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

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THAILAND
“If you would like to take care of me, you should take care of monks who get sick”

ผู้ใดจะพึงอุปัฏฐากเรา ผู้นั้นพึงพยาบาลภิกษุอาพาธ
Background

one of the major health concerns worldwide.

NCDs

happen as a result of a combination of genetic, physiological, environmental, and behaviors factors.

place burden on people living with NCDs, family, and society.
In Thailand, more than 70% 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 data from the Priest hospital, most common NCDS in Thai monks are hypercholesterolemia, diabetes, and hypertension.

• Overweight and obesity were commonly found among monks.
NCDs among Buddhist monks

• 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 prevalence of NCDs in increased.

Challenges in health behaviors
Challenges in health behaviors

1. Consume food with a high proportion of carbohydrates, fats and sodium
2. Eat less vegetables and fruits
3. Frequently drink sweet sugar beverages
4. Insufficient physical activity
We did a situational analysis of NCDs and related factors among Buddhist monks in Phichit province, Thailand. The results show that the incidence of NCDs among monks is higher than those among Thai men.
NCDs: Thai men vs. Monks

- Hypertension: Thai men 25.6%, Monks 43.0%
- Diabetes: Thai men 7.6%, Monks 12.9%
- Metabolic syndrome: Thai men 26.0%, Monks 39.6%
Challenges in health behaviors

• Based on WHO STEPS questionnaire, compared with Thai men, Buddhist monks in Phichit province were
  - Smoking
  - Dietary sodium
  - Physical activity
  - Vegetable and fruits
The 2017 Health Charter for Buddhist Monks was introduced, aiming to make a difference in 10 years towards healthy monks, established temples and happy communities.
Thailand 4.0: Need for Innovation

- Creative
- Acceptable
- New
- Development
- Useful
Purpose of this presentation

- to describe the multidisciplinary collaboration for training and capacity-building program to raise NCDs awareness among Buddhist monks, and evaluation of the program.
Buddhist Monk Volunteer Health Advocates
Training Program

- aimed to
  - promote partnerships between monk leaders, local health care providers, and academic institutes,
  - enhance monks understanding of how to raise awareness of NCDs prevention and care to improve health outcomes in monks’ communities
  - train monks to become Buddhist monk volunteer health advocates
Monk Volunteer Health Advocates

Healthy

Hope

Happiness

Harmony
Methodology

• 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, Thailand and other stakeholders.
Methodology: Participants

Network sampling to identify possible subjects

Sangha council of Phichit, Thailand, approached eligible subjects.

Those who were interested were introduced to researchers.

56 monks, who age at least 20 years, agree to participate and provided consent.
Methodology

- 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.
• This study was conducted with the approval of the Institutional Review Board (IRB) of Mahachulalongkornrajavidyalaya University, and the IRB of Phichit hospital, Thailand to assure the protection of human subjects.

• Confidentiality of all information was maintained.

• All data was analyzed and reported as group data.
1. Literature search and in-depth interview all stakeholders
2. Development of NCDs booklet for monks
3. Fundraising for medical equipment starter kits
4. The 2-day training
The 2-day training

- NCDs knowledge: HTN, DLP, DM, complications
- Practice: BP measurement and interpretation
- Evaluation
The 2-day training
The 2-day training
Practicum: Blood pressure measurement
Practicum: CBG testing
Objective structured clinical examination (OSCE)
Brainstorming
Reflection and future plan
Monk volunteer health advocates
On site evaluation: Temple visit
On site evaluation: Temple visit
On site evaluation: Temple visit
On site evaluation: Temple visit
On site evaluation: Temple visit
In action: giving a talk to elders
Hope for changing in policy
Conclusion

NCDs
Prevention
Care

awareness

collaboration
knowledge
understanding
skills
Conclusion
• The authors declare no conflict of interest.
Acknowledgement

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Any Question?
Thank you!
ขอบคุณค่ะ