

Elderly Buddhist Monks: Preparation and Care Systems in Future Thai Society

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Received: 05 December 2024; Revised: 10 December 2024; Accepted: 19 December 2024
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Abstract: The demographic transition in Thai society significantly impacts Buddhist institutions, particularly the increasing number of elderly monks requiring specialized care systems. This article aims to study the current situation of elderly monks in Thailand, analyze challenges and problems, and propose appropriate preparation approaches and care system development. This study employs qualitative analysis through literature review, in-depth interviews, and participant observation. The findings reveal that elderly monks currently face health problems, living conditions issues, and difficulties accessing healthcare services. Addressing these problems requires integration between temples, communities, and government agencies through developing a Holistic Care Model that combines Buddhist wisdom with modern knowledge. This study proposes a conceptual framework and policy recommendations for preparing to cope with the aging monastic society in the future. The research emphasizes the necessity of systematic preparation involving personnel development, infrastructure improvement, technology adoption, and sustainable financial systems. The proposed holistic care model integrates medical and health dimensions, psychological and spiritual dimensions, social and community dimensions, and management and coordination dimensions to provide comprehensive care that meets the diverse needs of elderly monks.

Keywords: elderly monks, care systems, Thai society, Buddhism, preparation

1. Introduction

Demographic transition is a significant phenomenon affecting Thai society in all dimensions, including Buddhist institutions that have been the spiritual foundation of Thai people for centuries. According to data from the National Office of Buddhism in 2024, the number of monks aged 60 and above shows a continuous increasing trend, from 28% in 2015 to 35% in 2024, and is projected to increase to 42% by 2035 (National Office of Buddhism, 2024). This change reflects the urgent need to prepare for an aging monastic society. Elderly monks play important roles as spiritual guides and sources of Buddhist wisdom for communities. However, they face various problems and challenges, including health issues, access to medical services, lack of caregivers, and insufficient welfare systems (Werachai Silasang, 2023). The study by Nitithorn Charoenwit et al. (2022) reveals that most elderly monks lack preparation for aging, both physically and mentally, including adaptation to changing social roles.

Currently, the care system for elderly monks in Thailand relies on traditional mechanisms of family and community dependence, which may be insufficient for increasing

needs in a changed social context. The shortage of medical personnel and nurses with expertise in elderly care, combined with budget and resource constraints, results in care quality that does not meet desired standards (Suraphol Chancharoen & Sombat Jaidee, 2023). Therefore, developing an efficient and sustainable care system is an urgent necessity for Thai society. The lack of specialized personnel who understand the lifestyle and regulations of monks is a fundamental problem. Most doctors and nurses still lack knowledge about monastic discipline and religious practices that may affect treatment, such as restrictions on physical contact with female doctors or rules regarding medication and meal times (Arun Srisawat, 2022). This lack of understanding causes inconvenience and misunderstandings between service providers and recipients, affecting treatment quality and relationships between medical institutions and Buddhist institutions. RadaKhet's (2023) study on Buddhist mental health treatment in hospitals highlights the importance of integrating Buddhist wisdom with modern medicine to achieve culturally appropriate and effective care.

The second problem is the lack of efficient coordination systems between various agencies. Currently, elderly monk care is segmented according to each agency's mission without systematic integration. The Department of Religious Affairs handles general administration, the Ministry of Public Health manages medical treatment, and local administrative organizations support welfare, but lack clear and efficient coordination mechanisms (Wichai Thiangtharm & Supaporn Nakdee, 2023). This segmented work results in duplication, time waste, and discontinuity in care. Budget and resource shortages are another significant challenge. Although budget allocations exist for elderly monk care, they remain insufficient for rapidly increasing needs. Naphadol Charoensuek's (2022) cost study found that caring for one elderly monk costs an average of 156,000 baht per year, which is 23% higher than general elderly care due to the complexity of care that must consider religious regulations and specialized service needs. With the continuously increasing number of elderly monks, this budget shortage will become a major future problem.

