

Turkish men's views about male midwifery care: a cross-sectional study

©Esma Demirezen¹, ©Fatma Şule Tanrıverdi²

¹Department of Midwifery, Faculty of Health Sciences, İstanbul University-Cerrahpaşa, İstanbul, Turkiye ²Department of Midwifery, Faculty of Health Sciences, Çanakkale Onsekiz Mart University, Çanakkale, Turkiye

Cite this article as: Demirezen E, Tanrıverdi FŞ. Turkish men's views about male midwifery care: a cross-sectional study. *Anatolian Curr Med J.* 2025;7(6):828-833.

ABSTRACT

Aims: To determine Turkish men's views about receiving male midwifery care for their wife, partner, or female relatives.

Methods: A cross-sectional study was conducted in September 2022- April 2023 with 279 male volunteers, reached via a Google Form prepared in light of the literature by the researchers.

Results: Average age was 31.5±11.0 years, 47.7% fathers, 66.7% have university degrees and more, 74.2% are not employees in the medical sector, and 44.4% do not know the presence of male midwives in Turkiye, 69.2% agree men can do midwifery, 53% do not want a male relative to be a midwife, 55.9% see a difference between a male gynecologist and a male midwife, 60.6% do not want his partner/relative to receive care from male midwife. In the higher-educated group, men are supporting men to be midwives. They are also willing to receive care from male gynecologist for their spouse/ relative. Stating no male midwife in Turkiye, requesting spouse/relative to receive care from a male doctor was found to be significantly higher in the healthcare worker group. Not wanting men to be midwives and their spouse/partner/relative to receive care from a male midwife was found to be high (p<0.05). Positivity against male midwifery was higher at higher education level. With fatherhood, men prefer a gynecologist for their spouses/ partners; however, they do not prefer a male midwife.

Conclusion: With the increase of male midwives in our country, hesitations will become more prominent. However, in western countries with high number of Turkish immigrants where male midwives are common, cultural and social aspects are part of competent care. However no data on this are available. All data will contribute to both sides.

Keywords: Male, midwife, midwifery, culturally competent care

INTRODUCTION

The midwifery profession has strong, long-standing roots and goes back to the existence of humanity. Midwifery is a primarily women-chosen professional health discipline based on science, art, and ethical values.²⁻⁴ From ancient times to the present, midwives have been known as "healers, caregivers, mind-givers, and potion experts. It was also referred to as "knowledgeable mothers," "aunts," "grandmothers," and "witches" among the wealthy and religious groups.1 Today, male midwives are active health care professionals in countries like the United Kingdom, Austria, Germany, and France. Even in countries such as the United States and Australia, where gender is not required in the midwifery profession, the male midwife rate is between 2 and 3.3%. In 2018, a total of 47 universities, including public and private universities in Turkiye, offer midwifery education. At only three universities precondition is to be "female" other universities welcome both genders.^{3,5} To feel more comfortable, protect privacy, not be seen by "foreign men", and in labour pain are some of the reasons women prefer female midwives.

Socio-cultural values and religious beliefs may also play a role.³ However, some studies on this issue show differences.^{2,3,5-7} In Turkiye, where some parts of the country live a more patriarchal structure, men dominate decision-making processes.8 This will also include the midwife's decision. Midwives are in a very special place, supporting in many periods in a woman's life. Studies focusing on men in midwifery are partly limited by views of women about receiving care from male midwives, which presents positivity in a study from Ghana⁹ and also Turkiye. 10 In another earlier time, from Turkiye Bolsoy et al. 11 reported that nearly half of the women were open to male midwives, but in the case of choosing possibility, more than 75% prefer to receive care from a female midwife. However in a study from a rural area in Kenya emphasized the importance of increasing the number of female midwives and considered variations towards male midwives according to age, marital status, level of education and culture, and even the attitude of the male partner. 12 More studies are present about female midwives' views about male midwives from the United States

