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DEVELOPMENT OF A NETWORK TO MITIGATE RISK FACTORS BASED ON BUDDHIST PRINCIPLES IN LAMPANG AND NAN PROVINCES

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ABSTRACT

Cigarettes and Alcohol It is a major obstacle to the development of a society with good physical, mental, intellectual, and social well-being. As a result, the researcher has a heart to study the subject. The objective of the study to develop a network to mitigate risk factors based on Buddhist principles in Lampang and Nan provinces is to develop and promote a gauging model to evaluate networks to mitigate risk factors according to the “Baworn”. It is intended to develop the environment and management guidelines for the novices’ network, as well as to propose a policy for the provincial-level Sangha Council to build a comprehensive risk factor reduction network mechanism for the related Sangha administration. The methodology used in this study utilizes a mixed research method. The result of the study revealed that the 40 participating temples in both provinces had yielded 4 indicators, comprising: the 1st indicator being the implementation according to the Sangha Supreme Council and in accordance with the country’s laws, the 2nd indicator being the policy-based on evaluations, the 3rd indicator includes organizing activities that are related to the mitigation of risk factors, and finally, the 4th indicator being the network partners. All of the 40 indicators were evaluated before and after the activities. The study revealed that most of the networks carried out their activities based on the established indicators for the development of the environment and network management guidelines.

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INTRODUCTION

The development of networks to mitigate risk factors that affect public health in society, especially the consumption of tobacco and alcohol, is a major obstacle to the development of a society with good physical, mental, intellectual, and social health. When considering the factors affecting health, in particular, the social determinants of health (SDH), it was revealed that there are comprehensive factors that involve economic, social, cultural, and environmental dimensions in which individuals, or the general public inhabit. Therefore, for a person to maintain good health or well-being, it is necessary for relevant agencies and network partners to create mechanisms and factors that encourage people who, despite differences in personal factors, such as heredity, and health behavior, can still maintain good health or well-being¹.

Buddhist organizations in Thailand play an important role in supporting people in Thai society to encourage good health. This is clearly evident from the drive both at the policy and operational levels in the areas. As for policy-related issues, the Sangha Supreme Council has resolved for the Sangha to implement the Strategic Reform Plan for Buddhist Affairs, B.E. 2517-2021, by establishing a project to promote cooperation with network partners. Under the program to promote cooperation with network partners (Baworn). The project is responsible by the Public Welfare Committee of the Sangha Supreme Council, and is tasked with an vital objective to encourage monks to lead and provide support in driving activities with network organizations in the public, private sector, and civil society within the area, by working on the principles of the integration of home - temple - school (some also include government agencies), both in the dimension of knowledge exchange, work experience, human resources, as well as providing a budget to promote collaboration².

With regards to the dimension of activities for the development of people's well-being in society, Mahachulalongkornrajavidyalaya University together with the Reconciliation Project based on the "Five Precepts Village" Buddhist principles, and with the support of the Bureau of Support for the Control of Major Risk Factors of the Thai Health Promotion Foundation (Thai Health), have assisted in implementing a project to promote a network to mitigate risk factors based on Buddhist principles between the years 2020 – 2021. The objective is to synthesize and develop knowledge regarding well-being based on Buddhist principles to mitigate risk factors, the development and capacity building of Buddhist organizations to reduce risk factors in society, and advocating comprehensive risk factor mitigation policies that are in accordance with Buddhist principles with network partners, within the model area of operations that comprises 10 provinces, namely (1) Nakhon Sawan, (2) Tak, (3) Lamphun, (4) Lampang, (5) Khon Kaen, (6) Sisaket, (7) Prachin Buri, (8) Samut Songkhram, (9) Ranong, and (10) Songkhla. The results obtained from the implementation of the synthesis of the knowledge project are to protect youth from

¹ Natetida Bunnag, "SDG Updates on Social Health Determinants - When Social, Economic, and Political Structures Determine Your Health Status and Life Expectancy Prior to Birth," *SDG MOVE*, Accessed September 24, 2022,

<https://www.sdgmovement.com/2021/04/08/social-determinants-of-health-and-health-equity/>.

² Phra Ratchavaramethi, et al., Strategic Plan for Reforming Buddhist Affairs, B.E. 2560-2564 "Policy Implementation," National Office of Buddhism, 2017, Accessed 24, 2022, <http://www.buddhism4.com/web/download/book%201.pdf>

alcohol-tobacco vices. Data was consolidated from a sample of youth in the project model area and model youth groups in different regions, to analyze the causes of both internal and external factors that contribute to the promotion of youth to not being involved in the consumption of alcohol and cigarettes. The principles of Buddhism were applied in the process of training the mind at the individual level, or used as a guideline for social institutions such as families, schools, and communities, to apply to create an environment conducive to avoiding consuming alcohol and tobacco. Additionally, the book on Developing the Sangha, Society, and Health: An Analysis of Sociology and the Buddhist Way of Creating Well-Being in Buddhist Organizations, with the goal to learn lessons from the results of the project to promote a network to mitigate risk factors based on Buddhist principles at the local level. It is also used to analyze guidelines for developing a network to mitigate health risk factors at various levels based on Buddhist principles.