2. Current Situation of Elderly Monks in Thailand

The situation of elderly monks in Thailand currently reflects significant changes both quantitatively and qualitatively. According to the 2024 survey data from the Department of Religious Affairs, monks aged 60 and above number 89,437 out of 255,324 total monks, representing 35.02%, an increase from 31.8% in 2019. This increase results from several factors: monks living longer due to medical advances, declining numbers of new ordinations, and trends toward long-term monastic commitment (Department of Religious Affairs, 2024). The geographical distribution of elderly monks varies significantly, with the Northeast having the highest proportion at 38.7%, followed by the North at 36.2%, Central region at 34.1%, and South at 32.8% respectively. This difference reflects economic and social factors of each region, including working-age population migration to urban areas, resulting in rural temples having higher proportions of elderly monks (Prasert Hancharoen, 2023).

Regarding elderly monks' health, the Institute for Population and Social Research, Mahidol University (2023) study found that 67.3% of elderly monks have at least one chronic disease. The most common diseases include hypertension (42.1%), diabetes (28.6%), and knee osteoarthritis (24.3%). Mental health problems were also found, particularly depression and anxiety disorders at 18.7% and 15.2% respectively. These problems significantly impact quality of life and religious duty performance. The economic situation of elderly monks is also concerning. Anurak Suksomsomboon et al.'s (2022) study found that over 60% of elderly monks have no savings or less than 50,000 baht in savings, insufficient for medical treatment and long-term care expenses. They mostly depend on alms and support from faithful followers, which is uncertain and may be inconsistent. This financial insecurity causes many elderly

monks to delay medical treatment or not receive appropriate care.

2.1 Challenges in Healthcare Access

Healthcare access for elderly monks remains a significant problem despite universal health coverage. In practice, several barriers exist, such as lack of knowledge about rights and service utilization, difficult transportation especially in remote areas, and shortage of medical personnel who understand monastic culture and lifestyle (Siriporn Kaewmanee & Chaiwat Anantkul, 2023). The study found that 34.7% of elderly monks experienced rejection or inappropriate service from hospitals due to misunderstanding of monastic rules and discipline. Preventive healthcare for elderly monks receives insufficient attention. Only 28.4% of elderly monks receive annual health checkups. The lack of prevention and primary care results in diseases becoming more severe when patients see doctors, leading to higher treatment costs and unsatisfactory treatment outcomes. Additionally, lack of knowledge about self-care and lifestyle modifications for health is another important factor affecting elderly monks' health status.

2.2 Social Roles and Expectations

Elderly monks continue to play important roles in Thai society, particularly as spiritual counselors, holders of Buddhist wisdom, and leaders in religious and social activities. However, these roles become challenging when monks age and have physical limitations. Theerasak Mongkolsit's (2023) study found that 58.9% of elderly monks feel pressured by community expectations to continue performing duties as before, despite poor health. The conflict between personal needs and religious duties is an issue many elderly monks face. They need more rest and healthcare while feeling bound to responsibilities toward the community. The survey found that 43.2% of elderly monks sometimes consider disrobing to receive better care but are constrained by duties and attachments to various places. This dilemma significantly impacts elderly monks' mental health and quality of life.

3. Challenges and Problems of Current Care Systems

The current elderly monk care system still has several limitations and challenges requiring urgent solutions. The first problem is the shortage of specialized personnel who understand monastic lifestyle and regulations. Most doctors and nurses lack knowledge about monastic discipline and religious practices that may affect treatment, such as restrictions on physical contact with female doctors or rules regarding medication and meal times at different times (Arun Srisawat, 2022). This lack of understanding causes inconvenience and misunderstandings between service providers and recipients, affecting treatment quality and relationships between medical institutions and Buddhist institutions. RadaKhet's (2023) study on Buddhist mental health treatment in hospitals highlights the importance of integrating Buddhist wisdom with modern medicine to achieve culturally appropriate and effective care.

The second problem is the lack of efficient coordination systems between various agencies. Currently, elderly monk care is segmented according to each agency's mission without systematic integration. The Department of Religious Affairs handles general administration, the Ministry of Public Health manages medical treatment, and local administrative organizations support welfare, but lack clear and efficient coordination mechanisms (Wichai Thiangtharm & Supaporn Nakdee, 2023). This segmented work results in duplication, time waste, and discontinuity in care. Budget and resource shortages are another significant challenge. Although budget allocations exist for elderly monk care, they remain insufficient for rapidly increasing needs. Naphadol Charoensuek's (2022) cost study found that caring for one elderly monk costs an average of 156,000 baht per year, which is 23% higher

than general elderly care due to the complexity of care that must consider religious regulations and specialized service needs. With the continuously increasing number of elderly monks, this budget shortage will become a major future problem.

