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Director’s Report

It has been a busy 2008 year once again. First we are to congratulate, Assoc. Prof. Dr. Darunee, a member of CRTGWH who has been awarded by “The Marquis Who’s Who Publication Board”. This award is given to individuals who have demonstrated outstanding achievement in their fields. We also congratulate one PhD student, Dr Pornthep Pearkao who has demonstrated a high level achievement on his final dissertation.

This year we had many visitors interested in the work being conducted by CRTGWH, including researchers and health officials from Japan, Indonesia and India. During 2008 we had an honor of having a representative from the Department of Gender and Women and Health (GWH), World Health Organization (WHO), South East Asia Regional Office (SEARO) to assess and evaluate the potential and facilities of our centre. CRTGWH is in the process of applying to become a WHO Collaborating Centre.

A number of trainings were conducted by CRTGWH on gender sensitive research and gender awareness for health workers and health researchers. Members of the centre have also participated in conferences, both nationally and internationally presenting their papers on gender and women’s health.

In 2009 we plan another busy year with researches, trainings and workshops to be conducted by our centre. In this annual report, the centre’s research, trainings, workshops, conference participation, our visitors and awards as well as upcoming events for 2009 are addressed. We are strongly committed to the development, distribution and management of knowledge in order to improve the health of women and contribute to the achievement of health equity.

Siriporn Chirawatkul, RN, PhD
Professor, Director of CRTGWH
1. Research

Title: Integration of Gender Issues into the National and Regional Health Policy Focusing on Depressive Disorders in Thailand

Chirawatkul, S.¹  Rungreangkulikij, S.¹  Monkol, A.²  Meenongwha, J.¹  Pochana, R.¹  Pokathip, S.¹

¹Faculty of Nursing, Khon Kaen University, Thailand
²Department of Mental Health, Ministry of Public Health, Thailand

This study investigated how gender issues are addressed and integrated into Thai health policy, focusing on women with depressive disorder. Qualitative study was employed in mid 2006-2007. Policy related documents during 2004-2006 were collected. Fifteen authorities participated in the policy development process where in-depth interviews and focus group discussions were conducted. Data were analyzed using content analysis. It was found that the term “gender” is perceived differently and often negatively by health authorities, policy makers and care providers. The policy includes mental health statements of patients’ rights and responsibilities; however, it does not reflect gender issues. Policy related to depression emphasizes the need for research. There are mental health services that look into violence against women and depression. It is suggested that capacity building on gender based analysis and integration of gender into mental health work is urgently needed among mental health officers of all levels in order to promote a gender sensitive health policy.
This study aimed to develop culturally sensitive technologies in order to promote mental health and prevent depressive disorders in Isan (Northeast Thailand) society. An action research was employed with 698 participants in Khon Kaen and Yasothon Provinces of Northeast Thailand during 2006-2008. A qualitative study was conducted in phase 1 with 352 participants in order to explore meanings and perceptions of depression. Findings from phase 1 were used to develop culturally sensitive technologies in phase 2 with the participation of 42 people, including traditional musicians, local mass media persons and researchers. Five culturally sensitive technologies including 6 music, 12 short stories, 12 documentaries, 1 comic, 4 radio spots and 1 short movie were developed. All developed technologies were tested on 331 participants in phase 3. Qualitative data were collected using focus group discussions and interviews, and were analyzed using content analysis. Questionnaires were used to collect quantitative data which were analyzed using descriptive statistics and 95% CI.

It was found that the Isan phrase “Nang leom – Kid leom – Bor son jai poo dai” could communicate depression. The 95% CI indicated that 80% worked well in middle aged and elderly and for adults were 60-70%. Adolescents welcomed the comic book and pop song. It is suggested that culturally sensitive programs for universal and selected prevention for depression should be further developed in various sub-cultures, which may result in more effective, easily integrated programs and a more through understanding of depression in Thai culture.
Title: Family Violence and Knowledge on Women’s Rights of Pregnant Women

Sawangchareon, K., Nanakorn, S., Wattananukulkit, S. and Osaka, R.

This research is a social study survey aimed at describing an occurrence of family violence during pregnancy and analyzing the relationship between family violence during pregnancy and knowledge on women’s rights among pregnant women who delivered babies at hospitals in the Northeast of Thailand. After obtaining informed consents from 1646 subjects aged between 14-45 years (mean=25.9), interviews were conducted by an experienced nurse using a structured questionnaire. Analysis revealed that family violence occurred among 564 women who accounted for 34.3% of the samples. Some subjects suffered from more than one type of family violence. More than 33% of the samples experienced mental violence, 5% experienced physical violence, and 2.1% experienced sexual violence. Regarding knowledge on women’s rights, most of the samples understood their rights on some items except on the following: (1) by law, a husband had no right to injure his wife; (2) a husband who is divorced by a court must prepay for the daily living expenditure of his wife; (3) if a husband has a severely infectious disease or an incurable illness, the wife has the right to affirm for divorce. The relationship between family violence and knowledge scores on women’s rights was found to be statistically significantly related; i.e. women who had less knowledge scores tended to have a greater magnitude of family violence or violence occurring frequently (unpaired t-test; t=5.54, P< 0.001). Recommendations on the roles of both governmental organizations and women for solving this social problem are discussed.
This case control study aimed to study 1) predictive factors of depressive disorder, 2) predictive factors of depressive disorder after controlling sex, and 3) predictive factors of depressive disorder between women and men in Thailand. Data were derived from the 2003 National Epidemiology Survey on Mental Health in Thailand. The samples of the 2003 National Epidemiology Survey aged between 15-59 years old were selected by stratified three-stage cluster sampling. The samples from this current study consisted of 664 subjects, divided in two groups: depression group (332) and control group (332), using simple random sampling with the case and control group derived from the same province. The diagnosis instrument was MINI. Data were analyzed in terms of descriptive statistics, odd ratio, logistic regression analysis, and Mantel-Haenzel.