Corresponding Author: Esma Demirezen, esma.demirezen@iuc.edu.tr



of America (USA), which is positive, ¹³ and midwifery students' views about male midwives. ^{14,15} Studies involving female students in Turkiye have identified hesitations regarding male students. It has been concluded that students with negative gender perceptions also have negative views about males in the profession. ^{14,15} However, data on men's views about male midwifery are very limited. The purpose of this study is to determine Turkish men's views about male midwifery and care. These study results will guide additional studies in Turkiye and also may be a starting point for Europe-based studies, where male midwives are more common than in Turkiye and due to the high number of Turkish immigrants. Emphasizing the need for culturally competent care, especially in multicultural communities and immigrant-welcoming countries.

METHODS

Ethics

This study has been approved by the Haliç University Noninterventional Clinical Researches Ethics Committee (Date: 28.09.2022, Decision No: 198). All procedures were conducted by the ethical standards of the Helsinki Declaration guideline. Informed consent was obtained from all participants.

Study Design and Participants

A cross-sectional, descriptive study was conducted between September 2022- April 2023, to examine the views of Turkish men about male midwives. The researchers' registration, assignment, follow-up, and analysis steps were compliant with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement guidelines about male midwives. ¹⁶

Data Collection

Sampling

We aim to reach a total of 377 men 18 and older, with a 95% confidence interval and a 0.05 error margin as the smallest sample size for this. ¹⁶ However, during data collection, men showed low interest in sharing their thoughts about male midwifery. Some of the reasons were;

- The belief that becoming a male midwife is impossible in Turkiye
- The belief that no Turkish young man would be willing to become a male midwife
- Male midwifery care is not appropriate for the Turkish community

Our comments to motivate them to participate, like there is no difference between male doctors, obstetricians, were responded to as "that's different". This, however, shows the social tendency to put medical doctors in a different position than other health care professionals, which is another research topic area.

The sample size was found to be sufficient in the post hoc power analysis performed after the study. With a 90% confidence interval and a 0.05 error margin smallest sample size were calculated as 267. Our study results include 279 men data in this study.

Sampling inclusion criteria

- Access to the online form
- Male 18 years and older
- Volunteering to take part in the study.

Data Collection Tools

The data collection form was developed by the researchers in light of the literature. 3.6.7 The data collection online questionnaire consists of a total of 16 questions, including 6 questions about the socio-demographic data (age, marital status, education level, occupation, number of children, number of alive children), and 10 questions about fatherhood experience, knowledge, and views about male midwifery.

Data Collection Method

The online survey link was first tested with a smaller group (n=15) to determine the clarity of the questions before the main group, and necessary editing corrections were made. Men population 18 and older were reached with the snowball sampling method, who met the sampling selection criteria. The survey link remained active for 8 months. Filling out the online survey form took approximately 10 minutes.

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. Multivariate binary logistic regression was used to measure the association between supporting men to be midwives according to selected sociodemographic variables like age, education, occupation group and experiencing fatherhood. The p < 0.05 was considered to be significant.

RESULTS

A total of 279 men were reached in this study, and the sociodemographic characteristics (Table 1) were as follows. The mean age 31.5±11.0 (18-70), more than half (50.5%) were married, with a baccalaureate (57.3%) degree, a university or higher education level (66.7%), are students (30.5%), nonhealth (74.2%) employees, and have 0.86 ± 1.08 (0-5) children, among those with fathership experience, mean child number was determined as 1.9±0.8 (1-5). The distribution of opinions about male midwives is shown in Table 2. Accordingly, excluding 146 people who stated that they did not have children, 51.1% (n:68) of the spouses of men who experienced fatherhood experienced only cesarean sections, and 35.3% (n:47) only experienced vaginal delivery. For the total group, the distribution of knowledge and opinion about male midwives, 44.4% of men do not know whether male midwives are present in Turkiye, and 17.6% say No. A significant portion of men (69.2%) agree with the comment that men can do midwifery, however, don't want men (52.5%) to be midwives or a male relative to be a midwife (53.0%), see a difference between male obstetricians and male midwives (55.9%), stated

that they don't want a spouse/partner/relatives to receive care from a male midwife (60.6%), but they agree (55.6%) to receive care from a male obstetrician. In case of being abel to choose, 53.0% would not focus on midwive/doctor gender. However, 21.9% preferred a male obstetrician, 24.4% want a female Professional, and only two men were open for a male midwifery care (Table 2).