In order to drive activities in the model area, 3 target groups were established, comprising (1) communities, (2) schools, as a guideline to support the implementation of the “Five Precepts Village” and the Five Precepts School projects, and (3) youth groups participating in the summer youth ordination and training program. This is in order to focus on shielding new users against tobacco and alcohol consumption by focusing on activities in the form of establishing networks to develop knowledge, occasional campaigns, and important Buddhist and cultural days in the area. The results of the implementation proved to be successful in the 3 target groups mentioned above³, such as 1) the establishment of a model risk factor mitigation community, 2) the promotion of driving risk factor mitigation activities within schools, and 3) the summer youth ordination and training program. The results and knowledge gained from the project implementation at the local level expanded the results both in terms of knowledge related to risk factor mitigation among youth and the operational network to mitigate risk factors based on Buddhist principles, as well as the body of knowledge related to the development of the environment within the temple and the community to become an area that is free from risk factors such as smoking, consuming alcoholic beverages, and various other vices that have been designed to target youth groups, such as e-cigarettes or gambling.

However, there is still a need to encourage the Sangha, as a community leader, to take a more active role in leading and supporting the implementation of such activities with relevant network partners, especially public health agencies and administrative agencies at the local level. They should also be involved in monitoring, controlling, and preventing young novices in monastic schools or ordained youth during the school summer holidays, to become new drinkers or smokers. Presently, there is no clear quantitative data on cigarette consumption among novices and the implementation of the project to networks to mitigate risk factors based on Buddhist principles between the year 2020-2021 can be classified as successful by classifying potential provinces that have received support from monks, as well as local level network partners, in carrying out concrete risk factor mitigation activities. Additionally, a memorandum of cooperation was also established between related agencies, that provided support in terms of personnel and budget, which includes the provinces of Lamphun, Tak, Khon Kaen, and Songkhla.

³ Phra Khru Pisutthipanyaphiwat, et al., “A Provincial Moral Administration Model of Phichit Province,” *MCU Journal of Social Science Review* 11 (January-February 2022):313-314.

Provinces that faced limitations in expanding their work towards the provincial-level policies, but were still ready to accept public relations media to drive activities in the area, include Prachinburi, Samut Songkhram, and Sisaket. Provinces that have the potential to develop areas and activities that are in line with the socio-cultural context of their area and has the potential to become a model area for expanding the results of activities within the province and extending the results to other provinces with similar contexts, include Lampang, Nakhon Sawan, and Ranong, which is designated as a model area for carrying out activities under the development of the risk factor mitigation network based on Buddhist principles. The province of Ubon Ratchathani was also included as a partner to share experiences in working in the project in the past and has the potential to provide support from the monks. Mahachulalongkornrajavidyalaya University is another model area that can determine the joint operation area. An additional 4 adjacent provinces in which the Sangha Council also has the potential to drive the work, consist of Nan, Phichit, Krabi, and Yasothon provinces.

In this regard, Mahachulalongkornrajavidyalaya University, therefore, proceeded to implement the development and operational project on “The Development of a Network to Mitigate Risk Factors based on Buddhist Principles”, with the objective of developing a model temple network to promote the mitigation of risk factors that affect the well-being of people and society at the provincial level, and the development of environmental and management guidelines for novices studying in monastic schools, or students who are ordained during the school’s summer holidays, to be able to reduce and quit the consumption of cigarettes and avoid becoming future cigarettes and alcohol consumers. It also promotes the implementation of sustainable risk mitigation within the community through a provincial-level policy mechanism that covers the Sangha administrative, public health, and local government organizations, to promote the implementation of risk factor mitigation activities that is in accordance with the “Boworn” principles, as well as to promote collaborative strategies between various sectors in order to raise awareness and support good health practices among the citizens in the future.

OBJECTIVES

The study focused on constructing and enhancing an evaluative framework for a network aimed at reducing risk factors grounded in the “Bowon” principle, operational within Lampang and Nan provinces. It also aimed at the creation of environmental and managerial protocols for a novice monk network, targeting the diminution of risk elements in these locales. Furthermore, the research sought to devise a strategic policy proposal to enable the provincial Sangha Council to establish an extensive network mechanism, designed to alleviate risks comprehensively, spanning the domains of Sangha administration, public healthcare systems, and regional governmental entities.