3.1 Infrastructure and Technology Problems

Most temple infrastructures remain unsuitable for elderly and physically disabled individuals. The National Office of Buddhism (2023) survey found that only 12.7% of temples have facilities for elderly people, such as handrails, wheelchair ramps, and improved restrooms. Most monk residences remain traditional with steep stairs, uneven floors, and inadequate ventilation, making them unsafe for elderly monks with mobility and balance problems. Improving these infrastructures requires high budgets and understanding of Universal Design principles considering elderly needs. Technology adoption in elderly monk care remains delayed. Digital health monitoring systems, medication tracking applications, and emergency alert systems are not widely implemented. Elderly monks' unfamiliarity with technology, combined with lack of personnel skilled in integrating technology with traditional care, creates significant barriers to developing modern and efficient care systems (Sutin Intarasit, 2022).

3.2 Social and Cultural Challenges

Social changes significantly impact elderly monk care. Smaller family sizes, young people working outside their areas, and changing social values result in decreased community support. Somsak Wongyai's (2023) study found that community participation in elderly monk care decreased by 28% over the past 10 years, especially in urban areas where temple-community relationships have loosened. Younger generations have less attachment to religious institutions and increased work burdens, limiting time and ability to help. Misunderstandings about roles and responsibilities in elderly monk care remain significant issues. Many people believe caring for monks is solely the responsibility of religious institutions, while others think it's the state's responsibility. This lack of clarity in roles and responsibility sharing results in care gaps and responsibility shifting between agencies. The tradition of "making merit" emphasizing material donations on special occasions but lacking continuous support for long-term care makes resource mobilization for elderly monk care inconsistent and insufficient.

Resistance to change from within religious institutions is another challenge. Some monks and religious leaders still adhere to traditional concepts believing that accepting help may affect dharma practice and monastic independence. Beliefs that "karma belongs to oneself" and accepting suffering as part of dharma practice sometimes become barriers to accepting necessary medical help and care. Creating understanding and changing these attitudes is essential for developing effective care systems.

4. Holistic Care Model

Developing an effective elderly monk care system requires a model that can systematically integrate physical, mental, social, and spiritual needs. The Holistic Care Model developed for elderly monks in the Thai context comprises four main dimensions: Medical and Health Dimension, Psychological and Spiritual Dimension, Social and Community Dimension, and Management and Coordination Dimension. Each dimension is interconnected and mutually supportive to provide comprehensive care responding to elderly monks' diverse needs. The Medical and Health Dimension emphasizes prevention, treatment, and rehabilitation of both physical and mental health. It involves developing proactive health screening systems considering monastic regulations, training medical personnel to understand monastic culture and lifestyle, and establishing specialized health centers for monks in high-density areas. Using appropriate medical technology and developing digital health information

systems will enhance monitoring and care efficiency. Additionally, promoting self-care and health behavior modification according to Buddhist principles will help prevent diseases and promote overall well-being.

The Psychological and Spiritual Dimension focuses on mental healthcare and promoting spiritual well-being. Developing counseling and therapy programs that integrate modern psychology with Buddhist dharma principles, organizing activities to promote mental health and peace of mind such as group meditation, dharma listening, and life experience sharing will help reduce stress, anxiety, and depression. Creating meaning and purpose in elderly life through participation in religious activities and wisdom transmission will enhance self-esteem and self-worth. The Social and Community Dimension emphasizes network building, welfare provision, and skill development through social workers, community representatives, and volunteers. Conducting needs assessments, organizing community activities, and providing skill training will maintain community connections and support systems. The Management and Coordination Dimension ensures systematic planning, monitoring and evaluation, and service integration through case managers, care committees, and coordinating agencies using digital information systems, multidisciplinary meetings, and individual care plans.

