

## Sigma's 30th International Nursing Research Congress

### Monk Volunteer Health Advocacy Project: A Multidisciplinary Collaboration for Training and Capacity-Building for Buddhist Monks

#### **Benjamas Suksatit, RN, PhD, APMSN**

*Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand*

Phraratsittivetee Vasasiri, PhD

*Phichit Buddhist College, Mahachulalongkornrajavidyalaya University, Phichit, Thailand*

Chompunut Singmanee, MSN

*Faculty of Nursing, Chiang Rai College, Chiang Rai, Thailand*

Warodom Samerchua, MSN

*McCormick Faculty of Nursing, Payap University, Chiang Mai, Thailand*

Purida Wientong, PhD

*Faculty of Pharmacy, Chiang Mai University, Chiang Mai, Thailand*

Somboon Jeenapongsa, MD

*Phichit hospital, Phichit, Thailand*

Nipawan Waisayanand, MD

*Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand*

**Background:** Non-communicable diseases (NCDs), also known as chronic diseases, are the major health problems worldwide. World health organization classifies NCDs into four main types, including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. NCDs happen as a result of a combination of genetic, physiological, environmental and behaviors factors. NCDs place burden on people living with NCDs, family, and society. In Thailand, more than 70 percent of all deaths occurs as the result of NCDs.

Buddhist monks are at the center of NCDs crisis. Prevalence of Buddhist monks living with NCDs are continuously increasing. Based on the data from the Priest hospital, the most common NCDs in Thai monks are hypercholesterolemia, diabetes, and hypertension. In addition, the majority of priest patients are also found with overweight and obesity, which are the major risk factors for NCDs. lead to heart disease and artery. The reasons why Buddhist monk is at risk for NCDs might be due to the fact that Buddhist monk is an ordained male monastic in Buddhism whose life is governed by 227 rules of the Patimokkha, the basic code of monastic discipline. Thus, life as a Buddhist monk may pose challenges in performing healthy behaviors, especially on dietary habits and physical activities. The results from previous studies showed that monks consume food with a high proportion of carbohydrates, fats and sodium, but less vegetables and fruits. In addition, since monks cannot eat midday, they drink sweet sugar beverages as the additional source of energy. For physical activity, the majority of Thai monks have insufficient physical activity. These challenges in health behaviors expose Buddhist monks to a greater risk of NCDs.

A situational analysis for NCDs among Buddhist Monks in Phichit Province showed that the prevalence of NCDs such as hypertension, diabetes, and dyslipidemia, among Buddhist Monks are higher than Thai male at the same age. Most of them do not know that they have NCDs and know too little about NCDs and how to prevent and/or control diseases. As consequences, NCDs among monks occurs a little bit earlier than those Thai ordinary male. In addition, they face many complications from NCDs.

**Purpose:** The purpose of this paper are to describe the multidisciplinary collaboration for training and capacity-building program to raise NCDs awareness among Buddhist monks, and evaluation of the program.

**Methods:** This study was conducted under the research and development (R&D) approach. Monk volunteer health advocacy project was developed based on needs of Buddhist monks in Phichit province

and other stakeholders. Fifty six monks from 48 temples joined a 2-day training and capacity-building program that led by multidisciplinary team, including monks and health care providers.

**Results:** During 2-day training, monk volunteer health advocates learnt and shared with us. Knowledge related to NCDs were provided, along with practice sessions focusing on blood pressure, including measurement, interpretation, and suggestion based on Thai hypertension guideline, waist circumference, and body mass index. Before the end of the program, objective structured clinical examination (OSCE) was tested on monk volunteer health advocates' blood pressure measurement skills to ensure that monk volunteer health advocates were able to take blood pressure correctly and give advice effectively. Automatic blood pressure monitor, scale, and waist tape measure were provided as a starter kit for monk volunteer health advocates with the generosity of Buddhists. All monk volunteer health advocates passed the OSCE and statistically significantly improved their self-efficacy on being the health advocates.

**Conclusion:** The program was successful in enhancing monks' awareness of NCDs and capacity in providing blood pressure measurement and health education. Multidisciplinary team is a key of the program success.

**Conflict of Interest:** The authors declare no conflict of interest.

**Acknowledgement:** We are very thankful to the ecclesiastical provincial governor of Phichit, along with the Buddhist Sangha administrative officers, and all respectful Buddhist monks for supporting and participating in the study. We also would like to thank the Thai health promotion foundation, the Buddhist research institute, Mahachulalongkornrajavidyalaya University, and the ecclesiastical provincial governor of Phichit for financial support.