RESEARCH METHODOLOGY

The methodology used in this study utilizes 3 methods: 1) Documentary research, whereby the researcher studies the data obtained from the data collection process. 2) Qualitative research, whereby the researcher utilizes a questionnaire to conduct interviews within the targeted areas in Lampang and

Nan provinces. 3) Action research, whereby the researcher will invite representatives from various temples, public and private organizations, as well as related charities that are linked to the development and promotion of a model evaluation network to mitigate risk factors according to the “Boworn” principle in the areas of Lampang and Nan provinces (the Focus Group), to develop a policy proposal for the provincial Sangha Council, to build a comprehensive risk mitigation network mechanism for the Sangha Council, public health, and local government organizations, in the form of a network.

Research Area

The researcher has targeted 2 provinces to conduct the study, namely Lampang and Nan, each consisting of 20 temples, totaling 40 model temples.

Population

The research team identified the following population: 1) 3 representatives of the Sangha Region 5. 2) 10 representatives of the Sangha Council of Lampang and Nan provinces. 3) 40 representatives from the Lampang and Nan community leaders. 4) 10 representatives from relevant government agencies in Lampang and Nan provinces. 5) 10 representatives from related network agencies in Lampang and Nan provinces, and 6) 40 novice/youth representatives in Lampang and Nan provinces.

Research Tools

The researcher traveled to the targeted areas to develop and promote a model evaluation network to mitigate risk factors according to the “Boworn” principle in Lampang and Nan provinces and applied the following tools to collect data.

1) An evaluation form for assessing models to mitigate risk factors. This tool was used to collect data from 20 model temples per province, totaling 40 temples.

2) A structured interview, which involves an interview outline on the development and promotion of a model temple network to mitigate risk factors, as well as to develop a policy proposal for the provincial Sangha Council to build a comprehensive risk factor mitigation network mechanism for the Sangha Council, public health, and local government organizations.

3) Focus groups, in which the researcher will participate in the development and promotion area promoting a model evaluation network for risk factor mitigation according to the “Bowon” principle in Lampang and Nan provinces. The group is tasked with brainstorming and exchanging knowledge with those involved, including representatives of the Lampang and Nan provincial Sangha Council, the local community, government and private agencies as well as independent organizations, youths, and novices

4) The development and promotional operational group in establishing a model network of measures to mitigate risk factors according to the “Baworn” principle in Lampang and Nan provinces, and developing the environment and management approaches for novice networks and risk factor mitigation in Lampang and Nan provinces.

Data Collection

In the process of collecting data to obtain information for the intended purpose, the researcher has classified the data collection into 6 phases which consist of the following procedures:

Phase 1: Organizing research team meetings, to establish a common understanding of the development and promotion of a model evaluation network to mitigate risk factors according to the “Baworn” principle, as well as the use of research equipment such as video and audio recorders and the availability

of the equipment.

Phase 2: Field Study in the area of Lampang and Nan provinces.

Phase 3: Conduct purposive sampling of the selected targets for each specific area that was obtained from the field study.

Phase 4: The brainstorming session of representatives to develop and promote a model temple network to mitigate risk factors according to the “Baworn” principle, from representatives of the Lampang and Nan Sangha Councils, government and private agencies, as well as independent organizations, youths, and novices, through the use of the Focus Group tools.

Phase 5: Summarizing the information gathered on the development and promotion of a model evaluation network to mitigate risk factors according to the “Baworn” principle in Lampang and Nan provinces. Then use the information for the preparation of local community forums by organizing activities to transfer knowledge to communities or stakeholders, and conduct public hearings by organizing activities to transfer knowledge to members of the community network or those involved.

Phase 6: Organizing academic conferences with regards to the network development to mitigate risk factors, to develop a policy proposal for the provincial Sangha Council to build a comprehensive risk factor mitigation network mechanism for Sangha Councils, public health, and local government organizations.

Data Analysis

The researcher applied the content analysis method to obtain the information from the study of the related documents and presented it through a descriptive method. An analytic induction method was used to deduce the information obtained from the interviews and focus group discussions, by systematically analyzing and classifying the data. An interpretation was then used to make connections and draw conclusions from the information gathered simultaneously with the collection of data in order to study the issues in depth. When any issues in the analysis were unclear, additional data were then collected to support responses to answer the main questions according to the research objectives. The qualitative data method was applied to analyze and find the theoretical relationship, as well as the establishment of conclusions and proof of these conclusions. The entire process consists of the introduction of research concepts, theories, and various other academic research, to reach conclusions simultaneously with reliable information by emphasizing the connection that can lead to concrete proofs and be consistent with the facts that appear.