Results showed that the prevalence of depressive disorders was higher among women than men (OR=1.884, 95% CI = 1.384-2.566). The predictive factors of depressive disorders were sex (OR=1.59, 95% CI =1.064-2.366) age (OR= 1.04, 95% CI = 1.015-1.06) marital status (OR=.61, 95% CI =0.389-0.974) family relationship (OR=5.63, 95% CI =2.946-10.743) and family financial status (OR= 1.98, 95% CI = 1.296-3.041). All those factors explained 24 percent of variance of depression disorder.

After adjustment for sex, it was found that age (OR=1.48, 95% CI = 1.076-2.028), marital status (OR=.67, 95% CI =.481-.924), education (OR= 0.53, 95% CI =0.388-0.733), occupation (OR=2.09, 95% CI = 1.453-3.021), personal income (OR=.35, 95% CI = 0.187-0.667), family monthly income (OR=0.46, 95% CI =0.254-0.845), family relationship (OR=6.18, 95% CI =3.464-11.023), and family financial status (OR=2.33, 95% CI = 1.665-3.257) were predictive factors. Results also showed that family relationships was a predictive factor for both men (OR=3.47, 95% CI = 1.373-8.800) and women (OR=11.91, 95% CI =3.901-36.357). Other predictive factors for depressive disorders in men were marital status (OR=0.33, 95% CI =0.160-0.693) and financial status (OR=2.13, 95% CI = 1.146-3.945) while education (OR=0.39, 95% CI
0.192-0.808) and occupation (OR=2.759, 95% CI =1.394-5.458) were predictive factors for women.

The result supported the assertion that gender difference is a predictive factor for depressive disorders. Therefore, more detailed study on gender perspective is needed in Thailand. Intervention with gender-sensitivity is also needed to help in decreasing the burden of depressive disorders.

Title: Perceptions of menopause among menopausal women living with disability in the northeast of Thailand.

Rukwong, P., Chirawatkul, S., Markovic, M., Nualnetr, N.

1 Maharach Hospital, Nakonrachaseema, Thailand
2 Faculty of Nursing, Khon Kaen University, Thailand
3 Monash University, Melbourne, Australia
4 Faculty of Medical Technology, Khon Kaen University, Thailand

This study aimed to explore how disabled women in northeastern Thailand or Isaan perceive menopause and manage menopausal symptoms. Qualitative and quantitative study was employed at the Merng District of Khon Kaen City, northeastern Thailand in 2004-2005. Forty eight women with disability participated in this study. In-depth interviews and observations were used to gather qualitative data. Data were analysed using content analysis and thematic analysis. Triangulation was used to determine data rigor. Stratified random sampling was exercised for the quantitative component of the study. Estrogens hormone deficit syndrome questionnaire was applied. Data were analysed using descriptive statistics. It was found that complaints of menopausal symptoms were very mild. Menopause is regarded as a natural event which begins when women experience difficulties dealing with menstruation. There are no special health practices for menopause. Although women in the study were concerned about their health problems, in particular osteoporosis, they did nothing. They heard about hormone replacement therapy (HRT) which is perceived as a pill for sexually active women. Women living with disability welcome menopause. However, the ignorance of women’s health practices and the inaccessibility to health care services during and after menopause may be the cause of life hardship later on.
Ongoing Research Projects

Somporn Rungreangkulij is a co-researcher, conducting a research on Role development of Thai nuns on spiritual health promotion in Isaan society. The study aims to describe current roles of Thai nun based on the perception of nuns, monks, and general population living in the selected study settings. In addition, the model to support roles of Thai nun will be presented. This research was granted from Khon Kaen University and is based on a one year study. The research design uses mix methods.

Somporn Rungreangkulij is also the principle researcher, conducting a research on Effectiveness of Buddhist group therapy on depression of patients with diabetes type 2. This research was granted from the Ministry of Public Health, Department of Mental Health.

Kritaya Sawangchareon is to present “Domestic violence in the family environment: The nurses’ role” in the “9th International Family Nursing Conference” to be held on 2-5 June 2009 in Iceland. This paper identifies the many different sides and victims of domestic violence in a Thai cultural context, explores who these victims are and seeks to identify the nurses’ role in a community health context. By understanding the causal issues that trigger violence it can enable all party to exercise more control. This study was conducted over 5-6 years in Thailand with a focus on domestic violence. Sampling criterion and size was established according to Lwanga & Lemeshow, 1991. Questionnaire elements were designed from in-depth interviews with a pilot group of volunteer research participants that reported having suffered from domestic violence. The questionnaire was modified from analysis of the pilot group to produce individual specific questionnaires that focused on particular risk groups: woman, children, and the elderly. Each questionnaire was checked for comprehension and once agreed the reliability was checked with 30 volunteer subjects. Once reliability was established the questionnaires were taken by the volunteer groups. Both descriptive and differential statistics were used to analyze data. Findings indicated that the perception of violence included; couples 63 %, elderly 52%, child abuse and neglect, 73.%, sibling 52%, sex (adolescence) 8%, and pregnancy 34.%. Types of violence were mental, emotional, physical, social and sexual. Based on the results obtained it is recommended that nurses need to be aware that domestic violence is often a hidden problem. Nurses therefore need to be trained in family counseling techniques.
2. Training

**Capacity Building on Gender Sensitive Project**

The training on “Capacity Building on Gender Sensitive Project” was organized by CRTGWH and held between 22 and 27 July 2008 at Kosa Hotel, Khon Kaen.

