NON-COMMUNICABLE DISEASES IN BUDDHIST MONKS: AN INTEGRATIVE REVIEW

BACKGROUND:
Non-Communicable Diseases (NCDs) are associated with increased mortality and impact adversely on disability-adjusted life years (DALYs). In Asia, due to the where there are limited resources this burden is pronounced. Buddhist monks have unique lifestyles that are purported to support their spiritual health. All Buddhist monks have restrictions impacting on their cardiovascular health. For instance, they are dependent on food offerings from donors and unable to exercise regularly due to the religious duties and obligations. Hence, Buddhist monks are vulnerable for NCDs which gradually developed over long term. Despite interest in the health burdens of NCDs in Buddhist monks is increased, general characteristics, prevalence and influencing factors remain unclear.

OBJECTIVE:
The aims of the integrative review was to identify the general characteristic, prevalence, factors related with health outcome and burden of NCDs in Thai Buddhist monks.

METHODS:
The integrative review guided by the Whittemore and Knafl framework in 2005. The MEsh terms essential included "Thailand Buddhist monk", "non-communicable disease", "prevalence", "chronic illness". This review included studies between May 2006 and August 2018 in English and Thai language identified through searching PubMed, Cochrane Library, CNKI, and hand searching. The exclusion criteria are intervention studies, qualitative studies, literature review articles, unpublished monographs and conference abstracts.

RESULTS:
Fourteen articles were included the analysis. We found a high prevalence of NCD in Thai Buddhist monk including hypertension, diabetes, cancer, dyslipidemia, musculoskeletal problems such as back pain, knee osteoarthritis and foot and ankle problems, etc. Problems such as myocardial infarction, pneumonia, pulmonary fibrosis, and overweight. The factors relating high prevalence of NCD included food consumption, activity of daily life and life style associated with religious practices.

CONCLUSION:
Buddhist monks are vulnerable to develop NCD with complicated co-morbidities. Future intervention should focus on health education, holistic healthcare addressing both the individual and community level.

ACKNOWLEDGMENT:
This study was supported by department of nursing, King Chulalongkorn Memorial Hospital, Thiti Red Cross Society.

REFERENCE: