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

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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.

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**References:**

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.

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