Results of the Study

The development of a network to mitigate risk factors based on Buddhist principles in Lampang and Nan provinces consists of 40 model temples and has established 4 indicators, consisting of; Indicator No. 1: Implementation of the Dharma disciplines, resolution of the Sangha Supreme Council, and the country’s laws. Indicator No. 2: Policies implemented by the temples. Indicator No. 3: the organization of activities that are related to the mitigation of risk factors, and Indicator No. 4: Network partners. Collectively, there are 40 indicators that will be assessed before and after the activities in order to obtain information which will then be analyzed and used to create activities. The results of the assessment revealed that:

Indicator No. 1: Implementation according to the Dhamma discipline, resolution of the Sangha Supreme Council, and the country's laws, consists of a total of 7 indicators, which include religious establishments that have an environment that is conducive to the discipline and laws (monks' dwellings, bathrooms, pavilions, viharas, crematoriums), while also taking into account Sappaya principles and being free from vices. Additionally, there are also non-smoking signs or clear indications of a No Smoking area, the monitoring, and prohibition of possessing smoking equipment, or the availability of smoking facilities such as cigarette litter boxes or ashtrays. In addition to, encouraging people to abstain from drinking alcohol during Buddhist activities such as Songkran, or while making merit during the Buddhist Lent, creating initiatives to conduct health check-ups and providing public health services to monks and novices, along with urine drug detection, as well as signs prohibiting gambling or establishing a clear gambling-free zone, or to refrain from selling lottery tickets within the temple premises. The 5th indicator is to evaluate the establishment of the temple as a relief and rehabilitation center for drug addicts. However, there were no participating temples conducting this activity.

Indicator No. 2: Policies implemented by the temples, which consist of 7 indicators. It was found that most temples also have regulations and/or announcements in place that are related to the control of risk factors, such as implementing a smoking ban within the temple's premises, including disseminating the monks' policies that are related to the drive to mitigate risk factors, for example, presenting news from the ecclesiastical official's meeting through loudspeakers on issues related to cigarettes, drugs, etc., It also includes a policy to encourage monks and the communities to work jointly with the monastic projects such as the "Five Precepts Village" project, setting up of training units for sub-districts, the Pracharath Temple project, creating happiness based on the 5S principles, or the monks' health charter, in which all 40 temples carried out the activities. It is then followed by policies to promote or support the organization of projects/activities that are related to the mitigation of risk factors, both in the form operated by the monks and/or in conjunction with laymen, that aim to promote community agreements/charters on the issue of mitigating risk factors. Moreover, monks and novices are encouraged to participate in activities or training on issues related to risk factor mitigation. Activities that have received minimal support from the temples is the support for the establishment of committees that is related to the control of risk factors, such as the Committee for the Control of Smoking, Alcohol, Gambling, or Drug Issues, or other related committees.



Figure1: Temples in the network receive prototype temple signs to expand activities in their own communities.

Indicator No. 3: Organizing activities that are related to the mitigation of risk factors, which consist of 15 indicators in total. In this regard, most temples would conduct activities to mitigate risk factors only on significant Buddhist days, or other important days. These activities include campaigns to abstain from drinking alcohol on National Alcohol Abstinence Day (during the Annual Buddhist Lent), campaigns to refrain from gambling during Buddhist-related festivities, and providing sermons or lectures on risk factors on Buddhist holy days and important Buddhist holidays. Prayers or a show of intention to mitigate risk factors during Buddhist Lent are also encouraged and promoted. Supporting sporting activities that are free of drugs and vices, and interposed with information related to the mitigation of risk factors during the summer school novice ordination, youth training, moral camps, and other forms of risk factor mitigation activities. Additionally, discussions, talks, or meetings, are also organized with the community to create a communal agreement to mitigate risk factors. Training is also provided to educate the general public on reducing risk factors. Campaigns are conducted to discourage smoking on World No Smoking Day (May 31st of each year), anti-drug campaigns on World Anti-Drug Day (June 26th of each year), as well as organizing risk mitigation activities through social media channels on a regular basis. Shops within the community are encouraged to refrain from selling alcohol and tobacco on Buddhist holy days and other significant Buddhist holidays. Community surveys are also conducted on tobacco-, alcohol-, and drugs-related issues.