This training targeted health researchers with the objectives to:

- Analyze gender roles and gender relations and their impacts to health.
- Conduct a research that is gender sensitive.

Thirty health managers of The Ministry of Public Health participated in the workshop.
The training on “Capacity Building on Gender Awareness in Health” was conducted on 30-31 October 2008 at the Faculty of Nursing, Khon Kaen University.

The training targeted health workers with the aim to:

- Analyze gender roles and gender relations and their impacts to health.
- Integrate gender issues into health workers work and projects related to health.

Forty graduated students of the Faculty of Nursing participated in the workshop.
3. Visitors to the Centre

*Cilandak Training Centre*

During 12-15 August 2008 we had the honor of welcoming nine staff from Cilandak Health Training Centre, an organization under the Ministry of Public Health, Indonesia who participated in “The comparative study of the Centre for Research and Training on Gender and Women’s Health”, in CRTGWH Khon Kaen University.

The nine health officials included:

Dr. Rabitta Cherrysse  
Drs. Osman Saragih  
Dra. Utik Indrawati

Dr. Poppy Trisnawati  
Noon Kinteki  
Asdah Achmad

Ary. Siti Reersifah  
Siti Kusumawati  
Oktinmgsh
**St. Mary College**

On the 20 October 2008 Hitomi Takemoto and colleague from the Faculty of Nursing, St. Mary College, in Kurume City, Japan visited CRTGWH.

**South East Asia Regional Office**

Dr. Erna Surjadi, Regional Advisor of the Gender, Women and Health (GWH) Unit of the World Health Organization (WHO), South East Asia Regional Office (SEARO) has visited CRTGWH between the 11 and 12 December 2008.

CRTGWH wishes to collaborate with WHO and SEARO to provide training and research opportunities around the region in the area of gender and women’s health. The centre is in the process of applying to become a WHO Collaborating Centre. The visit by Dr Erna, had the purpose of observing and evaluating the potential and facilities of the centre.

Dr. Erna met with the Vice President for Research and Technology Transfer Affairs of Khon Kaen University. The main topic discussed was the support of the University to CRTGWH and the stability of the centre. The University fully supports CRTGWH in becoming a WHO Collaborating Center; in fact they are the major funding source for the centre for 2008-2009 financial year and probably, at least for the next couple of years. A meeting was also organized between Dr. Erna and Dr. Siriporn Donkaewbou,
Assistant Dean for International Relations from the Faculty of Nursing. The meeting discussed the support and contributions from the faculty to the centre.

Prof. Siriporn Chirawatkul director of CRTGWH gave a presentation on the centre’s activities with the presence of 10 members of the administrative committee; the meeting had also the presence of Gender Focal Point of the Ministry of Public Health, Thailand, Dr. Orasa Kovintara and Miss Unchalee Katianurakthe. The presentation focused on the centre’s objectives and activities undertaken since its establishment in 2003. Dr. Erna Surjadi followed with a short presentation on the services, purposes, functions, expectations, roles, monitoring and evaluation, management and the responsibilities of WHO Collaborating Centres.
A number of comments and suggestions were made by Dr. Erna regarding the presentation. The comments were mostly focused on evident information and the proposed work plan. All the suggestions were positively acknowledged by the committee. A full report of the items required by WHO/SEARO has been provided to SEARO.

Dr. Erna was shown the main facilities located in KKU, including the CRTGWH office and meeting room. Dr. Erna attended a meeting with Prof. Siriporn to discuss the work plan being proposed for 2009-2012. Discussions on additional research/training cooperation between India, Thailand, Nepal and Indonesia were conducted.
4. Conference Presentations

*International Conference - New Frontiers in Primary Health Care: Role of Nursing and Other Professions*

During 4-6 February 2007, Dr. Niruborn Rujiraprasert presented her work in the International Conference - New Frontiers in Primary Health Care: Role of Nursing and Other Health Professions, in Chiang Mai, Thailand.

**Title:** Disclosure of Wife Abuse Among Northeastern Thai Women

Rujiraprasert, N., Sripichyakarn, K., Kantaruksa, K., Baosoung, C, & Kushner, K.E.

**Abstract:**
Disclosure of abuse is the opportunity for abused women to obtain primary help. Because wife abuse is widely perceived as a private matter in Thai society, abuse disclosure is authentic. Without an understanding of the abuse disclosure, it is difficult to devise strategies that help women address the abuse they suffered.

This on-going feminist grounded theory study aims to describe the process of disclosing the abuse among Northeastern Thai abused women. Twelve women who were physically, sexually, or emotionally abused by their husbands or ex-husbands, and disclosed their abusive experience to others, were recruited to the study. A non-
hierarchical relationship, an in-depth interview with reflexive discussion, and theoretical sampling were employed to obtain data. Coding, constant comparison, theoretical sensitivity, and theoretical memo were used as data analysis procedures.