Tablo 1. Distribution of men's sociodemographic features (n=279)								
Variables		n	%					
Age (mean±SD min-max)	31.50± 10.98 (18-70)							
Age group	<40 years	200	71.7					
	≥40 years	79	28.3					
	Married	141	50.5					
Marital status	Single	136	48.7					
	Divorced	2	.7					
	Primary school	8	2.9					
	Middle school	16	5.7					
Education level	High school	69	24.7					
	Baccalaureate degree	160	57.3					
	Postgraduate	26	9.3					
Education anoun	Including high school	93	33.3					
Education group	University and above	186	66.7					
	Self-employed	50	17.9					
	Civil servant	56	20.1					
Occupation	Employee	79	28.3					
	Unemployed	9	3.2					
	Student	85	30.5					
O	Health employee	72	25.8					
Occupation group	Non-health employee	207	74.2					
Number of children (mean±SD min-max)	0.86± 1.08 (0-5)							
Number of alive children (mean±SD min-max)	1.86±0.81 (1-5)							
SD: Standard deviation, Min: Minimum, Max: Maximum								

The distribution of answers from men (Table 3) regarding male midwifery shows similarity among age groups and education levels (p>0.05). However, comparisons within education groups, where men did not want men to be midwives, nor a male relative to be a midwife, and a spouse/ relative to receive care from a male midwife, were more common in the lower-educated group. Meanwhile, a preference for male obstetricians was significantly higher in the higher-educated group (p<0.05). Another comparison in Table 4 shows the distribution among the occupation groups (non-health employees and health employees) and fathership experience. Agreeing that there are no male midwives in Turkiye, wanting a spouse/relative to receive care from a male obstetrician was more common among the health employee group (p<0.05). Other data showed a similar distribution. According to fathership experience, not wanting men to be midwives or any spouse/partner/relative to receive care from a male midwife was common among the fathers' group (p<0.05). Not wanting a male relative to be a midwife was also borderline close to significance in the father's group (p=0.05).

Table 2. Men's knowledge and view	vs about male midwifery (n=279)	
Variables		n	%
Fatherhood experience	Yes	133	47.7
	None	146	52.3
	Only vaginal birth	47	35.3
	Only C-section birth	68	51.1
(11-133)	Vaginal & C-section	18	13.5
	Yes	106	38.0
Male midwives in Turkiye	No	49	17.6
	Don't know	124	44.4
0 1 11 16	Yes	193	69.2
Can men do midwifery	No	86	30.8
Montino mon to he miduine	Yes	133	47.7
Wanting men to be midwives	No	146	52.3
Total Land Land	Yes	131	47.0
Wishing relative to be male midwife?	No	148	53.0
Difference between a male	Yes	156	55.9
obstetrician and a midwife?	No	123	44.1
Supporting receiving care from	Yes	110	39.4
male midwife	No	169	60.6
Supporting receiving care from	Yes	155	55.6
male obstetrician	No	124	44.4
	Male midwife	2	.7
Prefered care by	Male obstetrician	61	21.9
	No gender issue	148	53.0
	Only female	68	24.4

Finally, a regression model (**Table 5**) analyzes the relationship between agreeing male midwifery in relation to some features like age, education, occupation, and fatherhood. None af the factors were determined as significant factor in this modeling (p>0.05).

DISCUSSION

This study defines Turkish men's opinions about male midwives. In the Turkish society and cultural environment, midwifery is commonly seen as a woman-specific profession and women's job. 3,5 Men are reluctant to enter professions with a female intensity. Reasons are the fear of losing masculine qualities, which are glorified, rewarded by society. They also prefer to be in male-dominated areas by avoiding feminine aspects.¹⁷ On the other hand, women caretakers/patients prefer female professions instead of male health professions.3 About 44.4% of men in this study did not know about male midwives in Turkiye. 69.2% reported that men could do midwifery, but 53% did not want their male relative to be a midwife. In a study from Turkiye, the idea that if they choose they could do midwifery but the main issue was seen as they would not do it, not prefer it due to their gender roles. In a study conducted with male students, they stated that there are no male midwives, because "it is a woman's profession".6

Similarly in another study with midwifery students about their opinions about male midwives, 55.6% of students

Table 3. Distribution of views on male midwifery accord	ling to age and educa	tion lev	vel (n=27	79)								
Opinions on male midwife		≤39 years (n:200)		≥40 years (n:79)		X ² /p	Including high school (n:93)		University and higher (n:186)		X ² /p	
		n	%	n	%		n	%	n	%		
	Yes	76	38	30	38		34	36.6	72	38.7	2.96 .227	
Male midwives in Turkiye	No	35	17.5	14	17.7	.00 .999	12	12.9	37	19.9		
	Don't know	89	44.5	35	44.3		47	50.5	77	41.4		
Can men do midwifery	Yes	141	70.5	52	65.8	.58	59	63.4	134	72.0	2.15 .142	
our men do mawnery	No	59	29.5	27	34.2	.447	34	36.6	52	28.0		
Wanting men to be midwives	Yes	97	48.5	36	45.6	.19	34	36.6	99	53.2	6.90 .011	
wanting men to be inidwives	No	103	51.5	43	54.4	.659	59	63.4	87	46.8		
Wishing relative to be male midwife?	Yes	98	49.0	33	41.8	1.18	35	37.6	96	51.6	4.86 .027	
wishing relative to be male initially.	No	102	51.0	46	58.2	.290	58	62.4	90	48.4		
Difference between a male obstetrician and a midwife?	Yes	109	54.5	47	59.5	.57	58	62.4	98	52.7	2.36 0.125	
Difference between a male obstetrician and a midwites	No	91	45.5	32	40.5	.504	35	37.6	88	47.3		
Supporting receiving care from male midwife	Yes	80	40	30	38	.09	26	28	84	45.2	10.48 .001	
outporting receiving care from mate intervite	No	120	60	49	62	.756	67	72	102	54.8		
Supporting receiving care from male obstetrician	Yes	109	54.5	46	58.2	.32	39	41.9	116	62.4	10.48 .001	
outporting receiving care from mate observedant	No	91	45.5	33	41.8	.573	54	58.1	70	37.6		
	Male midwife	1	0.5 1	1.3		1	1.1	1	0.5			
Prefered care by	Male obstetrician	47	23.5	14	17.7	2.37 .499	19	20.4	42	22.6	3.90 .272	
refered care by	No gender issue	107	53.5	41	51.9		44	47.3	104	55.9		
	Only female	45	22.5	23	29.1		29	31.2	39	21.0		
X²: Chi-square test. p<0.05												

Table 4. Distribution of views on male midwifery a	ccording to the occu	pational	group and l	birth exp	erience (n=279	9)					
Opinions on male midwife		Health employee		Non-health employee		X ² /p	No child		Have child		X ² /p
		n	%	n	%	л / р	n	%	n	%	Α'IP
Male midwives in Turkey	Yes	22	30.6	84	40.6		62	41.1	44	34.4	1.48 .477
	No	24	33.3	25	12.1	16.67 .000	24	15.9	25	19.5	
	Don't know	26	36.1	98	47.3		65	43.0	59	46.1	
Can men do midwifery	Yes	50	69.4	143	69.1	.003	105	69.5	88	68.8	.02 .887
	No	22	30.6	64	30.9	.954	46	30.5	40	31.2	
Wanting men to be midwives	Yes	38	52.8	95	45.9	1.02	81	53.6	52	40.6	4.70 .030
wanting men to be midwives	No	34	47.2	112	54.1	.314	70	46.4	76	59.4	
Wishing relative to be male midwife?	Yes	37	51.4	94	45.4	.77 .381	79	52.3	52	40.6	3.80 .051
wishing relative to be male initially.	No	35	48.6	113	54.6		72	47.7	76	59.4	
Difference between a male obstetrician and a	Yes	39	54.2	117	56.5	.12 .729	77	51.0	79	61.7	3.23 .072
midwife?	No	33	45.8	90	43.5		74	49.0	49	38.3	
Supporting receiving care from male midwife	Yes	32	44.4	78	37.7	1.02	68	45.0	42	32.8	4.33 .037
Supporting receiving care from male initiwite	No	40	55.6	129	62.3	.312	83	55.0	86	67.2	
Supporting receiving care from male obstetrician	Yes	49	68.1	106	51.2	6.14	83	55.0	72	56.2	.046 .830
Supporting receiving care from male obstetrician	No	23	31.9	101	48.8	.013	68	45	56	43.8	
	Male midwife	0	0	2	1		1	0.7	1	0.8	.88 .828
Prefered care bye	Male obstetrician	16	22.2	45	21.7		31	20.5	30	23.4	
r refered care bye	No gender issue	43	59.7	105	50.7	0.376	84	55.6	.6 64 50	50.0	
	Only female	13	18.1	55	26.6		35 23.2		33	25.8	
X²: Chi-square test. p<0.05											

Table 5. Supporting male midwifery associated with occupation, fatherhood education and age groups (n=279)												
		В	SE	Wald	df	Sig.	Exp (B)	95% CI fo	95% CI for EXP (B)			
		Б	SE	waiu	ui	Sig.	Exp (b)	Lower	Upper			
	Occupation	.148	.287	.266	1	.606	1.159	.661	2.035			
Step 1ª	Fatherhood	.599	.330	3.299	1	.069	1.821	.954	3.478			
	Education	537	.289	3.463	1	.063	.584	.332	1.029			
	Age	458	.354	1.676	1	.195	.633	.316	1.266			
	Constant	.204	.388	.275	1	.600	1.226					
SE: Standard Error, CI: Confidence interval												

reported male midwives would not be accepted by society. A 55.2% of the students reported that they do not want a male family member (brother, older brother, cousin, etc.) to be a male midwife, and 56.5% did not want to receive care from a male midwife for their relative/partner.³ Our research findings and present limited literature showed similarities. It is thought that due to social norms, Turkish men are reluctant to participate in professions where women have a majority.

From another perspective which asks female midwives and nurses with at least a bachelor's degree about the presence of male nurses in gynecology clinics, these female health professionals stated that nursing is not a female profession but more than half of the midwives and nurses participating in the study support the idea that male nurses should work at department which higher male patient proportion (like urology etc.) and not in obstetrics clinics, delivery rooms. 18 Our study showed that with increasing education levels, wishing to have a male midwife among their relatives and receiving care from a male midwife for the spouse/partner increased significantly. Higher education level was defined as a positive feature for a more positive approach to male midwifery, however, more details on the parameters are needed. Although many gynecology and obstetrics specialists in Turkiye are men, midwifery similarly to nursing is considered a female profession that men cannot do, and the first thing that comes to mind when a midwife is mentioned is a female figure. About half of the men participating in the study were fathers, and about 51% of their spouses had a vaginal delivery and received care from a midwife. They also stated that 60.6% of men do not want their spouses/partners/ relatives to receive care from a male midwife, but 55.6% of them want a male doctor. A study from Turkiye states that delivery and care by male midwives would be reasons to confront some difficulties for the pregnant women and also her husband/partner. Similarly, in another study by Gonenc et al.,5 71.3% of midwifery students stated that the public's reaction to male midwives would be negative and not be welcomed by the Turkish community. However, in a womenfocused study, nearly half of the women stated that they might want to receive care from a male midwife but in women who did not want this main reason would be feeling embarrassed and uncomfortable with a male midwife. As mentioned in the study from Africa/Ethiopia, it's not culturally appropriate to expose their genitals to a male midwife. 19 In another study from Turkiye, Alan and Uğur²⁰ determined the opinions of patients and their relatives about male nurses. According to this data, 70.9% of the patients stated that the success of

nurses in practice was more important than the gender factor, 47.8% wanted to receive care from a female nurse, 55.2% were not bothered to receive care from a male nurse, and 72% stated that male nurses could care much better. The research findings and literature show some similarities. Although men do not prefer a male midwife, they are not against male doctors and note that they may prefer a male obstetrician. No comparable study results are men-focused; however, these study results showed similarities with women-focused studies. 11,12 Where women reported that they are not against male midwives, but to be more comfortable, they would prefer and choose to have a female midwife, and cultural factors also have to be considered. In general, to be "comfortable" seems to play a more leading factor; men who experience the special care needs after the delivery might also prefer female midwifery care. This perspective might be differentiated from being completely against male midwifery. However, more detailed data on this perspective are needed. In a systematic review study from Europe²¹ migrant women need culturallycompetent healthcare providers who provide equitable, highquality, and trauma-informed maternity care, undergirded by interdisciplinary and cross-agency team-working and continuity of care. New models of maternity care are needed that go beyond clinical care and address migrant women's unique socioeconomic and psychosocial needs. However, no data are present about the Turkish population living in Europe.

Limitations

Our study findings about men's views of male midwives in Turkiye are limited by the sample size and their answers to our online questionnaire. The online data collection method via Google Form and the snowball sampling method might also result in data collection from similar participant profiles, like similar economic, social, and cultural circles. Those with no internet access, low-educated, not literate, or who even live in rural areas might not be represented in this study. Therefore present data can not be generalized to the Turkish male population in Turkiye. For better understanding, additional studies are needed to analyse if male midwives are welcomed, if not, why., Especially, qualitative studies will give a deeper understanding of different communities.

CONCLUSION

Study findings show that more than half of the men did not know the presence of male midwives in Turkiye. They also did not want a relative to be a male midwife. Willingness to

receive male midwifery care for their spouses/partners and also wanting a male relative to become midwife increased with higher education level. Nearly half of the participants experienced fatherhood. Their baby was born with vaginal birth and received midwifery care. It was observed that men with paternity experience did not want their spouses/partners to receive care from a male midwife; however, they stated that they could prefer a male obstetrician. In a global sense, gender neutrality comes to the core of midwifery, as in all professions. In patriarchal social structures, men's decisions are very effective, especially in health preferences that will affect women's lives. In general, these limited data points out the approach of men distinguishing between doctors and other healthcare professionals. The vision, gender roles, and positions also have some reflections on positioning doctors on a higher level. In Turkiye, especially at the community level and in most family structures, the "caregivers" are mainly female family members. Mostly, patients see and feel nurses/ midwives much closer to them in comparison to doctors, who are also seen in a higher position. Not always easily reachable like caregivers. In this context, it is recommended that more men focus studies on male midwives, male midwifery care, and develop projects that will raise awareness of society's gender equality. This study was done in Turkiye; however, at least 3 million Turkish people are living in Western Europe, where male midwives are more common and more in clinical practice than in Turkiye. Only 2 million people with Turkish roots are living in Germany. To provide culturally sensitive and competent care, this topic should also be a research topic in Western European countries and in general, all countries welcoming immigrants from different countries.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study has been approved by the Haliç University Non-interventional Clinical Researches Ethics Committee (Date: 28.09.2022, Decision No: 198).

Informed Consent

All patients signed and free and informed consent form.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

REFERENCES

 Sökmen Y, Taşpınar A, Bayar R, Kınıklı H. Opinions and expectations of the society about the midwives. Sağ Perf Kal Derg. 2021;(18):1-16.