Figure 2: campaigns to refrain from gambling during Buddhist-related festivities, and providing sermons or lectures on risk factors on Buddhist holy days and important Buddhist holidays

Indicator No. 4: Partner networks, which consist of 11 indicators. It was found that most temples worked collaboratively with the monks' projects, such as the "Five Precepts Village" project, the sub-district community training unit, or the Pracha Rath Sarng Suk Temple project. It is followed by promoting cooperation in mitigating risk factors together with health service agencies within the area, such as the village health volunteers (VHVs), or sub-district health promoting hospitals (NHSO), encouraging cooperation in mitigating risk factors with local administrative organizations, schools, and community leaders. Temples and other agencies are also encouraged to develop prevention programs to mitigate risk factors through the health insurance fund at the local level. Additionally, there are also risk factor mitigation activities through the health insurance fund at the local level, including activities with participation from the community, other temple networks, civil society organizations, government agencies (such as

ISOC / Ministry of Culture / National Buddhism / the Provincial Public Health Office / and provincial hospitals), as well as private organizations.



Figure 3: the temples worked collaboratively with the monks' projects, such as the "Five Precepts Village" project, the sub-district community training unit, or the Pracha Rath Sarng Suk Temple project

After evaluating the model and analysis of the data to carry out activities with communities and network partners by participating in the early stages of development and planning stages, benefit from the development, and the evaluation from carrying out the activities in a timely manner, the model was then re-evaluated. After the re-evaluation, the following changes were found: Indicator No. 1: Implementation according to the Dhamma disciplines, resolution of the Sangha Supreme Council, and the country's laws, which consist of 7 indicators, found that all 40 temples were able to implement most of the indicators. Only the 5th indicator, which indicated that the temple was the center for drug addicts' welfare and rehabilitation, was not implemented. Indicator No. 2: Policies implemented by the temples indicated that all of the model temples could implement all 7 indicators. Indicator No. 3; organizing activities that are related to the mitigation of risk factors, which consist of 15 indicators in total, it was revealed that the 12th indicator, i.e. encouraging shops within the community to refrain from selling alcohol and tobacco on Buddhist holy days and significant Buddhist holidays, found that 20 temples were able to carry out the activity. Finally, Indicator No. 4: network partners which consisted of 11 indicators, found that all of the model temples could implement them completely.

For the development of the environment and network management guidelines, the working group used the network as a tool to mitigate risk factors through the monks of Lampang and Nan provinces. Representatives from the 40 model temples discussed policies collaboratively with community working groups to drive the development of the temple environment and issued regulations within the community, and received full participation from the community. The temples' landscape was adjusted with the provision of signboards to mitigate risk factors for the 20 model temples, so that the community are fully aware of the vices, and will not sell or drink within the temple's premises, A network of local government agencies also participated in the activities, such as 1) the Thai Health Promotion Foundation (ThaiHealth), 2) the StopDrink Network (SDN), 3) the Thailand Research Fund (TRF), 4) the Saen Pa Yah Institute, Lampang Province, 5) the Lampang Civil Society Network, and 6) the Lampang Monks' Network.

Building a strong community health network depends on how strong the community organization is. Personnel and communities must be made ready by strengthening them to become a base to support solutions and development in terms of the economy, society and culture, natural resources, and the environment, simultaneously in every aspect, with close cooperation from government agencies, private organizations, and network partners, joining forces to encourage and create participative work processes. Additionally, an environment should also be created for the community to think, act, and learn collaboratively, which can lead to long-term sustainable development. The researcher has applied “Boworn” as a guideline for developing a risk factor mitigation network based on Buddhist principles in Lampang and Nan provinces. This is to ensure stability, wealth, and sustainability of the morals of the community, and to integrate collaborative efforts and correct practices. The entire process can be summarized in 5 steps: the initial development stage, the planning of the development stage, the development stage, the receipt of benefits from the development, and the evaluation of the development.

In applying the “Boworn” principle as a base for driving the activities, is considered as the beginning of a large society. It is a small but significant cog. Moreover, the Lampang and Nan provincial ecclesiastical council plays a very important role in driving the development of the risk factor mitigation network based on Buddhist principles to achieve good health, i.e. physical, mental, intellectual, and social development. Therefore, efforts to promote physical, mental, intellectual, and social, should actively receive participation from monks in order to enhance knowledge and understanding of health, morals, ethics, adhering to rules, discipline, values, and good images, as well as preaching on significant Buddhist holidays such as Makha Bucha Day, Visakha Bucha Day, Asalha Bucha Day, etc., by applying Buddhist principles to develop an understanding within the community while at the same time, strengthen the body and mind. Activities promoting the sufficiency economy concept should also be conducted within the temple, including campaigns to discourage drinking alcohol at funerals, To promote spirituality, monks will organize activities on Buddhist holy days for monks to practice mindfulness and develop concentration in their daily lives, adhere to morality, ethics, and perform their duties with honesty, as well as create awareness in the community to behave as good citizens and collaboratively contribute towards the development of the community. Therefore, the ecclesiastical council possesses the necessary content to recommend in terms of health, which is to focus on physical and mental health, discipline, and adherence to traditions.