4.1 Components and Working Mechanisms

The Holistic Care Model operates on Multidisciplinary Coordination principles, bringing together expert teams from various fields to collaborate in planning and implementing care. The core team includes geriatric medicine specialists, specially trained nurses, social workers, psychiatrists or psychologists, dharma teacher counselors, and community representatives. Team work begins with Holistic Needs Assessment covering all dimensions of well-being, followed by Individual Care Plans considering each monk's specific needs. Monitoring and evaluation mechanisms operate continuously through interconnected information systems between agencies. Using valid and reliable assessment tools such as quality of life assessments, activities of daily living assessments, and mental health assessments ensures accurate monitoring and timely care plan adjustments. Regular multidisciplinary team meetings facilitate information exchange and continuous care plan improvements. Additionally, involving elderly monks themselves in decision-making processes ensures care appropriateness and meets actual needs.

Table 1: Holistic Care Model for Elderly Monks

Care Dimension	Main Components	Responsible Parties	Tools/Methods	Indicators
Medical and Health	<ul style="list-style-type: none">- Disease prevention- Treatment and rehabilitation- Long-term care	<ul style="list-style-type: none">- Specialist doctors- Nurses- Pharmacists	<ul style="list-style-type: none">- Annual health checkups- Specialized clinics- Palliative care	<ul style="list-style-type: none">- Service access rate- Body mass index- Chronic disease control
Psychological and Spiritual	<ul style="list-style-type: none">- Mental counseling- Religious activities- Holistic therapy	<ul style="list-style-type: none">- Psychiatrists- Dharma teachers- Psychologists	<ul style="list-style-type: none">- In-depth interviews- Group meditation- Experience sharing	<ul style="list-style-type: none">- Happiness scores- Stress levels- Activity participation

Care Dimension	Main Components	Responsible Parties	Tools/Methods	Indicators
Social and Community	<ul style="list-style-type: none"> - Network building - Welfare provision - Skill development 	<ul style="list-style-type: none"> - Social workers - Community representatives - Volunteers 	<ul style="list-style-type: none"> - Needs surveys - Community activities - Skill training 	<ul style="list-style-type: none"> - Satisfaction - Support network numbers - Community retention
Social and Community	<ul style="list-style-type: none"> - Planning - Monitoring and evaluation - Service integration 	<ul style="list-style-type: none"> - Case managers - Care committees - Coordinating agencies 	<ul style="list-style-type: none"> - Digital information systems - Multidisciplinary meetings - Individual care plans 	<ul style="list-style-type: none"> - Service coverage - Care continuity - Overall satisfaction

Source: Developed from RadaKhet (2023) concepts and synthesis from authors' studies

4.1 Practical Implementation of the Model

Implementing the Holistic Care Model requires systematic preparation in several areas. Personnel capacity development is a crucial starting point, requiring training courses for medical personnel to understand monastic practices and culture, training dharma teachers in counseling and mental healthcare skills, and creating community volunteer teams with knowledge and skills in elderly care. Creating understanding and acceptance from monks themselves and communities is a critical factor determining implementation success. Organizing public forums to explain model principles and benefits, creating prototypes and demonstrating successes will build confidence and acceptance. Infrastructure and support system development is another important aspect of model implementation. Improving temple environments to suit elderly people, establishing accessible health service centers, and developing transportation systems for service access will reduce service barriers. Investing in appropriate technology such as telemedicine systems, wireless health monitoring systems, and medication tracking applications will enhance efficiency and reduce care costs. Creating cooperation networks between temples, hospitals, community health centers, and local agencies will enable resource and expertise sharing.

5. Future Preparation Approaches

Preparing for the increasing number of elderly monks in the future requires comprehensive approaches for both short-term and long-term periods, starting with developing clear and consistent national policies. Creating a national strategic plan for aging monastic society should establish clear goals, approaches, and indicators with adequate and sustainable budget allocations. Establishing coordination mechanisms between relevant agencies in government, private, and civil society sectors will enable integration and efficient resource utilization. Setting care standards and service quality certification will ensure quality and safe care for service recipients. Investing in personnel development and research is a crucial foundation for preparation. Establishing specialized education programs for elderly monk care in educational institutions will produce personnel with appropriate knowledge and skills. Supporting research and development to find effective care approaches suitable for the Thai context, exchanging experiences and learning from other countries facing similar problems will advance development and avoid potential mistakes. Creating systematic information systems and monitoring and evaluation will ensure operational continuity and improvement as

appropriate.

