



Centre for Research
and Training on Gender
and Women's Health

CRTGWH

Khon Kaen University

Annual Report 2009



*WHO Collaborating Centre for
Research and Training on
Gender and Women's Health*

<http://crtgwh.kku.ac.th>

Table of Contents

Directors' Report	2
1. Research.....	3
2. Training and Workshops.....	16
Gender Sensitive Training for Research	16
Capacity Building on Gender Role and Equality.....	17
Workshop on Gender Mainstreaming into Public Health.....	18
Knowledge on Dangerous of Transgender from Male to Female Project	19
Workshop on Decentralized Wastewater Management Using Constructed Wetland Technology	19
Gender Sensitive in Health	19
Workshop on Gender Mainstreaming for Health Managers.....	20
3. Meetings.....	21
New-CCET Assembly	21
Meeting on WHO Training Module, Salzburg	21
Meeting on WHO Training Module, New Delhi	22
Global Forum on Health Research.....	23
4. Visit to other Organizations	24
Organization for Economic Co-operation and Development (OECD), Paris, France	24
5. Conference Participation.....	26
The 9 th International Family Nursing Conference	26
RDI Symposium 2009.....	29
6. Exhibitions	31
Khon Kaen University Exhibition	31
Meeting at Thailand Nursing Council.....	31
7. Congratulations	32
8. CRTGWH Funded Research.....	36

Directors' Report

After a few years of continuous dedication and determination, in September 2009, our Centre for Research and Training on Gender and Women's Health, Khon Kaen University, Thailand has been officially designated by the World Health Organization as a WHO Collaborating Centre for Research and Training on Gender and Women's Health (WHOC-CRTGWH). I would like to thank all the people involved in the designation process including WHO SEARO, WHO Representatives to Thailand, The Ministry of Foreign Affairs, The Ministry of Public Health, Thailand, and Khon Kaen University.



This year, we congratulate two PhD graduates, Dr. Nilubon Rujiraprasert and Dr. Boonsurb Sosome for their success. This year we also had a number of researches by CRTGWH members, followed by numerous trainings and attendance to meetings nationally and internationally. Our annual report seems to be growing in size, reflecting our commitment to our goals, responsibilities and needs of the community as a centre for research and training.

In 2010 we expect another busy year with workshops and trainings being organized. We will continue to support our researchers through CRTGWH research funds. Also, we cannot forget about our new commitment as a WHOCC. CRTGWH will continue to collaborate with WHO and SEARO to provide the necessary training and research opportunities around the region in the area of gender and women's health in an effort to achieve our goals.

Siriporn Chirawatkul, RN, PhD
Professor, Director of CRTGWH

1. Research

Title: Situations of Gender Sensitivities in a Process of Prevention and Treatment of Depressive Disorders in Mental Health Institutions of Isaan

Chirawatkul, S., Rungreangkulkij, S., Itrat, P., Chomnirat, W. and Praekhaw, P.

This study aimed to explore the situation of gender sensitivity on prevention and treatment of depression in health care services in the Isaan region. A combined qualitative and quantitative study was employed during October 2008 – July 2009. The qualitative study was undertaken in Khon Kaen City with 114 key informants including 50 females, 51 males and 13 homosexual persons. Focus group discussions and in-depth interviews were conducted. The data were thematically analyzed. The quantitative component consisted of a self administered questionnaire based on gender framework which was handed to 792 psychiatric personnel working in all government hospitals of 19 provinces. Quantitative data was analyzed using descriptive statistics. There were 6 major findings. Firstly, there were unequal power relations between men and women. Secondly, perceived causes of depression were to some extent different among men, women and homosexuals. Thirdly, women were sensitive to more items that caused depressive mood than men. Depressive mood among women were also easier to detect. Fourthly, men helped themselves to cope with depression while women sought help from a close person. In reality, they all need gender sensitive mental health care providers. Fifth, all guidelines used for mental health promotion and prevention of depression were gender blind. Finally, several mental health personnel were gender insensitive. It is suggested that gender mainstreaming be integrated in mental health promotion and prevention of depression programs.

Title: Situation of Women's Right Violation in Thailand

Chirawatkul, S., Rungreangkulkij, S., Sawangchareon, K., Wattananukulkiat, S., Klayhiran, W., Pokathip, S., Pochana, R., Thankow, S., Sukwong, P. and Losakultong, P.

This qualitative study aimed to explore the perceptions on women's rights of key informants who lived in specific communities including tribal people, farmers, unskilled workers, businessmen and government officers. The study also explained the experiences of women in relation to violation of women's rights. The study was conducted at Nan and Khon Kaen provinces during March – July 2009 with a total of 256 participants. Data were collected using observations, field notes, focus group discussions, in depth interviews and questionnaire. Content analysis was conducted to analyze qualitative data while descriptive statistics used for quantitative data. According to the gender perspective, there were 3 major findings. First, participants' femininity and masculinity were still under patriarchal system. Vulnerable groups, for instance, Hmong women, and women who were dependent, poor or disabled were prone to women's rights violation in various forms. Second, traditional customs were more powerful than other sources of power. Participants perceived that women's control of their bodies and their opportunities were violated due to the custom of male dominance. Finally, violations of women's rights occurred by compliance, suppression, patience and poor knowledge. The findings reveal that all organizations should work together in order to change the structure of gender relation by creating new strategies, using gender sensitivity and gender specificity.

Title: Perception of Stress in Laotian Migrant Workers in Thailand

Nilvarangkul, K., Rungreangkulkij, S. and Wongprom, J.

Globalization and the movement of workers across borders in search of a better life or employment are affecting healthcare systems and researchers with problems of increasing complexity. This study focused on how migrant workers in Thailand from the Lao People's Democratic Republic conceptualized their stress and its factors. Participant observation, in-depth interviews, and field notes were

employed in the study, which analyzed data from seventy subjects through qualitative content analysis. The migrant workers in this sample perceived stress as a state of being unable to fulfill their preferences or expectations revolving around issues of: living with poverty, employment, loneliness, poor relationships, competition in the workplace combined with job uncertainty, and invisibility. To provide care for the minority migrant workers, nurses need to focus on identifying how these users perceive stress. Furthermore, urgent action and further research are needed.

Title: Being Thai nuns: a case study in Isan

Rungreangkulkij, S., Leelakraiwan, C., Sawangchareon, K. and Choen-arom, C.