With regards to the development of policy proposals for the provincial Sangha council to build a comprehensive risk factor mitigation network mechanism for the Sangha administrative, public health, and local government organizations, it has received cooperation from numerous network partners as a mechanism for its drive. Monks from both Lampang and Nan provinces are the mainstay of the drive, whereby the developer monks who participated in the project joined collaboratively to form a Dharma working group by working through the public welfare and dissemination activities of the monks, and collaboration with Mahachulalongkornrajavidyalaya University, Nakhon Lampang Sangha College, and Nakhon Nan Sangha College, as well as network partners. The collaborative effort, through a meeting, appointed a hierarchical working group at the district level downwards and requested cooperation in organizing various activities within the temple premises that prohibited the consumption of alcohol, smoking, and gambling. The temple’s landscape was also renovated to prevent it from being a place of unwanted

gatherings, such as putting up signs to establish the temple into becoming an alcohol-, smoking-, and gambling-free zone. Additionally, firm policies regarding celebratory and entertainment activities were issued to the provincial chief monk to strictly supervise and avoid organizing banquets and celebrations, in particular, prohibit the consumption of alcoholic beverages as it may encourage wrong-doings instead of merits.

SUMMARY AND DISCUSSION

The development of a network to mitigate risk factors based on Buddhist principles in Lampang and Nan provinces consist of 40 participating model temples, and has created 4 indicators, comprising; Indicator No. 1: the implementation of Dharma disciplines, resolution of the Sangha Supreme Council, and the country's laws. Indicator No. 2: policies implemented by the model temples, Indicator No. 3: the organization of activities that are related to the mitigation of risk factors, and lastly, Indicator No. 4: network partners. Collectively, they have yielded a total of 40 indicators which will be assessed before and after the activities, to which the information will then be analyzed and used to establish activities. Consequently, most of the model temples have carried out activities according to the indicators, such as the implementation of the Dharma discipline, the Sangha Supreme Council's resolution, and the country's laws, implementing related policies, issuing regulations/rules/announcements that are related to the control of risk factors and activities related to the mitigation of risk factors. Moreover, network partners also work collaboratively with the monks'-initiated projects, such as the Five Precepts Village Project, the Sub-District People's Training Unit, the Pracha Rat Sang Suk Temple project, followed by promoting cooperative efforts in mitigating risk factors with local health service agencies, such as the Village Health Volunteers (VHVs) or the Sub-district Health Promoting Hospitals, local government organizations, schools, as well as community leaders. The temples and other related agencies are also encouraged to implement programs to prevent and mitigate risk factors through the health insurance fund at the local level. This is consistent with Boonchai Piriyaikitkamjorn's⁴ study with regard to the prevention, reduction, and quitting smoking guidelines for youth in Songkhla Province. The essence of the study states that the approach to driving the reduction and quitting smoking policy requires collaborative efforts from various agencies at the local level, as well as support for budget and medical supplies and communication. There are also risk factor mitigation activities with active participation from the community, and cooperation with other temple networks, civil society organizations, government agencies (ISOC / Ministry of Culture / National Office of Buddhism / Provincial Public Health Office / Provincial Hospitals), as well as other private organizations.

With regards to the development of the environment and network management guidelines, the working group used the network as a tool to mitigate risk factors through the monks of Lampang and Nan provinces, whereby representatives from the 40 model temples discussed policies with the community working groups to drive the development of the temples' environment. Rules and regulations are then

⁴ Boonchai Piriyaikitkamjorn and Nirachon Chutipattana, "Guidelines for the Prevention, Reduction, and Abstention of Smoking Among Young People, Songkhla Province," *Journal of the Southern College of Nursing and Public Health Network* 5 (January-April 2018): 108.

issued within the community with the active participation of the community. The temples' landscape are then adjusted to include signboards promoting risk factors mitigation for 20 model temples, to ensure that the local community is aware of the vices, and refrain from selling or drinking alcoholic beverages within the temples' premises. A network of local government agencies also play an active role in the activities, such as 1) the Thai Health Promotion Foundation (ThaiHealth), 2) the StopDrink Network (SDN), 3) the Saen Pa Yah Institute, Lampang Province, 4) the Lampang Civil Society Network, as well as create developer monks by established a space to allow this group of monks to showcase their potential in public areas, such as at the morning fresh market, open discussion forums in educational institutions, as well as morality and ethics training in schools, etc. This is in accordance with Chulabhorn Sota et al.⁵ who produced a research study on The Development of Student Leaders' Potential to Promote Values on Abstentions to Drinking Alcohol. The study concluded that leaders must be developed by strengthening the motivation to develop experiences in various forums, as well as conduct training to provide knowledge on the dangers of drinking alcohol and the benefits of reducing and quitting drinking, including occupying oneself during their free time and establishing projects to promote abstention from alcohol among students. Saksorn Mongkolittivej⁶ conducted a study on The Community Potential Development Process into Becoming a Livable Community: A Case Study of Baan Sob Yarp, Chiang Saen District, Chiang Rai Province. There are also similar opinions that the development of leaders' potential requires the opportunity for them to participate in every process through 3 steps: 1) aiming at common goals, 2) building basic structures/mechanisms for the development of learning, and organizing workshops to find the basic mechanisms for developing a learning community, and 3) working collaboratively on a project by preparing an action plan to develop potential.

