## **Midwifery Education in Turkey**

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## ABSTRACT

Midwives are the most important health workers for the protection and improvement of maternal and infant health. A well organized health system and qualified midwife education programs developed in accordance with contemporary requirements are required to ensure the competence of midwives in their practice.

Key words: Turkey, midwifery, education

## Introduction

Turkey is located on a peninsula between Asia and Europe and comprises an area of 775 km<sup>2</sup>. According to the results of 2009 census the population of Turkey is 73 million and has a large proportion of young people. Some relevant data about national health indicates a crude birth rate of 18.6 *per* thousand and an infant death rate of 18 *per* thousand. According to the results of the National Maternal Mortality Study conducted in 2005, maternal death rate is 28.5 per hundred thousand.

Midwives constitute the most important health manpower in the protection and improvement of maternal and infant health. In countries where qualified midwife services are offered studies have reported a decrease in the rates of maternal and perinatal mortality and morbidity, low birth weight and premature birth, and the prevalence of caesarean delivery. To ensure the competence of midwives a well organized health system and qualified midwife education programs developed in to reflect contemporary requirements are necessary. When it is considered that 61.6% of maternal deaths can be prevented, education and training of qualified midwives has vital importance for our country.

Turkey's health indicators are poor compared to developed countries. Almost all of these indicators are directly associated with professional health providers and especially with midwifery services. Midwifes are active in areas such as pregnancy, natal, post-natal period and newborn care as well as in life-long maternal care. Furthermore, the role of midwives in providing health services and resolving health problems gains more significance considering their role in giving consultancy and training to families and society. Providing effective midwife services requires qualified midwife education.

# The History of Midwifery Education in Turkey

The history of midwifery is as old as the history of mankind; however, the acceptance of midwifery as a profession was a slow process in Turkey as it was worldwide. Midwifery used to be a profession that was based on experience and which passed from mother to daughter in our country. In the 19<sup>th</sup> century, in big cities like Istanbul and Izmir, midwifery was performed by women called »junior midwives« who were trained in a master–apprentice system under the supervision of recognized midwives.

The first midwifery education in our country began in 1846 via training courses. In 1880, gynecologist Dr. Besim Ömer Pasha set forth some criteria for participation in midwifery courses. He determined these entry criteria as being not more than 30 years of age and speaking/understanding Turkish and he also made the necessary adjustments in the curriculum. In 1909 the first midwifery school was founded, again under the leadership of Dr. Besim Ömer Pasha, with female students below 30 years of age who were primary school graduates being admitted to this school. The reformulated curriculum of the

Received for publication September 13, 2010

school included clinical applications in addition to theory. This school continued to fulfill its function without interruption during World War I, however, the midwives who graduated from this school did not want to assume duties in Anatolia (outside Istanbul). In 1920, female students from various cities who were primary school graduates were sent to Istanbul to receive education in boarding schools and their travel expenses were covered by local municipalities. When they graduated from these schools, they were assigned to midwifery services back in their home cities, thereby meeting the need for midwifery services in other cities, to some extent. After the foundation of the Republic of Turkey (1923), this midwifery school was subordinated to the Faculty of Medicine in 1924. Education given in this school was gradually improved under the directorship of Dr. Besim Ömer Pasha and students to be admitted to the school were chosen from secondary school graduates instead of primary school graduates. Furthermore, education period was increased initially to 3 years and then to 4 years; the age limit of the students to be admitted to the school were specified as 15 to 25.

## **Primary School-Based Midwifery Schools**

As per the law no 1219 pertaining to the »Modes of Execution of the Art of Medicine and Its Branches« enacted in 1928, uncertified midwives were prohibited from assisting in childbirth and such participation was deemed as a crime. Yet the need for midwifery services continued to increase due to the gradually rising population. In order to meet this need, the Ministry of Health founded the first »Village School for Midwifery« in 1937. In subsequent years such schools were established in different cities. These schools, founded with the institutional structure of maternity hospitals, used to admit girls who had completed a primary school diploma and educated them for 1 to 1.5 years. After consideration of the insufficiency of the education given in these schools they were later separated from maternity hospitals by a new regulation put into effect in the 1961-1962 school year and the education period was extended to 3 years. These schools developed an independent identity and were given the name »Health Schools« and free boarding education was given to students. These schools continued increase in number and to function the same way until 1978 at which time it was regulated that midwives would receive at least high school level education.

Secondary School-Based Midwifery Schools

The Ministry of Health continued to offer primary school-based midwifery education, while in 1946 it also started to open secondary school-based »Midwifery Schools« offering 3-year education in various cities and educating and training midwives at high school level. The education period of these schools was extended to 4 years in 1969 and their names were changed to »Vocational High School of Health« in 1978.

Thus midwifery education in Turkey between 1946 and 1978 was given at two levels based on both primary school-based and secondary school-based education. From 1978, primary school-based midwifery education was abandoned and only the secondary school-based education system was followed. This system of midwifery education at high school level continued for a long time and the number of schools multiplied over these years. Student admission to these schools was suspended in 1996 as per the decisions of the High Council of Health assembled in 1995.

In 1975 the Ministry of Health took the decision to educate »Midwife-Nurses« by combining midwifery and nursing education. This may be an appropriate attitude for institutions like health centers that provide multi-dimensional health services, yet this combination did not last long since it is difficult for an individual to fully acquire the skills of two different professions. After a two-year execution, midwifery and nursing educations were again separated.

## **LIMME Project**

In the school year of 1986–1987, the Ministry of Health initiated 1 to 1.5 year courses within the scope of the LIMME (Vocation for High School Graduates) project and began to train midwives and nurses. This application was subsequently abandoned in 1990.

## Associate Programs of Midwifery

In the academic year of 1985–1986, 2-year associate programs of midwifery were opened at some universities in order to provide the health system with interim manpower. These programs, which were conducted in a total of 27 Vocational High Schools of Health Services, were subsequently closed in 1996. Similarly, 2-year »Open Education-Associate Programs of Midwifery« were offered in the 1991–1992 academic year at Anadolu University, Faculty of Open Education, but this program also ceased in 1998.

As per the protocol signed in 1992 between the Ministry of Health and the Council of Higher Education (CHE), Vocational Schools of Health Services offering 2-year associate education were founded within the Vocational High Schools of Health, and five programs began giving associate education of midwifery.

#### Undergraduate Midwifery Programs

Midwifery education in Turkey, which had previously been conducted at different levels, was discussed at the High Council of Health and it was determined that this education should be given only in universities and at undergraduate level. A protocol was signed in 1996 between the Ministry of Health and the presidency of the CHE with regard to this decision of the Council, and Vocational High Schools of Health giving midwifery/nursing education were handed over to universities. These schools were replaced with »Health High Schools« that conduct undergraduate education in several universities. As of 2009, there were 23 Health Schools giving midwife education and there were six Faculties of Medical Sciences.

A midwife with a bachelor's degree is expected to acquire the following knowledge and skills at the end of midwifery education:

- performing at least 100 prenatal examinations
- monitoring at least 40 pregnancies
- · performing delivery of 40 normal spontaneous births
- assisting one or two breech deliveries
- monitoring 40 risky pregnancies
- monitoring 100 normal post-natal maternal and newborns
- monitoring 50 risky newborns
- performing at least 25 intra-uterine device (IUD) applications

The CHE criterion for IUD application is not included in the »Practical and Clinical Education« set forth by the European Union. Similarly, »Episiotomy Application«, which is one of the expected skills of a freelance midwife, is not included in the Occupational Knowledge and Skill Standards of CHE, although it is one of the clinical education and practical criteria of the European Union and one of the objectives of the Midwife Education program designated by CHE.

The European Community Commission of Brussels (07.03.2002/0061) presented a »proposal for the European Parliament and Council directive« for the recognition of occupational competences. Article 16 of this proposal report states that »it has not been found appropriate to give midwives an education standardized in all member states; more importantly, it should be seen the fact that each member state has the freedom to organize its education program in accordance with its national condition is the greatest possibility«.

In the 42<sup>nd</sup> World Health Assembly, it was decided that it would not be possible to accomplish the objective of health for everyone without the active participation of midwives and nurses, and all countries were invited to prepare and implement an action plan for strengthening these professions.

Midwifery, among health professions, is the oldest and most conventional profession and the most important one in terms of its function. The important role of this profession in the protection and improvement of maternal and infant health in countries is the reason why the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) put a special and persistent emphasis on the »strengthening of midwifery profession« for successfully conducting maternal and infant health and basic health services.

## Graduate Midwifery Education

Graduate programs of midwifery, which were initiated in 2000, are offered by only a few universities. Graduate education is regulated and given by the institutes subordinated by university rectorships as per the law no. 2809. The Graduate Programs of Midwifery offered by the Midwifery Departments were founded in Mersin University, Medical Sciences Institute in 2000; Ege University, Medical Sciences Institute and Cumhuriyet University, Medical Sciences Institute in 2003; and Çukurova University, Medical Sciences Institute in 2006 and these are so important in terms of being the first examples in Turkey.

With a good midwifery service:

- The task of decreasing poverty, treating illnesses, ending wars or providing homeless people with shelter cannot be handled by midwives alone; yet there are several things midwives can achieve within the scope of their profession. By providing good midwifery care they can help to reduce the effects of diseases and poverty that impair the well-being of a family.
- Midwives provide women with support in developing their communication skills. Therefore, they help women to reinforce their self-respect and family relationships and contribute significantly to the spiritual development of families.
- Midwives help women and their families to contemplate the importance of prenatal care and the cost and risk reduce as a consequence.
- Midwives enable women to understand that the process of giving birth is natural and normal, thus the need for medication reduces.
- Midwives support mothers with lactation. Consequently, the prevalence of newborn diseases decreases, self-confidence of families increases and the cost reduces.
- Using midwifery skills breaks the chain of poverty and reveals the importance of midwifery care. As in all professions, the important thing in the midwifery profession is love, knowledge, patience, belief, honesty, modesty, hope and courage. With the implementation of »National Health Policies« supporting and encouraging midwifery services have been attributed great significance in terms of the improvement of maternal and infant health in our country. Midwives, with the belief that »health is a birthright«, provide women and their families with an integrated health care in all cases without any discrimination.

Hence, the fact that midwives are trained by schools to »meet the needs of the field (i.e. the country)« has gained importance.

## Conclusion

According to the Munich Declaration (2000, June 17), which was signed by the Ministry of Health, nurses and midwives are required to have bachelor's degree. As discussed above, midwifery education in Turkey has reached undergraduate level through a gradual and slow progress.

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### **OBRAZOVANJE PRIMALJA U TURSKOJ**

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Primalje su najvažniji zdravstveni radnici u zaštiti i poboljšanju majčinog i djetetovog zdravlja. Dobro organiziran zdravstveni sustav i kvalificirani program obrazovanja primalja razvijen u skladu sa suvremenim potrebama, potrebni su kako bi se osiugrala sposobnost primalja u njihovom radu.