



Buddhist Temple Network to Support the Regional People's Health Promotion in Japan

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Today, more than a quarter of the Japanese population is aged over 65 years old. This is set to increase to 40% by 2055, when the population will have shrunk from the current 127 million to 90 million. At present, the average life expectancy is 81 years old in males and 87 years old in females. However, many are now being forced to live a rather restricted life with an average of 9.13 years for men and an average of 12.8 years for women.

In response to increasing rates of elderly and its association with chronic diseases, Japan has implemented several policies, guidelines and programs [1]. Kenko Nippon 21 (Health Japan 21), which began in 2000, aims to extend healthy life expectancy and reduce health disparities, and to improve people's quality of life (QOL). In addition, it was followed by the Shokuiku (eating education) Basic Law which was passed in 2005. Subsequently, in 2008, the government launched a special nationwide health check-up program (tokutei-kenko-shinsa). For the impaired elderly, more nursing homes with improved medical care facilities have been built, but by doing this, governmental medical expenditures have skyrocketed. The number of special nursing homes for the elderly was 2,260 in 1990, and it increased to 6,254 in 2011, but this has caused many problems. Meanwhile, about 1.69 million people now live in welfare facilities for the elderly, representing a 40 percent surge from the previous census taken in 2012.

The Ministry of Health, Labour and Welfare has warned that Japan will need to add one million nurses and care workers by 2025. Encouraging immigration from Asian countries may seem like a simple solution. Prime Minister Shinzo Abe says he is keen to expand the program for foreign workers including nurses, but says they would be required to go home after three to five years. Japan is still one of the most ethnically homogeneous countries in

the world, with foreigners making up less than 2% of the population. Opening Japan to large-scale immigration is a very sensitive subject. Allowing a limited number of foreign students could not fulfill the needs to care for Japan's rising number of elderly people.

There are no immediate solutions on the horizon and Japan needs to find one fast. We have proposed improving eating habits is of vital importance to keep and stay healthy until late in life, and brown rice eating is the best choice. The cross-sectional study on dietary habit and health (GENKI study) clarified the characteristics of obese people and brown rice eaters among 6,000 participants [2]. Obese people had many lifestyle-related diseases, such as diabetes, hypertension, hyperlipidemia, at an odds ratio of 3, while brown rice eaters showed only 0.3 [3].

The national census, conducted every five years has been covering both Japanese nationals and non-Japanese citizens living in the country. The thick report, conducted by the Internal Affairs Ministry, showed that the average number of household members fell from 2.82 in 1995 to 2.39 in 2015. Single-person households have grown to occupy 32.5 percent of the total 51.88 million households, making it now the largest segment of the population. It showed that one in every 8 men aged 65 or older and one in every 5 women of the same age category live alone.

"Terakoya" temple movement

It is important to involve these people to the community circle. The single living elderly tends to be inactive and loses communication with neighbors. However, it is difficult to find a proper place for citizen's activity to support them. Recently young monks in Buddhist temples have started a new way to survive in their small towns and/or villages, because registered members and surrounding population to support a temple is decreasing in elderly society.

The local events in the temple are planned by the Terakoya Buddha Council as part of the scheme which intends to help older people beat loneliness. "Terakoya" means a private elementary school in the Edo period in Japan. So far, more than 50 with admission fee seminars are opened in 13 temples in Tokyo monthly. These are summarized into four categories; "heart and body", "nature and tradition", "play and art", "town and living". In addition over 40 free events, such as workshop, yoga school, festival, market, etc. have started for regional residents including elderly people in the empty free Buddhist temples.

So, what kind of concepts will convey mental and physical health? There are words of mind and body in Buddhism and psychosomatic relationships in psychosomatic medicine, but heart and body health are inseparable, but have mutual effect. If my mind gets healthy, my body will be healthy, and if my body will be healthy, my mind will be healthy.

This is how the monk approaches from the mental health and conveys mental and physical health. The doctor will inform the physical and mental health by approach from the health of the body.

Buddhism has an academic basis of the mind made with "awareness" through accumulation of sophisticated experiences since 2000 years ago. Medicine was born of accumulation of precise scientific evidence. So, the collaboration between two is the main point of the program. After repeated discussions with monks, doctors, etc., we propose heart health and physical health by six lifestyles. Can temples contribute to prolonging the healthy lifespan? In the first place, the temple is a place to contribute to people's "living better", so we will send out the "lifestyle habits" to maintain the mental and physical health from all over the country. That is the health cram school of the heart and body.