Thai society has changed from an agricultural lifestyle to more Westernized society. The result of this change is an increase in the stress that Thais feel. Many Thais embrace Buddhist teaching as the ways to deal with stress. Buddhist monks are a major group who disseminate dharma- the teaching of Buddhist principles. However, the roles of Thai Buddhist nuns are not clear. Thai nuns are perceived as a marginal group in Thai society. Status of Thai nuns is obscure. This research paper aims to examine the reasons for becoming a Thai nun and their roles . Qualitative research using in-depth interviews was conducted. Data were collected in 4 Buddhist temples and 2 nun temples in Chaiyaphum and Mukdaharn provinces. Key informants included 20 nuns, 7 monks, and 9 Thai lay people. Data were analyzed using content analysis based on gender perspective.

The results revealed that Thai women have different reasons for entering the priesthood, such as religious faith and to escape from problems. Gender inequality was found. Women were less supported when entering priesthood than men. Nuns are expected to perform housewife roles (cooking and cleaning), traditionally women's roles. Some nuns teach dharma and provide counseling, especially for laywomen. Many nuns encountered gender stereotypes and prejudice, resulting in a lack of respect and lack of support in teaching dharma.

Recommendations from this research include: 1) Thai nuns should be supported by the Sangha Supreme Council in teaching dharma 2) nuns should be included in the decision-making of laws and Acts 3) law-makers need to be educated on gender disparity/inequality between nuns and monks in the role of disseminating dharma.

Title: Children's Pain Assessment in Northeastern Thailand: Perspectives of Health Professionals

Forgeron, P.¹, Jongudomkarn, D.², Evans, J.¹, Finley, G.¹, Thienthong, S.², Siripul, P.², Pairojkul, S.², Sriraj, W.², Boonyawatanangkool, K.²

¹Dalhousie University, Halifax, Nova Scotia, Canada

²Khon Kaen University, Khon Kaen, Thailand

Deficiencies in pain care within the developing world are starting to be realized. Children in particular are vulnerable. As preliminary studies suggest, these children receive less pain treatment because of health professionals' attitudes and beliefs. This article reports on some of the findings of the first study in a larger program of research aimed at improving pediatric pain care in Thailand. Improvements in practice are not simply the result of providing evidenced-based knowledge, but a complex process that includes the context of care. Given that little is known about the pain management experiences of Thai health professionals, including the challenges they face, focus groups was used to capture their stories. Data revealed a need for both updating pain knowledge and for supporting an increased use of appropriate practices. In this article, we focus on the issues concerning the assessment of pain resulting from under recognizing children's pain and complex issues in communicating findings of children's pain.

Title: Validity and Reliability of KCU Pain Assessment Tools for School-Age: Case study at Kongkralas Hospital, Sukhothai

Aphaijit, N., Jongudomkarn, D. and Phanphruk, W.

The purpose of this study was to verify the quality, according to criteria, and construct a discriminant validity and test-retest the reliability of the Khon Kaen University pain assessment tools when used by families for their school-aged children. Patient preference for the instruments used was also assessed. The sample was composed of 100 children, between the ages of 6-20 years old, who were undergoing painful procedures at the Kongkralas Hospital in Sukhothai Province. The study also involved 100 families caregivers and 42 care nurses. The instruments used in this study consisted of 1) The interview questionnaire for family caregivers of school-aged children, and care nurses information. 2) Two standard assessment tools: numerical and facial measurement assessment, and the Khon Kaen University pain assessment form. 3) A satisfaction questionnaire concerning the use of the Khon Kaen University pain assessment tools. Data was analyzed by frequency, percentage, mean, standard deviation, and Pearson's coefficient correlation.

Title: Relationship between Family Health Problems and Needs, and Family Well-being at Pangdang Sub-district, Mukdahan Province

Jamsang, S. and Jongudomkarn, D.

The purpose of this research was to study the relationship between health problems and needs of families, and their well-being. Using systematic random sampling, 432 families residing in Pang Dang sub-district, Dong Luang District, Mukdahan Province were selected. The household heads or family representatives were the ones who completed the survey. The survey consisted of four parts; 1) Demographic data, 2) Problems and needs of family health, 3) Assessment on the factors related to people's well-being, and 4) Assessment on individual, family and community happiness. Data was analyzed using SPSS for Windows to obtain frequency, percentage, mean and standard deviation. Pearson's Product Moment

correlation was calculated to assess the relationships among study variables. Results showed that the relationship between health problems and needs of families, and their well-being, found no statistically significant relationship, at a level of 0.3.

Title: Experiences in Acute Pain Management of School-Aged Children by Families: Case Study in Roi-Et Hospital, Roi-Et Province

Prombut, N. and Jongudomkarn, D.

The study was aimed to explore Northeastern Thailand parents' experiences and pain management of their children's pain. The key informants consisted of 13 parents or primary caregivers and 13 children, aged 6 to 12 years who were admitted to the Roi-Et Hospital. Qualitative methods such as observation, in-depth interviews, and field notes were carried out during July to November 2007, and the data was analyzed using content analysis. The following were found: The sample felt that acute pain was suffering and reluctant to confront with. Being in pain was also given their lessons learned. It was noted that the family caregivers contributed to sadness, restlessness, quietness, and rubbing of the painful areas. In addition, the families helped to alleviate children's pain by several methods including teaching them to be patient, rubbing, and asking for pain-killers. Self-treatment by traditional healing were usually sought before western medicine. These results will be useful and contribute to family-centered care improvement in child pain management in the future.

Title: The Development of Indicators for Measuring Well-Being of Individuals Living in the area of Local Administration Organizations

Jongudomkarn, D. et. al.

The research was aimed to develop a tool to measure the well-being and quality of life of people who lived within the areas of responsibility of the sub-district government organizations which participated in the project. The sample population

was recruited from representatives of the 14,194 families who lived within the sub-districts. Systematic random sampling was used to select 3,324 representatives from the population,. The research was conducted during 2007 and 2008.

Research results of phase I was conducted during the financial year of 2007. The instruments were developed as follows; 1) A literature review concerning building the conceptual framework and outline the indicators concerned with well-being of people under responsibility of the sub-district government was conducted. 2) Analysis for content validity by finding the relative value of the Index of items Objective Congruence (IOC) from the information obtained through the subject matter experts was carried out. 3) The first round of Analysis to find the Reliability value of the instruments was performed. 4) A peer review for an appropriate language was conducted by experts who worked in the fields concerned with well-being. 5) The second round of Analysis to find the Reliability value of the instruments was conducted. Reliability of the instrument was determined using the internal consistency method, and internal correlation was found using the Cronbach's Alpha Coefficient method (at the level of 0.86).