Building a strong community health network depends on how strong the community's organization is. Personnel and communities must be made ready by strengthening them into becoming a solid foundation to support solutions and development in terms of the economy, society and culture, natural resources, and the environment simultaneously in every aspect, with the close cooperation of government agencies, private organizations, and partner networks, joining forces to carry out stimulating work and create participative work processes. It also includes creating an environment for the community to think, act, and learn collaboratively. Including helping each other, which will lead to sustainable development in the long term. The researcher applied "Boworn" to act as a guideline for developing a risk factor mitigation network based on Buddhist principles in Lampang and Nan provinces, to ensure stability, wealth, and sustainability of the moral community, the integration of collaborative work, and correct practice. The entire process can be summarized in 5 steps: the initial stage of development, development planning, implementation, receiving benefits from the development, and assessment. This is consistent with Supaporn Udomlak et al.⁷ who produced a research paper on A Participatory Learning Process for the Enhance-

⁵ Chulabhorn Sota, et al., *The Development of Student Leaders' Potential to Promote Values on Abstentions to Drinking Alcohol* (Khon Kaen: Faculty of Public Health, Khon Kaen University, 2012), 95.

⁶ Saksorn Mongkhonitthivej, *The Community Potential Development Process into Becoming a Livable Community: A Case Study of Baan Sop Yarp, Chiang Saen District, Chiang Rai Province* (Chiang Mai: Chiang Mai University, 2009), 80-85.

⁷ Supaporn Udomlak et al., "A Participatory Learning Process for the Enhancement of Family Potential in Resolving Alcohol-related Problems in Baan San Pa Bong Community, San Pa Muang Subdistrict, Mueang District, Phayao Province,"

ment of Family Potential in Resolving Alcohol-related Problems in Baan San Pa Bong Community, San Pa Muang Subdistrict, Mueang District, Phayao Province. The study revealed that the solution was to involve families and communities and set up a drinking campaign leader by creating campaign signs promoting the dangers and diseases caused by drinking alcohol and posting them in the community town hall and village intersections, the preparation of the project to discourage alcohol consumption during Buddhist Lent, the establishment of a group to discourage alcohol consumption in the community, request for a community consensus on abstaining from alcohol for the sake of Buddhism and refrain from drinking in various merit occasions in order not to violate the precepts of Buddhism. Results of the study revealed that in solving the liquor issue if it takes into account the active participation from the community, while also considering the community's social capital and starting from what is already available in the community, and building on what the community has accomplished, should be able to successfully resolve the problem of alcohol consumption in a sustainable manner.

In applying the “Boworn” principle as a base for driving the activities, is considered as the beginning of a large society. It is a small but significant cog. Moreover, the Lampang and Nan provincial ecclesiastical council plays a very important role in driving the development of the risk factor mitigation network based on Buddhist principles to achieve good health, i.e. physical, mental, intellectual, and social development. Therefore, efforts to promote physical, mental, intellectual, and social, should actively receive participation from monks in order to enhance knowledge and understanding of health, morals, ethics, adhering to rules, discipline, values, and good images, as well as preaching on significant Buddhist holidays such as Makha Bucha Day, Visakha Bucha Day, Asalha Bucha Day, etc., by applying Buddhist principles to develop an understanding within the community while at the same time, strengthen the body and mind. Activities promoting the sufficiency economy concept should also be conducted within the temple, including campaigns to discourage drinking alcohol at funerals. To promote spirituality, monks will organize activities on Buddhist holy days for monks to practice mindfulness and develop concentration in their daily lives, adhere to morality, ethics, and perform their duties with honesty, as well as create awareness in the community to behave as good citizens and collaboratively contribute towards the development of the community. Therefore, the ecclesiastical council possesses the necessary content to recommend in terms of health, which is to focus on physical and mental health, discipline, and adherence to traditions. This is consistent with Amnat Thapin and Phrakhrue Kowitbunkhet⁸ who studied The Development of a Network to Mitigate Risk Factors Based on Buddhist Principles in Tak Province. The study revealed that introducing the “Boworn” principle would act as an important mechanism to drive the integration of the learning and problem-solving process through activities to develop a network of the Five Precepts Village, Five Precepts School, summer novice ordinations, campaigns and ordinations, praying for virtue, reducing, and quitting smoking, can raise the level of creating a sustainable healthy society.