[To get flexible mind]

Admit yourself

Have you met yourself?

I notice "now, here, and I".

Introduction to mindfulness meditation

Knowing the neutral position of the heart

Admit yourself as it is.

Accept others

If you do not recognize yourself, others will not be accepted

Review casually and carelessly talked words

I will get you. Thanks. Thank you.

Learn the spirit of connection from words

Self-profit should become other's profit for peaceful balanced world

To take care of myself and to take care of others is the same

A good connection (communication)

Everything exists and changes while mutually influencing each other.

People can live by supporting each other from the first time.

The connection of a good person will improve that person's mind.

Vertical connection beyond generation, sideways connection with the same generation.

[Physical movement to keep body function]

Meal

The body is made of all what you ate

Intestinal environment is a key point of health

What you should eat

How to identify dangerous foods

How to take a meal

Movement

It is necessary to move your body

What is a healthy condition

Finger movement

Tips for daily life

Rest to recover mind wellness

Brain fatigue, body fatigue

Causes and solutions to fatigue

Meditation to suppress excessive work of the brain

Good sleep, bad sleep

How to get a good sleep

Causes and solutions to fatigue

Meditation to suppress excessive work of the brain

Self-compassion

[Sharing knowledge]

Sharing knowledge and know-how in comrades' temple network

We built a model case in 2019,

Expand voluntary network across the country

How to open a healthy temple

1. Learn the basics of preventive medicine
2. Healthy Temple Declaration
3. Encourage making of the temple's school in a town
It is convenient to use partner lecturer registration function
4. Start!

Fun to be healthy with various Terakoya activities!

Rationale of this Terakoya Buddha project

Hoshi, *et al.* [4] evaluated causal and structural relationships with diverse factors contributing to healthy life expectancy by tracking the subjects longitudinally for every three years and six years, three times in all including baseline research. Socio-economic status (SES) has a powerful influence on human health and longevity: social determinants of health (SDH) [5]. The causal and structural relationships in terms of how its underlying mechanisms affect human health.

They gathered many factors from a wide range questionnaire and could succeed to construct a single structural model of cause and effect of healthy longevity. It is easily accessible to those who do not know much about these statistics because they examined the cause and effect of elderly people's healthy longevity providing models which were easy to understand visually.

Their final hypothesis model was constructed by "healthy life," "SES," three health-related dimensions, such as "physical health," "psychological health," and "social health" and "environmental condition" which is in and out of housing factors. This causal and structural relationships' model shows that healthy survival days and bedridden status might be determined not only by direct effect of SES, but also by indirect effect of the three health-related dimensions and healthy environmental condition.

Lifestyle habits including an ideal diet directly provide for healthy life expectancy, but there is the possibility that major socio-economic factors, environmental conditions, and the three essential health factors are, in fact, confounding factors.

This might influence a more positive lifestyle to occur as a result by progress in work, physical, psychological and social health, as well as the necessity to emphasize the preservation of income and environmental conditions.

To push for the initiation of better overall health education that focuses on setting up a health supporting environment can definitely help people's lives by making more desirable smart lifestyle choices [6].

We can expect the Terakoya Healthy Temple program to flourish. However, we are still growing, even at this age, and it's nice to see them growing as well.

Bibliography

1. The Ministry of Health, Labour and Welfare, Policy Information.
2. Watanabe S., *et al.* "Effects of Brown Rice on Obesity: GENKI Study I (Cross Sectional Epidemiological Study)". *Journal of Obesity and Chronic Diseases* 2.1 (2018): 12-19.
3. Watanabe S., *et al.* "Dietary and lifehabits of obese people and brown rice eaters among GENKI Study I & II". *Clinical Functional Nutriology* 10.2 (2018): 79-86.
4. Hoshi T and Kodama S. "The structure of healthy life determinants - Lessons from the Japanese aging cohort studies". Springer Singapore (2017).
5. Marmot M and RG Wilkinson. "Social determinants of health". 2nd edition. New York: Oxford University Press Inc (2006).
6. Watanabe S. "Population-based strategy for preventing diabetes and its complications". *Diabetes Research - Open Journal* 4.1 (2018): e1-e4.

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