The phase II of the study was conducted during the financial year of 2008 by carrying on within the samples in 9 sub-districts. Factor analysis of the 45 variables from the 4 factors on the indicator assessment form of well-being and quality of life of the population was done using a correlation matrix method, followed by the Orthogonal rotation method with Varimax. The variables with a value of 0.4 and above were selected. Additionally the factors that contain more than three variables were also selected. Finally, 38 items for assessment, listed under 6 factors remained. These included: 1) Continuous performance of traditions and good relationships in the community 2) Having and immobilizing the resources and the environment 3) Having individual security 4) Having a healthy lifestyle 5) Having security in their family and the community life, and 6) Having safety from the bad environment and poisonous elements.

Title: The Effects of Thai Massage by Husbands on Back Pain Relief and Marital Relationships During Pregnancy

Sornchai, S., Thongsila, T., and Eungpinichpong, W.

This quasi – experiment study was aimed to compare the effects of Thai massage performed by husband's of pregnant women on back pain relief and marital relationships. Forty pregnant women with gestation between 27 to 36 weeks, with back pain participated in this study. Purposive sampling method was used. The sample was equally divided into two groups. The control group received regular nursing care and the experimental group received Thai massage performed by the husband at least 2 sessions per week. The degree of back pain and marital relationship scores were compared twice, first at contact and 2 weeks later, Research instruments comprised of demographic data correcting form, numeric rating scale for back pain intensity which tested reliability using test – retest technique with Pearson's correlation coefficient = 0.95, and marital relationship questionnaires with a Cronbrach's alpha coefficient = 0.73. The findings of this study showed that:

1. Scores of back pain in the experimental group after receiving Thai massage performed by husbands was significantly lower than those obtained before receiving the Thai massage ($p < 0.001$) and lower than those of the control group after treatment ($p < 0.001$).

2. Scores on marital relationships in the experimental group was significantly higher than those obtained before the Thai massage ($p < 0.001$) and higher than those of the control group after treatment ($p < 0.05$).

It was concluded that home – based Thai massage, as practiced by husbands could relief discomfort form back pain and promote marital relationships in pregnant woman. It could be an alternative method for antenatal care.

Title: Empowerment Development Model to Perception on Maternal Role and Self Care Efficacy among Postpartum Adolescents

Ponsane, N. and Anusornteerakul, S.

The purpose of this study was to develop an empowerment model of perceptions on the maternal role and the self care efficacy among postpartum adolescents. The conceptual framework was based on Jensen's and Bobak's (1987) self care efficacy concept and Gibson (1995) empowerment concept. The subjects were 84 adolescent mothers who were admitted to the postpartum units of Buriram Hospital. They were equally assigned into the control and the experimental groups, 42 persons in each group. The instruments used in this study were the empowerment nursing model and the handbook of postpartum mothers. The instruments of data collection were the demographic data record and the perceived self efficacy questionnaire. The reliability of questionnaire was 0.81 using the Cronbach's alpha value. The data were analyzed using descriptive statistics, t-test.

The results showed that the experimental group significantly correlated with the maternal role, on physical self care efficacy and psychological self care efficacy. The results of post intervention of the experimental group were higher statistically and higher than the controlled group. The controlled group also significantly correlated with the maternal role and physical self care efficacy after the intervention and also higher statistically. Meanwhile, the perception on psychological self care efficacy before and after the intervention of the controlled group was not significantly different.

Title: Youth's risky behaviors and Violence in Northeastern of Thailand

Sawangchareon, K. and Pongsuwan, P.

The current study employed qualitative and quantitative study aimed to examine the social structure and cultural context that led to violence problems. It also aimed to examine the mechanism and strategies used by youths to solve their violence. The data were collected from two provinces, one which had warning signs regarding risk behaviors and another which had not. Three villages were selected from each province. The data collecting methods included field's note taking, participant observation and in-depth interview with key informants, community leaders, teachers, neighbors, and relevant organizations. In-depth interviews and focus group discussions were conducted with youths and families. A questionnaire was used to collect data from 120 youths (40 per a village) aged 10 to 25 years.

The results revealed ways of life and social context of youths who demonstrated violent behaviors. All 6 villages rely mostly on farming. Outside the harvesting season, the adult residents would go for employment elsewhere. There were both delinquent youths and well-behaved youths who would attend school and help with family's work. Most youths would be factory workers in the city after completing high school. Most of the youths who showed violent problems were from families without one or both parents.

Youth's risky behaviors found in their daily living included gambling, drinking, and wandering around on motorcycles. The violence consisted with fights, mostly with youths from another village. For male youths, the fight often started because of hatred of each other, previous fight, and revenge. The fight frequently took place on celebrating occasions such as village festivals when there was social gathering and drinking event. For female youths, there was less fight, however the greatest cause was around boyfriends.

The consequences of the violence included physical injury, being arrested, being on probation, charge payment to the police and to the injured, moving to another school, and getting bored of studying.

Community did not solve the problem systematically. Families of the youths tried to deal with the problem indirectly by merely supporting them through the transitional period. The families expected the violent behavior to subside by itself when the youths move onto early adulthood and learn to be responsible for work and married life.

Title: Substance Use and Control among Construction Workers

Wattananukulkiat, S., Daenseekaew, S. and Klungklang, R.

This participatory action research was conducted with the aims to 1) augment construction workers' strategies in analyzing the experience related to substance use and control of substance use and; 2) synthesize strategies in lowering substance use the were compatible with the needs of construction workers in the Khon Kaen metropolitan area. The experiential analysis revealed that construction workers had used methamphetamine, alcohols and cigarettes. At present, however, three types of substances were being used including alcohol, cigarette and "power boost" beverages. Construction workers reasoned that these substances helped them relax, reduced stress and were often used when partying with friends and during local festivals and fairs. Substance use usually took place in a drinking sitting – circle at the construction sites, on board the workers' transportation vehicles and privately at home. Strategies to reduce substance use in construction workers' included 1) increasing knowledge; 2) increasing accessibility to public media; 3) promoting motivation; 4) building learning network; 5) continuing counseling; and 6) learning with all stakeholders.

