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SURİYE VE TÜRKİYE'DEKİ SURİYELİ EBE ÖĞRENCİLERİNİN EBELİK EĞİTİM-ÖĞRETİM VE HİZMETLERİNİ KARŞILAŞTIRMASI

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Öz

Bu çalışmada Suriye ve Türkiye'deki ebelik eğitim-öğretim ve hizmetlerinin Suriyeli öğrencilerin gözünden karşılaştırılması amaçlanmıştır. Nitel araştırma desenlerinden fenomenolojik durum deseni kullanılmıştır. Verilerin toplanmasında sosyodemografik verileirn yer aldığı soru formu ve yarı yapılandırılmış mülakat soruları kullanılmıştır. Görüşmeler öğrencilerin uygun oldukları bir vakitte sakin ve sessiz bir ortamda araştırmacılar tarafından 22 Suriyeli öğrenci ile yüz yüze gerçekleştirilmiştir. Görüşmelerden çıkan temalar öğrencilerin cümlelerinden derlenmiştir. Verilerin analizinde içereik analizinden faydanılmıştır. Araştırmacılar ayrı ayrı öğrencilerin ses kayıtlarını metine dökmüş ve temalar için başlıklar belirlemiştir. Belirlenen başlıklar iki araştırmacının kritikleri sonucunda ortaya konmuştur. Öğrenci yorumlarından ülkemizde ebelik dersleri ve uygulamalarının yetersiz olduğu, ebelik eğitiminin süresinin kurumumuzdakinden farklı olduğu, Suriye'de eğitim ve öğretimin daha disiplinli ve kaliteli verildiği ortaya çıkmıştır. Öğrenciler tarafından Suriye'deki ebelerin mesleki rollerinin ülkemizdeki ebelerin mesleki rollerinden daha gelişmiş olduğu bildirilmiştir. Özetle 2 ana tema belirlenmiştir. Tema 1. Suriye ve Türkiye arasında ebelik eğitim-öğretimindeki farklılıklar, Tema 2. Suriye ve Türkiye arasında ebelik hizmetlerindeki farklılıklar. Öğrencilerin demografik verilerine baktığımızda; %68,2'si 23-26 yaş aralığında, %77,3'ünün 5-11 yaş aralığında kardeşi var, %90,9'u evli değil, %63,6'sı 7-12 yıldır Türkiye'de, %54,5'i eğitimini tamamladıktan sonra Türkiye'de kalmak istiyor, %59,1'i kalabalık ailede yaşıyor, %59,1'inin geliri giderlerini karşılıyor, %31,8'i ortaokul veya lise mezunu, %86,3'ünün annesi çalışmıyor, %68,2'sinin babası çalışıyor. Sonuç olarak Suriyeli öğrencilerin kurumumuzda verilen eğitim-öğretimi ve ebelik mesleki rollerini Suriye'ye göre yetersiz gördükleri belirlenmiştir.

Anahtar Kelimeler: Suriyeli Öğrenciler, Ebelik Hizmetleri, Ebelik Eğitimi ve Öğretimi