Promoting community participation and developing support networks is an important strategy for sustainability. Campaigning to create social awareness and responsibility for elderly monk care, developing transparent and efficient fundraising and management models, creating volunteer networks and developing partnerships from all sectors will ensure comprehensive and sustainable care. Utilizing digital technology and innovations to enhance efficiency and reduce care costs, developing financial systems supporting long-term care such as specialized health insurance or reserve funds for elderly monk care. Community participation promotion must be systematic and continuous. Creating understanding of the importance and necessity of elderly monk care, developing appropriate participation channels for different groups, providing knowledge and skills for volunteers and supporters, and creating recognition and appreciation systems for contributors will encourage long-term participation. Building cooperation networks between various sectors requires mutual understanding of goals and methods, clear role and responsibility definitions, coordination and monitoring mechanisms, resource and expertise sharing, and incentives for continuous participation from all parties.

5.1 Capacity Development and Knowledge Management

Personnel capacity development involved in elderly monk care requires systematic and comprehensive planning. Creating training programs for doctors and nurses to understand monastic practices, discipline related to medical treatment, and appropriate communication methods. Developing curricula for dharma teachers to have counseling and mental healthcare skills. Training caregivers and volunteers with basic knowledge of elderly care and first aid. Creating continuing education programs for personnel to receive new knowledge and continuously develop skills. Regular academic conferences and experience exchanges will enhance overall care quality. Knowledge management and creating new knowledge is an important part of preparation. Collecting and systematizing scattered information about elderly monk care from various sources. Creating accessible and updated central databases. Developing online learning systems and decision support tools. Supporting research to find appropriate and effective care approaches. Studying needs and satisfaction of service recipients. Evaluating effectiveness of various care approaches and developing new care innovations. Disseminating knowledge and good experiences through various channels will enable continuous learning and improvement.

5.1 Network Building and Cooperation

Building strong and sustainable cooperation networks is key to effective elderly monk care. Developing networks at various levels from community, provincial, regional, to national levels, with each level having clear roles and responsibilities. Community-level networks focus on basic care and creating warm relationships. Provincial-level networks coordinate health services and welfare. Regional-level networks manage resource distribution and experience exchange. National-level networks set policies and care standards. Creating connections between networks through efficient information systems and communication will ensure operational consistency and continuity. Developing cooperation between sectors requires mutual understanding of goals and methods. Clear role and responsibility definitions for each party. Coordination and monitoring mechanisms. Resource and expertise sharing. Creating incentives for continuous participation from all parties. Government roles include policy setting, budget allocation, and standard supervision. Private sector contributes resources, innovation, and technical expertise. Civil society and communities provide direct care, understanding creation, and monitoring mechanisms. Creating efficient collaborative platforms

and managing potential conflicts will ensure sustainable cooperation and maximum benefits.

6. Policy and Practice Recommendations

From analyzing situations and challenges related to elderly monk care, several important policy recommendations deserve urgent consideration and implementation. The first recommendation is drafting specific legislation for elderly monk care, which will provide a clear legal framework for defining rights, duties, and responsibilities of each party. Establishing central organizations for coordination and supervision. Setting care standards and quality certification. Allocating adequate and sustainable budgets. Such legislation should involve consultation with all relevant sectors, including Buddhist institutions, elderly care experts, and community representatives to achieve widespread understanding and acceptance. The second recommendation is developing financial systems to support long-term care. Establishing special funds for elderly monk care with funding from multiple sources including government budgets, private and public donations, and investment income. Developing specialized health insurance covering holistic care appropriate for monastic lifestyle. Creating tax incentives for organizations and individuals supporting elderly monk care. Developing appropriate financial products to promote savings and financial planning for future care. Strong and sustainable financial systems will be crucial foundations for quality and continuous care operations.