---

**Title:**

Monk Volunteer Health Advocacy Project: A Multidisciplinary Collaboration for Training and Capacity-Building for Buddhist Monks

**Keywords:**

Buddhist monks, Non Communicable Diseases and Volunteer Health Advocates

**References:**

1. Aekplakorn, W. (2014). *Thai National Health Examination Survey, NHES V*. Bangkok: Health Systems Research Institute; 2016. (in Thai).
2. Angkatavanich, J, Wisetrit, W, Sangtien, A, & Somyuranakul, P. (2014). *Life style, food characteristics and nutritional status of Thai monks and in 4 rural regions of Thailand*. Bangkok: Choraka Press. (in Thai).
3. Sangdit P, Suksawas, S, & Nawapongpaween, K. (2014). *Health status of Buddhist monks in Thailand*. Bangkok: The Priest Hospital. (in Thai).
4. Polvan, S. (2009). Factors associated with quality of life among Buddhist monks with chronic diseases in Saraburi province, Thailand. *Master degree Thesis*. Bangkok: Mahidol University.
5. Tunsatean, P. (2007). Quality of life among Thai Buddhist monks with chronic illnesses at Priest hospital, Bangkok. *Master degree Thesis*. Bangkok: Mahidol University. (in Thai).
6. Phraratpariyad, Phrakhrusoaponpariyatsutee, Phrakhruphisansorskit, Singmanee, C, Samerchua, W, & Suksatit, B. (2018). Predictors of Health-related quality of life among Buddhist monks in Phayao province. *Journal of The Royal Thai Army Nurses*, 19, 78-87. (in Thai).
7. Phonwiset, K. (2011). Factors Associated with Quality of Life among Monks with Chronic Illness, Priest Hospital, Bangkok. *Bachelor Thesis*. Bangkok: Mahidol University.
8. Pornprasert, P, Pranear, K, & Pornprasert, A. (2016). Quality of Life of the Thai Buddhist Monks with Chronic Illnesses at Chaloeprakhiat 60 Phansa Nawamintarachini Hospital Ubon

**Abstract Summary:**

The aim of this article is to describe our experience in operating a multidisciplinary collaboration for training and capacity-building among Buddhist monks to raise monks' awareness of NCDs and become Buddhist monk volunteer health advocates.

**Content Outline:**

**I Introduction:**

A: Non-communicable diseases (NCDs)

B: Buddhist monks and NCDs

C: Situational analysis for NCDs among Buddhist Monks in Phichit Province

**II Body:**

A: Objectives of this research study

B: How the monk volunteer health advocacy project was formulated.

C: Participants

D: Training and capacity-building for monk volunteer health advocates

E: Evaluation of the project

**Conclusion:**

A: Key of the program success.

First Primary Presenting Author

**Primary Presenting Author**

Benjamas Suksatit, RN, PhD, APMSN  
Faculty of Nursing, Chiang Mai University

Instructor

Chiang Mai

Thailand

**Author Summary:** Dr. Benjamas is a lecturer at the faculty of Nursing Chiang Mai University. Her area of interest are NCDs prevention and care, and health literacy. Currently, she is working with the Thai health promotion foundation and the Buddhist research institute, Mahachulalongkornrajavidyalaya University to promote health and well-being among monks and novices in Thailand.

Second Author

Phraratsittivetee Vasasiri, PhD

Phichit Buddhist College, Mahachulalongkornrajavidyalaya University

Phichit

Thailand

**Author Summary:** Phraratsittivetee is the Lord Abbot of a Buddhist monastery, Phichit province, Thailand. Phraratsittivetee is also the director of Phichit Sangha College, Mahachulalongkornrajavidyalaya University. The Lord Abbot of a Buddhist monastery, Phichit province is interested in improving health and well-being for monks.

Third Author  
Chompunut Singmanee, MSN  
Faculty of Nursing, Chiang Rai College  
Lecturer  
Chiang Rai  
Thailand

**Author Summary:** Ms. Singmaee earns BSN and MSN (Adult Nursing) from Chiang Mai University, Thailand. She is also a lecturer at Faculty of Nursing, Chiang Rai College. She is interesting in NCDs prevention and care.

Fourth Author  
Warodom Samerchua, MSN  
McCormick Faculty of Nursing, Payap University  
Instructor  
Payap University  
Chiang Mai  
Thailand

**Author Summary:** Mr. Samerchua is an instructor at Adult nursing department, McCormick faculty of Nursing, Payap University, Chiangmai, Thailand. His area of interest are surgical nursing, NCDs, for improving health and well-being. also palliative care for good death.

Fifth Author  
Purida Wientong, PhD  
Faculty of Pharmacy, Chiang Mai University  
Assistant Professor  
Chiang Mai  
Thailand

**Author Summary:** Dr. Purida is an assistant professor at the Faculty of Pharmacy, Chiang Mai University, Thailand. She is interested in improving health and well-being, especially issues related to access to medication.

Sixth Author  
Somboon Jeenapongsa, MD  
Phichit hospital  
Physician  
Phichit  
Thailand

**Author Summary:** Dr. Jeenapongsa is a nephrologist, working at Phichit hospital. He has more than 15 years of clinical experiences in taking care of patients with NCDs. He is also a volunteer physician at the Priest hospital in Bangkok, Thailand.

Seventh Author

Nipawan Waisayanand, MD  
Faculty of Medicine, Chiang Mai University  
Assistant Professor  
Chiang Mai  
Thailand

**Author Summary:** Assistant professor Waisayanand is an endocrinologist at the Faculty of Medicine, Chiang Mai University, Thailand. Beside taking care of patients and supervising medical students, she is interested in NCDs prevention and care.