COMPARISON OF MIDWIFERY EDUCATION-TRAINING AND SERVICES BY SYRIAN MIDWIVES STUDENTS IN SYRIA AND TÜRKİYE

Abstract

This study aims to compare midwifery education and services in Syria and Türkiye through the eyes of Syrian students. Phenomenological case design, one of the qualitative research designs, was used. A questionnaire form including sociodemographic data and semi-structured interview questions were used to collect data. Interviews were conducted face-to-face with 22 Syrian students by the researchers in a calm and quiet environment at a time when the students were available. The themes that emerged from the interviews were compiled from the students' sentences. Content analysis was used in the analysis of the data. The researchers transcribed the voice recordings of the students separately and determined titles for the themes. The determined titles were revealed as a result of the critiques of the two researchers. It was revealed from the student comments that midwifery courses and practices in our country were insufficient, the duration of midwifery education was different from our institution, and education and training in Syria was more disciplined and of higher quality. It was reported by the students that the professional roles of midwives in Syria were more developed than the professional roles of midwives in our country. In summary, 2 main themes were identified. Theme 1. Differences in midwifery education-training between Syria and Türkiye, Theme 2. Differences in midwifery services between Syria and Türkiye. When we looked at the demographic data of the students, 68.2% were 23-26 years old, 77.3% had siblings between 5-11, 90.9% were not married, 63.6% had been in Türkiye for 7-12 years, 54.5% wanted to stay in Türkiye after completing their education, 59.1% lived in a large family, 59.1% had an income equal to their expenses, 31.8% had a middle school or high school graduate, 86.3% had a mother who was not working, 68.2% had a father working. As a result, it was determined that Syrian students viewed the education and training provided in our institution and the professional roles of midwifery as inadequate compared to Syria.

Keywords: Syrian Students, Midwifery Services, Midwifery Education And Training

1. INTRODUCTION

Midwifery, based on knowledge and moral values, started as a profession passed down from mother to daughter and has developed over time and gained a professional identity (1,2).

According to the International Confederation of Midwives (ICM), from the midwife; It is expected to contribute to women's health development, protect their health, ensure their privacy, enable women to make their own decisions by informing them on necessary issues, support reproduction, and be an advocate of normal births. It is stated that midwives should improve mother-baby health by respecting cultural and ethical values within mutual respect, trust and sharing responsibility. In addition, ICM cares about cultural standards and aims to provide standard midwifery education and services by reducing the differences in midwifery education and services between countries. For this purpose, ICM offers quality training programs to countries (3).

In Turkish historical sources; Birth is seen as a beautiful experience that every woman should experience, and the midwife who assisted with the birth is considere a member of the family/relative.[1,2] Midwifery in Türkiye starte with the master-apprentice relationship. The development of midwifery along with education continued with midwifery courses, midwife schools, high school, associate degree education, and today it continue with undergraduate level education. Especially in developed countries with qualified midwifery services, a bachelor's level and competency-based education model is implemented. In developing countries, there is not enough midwifery service, and the quality of midwifery education need to be increased both quantitatively and qualitatively in order to strengthen midwifery (4,5).

In Türkiye, T.R. According to the definition determined in the Regulation on Job and Task Descriptions of Ministry of Health Personnel, midwife is defined and job description is made as follows. Midwives are women who provide sexual and reproductive health services, plan and carry out birth preparation training, play a leading role in maternal and child health services, and provide appropriate services to couples during the prenatal, birth and postnatal periods. In addition, midwives administer the appropriate medicine in line with the protocols determined in emergency obstetric situations, monitor and vaccinate children in the 0-6 age group, provide health education to the public on hygiene rules, first aid, protection from infectious diseases and family planning, and provide statistics on birth and death. A person who collects data, sets an example for society with her behavior, and graduates from a school registered by the Ministry of Health (6).

Today, midwifery education is given at the four-year undergraduate level in our country. The candidate who successfully completes his/her undergraduate education in line with EU directives; It is expected that the child will have knowledge about prenatal, birth, postnatal and newborn issues and professional ethics and legislation (7). In addition to undergraduate education, the assistant midwife department is also actively carried out in health vocational high schools. Today, universities offering midwifery education accept between 30-100 students every year. In addition, there are master's degree programs within the Department of Midwifery in 18 universities, including 16 state and 3 foundation universities. Additionally, there are doctoral programs within the Department of Midwifery in 8 state universities (6).