The development of construction workers' capacities in controlling substance use included activities such as 1) substance control contract making, 2) peers reminding peers, 3) creating constructive free – time activities, 4) public relation to reflect the negative consequences of substance use, 5) modification of personal values

in not using the substances, and 6) building a network to create and distribute the substance control manual.

Construction workers empowered themselves by means of self-analysis and the synthesis of strategies to control substance use. The more important matter was that these efforts must be continually supported to further enhance the construction workers' capacities in substance control for the substance-free society in the future.

Title: Psychodynamic Supportive Psychotherapy for Schizophrenia in Prasimahabodi Psychiatric Hospital

Khamkom, P., Sawangchareon, K. and Singhatsatit, M.

This quasi experimental study aimed to examine the effectiveness of psychodynamic supportive psychotherapy for schizophrenia. The sample consisted of 11 patients admitted to men psychiatric ward in Prasimahabodi Psychiatric Hospital, between October 2006 and January 2007. Six sessions of psychodynamic supportive psychotherapy were conducted (three in a week and every other day.) Each session lasted 30 minutes to one hour. The purposes of the therapy were to reduce psychotic symptoms of the patients, improve their interpersonal relationships, their sense of self – worth and coping. The instruments included of Positive and Negative Syndrome Scale (PANSS), the Assessment Forms on Problem Solving Inventory and Interpersonal Relationship during the Therapy. Data were analyzed using descriptive statistics in terms of frequency and means. Content analysis was also used.

The results of the study revealed that psychodynamic supportive psychotherapy has helped the patients to better understand the process of the problems that occurred to them. It also helped to improve the patient's relationships with others, positive feeling towards self and appropriate problem solving strategies. The study also showed that all participated patients had a reduction in psychotic symptoms according to the PANSS. Of these, 8 patients had a decrease in the severity of the illness from a level of higher than average to a level of slightly lower than average. Four patients had required less amount of prescribed medications. All patients had

increased relationship scores in each phase of the therapy. Nine patients showed improved scores in problem solving ability.

The findings of the study suggest that psychiatric and mental health nurses can carry out psychodynamic supportive psychotherapy in helping patients with health and psychiatric problems to cope better changes their self.

2. Training and Workshops

Gender Sensitive Training for Research

The training was held between 16-21 February 2009 at Faculty of Nursing, Khon Kaen University. A total of 21 researchers attended this training. CRTGWH has also invited Associate Professor Pimpawun Boonmongkon from Faculty of Social Science and Humanities, Mahidol University as the facilitator.



Capacity Building on Gender Role and Equality

A total of 34 disaster prevention and mitigation officers attended the training between 4-5 March 2009 at the Disaster Prevention and Mitigation Academy, Khon Kaen University.



Workshop on Gender Mainstreaming into Public Health

CRTGWH provided facilitators for the Workshop on Gender Mainstreaming into Public Health. The workshop was conducted between 20-22 July 2009 at Pullman Raja Orchid Hotel, Khon Kaen. There were 46 participants, 34 from Ministry of Public Health, 5 from Ministry of Social Development and Human Security, 3 from Institute of Gender and Development, 4 police officers from North-eastern region, and 3 participants from CRTGWH. Budget was supported by WHO-SEARO, Ministry of Public Health, and Ministry of Social Development and Human Security.



Knowledge on the Danger of Transgender from Male to Female Project

Dr Pornthep Pearkaow organized the “Knowledge on the Danger of Transgender from Male to Female Project” for 25 participants on the 8-9 August 2009 at the Faculty of Nursing, Khon Kaen University.

Workshop on Decentralized Wastewater Management Using Constructed Wetland Technology

Professor Dr Siriporn Chirawatkul was one of the facilitators for the Workshop on Decentralized Wastewater Management Using Constructed Wetland Technology during 20-21 August 2009 at Rachawadee Resort and Hotel, Khon Kaen. There were 100 participants from the Local Government, Regional Environment Office, Provincial Health Offices, and Provincial Natural Resources and Environment Offices in the Northeast area.

Gender Sensitive in Health

CRTGWH together with One Stop Crisis Center (OSCC) network organized the Training of Gender Sensitive in Health at Khon Kaen Hotel, Khon Kaen. The training was divided into 3 groups: the first group on the 22-23 September 2009 with 34 participants, the second group during 24-25 September 2009 with 23 participants, and the third group between 28-29 September 2009 with 46 participants.



Workshop on Gender Mainstreaming for Health Managers

Siriporn Chirawatkul, Soiy Anusornteerakul and Pakvilai Srisaeng of CRTGWH led a workshop on Gender Mainstreaming for Health Managers during 21-23 October 2009 in Vientiane, Lao PDR. Gender mainstreaming refers to the process of integrating a gender perspective into policies and programmes. Recent statistical information in Laos showed that females are in disadvantage compared to males. The ratio of literacy and estimated income of females for example is only 0.79 and 0.51 respectively when compared to males. Gender differences affect responsiveness to ill-health, access to health care services, opportunities to benefits from health care facilities and affordability of health services. To ensure health equity and equality, capacity building on gender mainstreaming is needed. Health managers are in an important position to establish health equity that lead to better health outcome which can be achieved through appropriate gender responsive policy and better targeted health programmes, tracking barriers that prevent people from using services and increasing the efficiency of resource use. The 3 day workshop provided an understanding of health equity and equality. It introduced participants to the Gender Assessment Questions, Gender Analysis Matrix, Gender Assessment Tool and on the procedures involved to include gender into health projects and policies.



3. Meetings

New-CCET Assembly

Professor Dr Siriporn Chirawatkul, Associate Professor Dr Kritaya Sawangchareon, Associate Professor Dr Soiy Anusornteerakul, Assistant Professor Dr Sommapat Sornchai, and Assistant Professor Dr Pakvilai Srisaeng participated on the Network for World Health Organization Collaborating Centre and the Centres of Expertise in Thailand (NEW-CCET) Assembly on 25-26 February 2009. This year NEW-CCET focused on the issues about the experts of the centres in Thailand and about the role adaptation due to supporter changing (WHO SEARO used to be the supporter).

Meeting on WHO Training Module, Salzburg

Dr Orasa Kovintah from The Ministry of Public Health, Professor Dr Siriporn Chirawatkul and Associate Professor Dr Somporn Rungreangkulkij from Centre for Research and Training on Gender and Women's Health attended the meeting on Integrating Gender into Public Health: Inter-region Capacity Building Seminar and Training-of-Trainers, held at Schloss Arenberg, Salzburg, Austria during March 15 – 21, 2009. As the result, CRTGWH submitted a proposal of Adaptation of WHO Training Module to WHO SEARO for funding support.





