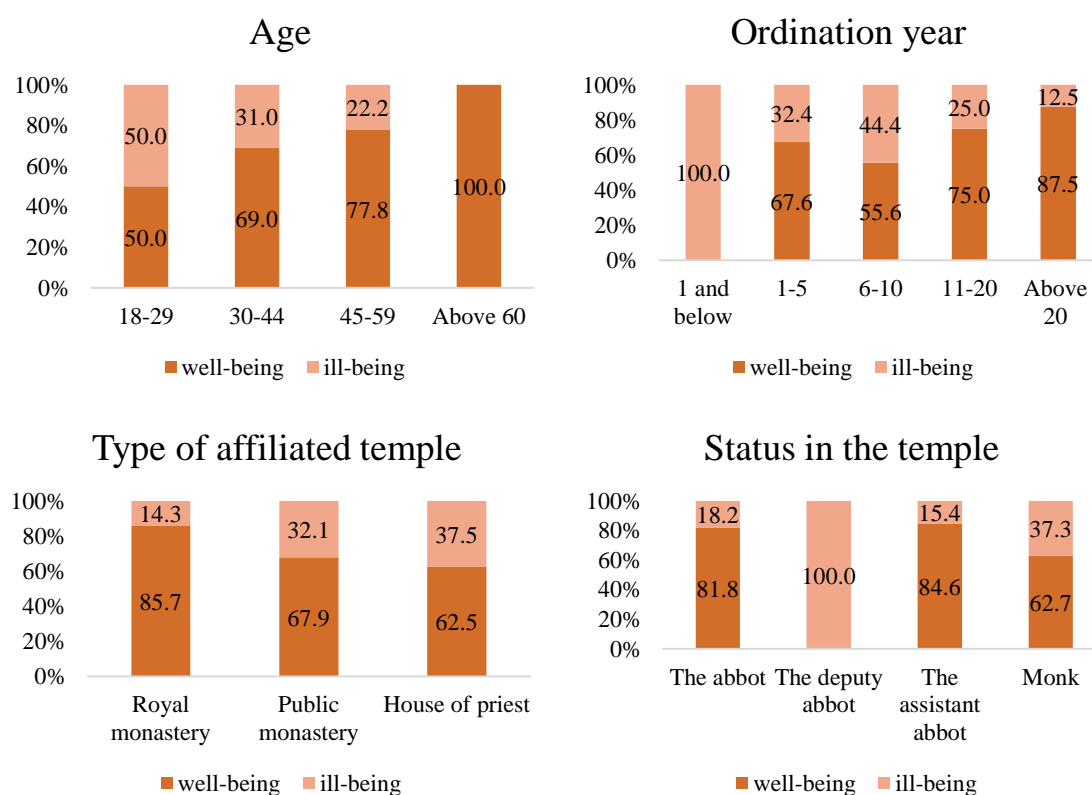
their well-being and make themselves more mentally strong. Phra Pir, who was 34 years old and had been ordained for three years, pointed out:

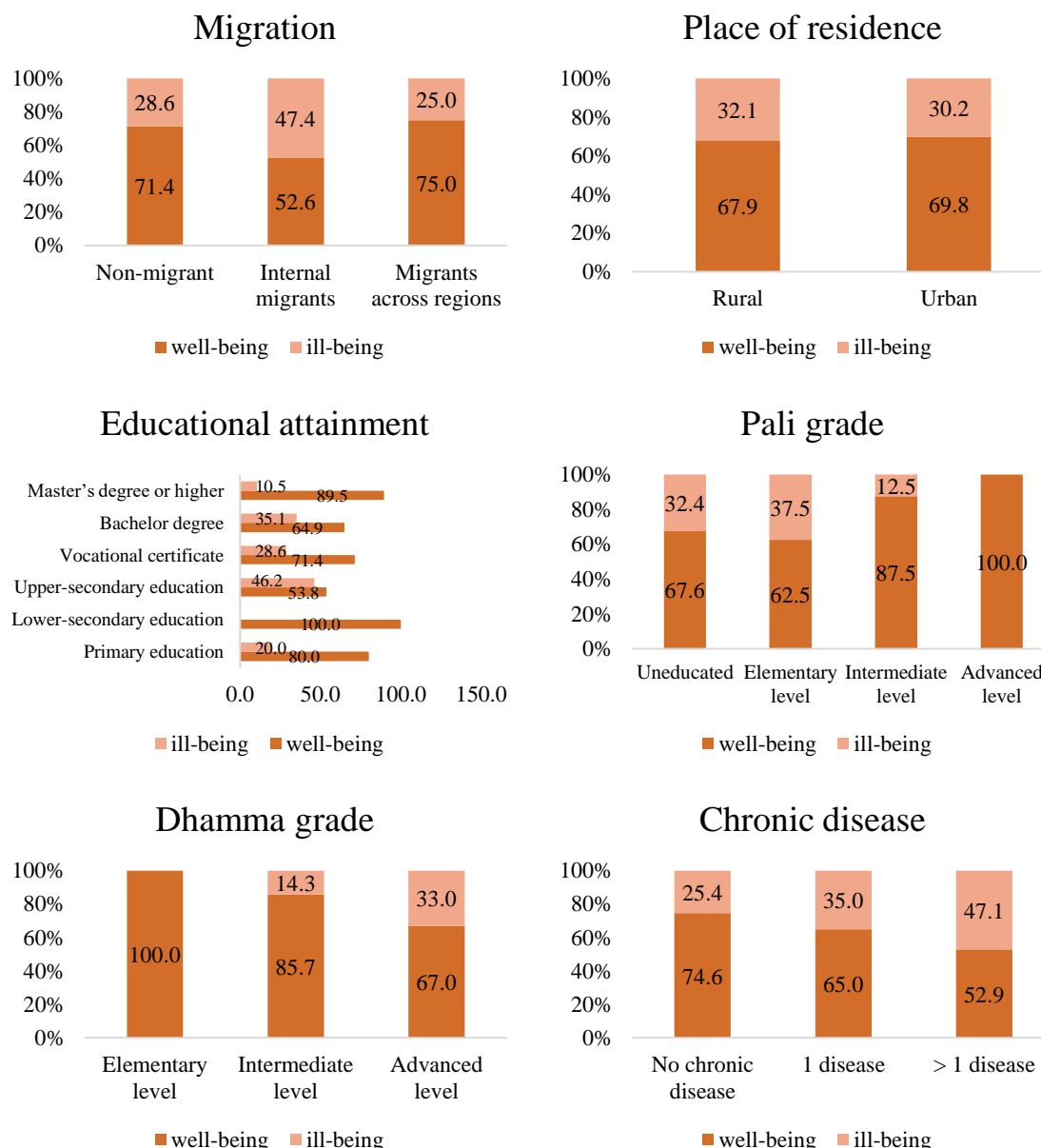
“Being a monk involves certain practices, such as praying and meditation. Following the principles of the Dhamma’s code of discipline makes us more mindful and wiser. If we are mindful of whatever we think and do, we will succeed. However, if we lack mindfulness and wisdom on any given day, it will be difficult to successfully complete our tasks.”

Diversity of the health-related quality of life plan

The health-related quality of life (HRQL) of Thai monks differs from that of other parts of the population because they exist under structural conditions that contribute to determining their health. The information obtained from the self-assessment of the monks who provided vital information through the SRQ-20 form reflects subjective well-being. Figure 1 presents characteristics of subjective well-being from the SRQ-20 assessment; the monks had an average self-assessment score of 5.7 points, which reflects an overall picture of well-being. When the scores were classified, 68.8% of the monks were considered good health. However, SRQ-20 focuses on the dimension primarily linked to mental health. When considering the physical health dimension of monks reflected in the BMI calculated from the weight and height data of monks collected, it is found that the average BMI of monks is 25.8 kg/m² overall, most of which are in the pre-obese group (25–29.9 kg/m²) (World Health Organization, 2000).

Figure 1. Characteristics of Subjective well-being from the SRQ-20 assessment





Regarding the health-related quality of life plan, monks' quality of life in terms of health can be classified according to the characteristics of three groups of monks based on three interesting themes: a good quality of health, a healthy quality of life is still out of reach, and a healthy quality of life in its way.

The first theme is characteristic of monks who have been ordained for 10 years; they have lived according to the *Kasavapastra* for a considerable amount of time, so they have reached a healthy standard of living. They also have access to health and medical services in times of illness. There is a suitable living environment and physical infrastructure that supports the daily routine of the monks. Although this group of monks often has minor illnesses or discomforts, they can access comprehensive medical treatment. They are also provided with overall strength in terms of mental, social, and intellectual well-being.