A variety of midwifery education systems can vary depending on each society's own social structure and policies. The basic point in education is; It is about the deterioration of maternal and child health in case of deterioration of social health and the protection of mother and childbirth. As a different culture and country for an organization of Syrian origin, the work done to develop mastery skills and upgrade the mother-newborn system is very important. Especially the fact that most of these students will work in an immigrant health center after graduation further increases the importance of the issue. Although health needs are similar around the world, it is an important effort to search for and find the best and contribute to our own education system in today's world where

health systems are intertwined (8). Barriers to achieving high quality sustainable midwifery education programmes include economic and political restrictions to exercise the full scope of midwifery practice, as well as social and cultural norms which mitigate against women′s rights, education and employment (9,10).

Due to the unique socioeconomic, cultural, historical and legal factors of countries, it has become inevitable for differences to emerge in midwifery services (11). For this reason, determining the practices carried out in different countries can be a guide in strengthening midwifery education in our own country and may facilitate the adaptation of students of Syrian origin to midwifery education.

Syria has an ongoing violence against civilians since 2011. The destruction of health-care facilities, critical shortages in supplies and personnel, and mass displacement of people all contributed to suboptimal health-care delivery, or in many cases failure (12). Before the war, there were many universities training and providing services in Syria. However, after the war, many academics either left the country or died in the bombing. Many students lost their lives in these institutions where education was provided in Arabic. The surviving students left their country and migrated to different countries (13). Students had to continue their education in the countries they immigrated to. Although continuing their education in a different culture despite the difficulties of adaptation is a very positive result, it also brought with it many difficulties. To identify these difficulties, it may be useful to identify educational differences between the two countries, and based on the results of the study, new regulations can be developed to ensure that students receive a better quality education. This study aimed to compare midwifery education-training and services in Syria and Türkiye through the eyes of Syrian students.

2. METHOD

Qualitative research: Standards for Reporting Qualitative Research (SRQR) and Consolidated Criteria for Reporting Qualitative Research (COREQ) were used in the research.

Type of research

In this qualitative study, a phenomenological case design was used.

Population

The universe of the study; It consisted of all foreign students registered in the midwifery department of a university between 15.04.2024 and 10.06.2024, when the research was conducted (n=76). The sample consisted of students of Syrian origin who volunteered to participate in the research that met the research criteria (n=22).

Criteria for inclusion

– Being registered in the midwifery department of the university where the research was conducted between 15.04.2024 and 10.06.2024

– Being a midwifery 2nd, 3rd and 4th grade student and taking part in practice courses

– Being a student of Syrian origin.

– Volunteering to participate in research.

Exclusion for criteria

– Not being a student of Syrian origin.

– Not volunteering to participate in the research

– Joining any psychological support group.

– Experiencing the death of a loved one at least 6 months ago.

– Being a first year midwifery student and not taking part in practice classes

Research procedure

Researchers collected data by interview method. Interviews were conducted with semi-structured questions. The interviews were recorded. The recorded interviews were listened to by the researchers and all the details of the interviews were transcribed and examined. The same practice was used in all interviews.

Question form

Questionnaire created by researchers; It consists of questions regarding students' demographic data and midwifery education and services.

Interview Questions

The content of the interview questions is given below.

1. What are the differences in midwifery education-traning between Syria and Türkiye?
2. What are the differences in midwifery services between Syria and Türkiye?

Evaluation of data

The evaluation of the qualitatively prepared interview questions was made through "content analysis". In this study, data was collected using interview technique with semi-structured questions. The data was analyzed in four stages:1. coding of data, 2. determining the themes of the coded data, 3. editing codes and themes, 4. Description and interpretation of findings (14). During the analysis process, after the interviews were completed, the audio recordings were listened to by the researchers. The words spoken by the participants were transcribed on the computer as they were, and thus the data set was created. The first stage of content analysis, coding the data, was created by reading the data transferred to the computer environment. For this purpose, the expressions written in the data set were read again and again, and the same, similar and different expressions were grouped. Based on the codes that emerged in the second stage, themes were found that could explain the data at a general level and collect the codes under certain categories. The grouped expressions were re-evaluated within themselves and the main themes of the research were created by determining the most repeated expressions. After organizing and defining the data according to codes and themes, the findings were interpreted. Thus, the collected data were given meaning, the relationships between the findings were explained, cause-effect relationships were established, and conclusions were created from the findings.