Meeting on WHO Training Module, New Delhi

WHO SEARO has agreed to provide funding for the “Adaptation of WHO Training Module to WHO SEARO” from the proposal submitted at the meeting in Salzburg, Austria earlier this year. Dr Orasa Kovintah, Professor Dr Siriporn Chirawatkul and Associate Professor Dr Somporn Rungreangkulkij attended the

meeting to present the process of “Adaptation of WHO Training Module on Integrating Gender into Public Health in Thailand” in New Delhi, India during 13-15 July, 2009. Later that year a Workshop on Gender Mainstreaming into Public Health in Khon Kaen took place between 20-22 July, 2009 using the adaptation module.

Global Forum on Health Research

The Global Forum on Health Research 2009 was held on November 16—20, 2009 at Havana, Cuba. Members of CRTGWH attended the conference. The main topics discussed and presented included: 1) Fostering research on the social determinants of health and health equity: change needed in systems, methodologies and practices; 2) Finding synergies in policy between environmental health and equity agendas; 3) Need for increased investment in capacity building, people and research, encouragement of invention and adoption of new evidences, and increased share of knowledge, Discussion on the lack of essential medicines in low and middle income countries and removing barriers for inter-sectoral collaboration was also discussed in different plenary sessions. www.globalforumhealth.org

4. Visit to other Organizations

Organization for Economic Co-operation and Development (OECD), Paris, France

Women's entrepreneurship has been recognized as an important untapped source of economic growth, although it has been largely neglected in both society and in social sciences. On 23 November 2009 a meeting was held between members of the Organization for Economic Co-operation and Development (OECD), Centre for Entrepreneurship (CFE), Local Economic and Employment (LEED) and CRTGWH in Paris, France to discuss issues and policies of women entrepreneurship.



Left to right: Marie-Florence Estime, Siriporn Chirawatkul, Cristina Martinez and Antonella Noya

Women's Entrepreneurship: Gender Issues and Policies

It is known that women entrepreneurs provide society with different solutions to management, organization and business problems. However, they still represent a minority of all entrepreneurs. A market failure therefore exists, discriminating women in successfully becoming entrepreneurs. This market failure needs to be

addressed by policy makers so that economic potential of these groups can be fully utilized. The group realizes that better qualitative and quantitative information are therefore required to profile women entrepreneurs. This would assist in promoting awareness of the roles of women entrepreneurs in the economy.

Employment and Skills Strategies in Southeast Asia (ESSSA)

Members of CRTGWH attended a meeting on the Employment and Skills Strategies in Southeast Asia (ESSSA) held in Paris, France, an initiative by the OECD LEED. The mission of ESSSA is to contribute to enhancing prosperity and living conditions in Southeast Asia through development and management of effective employment and skills development strategies. It facilitates the exchange on employment and skills development, identifies innovative policies and practices in the region and generates guidance and recommendations. Activities held by OECD LEED includes networking, information exchange, expert meetings and research. During the meeting CRTGWH was able to 1) Establish a network connection with the WHO Collaborating Centre on Health Equity; 2) Collaborate with the Department of Public Health Sciences, Division of International Health, Karolinska Institute, Sweden on project priorities for research on equity and health; 3) Work on the ESSSA initiative project in the gender related area and. 4) Become a member of the CFE and LEED project network.

5. Conference Participation

This year the members of CRTGHW attended the following conferences. Assoc. Prof. Darunee Jongudomkarn and Assoc. Prof. Kritaya Sawangchareon attended the 9th International Family Nursing Conference held in Reykjavik, Iceland. Prof. Siriporn Chirawatkul presented her work in the RDI Symposium 2009 held in Khon Kaen, Thailand.

The 9th International Family Nursing Conference

Assoc. Prof. Darunee Jongudomkarn and Assoc. Prof. Kritaya Sawangchareon presented their works in the 9th International Family Nursing Conference held from June 2 to June 5, 2009, in Reykjavik, Iceland.



Title: Developing Advanced Family Nursing Practitioners through a Graduate Learning Practicum: Lessons learned from Khon Kaen University

Jongudomkarn, D.

This session addresses the experience of constructing and developing an advanced family nursing practicum in the Master of Nursing Science program in Family Nursing at Khon Kaen University. The curriculum places the family unit as the client, and aims to develop specialist nurses who are concerned with families by encouraging family health promotion. It also includes the prevention of problems in families who are at high risk, and to provide health care when family member falls ill so they will be able to manage properly, adapt their functions and prepare themselves physically, mentally, and spiritually for any problems. This enables them to prevent other factors that may lead to family breakdown. Families are followed long-term, enabling them to recovery from violence and disabilities. Additionally, students are learning about and practicing quality assurance in family nursing care to build their competency. The students study 4-6 semesters for 48 credits to gain knowledge and an in-depth understanding of the current principles to be able to analyze and investigate family problems. This presentation will be a transferring of experience from teaching and practicing. It will include mentors who will demonstrate the results of effective means of improving advanced nursing practice. Both the successes and limitations could provide lessons to help manage the curricula of advanced family nursing practitioners in developing countries.

Title: The Effects of Using Family Nursing Processes for Caring for Alcoholics and their Families

Jongudomkarn, D. and Chansiri, A

This study aimed to study the effects of using family nursing processes for caring for alcoholics and their families for three months. The Michigan Alcoholics Screening Test (MAST) was used to screen the recruited participants (six families) who have been living in Mahasarakham province, Thailand. All questionnaire and interview guidelines were approved by 5 experts for both of content validity and use

of appropriate language. The findings revealed that after the intervention using the family nursing approach and group process, there was an increase in both the quality of life of the participants as well as the ability of the families to solve their individual and family problems. The participants appreciated being involved in the project because their problems, and develop the potential to find and act in appropriate ways that would allow the alcoholics to quit drinking. At the end of the project, it was found that three alcoholics were completely able to stop drinking, while another two of them were able to decrease their alcohol consumption. Nevertheless, it was found that one participant remained largely unchanged by the program and still drinks at the same level as before entering. All participants suggested that the family relations and mutual understanding play important roles. They also recommended that this type of program should be continued and expanded to the other areas.

Title: Domestic violence in the family environment: The nurses' role

Sawangchareon, K.