The second theme is the characteristics of monks who have been ordained for eight years and are still far from having a good quality of life. Compared to the other two groups, they have

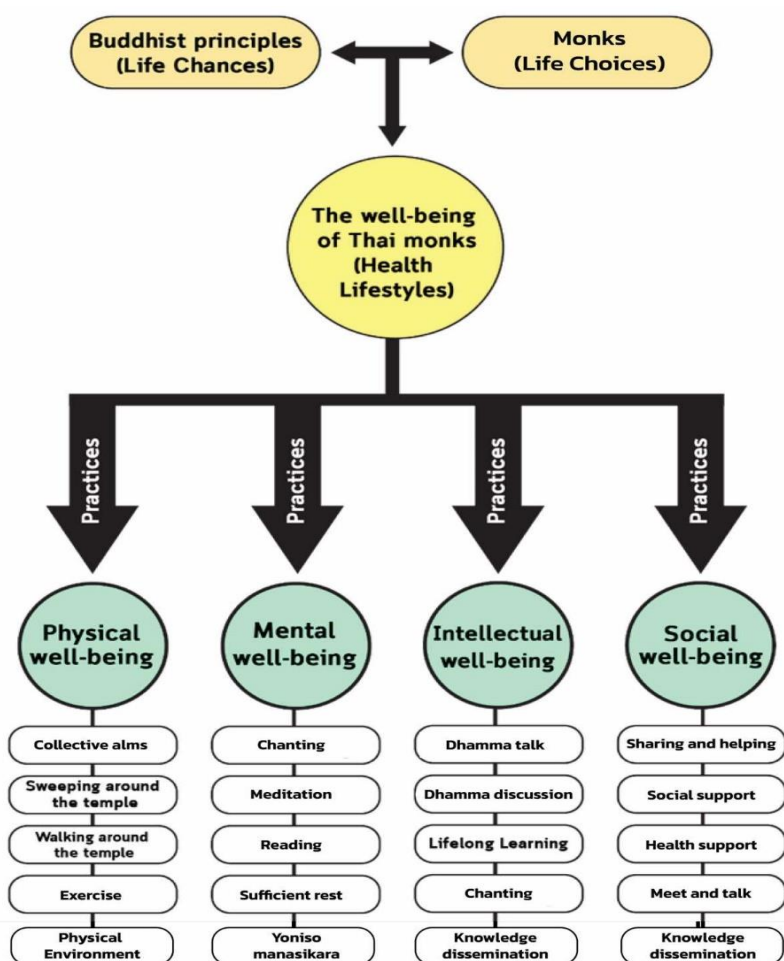
limited access to health infrastructure, medical treatment, and health care. Furthermore, this group of monks also has to deal with the problem of a physically unsuitable living place. This group of monks should be observed in terms of mental health, social welfare, and intellectual development.

The final theme is characteristic of monks who have been ordained for 20 years and live in urban areas. Despite facing inconveniences in daily life due to inadequate physical infrastructure, these monks maintain strong holistic well-being. They especially avoid activities that risk their health.

Cultural domain of the healthy lifestyle of Thai monks

The healthy lifestyle of Thai monks is projected through holistic well-being and classified into physical, mental, intellectual, and social health. This 4-dimensional well-being framework is defined in the National Sangha Health Charter, so it is used to determine the cultural domain. Four dimensions are linked to the practical application of the research findings (National Health Commission Office, 2017). For Thai monks, the themes of their healthy lifestyle are particularly interesting. The principles of Buddhism provide a foundation that allows monks to maintain good health under the existence of the monkhood (Figure 2).