Preliminary findings reveal that Thai women’s decision to disclose wife abuse was based on their anticipating outcomes. Four conditions including personal beliefs regarding wife abuse, personal readiness to disclose, perceived confidant’s traits, and unintended disclosure were found to be the influence on their decisions. Further analysis will focus on consequences of disclosure and women’s perception of these consequences.

12th World Congress on the Menopause

Prof. Dr. Siriporn Chirawatkul, attended and presented her research on the 12th World Congress on the Menopause held in Madrid, Spain between the 19-23 May 2008.

Titled: Perceptions of menopause among menopausal women living with disability in the northeast of Thailand.

Rukwong, P., Chirawatkul, S., Markovic, M., Nualnetr, N.

The full abstract can be found in the research section of this Annual Report. The abstract has also been published in Climacteric – The Journal of Adult Women’s Health & Medicine Volume 11 Supplement 2 of May 2008.
The 11th Congress of the ASEAN Federation for Psychiatric and Mental Health

Prof. Dr. Siriporn Chirawatkul and Assoc. Prof. Sompon Rungreargkulij attended and presented their research during the 11th Congress of the ASEAN Federation for Psychiatric and Mental Health, held on 26-29 August 2008 in Bangkok, Thailand.
Title: Development of Cultural Sensitive Technologies for Mental Health Promotion and Prevention of Depression: An Action Research in Two Provinces of Northeast Thailand

Chirawatkul, S., Rungreangkulki, S., Meenongwa, C., Phonmeesak, J., Ratanadej, P., Thanee, T., Phonchai, S., Hataphanom, W., Chansam, S., Sriwiset, S., Srisangpang, P., Chanpen, U.

The full abstract by Prof. Dr. Siriporn and her team can be found in the research section of this report.

10th International Interdisciplinary Congress on Women

During 3-9 July, 2008, Dr. Niruborn Rujiraprasert presented her research during the 10th International Interdisciplinary Congress on Women in held in the University Complutense of Madrid, Spain.

Title: The process of disclosing wife abuse among Thai women

Rujiraprasert, N., Sripichyakarn, K., Kantaruksa, K., Baosoung, C., & Kushner, K.E.
Abstract:

Wife abuse is a significant social problem affecting Thai women of all ages, cultures and socio-economic backgrounds. Disclosure of abuse is often 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 are reluctant to disclose this issue. A better understanding of Thai women’ experiences in disclosing wife abuse is essential to devise strategies that help women address their suffering.

This on-going study was 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, sexually, or emotionally abused by their husbands or ex-husbands, and disclosed their abusive experience to others, were recruited to the study.

In-depth interview with reflexive discussion and a balanced power relationship and theoretical sampling were conducted to obtain data. Coding, constant comparison, theoretical sensitivity, and theoretical memoing were used as data analysis procedures. The process of disclosing wife abuse was uncovered. From the early in the relationships women tried to keep the abuse in secret when revictimization and potential threats were anticipated as outcomes of disclosure. As the situation deteriorated, women turned to disclose their abusive experiences for asserting their rights to receive help and to survive from crises. The degree of disclosure or concealment varied depending on particular situations and confidants. What the women obtained from disclosing including self-value, emotional healing, new insights about disclosure, and close relationships with confidants, encouraged further disclosure. On the other hand, revictimized responses might result in self-blaming and keeping the women back to silence.

The initial findings from this research provide authentic understanding how Thai women disclosed their wife abuse experiences. Responding appropriately to the women is the initial and significant strategy for empowering the women to raise their voice to further assistance and service accessibility.
5. Workshop Attendances

NEW-CCET

Prof. Siriporn Chirawatkul was invited to attend the workshop on “Information and technological communication for World Health Organization Collaborating Centres (WHO CC) Designation and Re-designation” organized by the WHO and held at the Faculty of Medicine, Chulalongkorn University on November 4-5, 2008.

The purpose of this workshop was to develop skills for using IT communication system of the regional and Head Quarter offices of WHO. This was also an opportunity to learn how to accelerate the managerial process of applying for WHOCC designation in which CRTGWH is currently in the process of doing so.
**Regional Consultation on Multi-Sectoral Approach for Gender, Women and Health**

Prof. Dr. Siriporn Chirawatkul attended the Regional Consultation on Multi-Sectoral Approach for Gender, Women and Health in Colombo, Sri Lanka on the 18-20 March 2008.

Thirty two representatives from 10 countries including Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, East Timor participated in the regional consultation workshop.

The main objectives of the meeting were to:

- Share country experiences on gender, women and health related works
- Discuss regional framework on multisectoral approach on gender, women and health network; and,
- Have an outline of each country’s action plan on the GWH Network to support WHO collaborative work.
**Gender Mainstreaming**

Prof. Dr. Siriporn Chirawatkul attended a meeting on Gender Mainstreaming in Chiang Mai on 28-29 August 2008. The meeting was organized by Gender Focal Point of The Ministry of Public Health. It aimed to develop networking and mainstreaming gender into a strategic plan in the work of MOPH.
6. Congratulations

Awards

Congratulations to Assoc. Prof. Dr. Darunee Jongudomkarn. She has been awarded by “The Marquis Who’s Who Publication Board - Who’s Who in the World Twenty-Sixth Edition 2009”. This award is given to individuals who have demonstrated outstanding achievement in their own fields of endeavor and who have contributed significantly to the betterment of contemporary society.
Graduation

Congratulations to Dr. Pornthep Pearkao for his PhD. His thesis was based on a qualitative research focused on the lived experiences regarding sexual health of male homosexual in Isan communities. The study aimed to explain their lived experiences related to sexual health, their adaptation towards homosexuality, perceptions of health and sexual health, and the management of their sexual health. Methods of data collection were in-depth interviews, focus group discussions, observations and field notes. Data were collected between July 2006 and June 2007. Key informants included 28 men who acknowledged their homosexuality. Other 14 informants included four people who were parents of two key informants, three villagers, two heterosexual men who had sexual experiences with homosexual men, four registered nurses, and one academic psychologist. Data were collected at Thai folk dancing floors, saunas, nightclubs and meeting points at an abandoned housing state in Muang district, Khon Kaen Province. Data were analyzed using content analysis.

The main findings were as follows: Male homosexual in this study were divided into two groups: Kathoey (Transgender) and Gay (gay). These two groups had their life in two worlds. The “bright” world was living in the society with heterosexuals. The
“dark” or “private” world was living as homosexual. Happiness and unhappiness from living in both worlds led to the definition of health as “a state of complete physical and mental well-being, as well as social stability by gaining acceptance in their homosexuality status from their family and society”. The important desire for them was to be themselves with freedom to express their sexuality. Doudee Meeyan Kinpubow (Good looking-Money-Sex) was the ways of life that related to sexuality and the causes of sexual health problems. Both Kathoey (transgender) and Gay (gay) managed their health and sexual health problems based on words of mouth and self-learning. This was due to the obstacle in accessing government health care services created by the professional health care system not accommodating homosexual men, and the sexism among health care providers.
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Professor, Director of CRTGHW
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Chirawatkul, S.¹ Runreangkulkij, S.¹ Monkol, A.² Meenongwha, J.¹ Pochana, R.¹ Pokathip, S.¹

¹Faculty of Nursing, Khon Kaen University, Thailand
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Title: Family Violence and Knowledge on Women’s Rights of Pregnant Women

Sawangchareon, K., Nanakorn, S., Wattananukulkiat, S. and Osaka, R.

This research is a social study survey aimed at describing an occurrence of family violence during pregnancy and analyzing the relationship between family violence during pregnancy and knowledge on women’s rights among pregnant women who delivered babies at hospitals in the Northeast of Thailand. After obtaining informed consents from 1646 subjects aged between 14-45 years (mean=25.9), interviews were conducted by an experienced nurse using a structured questionnaire. Analysis revealed that family violence occurred among 564 women who accounted for 34.3% of the samples. Some subjects suffered from more than one type of family violence. More than 33% of the samples experienced mental violence, 5% experienced physical violence, and 2.1% experienced sexual violence. Regarding knowledge on women’s rights, most of the samples understood their rights on some items except on the following: (1) by law, a husband had no right to injure his wife; (2) a husband who is divorced by a court must prepay for the daily living expenditure of his wife; (3) if a husband has a severely infectious disease or an incurable illness, the wife has the right to affirm for divorce. The relationship between family violence and knowledge scores on women’s rights was found to be statistically significantly related; i.e. women who had less knowledge scores tended to have a greater magnitude of family violence or violence occurring frequently (unpaired t-test; t=5.54, P< 0.001). Recommendations on the roles of both governmental organizations and women for solving this social problem are discussed.
Title: Factors of major depressive disorder in Thai general population: gender analysis

Rungreangkulskij, S., Jantachoom, W., Chirawatkul, S., Charatsing, A.

This case control study aimed to study 1) predictive factors of depressive disorder, 2) predictive factors of depressive disorder after controlling sex, and 3) predictive factors of depressive disorder between women and men in Thailand. Data were derived from the 2003 National Epidemiology Survey on Mental Health in Thailand. The samples of the 2003 National Epidemiology Survey aged between 15-59 years old were selected by stratified three-stage cluster sampling. The samples from this current study consisted of 664 subjects, divided in two groups: depression group (332) and control group (332), using simple random sampling with the case and control group derived from the same province. The diagnosis instrument was MINI. Data were analyzed in terms of descriptive statistics, odd ratio, logistic regression analysis, and Mantel-Haenzel.

Results showed that the prevalence of depressive disorders was higher among women than men (OR=1.884, 95% CI = 1.384- 2.566). The predictive factors of depressive disorders were sex (OR= 1.59, 95% CI =1.064-2.366) age (OR= 1.04, 95% CI = 1.015-1.06) marital status (OR=.61, 95% CI =0.389-0.974) family relationship (OR=5.63, 95% CI =2.946-10.743) and family financial status (OR= 1.98, 95% CI = 1.296-3.041). All those factors explained 24 percent of variance of depression disorder.

After adjustment for sex, it was found that age (OR=1.48, 95% CI = 1.076-2.028), marital status (OR=.67, 95% CI =.481-.924), education (OR= 0.53, 95% CI =0.388-0.733), occupation (OR=2.09, 95% CI = 1.453-3.021), personal income (OR=.35, 95% CI = 0.187-0.667), family monthly income (OR=0.46, 95% CI =0.254-0.845), family relationship (OR=6.18, 95% CI =3.464-11.023), and family financial status (OR=2.33, 95% CI = 1.665-3.257) were predictive factors. Results also showed that family relationships was a predictive factor for both men (OR=3.47, 95% CI = 1.373-8.800) and women (OR=11.91, 95% CI =3.901-36.357). Other predictive factors for depressive disorders in men were marital status (OR=0.33, 95% CI =0.160-0.693) and financial status (OR=2.13, 95% CI = 1.146-3.945) while education (OR=0.39, 95% CI
and occupation (OR=2.759, 95% CI =1.394-5.458) were predictive factors for women.

The result supported the assertion that gender difference is a predictive factor for depressive disorders. Therefore, more detailed study on gender perspective is needed in Thailand. Intervention with gender-sensitivity is also needed to help in decreasing the burden of depressive disorders.

**Title: Perceptions of menopause among menopausal women living with disability in the northeast of Thailand.**

Rukwong, P.\(^1\), Chirawatkul, S.\(^2\), Markovic, M.\(^3\), Nualnetr, N.\(^4\)

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\(^4\) Faculty of Medical Technology, Khon Kaen University, Thailand

This study aimed to explore how disabled women in northeastern Thailand or Isaan perceive menopause and manage menopausal symptoms. Qualitative and quantitative study was employed at the Merng District of Khon Kaen City, northeastern Thailand in 2004-2005. Forty eight women with disability participated in this study. In-depth interviews and observations were used to gather qualitative data. Data were analysed using content analysis and thematic analysis. Triangulation was used to determine data rigor. Stratified random sampling was exercised for the quantitative component of the study. Estrogens hormone deficit syndrome questionnaire was applied. Data were analysed using descriptive statistics. It was found that complaints of menopausal symptoms were very mild. Menopause is regarded as a natural event which begins when women experience difficulties dealing with menstruation. There are no special health practices for menopause. Although women in the study were concerned about their health problems, in particularly osteoporosis, they did nothing. They heard about hormone replacement therapy (HRT) which is perceived as a pill for sexually active women. Women living with disability welcome menopause. However, the ignorance of women’s health practices and the inaccessibility to health care services during and after menopause may be the cause of life hardship later on.
Ongoing Research Projects

Somporn Runreangkulkiij is a co-researcher, conducting a research on Role development of Thai nuns on spiritual health promotion in Isaan society. The study aims to describe current roles of Thai nun based on the perception of nuns, monks, and general population living in the selected study settings. In addition, the model to support roles of Thai nun will be presented. This research was granted from Khon Kaen University and is based on a one year study. The research design uses mix methods.

Somporn Runreangkulkiij is also the principle researcher, conducting a research on Effectiveness of Buddhist group therapy on depression of patients with diabetes type 2. This research was granted from the Ministry of Public Health, Department of Mental Health.

Kritaya Sawangchareon is to present “Domestic violence in the family environment: The nurses’ role” in the “9th International Family Nursing Conference” to be held on 2-5 June 2009 in Iceland. This paper identifies the many different sides and victims of domestic violence in a Thai cultural context, explores who these victims are and seeks to identify the nurses’ role in a community health context. By understanding the causal issues that trigger violence it can enable all party to exercise more control. This study was conducted over 5-6 years in Thailand with a focus on domestic violence. Sampling criterion and size was established according to Lwanga & Lemeshow, 1991. Questionnaire elements were designed from in-depth interviews with a pilot group of volunteer research participants that reported having suffered from domestic violence. The questionnaire was modified from analysis of the pilot group to produce individual specific questionnaires that focused on particular risk groups: woman, children, and the elderly. Each questionnaire was checked for comprehension and once agreed the reliability was checked with 30 volunteer subjects. Once reliability was established the questionnaires were taken by the volunteer groups. Both descriptive and differential statistics were used to analyze data. Findings indicated that the perception of violence included; couples 63 %, elderly 52%, child abuse and neglect, 73. %, sibling 52%, sex (adolescence) 8%, and pregnancy 34.%. Types of violence were mental, emotional, physical, social and sexual. Based on the results obtained it is recommended that nurses need to be aware that domestic violence is often a hidden problem. Nurses therefore need to be trained in family counseling techniques.
2. Training

*Capacity Building on Gender Sensitive Project*

The training on “Capacity Building on Gender Sensitive Project” was organized by CRTGWH and held between 22 and 27 July 2008 at Kosa Hotel, Khon Kaen.

This training targeted health researchers with the objectives to:

- Analyze gender roles and gender relations and their impacts to health.
- Conduct a research that is gender sensitive.

Thirty health managers of The Ministry of Public Health participated in the workshop.
The training on “Capacity Building on Gender Awareness in Health” was conducted on 30-31 October 2008 at the Faculty of Nursing, Khon Kaen University.

The training targeted health workers with the aim to:

- Analyze gender roles and gender relations and their impacts to health.
- Integrate gender issues into health workers work and projects related to health.

Forty graduated students of the Faculty of Nursing participated in the workshop.
3. Visitors to the Centre

Cilandak Training Centre

During 12-15 August 2008 we had the honor of welcoming nine staff from Cilandak Health Training Centre, an organization under the Ministry of Public Health, Indonesia who participated in “The comparative study of the Centre for Research and Training on Gender and Women’s Health”, in CRTGWH Khon Kaen University.

The nine health officials included:

Dr. Rabitta Cherrysse  Dr. Poppy Trisnawati  Ary. Siti Reersifah
Drs. Osman Saragih Noon Kinteki Siti Kusumawati
Dra. Utik Indrawati  Asdah Achmad  Oktinmgsih
St. Mary College

On the 20 October 2008 Hitomi Takemoto and colleague from the Faculty of Nursing, St. Mary College, in Kurume City, Japan visited CRTGWH.

South East Asia Regional Office

Dr. Erna Surjadi, Regional Advisor of the Gender, Women and Health (GWH) Unit of the World Health Organization (WHO), South East Asia Regional Office (SEARO) has visited CRTGWH between the 11 and 12 December 2008.

CRTGWH wishes to collaborate with WHO and SEARO to provide training and research opportunities around the region in the area of gender and women’s health. The centre is in the process of applying to become a WHO Collaborating Centre. The visit by Dr Erna, had the purpose of observing and evaluating the potential and facilities of the centre.

Dr. Erna met with the Vice President for Research and Technology Transfer Affairs of Khon Kaen University. The main topic discussed was the support of the University to CRTGWH and the stability of the centre. The University fully supports CRTGWH in becoming a WHO Collaborating Center; in fact they are the major funding source for the centre for 2008-2009 financial year and probably, at least for the next couple of years. A meeting was also organized between Dr. Erna and Dr. Siriporn Donkaewbou,
Assistant Dean for International Relations from the Faculty of Nursing. The meeting discussed the support and contributions from the faculty to the centre.

Prof. Siriporn Chirawatkul director of CRTGWH gave a presentation on the centre’s activities with the presence of 10 members of the administrative committee; the meeting had also the presence of Gender Focal Point of the Ministry of Public Health, Thailand, Dr. Orasa Kovintara and Miss Unchalee Katianurakthe. The presentation focused on the centre’s objectives and activities undertaken since its establishment in 2003. Dr. Erna Surjadi followed with a short presentation on the services, purposes, functions, expectations, roles, monitoring and evaluation, management and the responsibilities of WHO Collaborating Centres.
A number of comments and suggestions were made by Dr. Erna regarding the presentation. The comments were mostly focused on evident information and the proposed work plan. All the suggestions were positively acknowledged by the committee. A full report of the items required by WHO/SEARO has been provided to SEARO.

Dr. Erna was shown the main facilities located in KKU, including the CRTGWH office and meeting room. Dr. Erna attended a meeting with Prof. Siriporn to discuss the work plan being proposed for 2009-2012. Discussions on additional research/training cooperation between India, Thailand, Nepal and Indonesia were conducted.
4. Conference Presentations

*International Conference - New Frontiers in Primary Health Care: Role of Nursing and Other Professions*

During 4-6 February 2007, Dr. Niruborn Rujiraprasert presented her work in the International Conference - New Frontiers in Primary Health Care: Role of Nursing and Other Health Professions, in Chiang Mai, Thailand.

Title: Disclosure of Wife Abuse Among Northeastern Thai Women

Rujiraprasert, N., Sripichyakarn, K., Kantaruksa, K., Baosoung, C, & Kushner, K.E.

Abstract:

Disclosure of abuse is the opportunity for abused women to obtain primary help. Because wife abuse is widely perceived as a private matter in Thai society, abuse disclosure is authentic. Without an understanding of the abuse disclosure, it is difficult to devise strategies that help women address the abuse they suffered.

This on-going feminist grounded theory study aims to describe the process of disclosing the abuse among Northeastern Thai abused women. Twelve women who were physically, sexually, or emotionally abused by their husbands or ex-husbands, and disclosed their abusive experience to others, were recruited to the study. A non-
hierarchical relationship, an in-depth interview with reflexive discussion, and theoretical sampling were employed to obtain data. Coding, constant comparison, theoretical sensitivity, and theoretical memo were used as data analysis procedures.

Preliminary findings reveal that Thai women’s decision to disclose wife abuse was based on their anticipating outcomes. Four conditions including personal beliefs regarding wife abuse, personal readiness to disclose, perceived confidant’s traits, and unintended disclosure were found to be the influence on their decisions. Further analysis will focus on consequences of disclosure and women’s perception of these consequences.

**12th World Congress on the Menopause**

Prof. Dr. Siriporn Chirawatkul, attended and presented her research on the 12th World Congress on the Menopause held in Madrid, Spain between the 19-23 May 2008.

**Titled: Perceptions of menopause among menopausal women living with disability in the northeast of Thailand.**

Rukwong, P., Chirawatkul, S., Markovic, M., Nualnetr, N.

The full abstract can be found in the research section of this Annual Report. The abstract has also been published in Climacteric – The Journal of Adult Women’s Health & Medicine Volume 11 Supplement 2 of May 2008.
The 11\textsuperscript{th} Congress of the ASEAN Federation for Psychiatric and Mental Health

Prof. Dr. Siriporn Chirawatkul and Assoc. Prof. Somporn Rungreargkulij attended and presented their research during the 11\textsuperscript{th} Congress of the ASEAN Federation for Psychiatric and Mental Health, held on 26-29 August 2008 in Bangkok, Thailand.
Title: Development of Cultural Sensitive Technologies for Mental Health Promotion and Prevention of Depression: An Action Research in Two Provinces of Northeast Thailand

Chirawatkul, S., Rungreangkulkij, S., Meenongwa, C., Phonmeesak, J., Ratanadej, P., Thanee, T., Phonchai, S., Hataphanom, W., Chansam, S., Sriwiset, S., Srisangpang, P., Chanpen, U.

The full abstract by Prof. Dr. Siriporn and her team can be found in the research section of this report.

10th International Interdisciplinary Congress on Women

During 3-9 July, 2008, Dr. Niruborn Rujiraprasert presented her research during the 10th International Interdisciplinary Congress on Women in held in the University Complutense of Madrid, Spain.

Title: The process of disclosing wife abuse among Thai women

Rujiraprasert, N., Sripichyakarn, K., Kantaruksa, K., Baosoung, C., & Kushner, K.E.
Abstract:
Wife abuse is a significant social problem affecting Thai women of all ages, cultures and socio-economic backgrounds. Disclosure of abuse is often 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 are reluctant to disclose this issue. A better understanding of Thai women’ experiences in disclosing wife abuse is essential to devise strategies that help women address their suffering.

This on-going study was 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, sexually, or emotionally abused by their husbands or ex-husbands, and disclosed their abusive experience to others, were recruited to the study.

In-depth interview with reflexive discussion and a balanced power relationship and theoretical sampling were conducted to obtain data. Coding, constant comparison, theoretical sensitivity, and theoretical memoing were used as data analysis procedures. The process of disclosing wife abuse was uncovered. From the early in the relationships women tried to keep the abuse in secret when revictimization and potential threats were anticipated as outcomes of disclosure. As the situation deteriorated, women turned to disclose their abusive experiences for asserting their rights to receive help and to survive from crises. The degree of disclosure or concealment varied depending on particular situations and confidants. What the women obtained from disclosing including self-value, emotional healing, new insights about disclosure, and close relationships with confidants, encouraged further disclosure. On the other hand, revictimized responses might result in self-blaming and keeping the women back to silence.

The initial findings from this research provide authentic understanding how Thai women disclosed their wife abuse experiences. Responding appropriately to the women is the initial and significant strategy for empowering the women to raise their voice to further assistance and service accessibility.
5. Workshop Attendances

**NEW-CCET**

Prof. Siriporn Chirawatkul was invited to attend the workshop on “Information and technological communication for World Health Organization Collaborating Centres (WHO CC) Designation and Re-designation” organized by the WHO and held at the Faculty of Medicine, Chulalongkorn University on November 4-5, 2008.

The purpose of this workshop was to develop skills for using IT communication system of the regional and Head Quarter offices of WHO. This was also an opportunity to learn how to accelerate the managerial process of applying for WHOCC designation in which CRTGWH is currently in the process of doing so.
Regional Consultation on Multi-Sectoral Approach for Gender, Women and Health

Prof. Dr. Siriporn Chirawatkul attended the Regional Consultation on Multi-Sectoral Approach for Gender, Women and Health in Colombo, Sri Lanka on the 18-20 March 2008.

Thirty two representatives from 10 countries including Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, East Timor participated in the regional consultation workshop.

The main objectives of the meeting were to:

- Share country experiences on gender, women and health related works
- Discuss regional framework on multisectoral approach on gender, women and health network; and,
- Have an outline of each country’s action plan on the GWH Network to support WHO collaborative work.
Gender Mainstreaming

Prof. Dr. Siriporn Chirawatkul attended a meeting on Gender Mainstreaming in Chiang Mai on 28-29 August 2008. The meeting was organized by Gender Focal Point of The Ministry of Public Health. It aimed to develop networking and mainstreaming gender into a strategic plan in the work of MOPH.
6. Congratulations

Awards

Congratulations to Assoc. Prof. Dr. Darunee Jongudomkarn. She has been awarded by “The Marquis Who’s Who Publication Board - Who’s Who in the World Twenty-Sixth Edition 2009”. This award is given to individuals who have demonstrated outstanding achievement in their own fields of endeavor and who have contributed significantly to the betterment of contemporary society.
Graduation

Congratulations to Dr. Pornthep Pearkao for his PhD. His thesis was based on a qualitative research focused on the lived experiences regarding sexual health of male homosexual in Isan communities. The study aimed to explain their lived experiences related to sexual health, their adaptation towards homosexuality, perceptions of health and sexual health, and the management of their sexual health. Methods of data collection were in-depth interviews, focus group discussions, observations and field notes. Data were collected between July 2006 and June 2007. Key informants included 28 men who acknowledged their homosexuality. Other 14 informants included four people who were parents of two key informants, three villagers, two heterosexual men who had sexual experiences with homosexual men, four registered nurses, and one academic psychologist. Data were collected at Thai folk dancing floors, saunas, nightclubs and meeting points at an abandoned housing state in Muang district, Khon Kaen Province. Data were analyzed using content analysis.

The main findings were as follows: Male homosexual in this study were divided into two groups: Kathoey (Transgender) and Gay (gay). These two groups had their life in two worlds. The “bright” world was living in the society with heterosexuals. The
“dark” or “private” world was living as homosexual. Happiness and unhappiness from living in both worlds led to the definition of health as “a state of complete physical and mental well-being, as well as social stability by gaining acceptance in their homosexuality status from their family and society”. The important desire for them was to be themselves with freedom to express their sexuality. Doudee Meeyan Kinpubow (Good looking-Money-Sex) was the ways of life that related to sexuality and the causes of sexual health problems. Both Kathoey (transgender) and Gay (gay) managed their health and sexual health problems based on words of mouth and self-learning. This was due to the obstacle in accessing government health care services created by the professional health care system not accommodating homosexual men, and the sexism among health care providers.