This paper identifies the many different sides and victims of domestic violence in a Thai cultural context. Exploring who these victims are and seek to identify the nurses role in a community health context where understanding the causal issues that trigger violence can enable all parties to exercise greater controls.

Methods: This study was conducted over 5-6 years in Thailand with its focus on domestic violence. Sampling criterion and size was according to Lwanga & Lemeshow 1991.

Data Collection: Questionnaire elements were designed from in depth interviews with pilot group of volunteer participants that reported as having suffered from domestic violence. The questionnaire was modified to produce individual specific questionnaires that focused on particular risk groups: woman, children, elderly from the analysis of the pilot group studies. Each was checked for comprehension once this was agreed and the reliability checked in 30 volunteer subjects. Once reliability was established the questionnaires were taken by the volunteer groups.

Data Analyses: A variety of statistical methods were used including both descriptive and differential statistics.

Findings: Perception of violence were; couples 63%, elderly 52%, child abuse and neglect 73%, sibling 52%, sex (adolescence) 8% and pregnancy 34%. The character of violence is mental, emotional, physical, social and sexual.

Recommendation: Nurses need to have awareness that domestic violence is often a hidden problem. Nurses need to be trained in family counseling techniques.

RDI Symposium 2009

During August 24-26, 2009, Prof. Siriporn Chirawatkul presented her work in the RDI Symposium 2009 at Pullman Raja Orchid Hotel Khon Kaen, Thailand.



Title: Situation of Women's Rights Violation in Thailand

Chirawatkul, S

This qualitative study aimed to explore perceptions on women's rights of key informants who live in specific communities including tribal people, farmers, unskilled workers, businessmen and government officers. The study also explained experiences of women in relation to violation of women's rights. The study was

conducted at Nan and Khon Kaen provinces during March – July 2009 with a total of 256 participants. Data were collected using observations, field notes, focus group discussions, in depth interviews and questionnaire. Content analysis was conducted to analyze qualitative data while descriptive statistics used for quantitative data. According to the gender perspective, there were 3 major findings. First, participants' femininity and masculinity were still under patriarchal system. Vulnerable groups, for instance, Hmong women, and women who were dependent, poor or disabled were prone to women's rights violation in various forms. Second, traditional customs were more powerful than other sources of power. Participants perceived that women's control of their bodies and their opportunities were violated due to the custom of male dominance. Finally, violations of women's rights occurred by compliance, suppression, patience and poor knowledge. The findings reveal that all organizations should work together in order to change the structure of gender relation by creating new strategies, using gender sensitivity and gender specificity.



6. Exhibitions

Khon Kaen University Exhibition

On January 29, 2009 at the Khon Kaen University Exhibition, Kosa Hotel, Khon Kaen, Dr Pornthep Praekhaw promoted the Centre for Research and Training on Gender and Women's Health.

Meeting at Thailand Nursing Council

Professor Dr Siriporn Chirawatkul and Associate Professor Dr Somporn Rungreangkulkij participated the Meeting at Thailand Nursing council between 2-4 November, 2009.



7. Congratulations

This year we congratulate two PhD students, Dr. Nilubon Rujiraprasert and Dr. Boonsurb Sosome who finished their Doctor of Philosophy degree. Dr. Nilubon Rujiraprasert thesis research is entitled “Disclosure of Wife Abuse among Northeastern Thai Women” and Dr. Boonsurb Sosome “The Development Process of Gender Sensitive Care for People living with Disabilities in a Primary Care Unit”. We wish them all the best for their careers. Congratulations!!!



Title: “Disclosure of Wife Abuse among Northeastern Thai Women” by Dr Nilubon Rujiraprasert

Wife abuse is a significant health problem affecting Thai women of all ages, and cultural and socio-economic backgrounds. Disclosure of abuse is the first opportunity for abused women to obtain primary help. However, as wife abuse is widely perceived as a private matter in Thai society, women dare not to disclose this issue. An in-depth understanding of Thai women' experiences in disclosing wife abuse is essential to devise strategies that will help women detach from their suffering.

This qualitative study employed the integration of feminist perspective and grounded theory methodology to describe the process of disclosing the abuse among Northeastern Thai abused women. Sixteen women who were physically, psycho-emotionally, or sexually abused by their husbands or ex-husbands, and disclosed their abuse experiences were recruited to the study. In-depth interviews with reflexive discussions and a balanced power relationship as well as theoretical sampling were

conducted. Coding, constant comparison, theoretical sensitivity, and theoretical memoing based on a feminist perspective were used as data analysis procedures. Trustworthiness of the study was established mainly through member checking and peer debriefing.

“Moving to Disclosure for Survival” emerged as the process by which the women concealed the abuse to survive revictimization, and then disclosed to survive critical circumstances. Due to the prejudice on wife abuse in Thai society, the women concealed the abuse by covering, isolating, silencing, or revising the stories in order to protect their sense of self and safety, husbands' image, or family well-being in spite of repression, fear, or physical symptoms from keeping a secret. As the abuse continued and escalated, the women moved to reveal their stories by yielding, hinting, telling or sharing to release tension, to seek support, to get through the unbearable point, or to be free from abuse. Women's decisions about disclosure were also influenced by wife abuse myths, confidants' attributes and responses, and abuse characteristics. Following disclosure, some women experienced negative emotions, including shame, guilt, as well as being blamed, revictimized, or gossiped about. Positively, some women felt relieved, improved self-worth, and obtained support.

The findings from this research provide authentic understanding that concealing or disclosing the abuse experiences are strategies employed among Thai women to ensure survival in the Thai social context. These women are not passive but capable of taking care of their lives and their loved ones. Approaching the women with a respectful and non-revictimizing manner is an initial step in empowering the women to raise their voice for further assistance and service accessibility.

Title: “Development Process of Gender Sensitive Care for People living with Disabilities in a Primary Care Unit” by Dr. Boonsurb Sosome



The purpose of this study was to develop gender sensitive care for people with disabilities in a primary care unit of Khon Kaen Province. Action research was conducted, including, situational analysis, implementation, and evaluation phases. All phases used qualitative studied. Key participants consisted of two nurses, one health worker, 36 minor participants (health care providers) and 421 people with disabilities, caregivers, and village leaders. The research was conducted during September 2007 – November 2008. Data was collected from : participatory observations, focus groups, and in-depth interviews. Content and thematic analysis was used to analyses the data.