Personnel development and expertise creation is the third recommendation. Establishing specialized training institutes for elderly monk care. Developing undergraduate and graduate education curricula. Creating professional standard certification systems and license renewal. Creating incentives for personnel entering this profession such as scholarships, career development opportunities, and appropriate welfare. Exchanging personnel and knowledge with other countries experienced in elderly care. Creating networks of academics and practitioners for collaborative learning and development. Personnel development investment will affect care quality and long-term system sustainability. Implementation according to these recommendations must consider practical feasibility and social acceptance. Starting with pilot projects in ready areas, creating empirical evidence of effectiveness, and gradual expansion will reduce risks and increase success opportunities. Creating community understanding and participation, personnel training and capacity development, and creating incentives for all parties to participate are important factors affecting operational success.

6.1 Technology and Innovation Utilization

Implementing technology and innovation in elderly monk care has high potential for enhancing efficiency and reducing costs. Developing telemedicine systems suitable for temple and rural community contexts. Using wireless health monitoring technology such as blood pressure monitors, blood glucose meters, and heart rate monitors that can automatically send data to doctors. Developing applications for medication tracking, medical appointments, and health information. Using artificial intelligence for health data analysis and risk prediction. Developing rapid and accurate emergency alert systems. Implementing these technologies must consider ease of use, data security, and appropriateness for monastic culture and lifestyle. Environmental design and product innovation for elderly people is another area deserving promotion. Developing building and room designs suitable for elderly people while maintaining Thai architectural identity. Designing easy-to-use and safe tools and equipment. Developing foods and herbal medicines suitable for elderly monks' health. Creating communication and learning innovations helping elderly monks maintain social roles and wisdom transmission continuously. Developing these innovations should involve testing and improvement with actual users to ensure they can truly meet needs.

6.2 Monitoring and Evaluation

Creating efficient monitoring and evaluation systems is essential for continuous care system development and improvement. Setting clear and measurable indicators both quantitatively and qualitatively such as service access rates, service recipient satisfaction, elderly monk quality of life, and resource utilization efficiency. Developing interconnected database systems between agencies for real-time monitoring. Regular evaluation reporting and public information dissemination for transparency and accountability. Using evaluation results for policy and operational approach improvements. Creating continuous learning and development mechanisms. Long-term Impact Evaluation is also important for understanding true operational effectiveness. Studying impacts on elderly monk quality of life, community and social changes, investment returns, and system sustainability. Using diverse and appropriate research methods. Comparing with other approaches. Studying factors affecting success or failure. Impact evaluation will provide information for policy decisions and operational improvements for greater efficiency. Additionally, evaluation should consider cultural and spiritual dimensions that may not be measurable numerically but are important for elderly monks' well-being.

7. Conclusion and Recommendations

The study of elderly monks and care systems in future Thai society reveals significant and urgent challenges that Thai society must face. The continuous increase in elderly monk numbers while current care systems have several limitations necessitates systematic improvements and development. The Holistic Care Model proposed in this study is a potential option for responding to elderly monks' diverse needs through integrating medical, mental, social, and efficient management care. Implementing this model requires cooperation from all sectors and comprehensive preparation in personnel, infrastructure, technology, and financial systems. Important recommendations from this study include the necessity of developing clear and comprehensive national policies. Drafting specific legislation for elderly monk care. Establishing central coordination organizations. Developing strong financial systems. Personnel development and research investment are crucial foundations determining future care quality. Appropriate technology and innovation utilization will enhance efficiency and reduce costs while creating networks and cooperation from all sectors will ensure operational sustainability. Systematic monitoring and evaluation will enable continuous and appropriate improvements and development.

Implementing these recommendations must consider practical feasibility and social acceptance. Starting with pilot projects in ready areas, creating empirical evidence of effectiveness, and gradual expansion will reduce risks and increase success opportunities. Creating community understanding and participation, personnel training and capacity development, and creating incentives for all parties to participate are important factors affecting operational success. Finally, elderly monk care is not only a religious and social duty but also an expression of gratitude and respect for those who have dedicated their lives to teaching and guiding society's spirit. Creating quality and comprehensive care systems is therefore an investment in Thai society's future and spiritual value transmission to future generations.

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