Figure 2: Cultural Domain of the Healthy Lifestyle of Thai Monks from the Free-Listing Technique



Physical well-being is a product of the Dhamma code of discipline

The first theme is that physical well-being is the foundation of good health for monks. Their religious obligations and activities stabilize their physical well-being. Although the Dhamma code of discipline requires exercise to be composed, monks must also pay close attention to their food (*Pochanapatisangyut*). After returning from an alms round, monks must eat according to the health cycle dictated by the Dhamma code of discipline. Monks cannot tell their communities to bring food for alms. However, the monks are aware of caring for their health and maintaining their communities' faith and kindness. Phra Sila, who was 43 years old and had been ordained for 12 years, and Phra Tong, who was 30 years old and had been ordained for 12 years, had different eating behaviors that help to expand on this interesting point:

Phra Sila: *"We avoid foods heavy in fats or anything very heavy. But if asked whether we eat them, we do, but only as much as is necessary to not undermine the faith of the communities. We eat to preserve their faith, to respect their generosity, and to discern what is appropriate."*

Phra Tong: *"No matter what the communities offer, even if we feel that we are at risk of developing diabetes, if the communities ask us to eat it, saying they have prepared it with good intentions, we must eat it."*

Mental well-being is a product of the Dhamma principles and code of discipline.

The second theme highlights that having access to the Dhamma principles and code of discipline is a significant advantage for Thai monks in maintaining a healthy lifestyle. Monks must preserve "accessing the Dhamma" and "maintaining discipline" to achieve balanced health. The balance between physical, intellectual, and social well-being is intricately linked to mental health and cannot be separated. Furthermore, meditation, chanting, and getting enough sleep promote mental wellness. Phra Peer, a 34-year-old monk with three years in monkhood, provided an interesting viewpoint on maintaining mental well-being by adhering to the principles and code of discipline of the Dhamma:

"These are the principles for monks: practicing meditation, walking meditation, being calm with oneself, trying to study textbooks, something like this, studying textbooks to gain knowledge. If you are a monk, you already have chanting, praying, and meditating practices. These practices help keep our minds from becoming distracted or scattered and prevent us from being restless or impatient."

Intellectual well-being is the readiness to learn

The third theme emphasizes Thai monks' intellectual well-being and motivates them to pursue lifelong study. This involves learning to strengthen their physical health and enhance their mental health stability. Additionally, having good intellectual well-being enables Thai monks to learn how to contribute positively to society. Nonetheless, three components of the intellectual health of monks relate to the existing educational system: "Worldly knowledge," the first component, covers general education qualifications (such as a bachelor's degree), which follows the learning standards of educational institutions and primarily reflects the interests of the monks. The second component, "Dhamma knowledge," is devoted to understanding Buddhist theories and teachings. The last component, "Pali knowledge,"

focuses on learning the Pali language so that monks can utilize it to read Buddhist texts. The primary informants in this study mainly engage in general education and Dhamma studies.

The monastic education system encourages monks to learn under the influence of their own culture. In particular, Dhamma and Pali studies reflect the cultural foundations and practices ingrained in the training of monks. This aligns with the intellectual well-being that Phra Peer, a 34-year-old monk with three years in the monkhood, described:

“Wisdom is knowledge, knowledge around us, knowledge that we have to study and research. Wisdom is something we must cultivate ourselves. But wisdom won’t be helpful if we acquire it and apply it in the wrong way or ways that are not beneficial; it won’t be useful.”

In addition, monks’ interactions with communities help them understand the characteristics and conditions of their social environment.

Social well-being is using Buddhist principles to benefit society.

The final theme emphasizes how Thai monks relate using Buddhist precepts to better society and their social well-being. This represents a clear form of Buddhist evolution, evident in the healthy lifestyle of Thai monks based on the concept of achieving balanced health through their efforts to achieve social well-being. Mutual support between communities and monks is a key component of social well-being because it reflects the empathy that develops in these supportive social settings and relationships. Phra Tarn, a 32-year-old monk who spent seven years living a monastic life, demonstrated this empathy via his keen observational skills and life experiences, saying:

“Nowadays, I am doing a project in which I invite senior citizens to go to the temple and educate them about health. I also bring doctors along. This is the main project I am currently working on. In the coming weeks, I will be organizing another session where communities from the community will come to gain knowledge. In order to keep the elderly and laypeople interested and avoid them getting bored, I will also combine Buddhist concepts and have specialized doctors deliver information.”

Buddhist principles, including the Dhamma code of discipline, Buddhist precepts, and religious teachings, regulate the healthy lifestyle of monks. Following these guidelines guarantees that monks retain good health within this cultural framework. However, the health routine of monks also has some flexibility and autonomy, enabling them to make decisions about their health per their personal preferences—as long as such decisions do not conflict with monastic regulations.

While the cultural domain concerning the health lifestyle of Thai monks is arranged thematically based on general principles for comprehending a holistic lifestyle, the details within each domain emphasize how Buddhist institutions have shaped the monks’ health lifestyle, which sets them apart from other demographic groups.