Through situational analysis, it was found that people with disabilities and their caregivers required gender difference appreciation in health care needs. At present, health care providers lack gender awareness and gender sensitivity when they cared for people with disabilities. Therefore, throughout the implementation phase, the method developed to achieve the ability of gender awareness and gender sensitivity consisted of gender training and gender analysis. Dialogues, reflection, and mentorship in real life situation of nursing practices were used to improve their practice. Consequently, the outcome of the evaluation phase, demonstrated that people with disabilities and their caregivers were more satisfied with health care

provider's services, and more able to empower themselves to regulate their lives. The process of developing health care providers by means of dialogues, reflection and mentorship significantly developed the competency of gender sensitivity.

The findings of this research indicated that gender sensitivity should be a vital competence of health care providers in order to develop a holistic service and humanized care.

8. CRTGWH Funded Research

A number of CRTGWH research funds were available to students and lecturers of the Faculty of Nursing, Khon Kaen University in 2009. After screening of applications received, a total of 5 research projects were selected and a total of 381,000 baht distributed. The topics selected and their abstracts are shown below.

Research Title	Researcher	Amount (baht)
1. Revision of a Screening Test (KKU-DI) for Gender Sensitive Depression.	Arunpongpaisarn S.	131,000
2. The Experiences of Parents in Cultivating Gender Identity - A Northern Thai Context.	Sripichykan K.	100,000
3. A) Life style of I-San women: Ubonrajchatani context. B) Tai ngey (easy to die) or Toramarn (torture): Perception of Coronary Heart Disease among I-San women.	Pokathip S.	50,000
4. The Way of Life and Gender in Burmese-Non Migrant Workers.	Klayhiran W.	50,000
5. Situation of Gender Sensitive in Educational Process of Nursing Curriculum of Borommarajonani College of Nursing, Khon Kaen.	Potjana R.	50,000

1. Title: Revision of the KKU-DI, Depression Test for Gender Sensitivity.

Arunpongpaisal, S. and Rungreangkulkij, S.

Objective: To revise the Khon Kaen University Depression Inventory (KKU-DI) 30 items to lesser items and concurrent validity testing of the KKU-DI new version to screen depressive disorders for gender sensitivity.

Method: First stage, the KKU-DI 30 was revised by a reliability testing based on Cronbach alpha coefficient and factor analysis using 100 psychiatric patients and 100 normal volunteers with equal sex in Srinagarind Hospital. Second stage, the revised KKU-DI was applied in 1210 volunteers living in 8 provinces of Northeastern

regions with cluster stratified random sampling. Data collection was done by visiting ones home. The KKU-DI new version was administered by local health volunteers, followed by independent interview by special trained nurses using the Montgomery-Asberg Depression Assessment Scale, Thai version (MARDS-T). Depression case defined as MADRS score was at least 8. Outcomes measures were analyzed using sensitivity, specificity and optimum cut-off point by gender sensitivity.

Results: A total of 1410 subjects were recruited to this study., 200 subjects in the first stage with a mean age of 47.5 SD 15 (range 19-68) 1210 subjects in the field survey with a mean age of 40.9 SD 16.3 (range 16-90). The number of male and female were equal (M:F=703:707), married (61.1%), predominately low to middle socioeconomic status, low educational attainment and were engaged in agricultural and labor work. KKU-DI 30 item had a high internal consistency with Cronbach alpha coefficient 0.961, and mean score of 19.3 SD 18.3 (range 0-81). Item reduction and revision based on Cronbach alpha, factor loading, and item redundancy, resulted in 16 items being removed. New KKU-DI-14 item was applied in the field survey. Internal consistency of KKU-DI-14 was still high 0.895 with 2 factors component covering total variance of 50.2%. Female gender role for housekeeper and taking care of family members had a greater stress than male. Prevalence of depressive disorder in female was significantly higher than male (29% vs 22.2%, $p=0.007$). Mean scores of KKU-DI in female was significantly higher than male (6.63 ± 6.07 vs 4.99 ± 4.84 , $p=0.000$). The optimum cut-off point for male was at least 5 with sensitivity of 82% (95% CI=76-89%), specificity of 70% (95% CI=66-74%), prevalence of 22% (95%CI=19-26%), positive predictive value of 44% (95% CI=38-50%), negative predictive value of 93% (95% CI=91-96%), positive likelihood ratio of 2.71 (95%CI=2.31-3.18), negative likelihood ratio of 0.26 (95%CI=0.18-0.37) and ROC Area of 0.84 ± 0.02 (95%CI=0.80-0.88).

The optimum cut-off point for female was at least 6 with a sensitivity of 81 % (95% CI=75-87%), specificity of 71% (95% CI=67-75%), prevalence of 29% (95%CI=25-33%), positive predictive value of 53% (95% CI=47-59%), negative predictive value of 90% (95% CI=87-93%), positive likelihood ratio of 2.80 (95%CI=2.37-3.30), negative likelihood ratio of 0.27 (95%CI=0.20-0.37) and ROC Area of 0.84 ± 0.02 (95%CI=0.81-0.88).

Conclusion: The KKU-DI-14 item is a valid and reliable screening instrument for depressive disorders and gender sensitive with different cut-off point with sensitivity of 81-82%, specificity of 70-71%.

2) Title: The Experience of Parents in Cultivating Gender Identity in the Northern Thai Context: Preliminary Results

Sripichyakan, K., Chotibang, J. and Chaiwuth, S.

Gender identity is primarily socialized by parents. However, this issue is not well understood. This gender-sensitive research aimed to understand the experience of parents residing in a northern region in cultivating their children's gender identity. Preliminary results are described based on in-depth interviews of 23 mothers and 11 fathers, and on 3 and 2 focus group interviews among 18 mothers and 10 fathers, as well as on data analysis through a feminist lens. Parents interacted with their girls differently from boys in selecting clothes, toys, and play. Manhood was cultivated among boys through vigorous activities and interaction with men, partly for the fear of 'not being a real man.' Although manhood was not judged from sexual intercourse as usual, boys had freedom in sexuality and were taught about condom being used for AIDS prevention. On the other hand, girls were cultivated with sexual hazard and forbidden from sexual intercourse, which was the greatest concern with girls. The parents' most concerns on boys were hanging around friends, drug abuse, smoking, drinking, and computer game addiction. Parents had little concerns on their girls' womanhood. One mother thought that being like a man could protect her girl from sex hazards. Girls were trained to do housework because it was a woman's character, especially when married. Boys were trained to do some housework in order to be self-dependent. Boys were cultivated with leaderships whereas girls were done to behave in a gentle manner. Although it was believed that at present, women were almost as capable as men, boys were cultivated to protect their sisters whereas taking care of brothers and parents were cultivated among girls.