Reliability

Two researchers analyzed the data by discussing, compromising and making decisions together. Thus, the reliability and internal validity of the study was ensured (15,16,17). In addition, right at the end of data collection, the researcher summarized the data she collected and asked the participants to express their thoughts on their accuracy, thus providing a participant confirmation strategy to increase credibility (16,17). After compiling the initial codes, the participants' opinions were verified by the participants for the accuracy of the codes and interpretations, and if the codes contradicted the participants' comments, the codes were corrected accordingly. Once an agreement was reached on the selected codes, the themes in the study were identified.

Ethics of research

Ethics committee permission was obtained from the Gaziantep Social Sciences Ethics Committee of a University on 04.08.2023(Meeting number: 9). Written and verbal consent was obtained from the participants. The research was conducted in accordance by the Principles of the Declaration of Helsinki

3. RESULTS

Demographic data

When we looked at the demographic data of the students, 68.2% were 23-26 years old, 77.3% had siblings between 5-11, 90.9% were not married, 63.6% had been in Türkiye for 7-12 years, 54.5% wanted to stay in Türkiye after completing their education, 59.1% lived in a large family, 59.1% had an income equal to their expenses, 31.8% had a middle school or high school graduate, 86.3% had a mother who was not working, 68.2% had a father working. (Table 1).

Table 1. Demographic data of students

Data		*n=22*	*%*
Age	*19-22 age*	*15*	*68.2*
	23-26 age	*7*	*31.8*
Number of siblings	*2-4*	*5*	*22.7*
	5-11	*17*	*77.3*
Married status	*Yes*	*2*	*9.1*
	No	*20*	*90.9*
Duration in Türkiye	*3-6 year*	*8*	*36.3*
	7-12 year	*14*	*63.6*
Willingness to stay in Türkiye after completing education	*Yes*	*12*	*54.5*
	No	*10*	*45.5*
Type of family	*Nuclear family*	*9*	*40.9*
	Extended family	*13*	*59.1*
Income status	*Income is less than expenses*	*7*	*31.8*
	Income equals expenses	*13*	*59.1*
	Income exceeds expenses	*2*	*9.1*
Educational status of the mother	*Illiterate*	*4*	*18.1*
	Secondary school graduate	*7*	*31.8*
	High school graduate	*7*	*31.8*
	Bachelor's degree	*4*	*18.1*
Mother's employment status	*Yes*	*3*	*3.7*
	No	*19*	*86.3*
Father's employment status	*Yes*	*15*	*68.2*
	No	*7*	*31.8*

Students' comments-based data

This section was written under 2 main headings. In the first theme, midwifery courses and practices, the duration of midwifery education and how it was given were explained. In the second main theme, discipline and quality in midwifery and professional roles in midwifery were interpreted (Table 2).

Table 2. Student Midwifery experienced

Theme 1. Differences in midwifery education-training between Syria and Türkiye	*Sub-theme 1. Midwifery lessons and practices*
	Sub theme 2. Duration of midwifery education and how it is given
Theme 2. Differences in midwifery services between Syria and Türkiye	*Sub theme 1. Discipline and quality in midwifery*
	Sub theme 2. Professional roles of midwives

Theme 1. Differences in midwifery education-training between Syria and Türkiye

Sub-theme 1. Midwifery lessons and practices

- At the school we came from, midwifery included a two-year education and practice classes were held more frequently (participant 4).

- At the school I came from, practices were taught in more detail. For example, they were teaching everyone how to sew. Unfortunately, it is not taught here (participant 5)

- Midwifery education in Syria was given 5 days a week, theoretical lessons were between 08:00 - 12:00 in the morning, and practical lessons learned in the hospital were given between 12:00 - 17:00. Great importance was given to lessons on women, childbirth, women's and child care. More practice lessons were being shown (participant 8).

