Turkish Women's View About Male Midwifery and Care

Türk Kadınlarının Erkek Ebe ve Bakımı Konusundaki Görüşleri

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ÖZ

Amaç: Bu çalışma, Türk kadınlarının erkek ebeliğine bakış açılarını ve erkek ebelerden bakım alma konusundaki isteklerini belirlemeyi amaçlamıştır.
Yöntem: Kesitsel türdeki bu araştırma, 25 Nisan 2021 ile 30 Aralık 2022 tarihleri arasında yürütülmüştür. Veriler, araştırmacılar tarafından literatür doğrultusunda oluşturulan ve sosyodemografik özellikler ile erkek ebeliğine ilişkin görüşleri içeren çevrim içi anket formu aracılığıyla toplanmıştır. Çalışmaya, kartopu örnekleme yöntemiyle ulaşılan 18 yaş ve üzeri 440 kadın katılmıştır.
Bulgular: Katılımcıların %83'ü 40 yaş altındaydı, %57'si doğum deneyimine sahipti ve %42,2'si vajinal doğum yapmıştı. Kadınların %33,9'u Türkiye'de erkek ebelerin varlığından haberdarken, %75,2'si erkeklerin ebelik mesleğini icra etmesini desteklemekteydi. Kırk yaş ve üzeri kadınların erkek ebeliğine destek verme, erkek akrabalarının ebe olmasını isteme, erkek ebelerden ve erkek kadın doğum uzmanlarından kendileri ya da yakınları için bakım alma konularında anlamlı düzeyde daha açık oldukları belirlendi ($p<0.05$). Türkiye'de erkek ebeliğine dair bilgi sahibi olmayanların daha çok sağlık dışı alanlarda çalışanlar ve doğum yapmamış kadınlar olduğu görüldü.
Sonuç: Yaş, doğum deneyimi ve sağlık alanında çalışma, Türk kadınlarının erkek ebeliğini kabul ve destek düzeylerini olumlu yönde etkilemektedir. Elde edilen bulgular, doğum hizmetlerinde toplumsal cinsiyet temelli önyargıların azaltılmasına yönelik çalışmalara rehberlik edebilir.
Anahtar kelimeler: Ebelik, erkekler, Sağlığa yönelik tutum, Sağlık hizmeti kabulü, Cinsiyetçilik.

ABSTRACT

Aim: This study aimed to determine Turkish women's perspectives on male midwifery and their willingness to receive care from male midwives.
Methods: A cross-sectional study was conducted between April 25, 2021, and December 30, 2022. Data were collected using an online questionnaire consisting of sociodemographic characteristics and items assessing views on male midwifery. A total of 440 women aged 18 and above were recruited through snowball sampling.
Results: Among participants, 83% were under the age of 40, 57% had childbirth experience, and 42.2% had experienced vaginal delivery. While 33.9% were aware of the presence of male midwives in Türkiye, 75.2% supported men practicing midwifery. Women aged ≥40 were significantly more likely to support male midwifery, want male relatives to become midwives, and accept care from male midwives and male obstetricians ($p<0.05$). Lack of knowledge about male midwifery in Türkiye was more prevalent among non-health professionals and women with no childbirth experience.
Conclusions: Age, childbirth experience, and working in the health sector positively influence Turkish women's acceptance and support for male midwifery. These findings may guide efforts to reduce gender bias in maternity care services in Türkiye**.**
Keywords: Midwifery, Men, Attitude to health, Patient acceptance of health care, Sexism.

Geliş Tarihi/Recieved:13.05.2024, **Kabul Tarihi/Accepted**:09.05.2025 **Çevrimiçi Yayın Tarihi/Avaliable Online Date**:10.06.25.
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Cite this article as: Demirezen E, Tanrıverdi FŞ, Akduman NG. Turkish Women's View About Male Midwifery and Care, J Health Pro Res 2025;7(2): 77-86.

INTRODUCTION

Midwifery is historically a profession predominantly occupied by women, often associated with traditional gender roles that emphasize women's natural caregiving abilities.[1,2] Midwives are responsible for a broad scope of care, including reproductive and sexual health, prenatal care, labor support, postpartum care, and newborn well-being.[3,4] While midwives play a central role in promoting maternal and child health, the gendered nature of the profession continues to shape public perceptions and professional dynamics.[5] In patriarchal societies such as Türkiye, caregiving roles, including midwifery, nursing, and early childhood education, are predominantly assigned to women. This societal framework positions midwifery as an extension of women's responsibilities related to motherhood and emotional labor, reinforcing the perception that midwifery is a female-dominated profession.[6] Despite the increasing presence of male professionals in other obstetric fields, such as gynecology, midwifery in Türkiye is still widely seen as an occupation unsuitable for men.[2]

Women's preference for female midwives during childbirth is often rooted in concerns about modesty, cultural norms, and religious beliefs, as well as a desire for emotional support from someone perceived as more empathetic.[7] Studies conducted in Türkiye have shown that many women are uncomfortable with the idea of receiving care from male midwives or male nurses in obstetric settings.[8] However, emerging evidence from other cultural contexts, such as Iran and South Africa, suggests that when male midwives exhibit professionalism and empathy, they can be accepted as competent and capable care providers.[7,9,10]

The profession of midwifery is seen globally as one predominantly performed by women, connected with women's innate abilities for compassion and healing.[1,11]. In Turkish culture, traditional gender roles are deeply ingrained, with women typically being responsible for marriage and motherhood, and roles such as nursing, early childhood education, and midwifery being seen as extensions of these responsibilities. This cultural framework positions midwifery as a profession inherently linked to the caregiving roles women fulfill in society. Despite this, male gynecologists are common in Türkiye, yet midwifery remains a career predominantly reserved for women, with the public image of a midwife almost exclusively female.[6,11]

Women's preference for female midwives during childbirth can be attributed to several sociocultural and emotional factors. These include the desire to maintain privacy, comfort, and to avoid having a "foreign" man other than their husband or partner witness the labor process.[7,13] Additionally, cultural values and religious beliefs in Türkiye also play a significant role in shaping these preferences. A survey conducted in Türkiye found that many women do not prefer male nurses and midwives in obstetric clinics, emphasizing the cultural and emotional discomfort with male involvement in childbirth.[8] However, in other countries, such as Iran, women have shown a preference for male midwives under certain conditions, highlighting cultural differences in the acceptance of male midwifery.[9,10] This points to the need for further research to explore the specific attitudes of Turkish women towards male midwifery, as there remains a significant gap in the literature on this topic.

Despite these sociocultural barriers, there is a growing body of evidence indicating that male midwives, when trained to be empathetic and professional, can be accepted by women in various settings.[9] While studies on Turkish women's views about male midwives are limited, the existing data suggests that there is a complex interaction between individual preferences, cultural norms, and the professional competence of male midwives. The literature highlights the importance of considering these factors when discussing gender diversity in midwifery and suggests that further studies are necessary to fully understand the dynamics at play in Türkiye and similar cultural contexts. In conclusion, while male midwifery remains a relatively new and underexplored concept in Türkiye, international studies suggest that public acceptance can be achieved with proper education, communication, and professional training for male midwives. These insights

are crucial for informing culturally sensitive maternity care policies and improving the integration of male midwives into clinical practice. In light of this perspective, this study aimed to investigate young Turkish women's views about male midwives and midwifery care. Our research questions were;

• What do women think about male midwives?

• Do their views differ between different variables like age group, education level, occupational group, and delivery experience?

METHODS

Study design

A cross-sectional descriptive study was planned to determine the views of women aged ≥18 about male midwifery.

Study population

The study population included Turkish women of reproductive age (15–49 years), which is estimated to be approximately 20 million according to the Turkish Statistical Institute.[14] Using a 95% confidence level and a 5% margin of error, the minimum required sample size was calculated as 384 participants. To enhance representativeness and reduce sampling bias inherent to the snowball technique, the researchers aimed to reach a larger and more diverse group. Ultimately, data were collected from 440 women across different age groups, professions, and childbirth experiences. Data collection was stopped with 440 women, reached between April 25th, 2021-December 30th, 2022. The sample size was reached by social media and a snowball sampling method. The inclusion criteria were;

- 18 years and older Turkish women,
- Able to answer online forms,
- Ability to read and write,
- Willing to participate in the study

Study tools

Data were collected with an online form prepared by the researcher in light of the literature review[8,15]. The first part includes descriptive information including five questions about women's sociodemographic and obstetric variables like age, education level, occupation, birth experience, number of children, and experienced delivery method.

The second part includes questions about their opinions on male midwives. As no standardized and validated data collection tool specific to women's perceptions of male midwifery existed in the literature, a self-constructed questionnaire was developed by the researchers based on a comprehensive literature review.[1,8,9,11] To ensure content validity, the draft form was reviewed by five academic experts in midwifery and women's health. Based on their feedback, necessary modifications were made. A pilot study was conducted with 30 participants to test the clarity and internal consistency of the items. Minor revisions were made based on the pilot feedback, although no formal reliability coefficient (e.g., Cronbach's alpha) was calculated due to the limited number of items and the descriptive nature of the survey.

Statistical analysis

The Statistical Package for Social Sciences (SPSS-24.0) program was used to analyze the study findings. Frequency, percentage, mean (X), standard deviation, and min-max values were obtained for descriptive statistical analyses. The Kolmogorov-Smirnov normality test was applied to determine whether the results were appropriate for normal distribution. To determine the relationship among categorical data, the Chi-square test was used.

Ethical considerations

Within the scope of the study, ethical approval was obtained from the Halic University ethics committee (Date: 25/03/2021 Ethics committee no: 45). In the process of collecting data with online surveys, it was stated on the first page that necessary information about the study and participation in the study was voluntary. If they agreed to participate in the study, they were asked to click on the statement "I consent to participate in the study". All authors declare following the ethical standards of the Declaration of Helsinki.

Study limitations

Study findings are limited with the answers to the limited questions to reach more women in a limited time. Therefore present data are limited to the study group and can not be generalized to the Turkish women population. The current study focused on descriptive and basic comparative analyses. Although more advanced subgroup analyses could provide deeper insights, they were

beyond the scope of this preliminary research. Future studies with larger samples and more robust inferential statistical designs are recommended.

RESULTS

A total of 440 women completed the online survey. The participants' mean age was 28.93±9.76 (18-63), and 83% were >40 years of age. More than half (67.7%) had undergraduate and graduate education and 58% were working outside the medical field. The average number of children was 0.86±1.06 (0-4), 57% had at least one birth experience with 42.2% having a vaginal delivery. 33.9% report that they know the presence of male midwives in Türkiye, 75.2% think that men can do midwifery, 53.6% want men to be midwives, 70.7% reported that they wish to get care by a male midwife for themselves/relative, and in case of choosing opportunity, gender makes no difference (68.6%) for them (Table 1).

Table 1. Distribution of women's sociodemographic and obstetric characteristics and views on male midwives (n=440)

Variables		**n**	**%**
Age (X±SD)	28,93±9.76 (18-63)		
Age group	< 40 years	365	83.0
	≥40 years	75	17.0
Education Level	Primary school	39	8.9
	Middle School	33	7.5
	High school	70	15.9
	Baccalaureate degree	277	63.0
	postgraduate	21	4.8
Education Group	Including high school	142	32.3
	University and above	298	67.7
Occupation	Self-employed	35	8.0
	Civil servant	64	14.5
	Employee	45	10.2
	Housewife	124	28.2
	Unemployed	24	5.5
	Student	148	33.6
Occupation Group	Health employee	185	42.0
	Non-health employee	255	58.0
Birth experience	Yes	251	57.0
	No	189	43.0
Number of Children	0.86±1.06 (0-4)		
Experienced Birth Way (n=251)	Only vaginal birth	106	42.2
	Only cesarean section	88	35.1
	Both	57	22.7
Are there male midwives in Türkiye?	Yes	149	33.9
	No	120	27.3
	Don’t know	171	38.9
Can men do midwifery?	Yes	331	75.2
	No	109	24.8
Do you want men to be midwives?	Yes	236	53.6
	No	204	46.4
Would you like a male relative to be a midwife?	Yes	222	50.5
	No	218	49.5
Is there a difference between a male obstetrician and a midwife?	Yes	208	47,3
	No	232	52.7

Table 1 (continued)

Variables		n	%
Would you like yourself / your relative to receive care from a male midwife?	Yes	229	52.0
	No	211	48.0
Would you like to receive care for you / a relative from a male obstetrician?	Yes	311	70.7
	No	129	29.3
Which would you prefer for yourself/your relative?	Male midwife	7	1.6
	Male obstetrician	131	29.8
	Midwife/obstetrician does not matter the gender	302	68.6

Statistically significant differences were observed in women's views on male midwifery based on age and education level. Women aged 40 and above were significantly more likely to believe that men can be midwives (χ^2=6.17, p=0.01) and to express willingness to receive care from male midwives (χ^2=6.39, p=0.01). Similarly, participants in this age group were more supportive of male relatives becoming midwives (χ^2=4.28, p=0.03) and more likely to accept care from male obstetricians (χ^2=7.73, p<0.001).

In terms of educational level, women with a university degree or higher were more likely to agree that men can be midwives (χ^2=4.34, p=0.03) and to support male participation in the profession (χ^2=5.21, p=0.02) (Table 2).
The findings of the study indicate some differences in opinions regarding the presence of male midwives and the acceptance of male midwifery between health employees and non-health employees. The presence of male midwives in Turkey was addressed, with 38.4% of health employees affirming their existence, compared to 30.6% of non-health employees. This difference is statistically significant (X^2 = 45.29, p = 0.000). In addition, the question of whether men can perform midwifery showed that 78.4% of health employees answered "yes," while 72.9% of non-health employees did, but this difference was not statistically significant (X^2 = 1.70, p = 0.19).
When asked if they would like men to be midwives, 58.4% of health employees responded affirmatively, while 50.2% of non-health employees did. This difference was not statistically significant (X^2 = 2.88, p = 0.08). Regarding the question if they would like a male relative to be a midwife, 53.5% of health employees said "yes," compared to 48.2% of non-health employees, and this difference was not statistically significant (X^2 = 1.19, p = 0.27).

When asked whether they would like to receive care from a male midwife, 53.0% of health employees answered "yes," while 51.4% of non-health employees responded affirmatively. This difference was not statistically significant (X^2 = 0.11, p = 0.74). Furthermore, when asked if they would like to receive care from a male obstetrician, 69.2% of health employees answered "yes," compared to 71.8% of non-health employees, and this difference was not statistically significant (X^2 = 0.34, p = 0.55). Finally, when asked which type of health professional they would prefer for themselves or their relatives, 75.1% of health employees and 63.9% of non-health employees stated that the gender of the midwife or obstetrician does not matter. The preference for a male midwife was 2.7% among health employees and 0.8% among non-health employees. The preference for a male obstetrician was 22.2% among health employees and 35.3% among non-health employees. This difference was statistically significant (X^2 = 10.65, p = 0.00) (Table 3).

Table 2. Distribution of views on male midwifery according to age and education level (n=440)

Opinions on Male Midwife		≤39 years (n=365)		≥40 years (n=75)		X^2 p	Including high school (n=142)		University and higher (n=298)		X^2 p
		n	**%**	**n**	**%**		**n**	**%**	**n**	**%**	
Are there male midwives in Türkiye?	Yes	134	36,7	15	20,0	26,69 **,000**	42	29,6	107	35,9	5,12 ,07
	No	109	29,9	11	14,7		34	23,9	86	28,9	
	Don't know	122	33,4	49	65,3		66	46,5	105	35,2	
Can men do midwifery?	Yes	269	73,7	62	82,7	2,68 ,10	98	69,0	233	78,2	4,34 **,03**
	No	96	26,3	13	17,3		44	31,0	65	21,8	
Do you want men to be midwives?	Yes	186	51,0	50	66,7	6,17 **,01**	65	45,8	171	57,4	5,21 **,02**
	No	179	49,0	25	33,3		77	54,2	127	42,6	
Would you like a male relative to be a midwife?	Yes	176	48,2	46	61,3	4,28 **,03**	64	45,1	158	53,0	2,43 ,11
	No	189	51,8	29	38,7		78	54,9	140	47,0	
Is there a difference between a male obstetrician and a midwife?	Yes	177	48,5	31	41,3	1,28 ,25	71	50,0	137	46,0	,62 ,42
	No	188	51,5	44	58,7		71	50,0	161	54,0	

Opinions on Male Midwife		≤39 years (n=365)		≥40 years (n=75)		X^2 p	Including high school (n=142)		University and higher (n=298)		X^2 p
		n	%	n	%		n	%	n	%	
Would you like yourself / your relative to receive care from a male midwife?	Yes	180	49,3	49	65,3	6,39 **,01**	70	49,3	159	53,4	,63 ,42
	No	185	50,7	26	34,7		72	50,7	139	46,6	
Would you like to receive care for you / a relative from a male obstetrician?	Yes	248	67,9	63	84,0	7,73 **,00**	96	67,6	215	72,1	,95 ,32
	No	117	32,1	12	16,0		46	32,4	83	27,9	
Which would you prefer for yourself/your relative?	Male midwife	7	1,9	0	0,0	3,96 ,13	2	1,4	5	1,7	,05 ,97
	Male obstetrician	114	31,2	17	22,7		42	29,6	89	29,9	
	Midwife/obstetrician does not matter the gender	244	66,8	58	77,3		98	69,0	204	68,5	

X2: chi-square test, $p < 0,05$

Table 3. Distribution of views on male midwifery according to the occupational group and birth experience (n=440)

Opinions on Male Midwife		Health employee		Non-health employee		X^2 p	Birth Experience		No Birth Experience		X^2 p
		n	%	n	%		n	%	n	%	
Are there male midwives in Türkiye?	Yes	71	38,4	78	30,6	45,29	71	28,3	78	41,3	5,12
	No	74	40,0	46	18,0	,000	59	23,5	61	32,3	,07
	Don't know	40	21,6	131	51,4		121	48,2	50	26,5	
Can men do midwifery?	Yes	145	78,4	186	72,9	1,70 ,19	184	73,3	147	77,8	4,34 **,03**
	No	40	21,6	69	27,1		67	26,7	42	22,2	
Do you want men to be midwives?	Yes	108	58,4	128	50,2	2,88 ,08	126	50,2	110	58,2	5,21 **,02**
	No	77	41,6	127	49,8		125	49,8	79	41,8	
Would you like a male relative to be a midwife?	Yes	99	53,5	123	48,2	1,19 ,27	120	47,8	102	54,0	2,43 ,11
	No	86	46,5	132	51,8		131	52,2	87	46,0	
Is there a difference between a male obstetrician and a midwife?	Yes	84	45,4	124	48,6	,44 ,50	118	47,0	90	47,6	,62 ,42
	No	101	54,6	131	51,4		133	53,0	99	52,4	
		Health employee		Non-health employee		X^2 p	Birth Experience		No Birth Experience		X^2 p
		n	%	n	%		n	%	n	%	
Would you like yourself / your relative to receive care from a male midwife?	Yes	98	53,0	131	51,4	,11 ,74	128	51,0	101	53,4	,63 ,42
	No	87	47,0	124	48,6		123	49,0	88	46,6	
Would you like to receive care for you / a relative from a male obstetrician?	Yes	128	69,2	183	71,8	,34 ,55	179	71,3	132	69,8	,95 ,32
	No	57	30,8	72	28,2		72	28,7	57	30,2	
Which would you prefer for yourself/your relative?	Male midwife	5	2,7	2	0,8	10,65	4	1,6	3	1,6	,05
	Male obstetrician	41	22,2	90	35,3	**,00**	83	33,1	48	25,4	,97
	Midwife/obstetrician does not matter the gender	139	75,1	163	63,9		164	65,3	138	73,0	

X^2: chi-square test, $p < 0,05$

DISCUSSION

In Türkiye, a public university was the first Health Science Faculty, the Department of Midwifery which removed the phrase about gender "only female candidates' in their application criteria. The first male midwife student graduated in the 2014-2015 academic year. This department continues to register male students. This has opened the way to being midwives for Turkish male students[16]. Despite this progress, the belief that midwifery is a profession exclusively for women remains prevalent in Turkish society. This view is rooted in historical, cultural, and sociological factors that associate women's roles in childbirth with gendered expectations. Consequently, midwifery has been seen as a profession for female employees, a perception that persists among many individuals in Turkey.[17,18] In this context, our study's finding that 33.9% of women in Turkey were aware of male midwives aligns with the literature suggesting limited public awareness of male involvement in midwifery.[19]

In our study, 75.2% of participants believed that men can practice midwifery, and 53.6% expressed a desire for men to be midwives. These findings are in line with previous studies, such as that by Cangöl and Cangöl,[20] who found that 47.2% of puerperal women did not see midwifery as a gender-specific profession, while 59.8% did not believe that male midwives would be less competent than their female counterparts. However, it is noteworthy that 59.4% of those who did not approve of male midwives expressed discomfort or shame at the prospect. This discomfort is also reflected in other studies, such as that by İçke and Baldır Çolak,[16] which found that a significant portion of women would feel uneasy with a male midwife. These findings are consistent with broader international studies, including that by Mthombeni et al.,[9] which revealed that while postpartum mothers respected and found male midwives sympathetic and compassionate, many still showed hesitation toward receiving care from them. Our study found that being informed about male midwives was significantly more prevalent among older participants (40 years and older) and those with higher levels of education (university degree or higher). This aligns with studies that suggest age and education level influence attitudes toward male midwifery. For instance, a study by Güler et al.[21] highlighted that higher education levels correlate with more progressive attitudes toward male participation in midwifery. These findings reflect a broader trend where public awareness and acceptance of male midwifery practices tend to increase with education and exposure to more diverse perspectives.

In contrast, the literature from Turkey reveals differences in the findings based on the age group of participants. Cangöl et al.[20] found that the 18-25 age group showed a more favorable view of male midwives, with 29% of this group believing that men can be midwives. Similarly, İçke and Baldır Çolak[16] found that 34.7% of women aged 24-29 supported the idea of male midwives. These discrepancies could be attributed to the changing social dynamics and generational shifts in cultural norms surrounding gender roles in healthcare professions. International literature also supports our findings, where male midwives are generally viewed as respectful, compassionate, and competent, but cultural hesitations persist, especially in more conservative settings.[21] This suggests that cultural and societal contexts play a significant role in shaping people's views on male midwifery. To increase public awareness and acceptance, it is crucial to implement campaigns that provide information on male midwifery practices. As recommended by Mthombeni et al.,[22] providing targeted information through antenatal care settings could help alleviate fears and misconceptions about male midwives. The relatively low number of male midwives in Turkey could be a key factor contributing to the continued association of midwifery with women. As the number of male midwives increases and they become more visible in clinical practice, it is expected that the public perception of the profession will gradually shift. Increased exposure and education about male midwives will likely lead to a more inclusive understanding of the profession, as seen in other countries with higher rates of male midwives, such as the UK and Australia.[23] In conclusion, while there has been progress in integrating male midwives into Turkey's healthcare system, significant cultural and

social barriers remain. Public awareness campaigns and further research into the sociocultural foundations of women's attitudes toward male midwives are necessary to promote greater acceptance and inclusion of men in this essential healthcare role.

CONCLUSIONS

This study revealed that being informed about male midwifery in Turkey, as well as agreeing with the practice, was significantly more common among older women and those with higher levels of education. With increasing age, there was also a greater likelihood of women wanting their male relatives to become midwives and preferring male doctors or male midwives. These findings indicate that knowledge and attitudes toward male midwifery in Turkey are closely related to age and education level, suggesting that more efforts are needed to increase public awareness, especially among younger and less-educated groups. Furthermore, women outside the medical field were generally less informed about male midwifery, but those with birth experience were more likely to be aware of the practice. This points to a clear need for targeted, community-based educational programs to improve public knowledge.

In order to foster greater acceptance of male midwives and support their integration into clinical practice, campaigns aimed at increasing awareness of male midwifery should be implemented. Such campaigns could focus on presenting information about male midwifery practices in antenatal clinics, as well as highlighting the benefits of having male midwives in the healthcare system. This approach could be part of broader efforts to increase the visibility and recognition of male midwives, which would not only improve societal acceptance but also enhance job satisfaction, reduce job turnover, and attract more male students to midwifery education programs.

In terms of practical recommendations, the development of specialized educational programs that address gender sensitivity and challenge traditional stereotypes about midwifery could be beneficial. These programs should be implemented both at the university level and within ongoing professional development for healthcare providers. Additionally, healthcare policies should be adapted to encourage the recruitment and retention of male midwives, as well as to provide appropriate support structures to help them succeed in the field. Training programs for male midwives should also focus on building skills that enhance their acceptance in clinical settings, including communication strategies to address potential discomfort from patients and colleagues.

While this study represents an important step forward in understanding the views of Turkish women regarding male midwifery, more in-depth, descriptive studies are needed to explore the underlying sociocultural factors influencing these attitudes. Furthermore, given the significant number of Turkish expatriates in Europe, especially in countries like Germany, where male midwifery is more established, it is important to consider the role of cultural acceptance in clinical practice. Future research should examine how the experiences of male midwives in Turkey compare to those in Western European countries and how cultural dynamics influence the acceptance of male midwifery. This research could provide valuable insights for developing culturally sensitive care models that are appropriate both in Turkey and for Turkish communities abroad.

In summary, while male midwifery remains a relatively new concept for Turkish society, the findings of this study highlight the potential for change. By focusing on education, awareness, and policy adjustments, it is possible to create an environment where male midwives can thrive, contributing to more inclusive and diverse healthcare practices in Turkey.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Conflict of interest : All authors, hereby declare to have no conflict of interest

Acknowledgments: We would like to thank all the participants who answered our online Google questionnaire and helped us to reach other women. Research Ethics Committee

Report from the Halic University Clinical Studies Committee, 25.03.2021, Number 45.

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