With regards to the development of policy proposals for the provincial Sangha council to build a comprehensive risk factor mitigation network mechanism for the Sangha administrative, public health,

Ministry of Public Health Nursing Journal 24 (2014): 90-103.

⁸ Amnat Tapin and Phra Khru Kowitbunkhet, “The Development of a Network to Mitigate Risk Factors Based on Buddhist Principles in Tak Province,” *MCU Buddhapanya Review* 7 (April-June 2022): 118-119.

and local government organizations, it has received cooperation from numerous network partners as a mechanism for its drive. Monks from both Lampang and Nan provinces are the mainstay of the drive, whereby the developer monks who participated in the project joined collaboratively to form a Dharma working group by working through the public welfare and dissemination activities of the monks, and collaboration with Mahachulalongkornrajavidyalaya University, Nakhon Lampang Sangha College, and Nakhon Nan Sangha College, as well as network partners. The collaborative effort, through a meeting, appointed a hierarchical working group at the district level downwards and requested cooperation in organizing various activities within the temple premises that prohibited the consumption of alcohol, smoking, and gambling. The temples' landscape was also renovated to prevent it from being a place of unwanted gathering, such as putting up signs to establish the temple into becoming an alcohol-, smoking-, and gambling-free zone. Additionally, firm policies regarding celebratory and entertainment activities were issued to the provincial chief monk to strictly supervise and avoid organizing banquets and celebrations, in particular, prohibit the consumption of alcoholic beverages as it may encourage wrong-doings instead of merits. This is consistent with Roongrote Leesakunrak⁹ who produced a research paper on the Strategies for Developing and Strengthening the Community: A Case Study of Suan Dok Community, which states that the mechanism for driving the strategy should include public participation and creating potential leaders through actual implementations, create learnings in the community, create a good understanding between the local Suan Dok community, government agencies, and the private sector, as well as actively cooperate and coordinate with external networks outside the community.

BIBLIOGRAPHY

- Sota Chulabhorn, et al. *The Development of Student Leaders' Potential to Promote Values on Abstentions to Drinking Alcohol*. Chaing Mai: Faculty of Public Health, Khon Kaen University, 2012.
- Piriyakitkamjorn Boonchai and Nirachon Chutipattana. "Guidelines for the Prevention, Reduction, and Abstention of Smoking Among Young People. Songkhla Province." *Journal of the Southern College of Nursing and Public Health Network* 5 (January-April 2018):108.
- Phra Khru Pisutthipanyaphiwat, et al. "A Model of Moral Provincial Administration of Phichit Province." *MCU Journal of Social Science Review* 11 (2022): 313-314.
- Phra Ratchavaramethi et al. *The Strategic Plan for Reforming Buddhist Affairs, B.E. 2560-2564 "Policy Implementation."* National Office of Buddhism, 2017. <http://www.buddhism4.com/web/download/book%201.pdf>
- Leesakunrak Rungroj. *Strategies for Developing and Strengthening the Community: A Case Study of Suan Dok Community*. Chiang Mai: Chiang Mai University, 2008.
- Mongkhonitthivej Saksorn. *The Community Potential Development Process into Becoming a Livable Community: A Case Study of Baan Sop Yarp, Chiang Saen District, Chiang Rai Province*. Chiang Mai University, 2009.
- Udomlak Supaporn et al. "A Participatory Learning Process for Enhancement of Family Potential in Resolving Alcohol-related Problems in Baan San Pa Bong Community, San Pa Muang Subdistrict,

⁹ Rungroj Leesakunrak, *Strategies for Developing and Strengthening the Community: A Case Study of Suan Dok Community* (Chiang Mai: Chiang Mai University, 2008).

Mueang District, Phayao Province.” *Ministry of Public Health Nursing Journal* 24 (2014): 90-103.

Tapin Amnat and Phra Khru Kowitbunkhet. “The Development of a Network to Mitigate Risk Factors Based on Buddhist Principles in Tak Province.” *MCU Buddhapanya Review* 7 (April-June 2022):118-119.

Bunnag Natetida. “*SDG Updates on Social Health Determinants - When Social, Economic, and Political Structures Determine Your Health Status and Life Expectancy Prior to Birth.*” *SDG MOVE*. Accessed September 24, 2022,
<https://www.sdgmovement.com/2021/04/08/social-determinants-of-health-and-health-equity/>.