Discussion

The findings on Buddhist monks' healthy lifestyles reinforce the main research question, emphasizing how social and cultural factors, particularly those related to the Buddhist institution, shape the healthy lifestyles of monks as individuals existing within a social structure. The findings above show the varied aspects of monks' health lifestyle, especially the central dominant structure of Buddhist doctrine, the "227 *bhikkhu* precepts," or the "monks' precepts." However, it is essential to highlight that some aspects of the lifestyle, namely, food selection and body movement, affect the quality of health. Although Buddhist practices play a significant role in all determinants of the health components of Thai Buddhist monks, the health literacy that health organizations promote can be adjusted to the Buddhist monks' lifestyle for practical use in everyday life (Jeamjitvibool et al., 2022; Winzer & Gray, 2018).

Social structures, which in this context refer to the principles of the Dhamma-Vinaya, have always shaped monks' lifestyles. These social structures transform abstract control and regulation into the tangible practices of monks' daily lives (Cockerham, 2017). Moreover, the life chances of monks in choosing a healthy lifestyle are shaped by various social factors, such as societal values regarding almsgiving by laypeople, the culture of food sharing among monks, and the social circles of monks in their daily routines. These findings extend Cockerham's (2017) ideas further.

Previous research on Cockerham's health lifestyle theory highlights how socioeconomic status influences health behaviors. Individual health lifestyle practices are socioeconomic status outcomes and reflect health inequalities among different social groups (Abel & Frohlich, 2012; Pampel et al., 2010; Phelan et al., 2010). Nevertheless, some studies emphasize social groups' cultural dimensions or norms and their link to healthy lifestyles (Mollborn et al., 2024; Pinxten & Lievens, 2014). In this article, I argue that cultural norms significantly influence the healthy lifestyle practices of Thai monks. Socioeconomic status, cultural dimensions, and individual life choices shape healthy lifestyle practices, and I note that some Thai monks adapt their practices flexibly to suit specific situations.

Beyond this, the roles of official organizations impact food selection and appropriate behavior that monks must consider when performing physical movement in everyday life. The strongest policy that the Thai sangha has collaborated on with an official organization, namely, the Ministry of Public Health, Thailand, is called "The National Sangha Health Charter." It aims to raise public awareness of Buddhist monks' health and health literacy inside the Thai sangha (National Health Commission Office, 2017).

In addition, support has been coordinated at the local level in many health literacy activities for developing the health lifestyle of Buddhist monks, such as annual medical examinations, controlling the risk of noncommunicable diseases (NCDs), and supporting health network promotion in local areas (Phraratsittivetee et al., 2019; Pornpitchanarong & Phradhamvachirajahn, 2023).

In Thai culture and Buddhist beliefs, the knowledge about the relationship between monks and food selection is controlled by the narrative that the Lord Buddha taught the Buddhist disciples to consume food just for health. Consequently, monks cannot select only their favorite food or who gives it to them (Harvey, 2017; Ola-or, 2014). Buddhist monks' practice

is based on the part of the Buddha's teaching relating to the belief that consumption is a self-conscious act. They must realize their health condition to decide on a healthy lifestyle.

Conclusions

To assist monks in getting access to healthcare, policy advocacy, and knowledge production must work together to create a healthy monk population in Thai society. This study demonstrates how Buddhist principles, health knowledge, and institutions relate to one another as a crucial mechanism in supporting monks' health. At the same time, adjusting the monks' healthy lifestyle is essential to comprehend the fundamentals of physiological processes.

The Sangha organization and the Ministry of Public Health must encourage awareness of NCDs and proper food consumption concerning daily physical activities for all monks, from novices to senior monks. This approach can help control health issues and support monks in playing a key role in fostering social solidarity within the Buddhist community.

Monks' health also needs to be taken care of thoroughly and comprehensively. This study did not track the health lifestyle of monks by participants observing their daily health activities. Therefore, the healthy lifestyle of the monks may be presented mainly in terms of telling from the monks. I recommend that readers who want to further their studies try to make participatory observations by following the daily health activities of monks. Future research could be expanded to explore the health of monks, covering the issues of social status, ethnicity, race, and experience of illness that contribute significantly to the different health conditions of monastic health.

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