Equally, both boys and girls were promoted in education at their optimal abilities, partly for girls to have jobs and to be self-dependent instead of husband-dependent. Some parents still believed that boys were descendants. Monkhood for blessing parents was less likely believed than for refining a boy's temperament. It was believed that boys and girls could do merit by taking care of their parents when getting old or sick. Both boys and girls were cultivated to be 'good' rather than 'smart,' and 'happy.' In addition to gender, child rearing was influenced by many things. For children, it was related to age, child sequence, lack of parents due to death or divorce, characters, habits, abilities, and health conditions. For parents, it was influenced by gender, socioeconomic status, working, and parents-child relationships.

These preliminary results indicated that in some aspects, gender identities cultivated by parents were different from usual. More data is required to determine the influencing factors of child rearing .

3A) Title: Life style of I-San women: Ubonrajchatani context

Pokathip, S

The purpose of this pilot qualitative study was to explore I-San women's life in Ubonrajchatani context by gender perspective. Focus group and in-depth interviews were conducted with 51 women and 7 men with and without risk of myocardial infarction. The interviews took place between June 2009 and September 2009. Data were analyzed by content analysis method.

Major findings of the study had three themes as follows: 1) Women are caring, however inferior 2) Die easily or are Toraman (tortured) and 3) Happiness and distress of women were dependent on family. The first theme reveals that gender role of women and gender relation which the women were subordinated to. The second theme shows the meaning and perception of heart disease in I-San's women. This theme reflected the severity, physical impact and social impact of heart disease. Hypertension, hypercholesterolemia stress and physical inactivity were perceived to be causes of heart disease by most participants. Additionally, the participants

perceived a higher risk of heart disease especially for those with arrhythmias, hypertension, excess weight, physical inactivity and women with a family history of heart disease. Participants without symptoms of heart disease however, did not recognize their risk. Surprisingly diabetes and cigarette smoking were not perceived as risks for heart disease in I-San women. Most of the participants had diet control and stress management through healthy cooking, eating and dance. Some of the participants smoked and drank alcohol. The final theme showed that the family is first for women.

This result shows that family is the most important thing among I-San women. Perception of heart disease in these women were from a biomedical perspective. However, self care in women are related to gender. Healthcare professionals should further study gender and coronary heart disease in I-San contexts.

3B) Tai ngey (easy to die) or Toramarn (torture): Perception of Coronary Heart Disease among I-San women.

Pokathip, S

Coronary heart disease is the leading cause of mortality in men and women especially in American women, yet, little is known about women with acute myocardial infarction. Most women in Thailand are not knowledgeable regarding coronary heart disease. The purpose of this pilot study was to explore the perception of heart disease among I-San's women. Focus group and in depth interviews were conducted with 51 women with and without risk of myocardial infarction. The interviews took place between June 2009 and September 2009. Data were analyzed by content analysis method.

A major finding of the study was that many women think about heart disease as Tai ngey (easy to die, vulnerable) or Toramarn (torture). This theme reflected the severity, physical impact and social impact of heart disease. Hypertension, hypercholesterolemia, stress and physical inactivity were perceived to be causes of heart disease by most participants. Additionally, the participants perceived a higher

risk of heart disease especially for those with arrhythmias, hypertension, excess weight, physical inactivity and women with a family history of heart disease. However, participants without symptoms of heart disease did not recognize their risk. Surprisingly diabetes and smoking were not perceived as risks for heart disease in I-San women. Most of the participants had diet control and stress management through pray, healthy cooking, eating and dance. Some participants smoked and drank alcohol.

This result is a reflected perception of heart disease in I-san women from a biomedical perspective. However, self care in women are related to gender. Healthcare professionals should further study gender and coronary heart disease in I-San contexts.

4. Ways of Life and Gender of Myanmar-Mon Migrant Workers

Klayhiran, W.

The study aimed to explain lived experiences according to ways of life and gender of Myanmar-Mon migrant workers. Ways of life and gender related health, in particularly reproductive health, are involved with the client's socio-cultural dimension. Methods of data collection used in qualitative research were in-depth interviews, focus group discussions, observations and field notes. Data were collected between April and June 2009. The key informants included 42 female (n= 15) and male (n= 27) Myanmar-Mon migrant workers aged above 18 years from Wat Pom and Gao Samut communities in Mahachai sub-district, Maung district, Samut Sakhon province. Other informants included one monk, one healthcare provider and two Non-Governmental Organization officers who provided migrant worker's services in the communities. Data were collected at migrant workers' residences and Drop-in Centre of Rakthai Foundation. Data were analyzed using content analysis.

The main findings were as follows: Myanmar-Mon migrant workers started working in the adolescent phase. Male maintained employed longer than female. Their ways of life associated with work and income influenced both their happiness

and sorrow. All of them were blue collars in fishing . Their works were divided into two groups; man work (physical work) and woman (light work). Most of them were healthy. Keys of their health care were “savings, convenient, easy access and near their residence”. They took care of themselves by getting treatment from clinic in their communities. However, they went to hospitals in severe illnesses.

Gender findings were as follows: Men are leaders while women are dependent and weak. Gender based division of labour found that both men and women helped each other at the house and at the employment work. However their roles were flexible and could be changed by different situations. Men had more opportunities to access resources than women. Important decision makings were also conducted by men rather than the women. This is also true for the women's reproductive health. Women, therefore, had to face and take responsibility on reproductive health problems without the participation of the men..

5. Situation of Gender Sensitivity in Teaching and Learning process of Graduated program, Boromarajonani College of Nursing, Khon Kaen

Potjana, R.

The purpose of this pilot study was to understanding the situation of gender sensitivity in nursing education. Two successive focus groups were held to explore perception and views of fourteen undergraduate, seven graduates, and eight teachers through in-depth interviews. Content analysis of transcribed data from observation and field note reached saturation. The study was conducted during June-November 2009. Finding found two major categories as 1) classroom and 2) clinical nursing. For classroom teaching two themes emerged 1) feeling disapproved and confused, and 2) gendered teaching style and clinical nursing themes were 1) feeling bewildered, and 2) the awareness of sex difference. The finding highlighted the need for gender sensitivity and cultural awareness in teaching and practice of nursing.