- At the school we came from, midwives used to give birth during my student years. We are not allowed to give birth alone here. How will we give birth after graduation? Practices in Türkiye are very inadequate (participant 10).

- The school I came from and the school here are approximately the same, but in Syria, more practical training was given regarding internships (participant 11).

Sub theme 2. Duration of midwifery education and how it is given

- In Syria, midwifery was taught in the nursing department for 3 years, and then specialization was given in the midwifery branch for two years. In Syria, the midwifery department was given more value and importance (participant 14).

- In order to become a midwife in Syria, you must first study nursing for 2 years, and then you can become a midwife by studying for another 2 years. Those who do not have nursing education cannot receive midwifery education (participant 22).

Theme 2. Differences in midwifery services between Syria and Türkiye

Sub theme 1. Discipline and quality in midwifery

- There is better quality and discipline (participant 2).

Sub theme 2. Professional roles of midwives

- Midwives in Syria can open clinics and write prescriptions like doctors (participant 5).

- In Syria, midwives can deliver at home and open private clinics (participant 7)

- In Syria, they treat midwives like doctors and all women prefer midwives. Midwives can deliver at home. Most women want to give birth at home because it is more comfortable. Midwives open clinics alone and can write prescriptions (medicines) and give birth alone in the clinic (participant 9)

- Midwives in Syria graduate very well-equipped, can give birth and open a clinic on their own and give birth there (participant 11)

-Midwives can perform cesarean sections in Syria, but only doctors perform cesarean sections here (participant 12)

-In Syria, midwives can work with ultrasound, but in Türkiye midwives are not authorized to use ultrasound (participant 15)

- Midwives in Syria can use ultrasound equipment, write prescriptions, and deliver at home. In Türkiye, these are not legal for a midwife (participant 18)

- In Syria, midwives only care for the baby and mother. Nurses are not doing their job. There is no difference between midwives and nurses in Türkiye. Midwives work like nurses (participant 19)

- In Syria, midwives serve like doctors. He is as competent as a doctor in operations regarding cesarean sections and other gynecological diseases. (participant 22).

4. DISCUSSION

In this study, which aims to compare midwifery education and services in Syria and Türkiye, it was determined that the majority of students wanted to stay in Türkiye after their education life was over. This result has shown us that Syrian students love our country and want to stay here after education and gain a place in the business field. This was seen as a very positive result.

However, the results of the students' comparison of midwifery education in Syria with midwifery education in our country unfortunately caused us to question the midwifery education given in our country. Students' comments are that midwifery education and training in Syria is of higher quality than in our country. Students stated that while they were students, absolutely every student had given birth in Syria, but they complained about not being able to give birth yet during their midwifery training in Türkiye. Students stated that the education given here was insufficient and that more importance was given to obstetrics and gynecology courses in Syria. In addition, students stated that in order to become a midwife, they first receive nursing education and then specialize in midwifery, just like in Finland and the Netherlands (18,19). Midwifery education is an education system in which theoretical and practical education is offered as a whole, structured in order to give the student a professional identity and prepare the student for professional life. In this system, midwifery students are expected to acquire cognitive, affective and psychomotor skills. In this way, students are enabled to improve themselves by practicing without risking patient safety before going into clinical practice.

However, in our country, the effectiveness of teaching decreases due to problems such as the high number of students in the field of midwifery and the low number of faculty members, not giving every student the opportunity to practice, time constraints, lack of suitable laboratory environments and models (20). Insufficient academic staff and lack of sufficient number of births in practice areas in our institution may have caused students not to be able to give birth. Additionally, the number of students is increasing every year. In this case, it negatively affects the quality of education. However, when students reach their fourth year, they must fill out the criterion filling forms in order to graduate from midwifery. In these forms, students are required to give birth. For this reason, students complete these shortcomings by voluntarily doing summer internships in hospitals, in addition to the practice carried out during the education process (21). Midwifery education and services around the world have been affected by the historical, cultural and socio-political situations of their own countries. When looking at midwifery training between countries, there are differences. Midwives in Southern and Western European countries have proven to be independent, autonomous and more professionally develope (22). However, there are wide inconsistencies in the nature and content of midwifery education programmes, including regulations on practice and the influence of professional midwifery associations across countries (9,10). A study conducted in the Netherlands reported that there are differences among institutions that train midwifery students and that this situation causes inadequacies in education (23).

Students also stated that they do not want to intern or work in clinics other than midwifery practices and that there is no such practice in Syria. Unfortunately, due to the lack of practice areas and academicians, they had to practice in internal clinics, which are the areas of nurses, instead of departments where they can practice their profession in our country. In addition, when they start the

profession, they are employed in internal clinics to replace the missing nurses deemed appropriate by the hospital management, even though the fields of practice of the midwifery profession are stated in the law in the hospital to which they are assigned.

In addition, according to students' comments, it was found that the professional roles of midwives in Syria are at a very advanced level. For example, a midwife in Syria can write prescriptions, open a clinic, monitor pregnancy using ultrasound, and perform caesarean sections. However, according to the laws in our country, midwives do not yet have such rights in Türkiye. Even the birth is performed under the supervision of a physician (6). This has shown that new laws are needed for the midwifery profession in our country and the working areas of midwives should be expanded. In a study, it was reported that obstetric ultrasound training, which is one of the newly developing professional roles of midwives, can be given upon the request of midwives for authorization, and changes can be made in the duties, authorities and responsibilities of midwives (24). The American College of Nurse-Midwives (ACNM) published the obstetric ultrasound guide for midwives in 2011 and updated the guide in 2012 and 2018. In the guide, it is stated that obstetric ultrasound examination should be included in the midwifery education curriculum and competence, training and courses should be organized for midwives, midwives with education and skills should be able to practice, and each country should have its own regulations (25). An ultrasound certification program for midwives has been organized together with the American Registry for Diagnostic Medical Sonography (ARDMS). The content of this certificate program includes information about physics, anatomy, indications, normal and abnormal findings. It has been reported that midwives participating in the certification program can perform obstetric ultrasound examination for pregnancy examination, pelvic measurement and follicle counting at any time of pregnancy (26). There were many new regulations for midwifery in the literature. In order to support midwifery education and improve mother-child systems in general, it is recommended that new regulations be urgently transformed into an action plan and that midwifery departments be provided with sufficient academic and staff support to develop them and provide healthy education and training.

5. CONCLUSION

As a result, it was stated by the students that the midwifery education in Syria was better than the midwifery education given in our institution, the midwifery education system was more disciplined and of higher quality, the application areas were wider, and they had more opportunities to take theoretical courses and practice. In addition, students reported that midwifery services were more developed and the professional roles of midwives were more developed than midwives in our country. In this regard, it can be said that there is a need for initiatives to strengthen education and training in our institution and initiatives are needed to correct this situation. It is recommended to increase studies in this field and compare midwifery education with other countries.

Consent

Patient consent was obtained from the participants in this study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that supports the findings of this study are available in the supporting material of this article.

Ethical statement

Ethics committee permission was obtained from the Gaziantep Social Sciences Ethics Committee of a University on 04.08.2023(Meeting number: 9). Written and verbal consent was obtained from the

participants. The research was conducted in accordance by the Principles of the Declaration of Helsinki

Research and Ethics Statement Information for the Article Entitled 'A Comparison of Midwifery Education, Training, and Services for Syrian Midwifery Students in Syria and Turkey'	
This study has been prepared in accordance with the values of 'Research and Publication Ethics' and has been checked by a plagiarism control programme. All responsibility for the study lies with the author(s).	
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