- 2. İçke S, Balçık Çolak M. Opinions of midwifery students, puerperal, and companions about the male midwife. *Gevher Nesibe J Med Health Sci.* 2022;6(12):10-18. doi:10.46648/gnj.194
- 3. Mete A, Reyhan FA, Çelik N, Sayıner FD. Male in midwifery: opinions of midwifery students. *J Health Sci Professions*. 2019;6(2):266-274. doi: 10.17681/hsp.447291
- Kantrowitz-Gordon I, Adriane Ellis S, McFarlane A. Men in midwifery: a national survey. J Midwifery Womens Health. 2014;59(5):516-522. doi: 10.1111/jmwh.12191
- Gönenç İM, Yılmaz Sezer N, Erkal İlhan S, Öztaş Karataş D. Determination of midwifery students' opinions about participation of male in occupation. *Turkiye Klinikleri J Health Sci.* 2016;1(2):79-87. doi: 10.5336/healthsci.2015-47143
- Çalbayram NÇ, Gönenç İM. Meslek tercihi yapacak erkek öğrencilerin ebelik hakkındaki görüşleri. Sürekli Tıp Eğitimi Dergisi. 2017;26(1):32-36.
- 7. Yıldırım F, Çelik P, Özmen C, Erol S, Üst ZD, Özkan H. Midwifery students's views on involving men midwife in midwifery profession. *Gümüşhane University J Health Sci.* 2014;3(1):646-655.
- 8. Bozok M. Fatherhood in Turkey shaped in between patriarchy, capitalism, and masculinities. Fe Dergi. 2018;10(2):30-42.
- Monne R, Iddrisu M, Kyilleh JM, et al. Male midwifery practice and acceptability: attitudes, beliefs, and associated factors among expectant mothers in Savelugu Municipal Hospital, Northern Region of Ghana. *Pan Afr Med J.* 2024;47:199. doi:10.11604/pamj.2024.47.199.42482
- 10. Demirezen E, Tanrıverdi FŞ, Akduman NG. Turkish women's view about male midwifery and care. *Sağlık Pro Arş Dergisi*. 2025;7(2):77-86. doi:10.57224/jhpr.1483264
- 11. Bolsoy N, Ulas SV, Durgun SK. Opinions of pregnant women intended to male midwives. J Advances Med Medical Res. 2019:29(10):1-8.
- Nyaloti GA. Attitudes of expectant women towards male midwives: a case study of Kajiado North Constituency, Kajiado County, Kenya, 2018.
 Master of Arts in Gender and Development Studies of the University of Nairobi. 2025.
- 13. Bly KC, Ellis SA, Ritter RJ, Kantrowitz-Gordon I. A Survey of Midwives' Attitudes Toward Men in Midwifery. *J Midwifery Womens Health*. 2020; 65(2):199-207. doi:10.1111/jmwh.13060
- 14. Gönül E, Akyıldız D. Determination of the relationship between midwifery students' views on being male in the profession and gender perceptions: a cross-sectional study. *Turkiye Klinikleri J Health Sci.* 2024;9(2):284-293. doi:10.5336/healthsci.2023-100592
- 15. Yılmaz EB, Ekin H. The relationship between midwifery students' opinions of male midwives and gender role attitudes. *J Acad Res Nurs*. 2020;6(1):117-124. doi:10.5222/jaren.2020.93685
- Cuschieri S. The STROBE guidelines. Saudi J Anaesth. 2019;13(Suppl 1): S31-S34. doi:10.4103/sja.SJA_543_18
- Gönenç T. The strategies for masculinization of women concentrated occupations: the case of male nurses in Turkey. J Sociological Res. 2016; 19(1):96-144.
- 18. Yüksekol ÖD, Duman M. Determination of the opinions of the midwives and nurses working in women's health and gynecological diseases about male nurses. *J Duzce University Health Sci Institute*. 2018;8(3):128-132.
- 19. Gwiina KD. Updates: Culture, tradition, and maternal mortality in Africa. 2025.
- Alan N, Uğur Ö. Patient and nearby determination male nursing relationship of views. Med Sci. 2018;13(1):1-9. doi:10.12739/NWSA.2018.13.1.1
- Fair F, Raben L, Watson H, et al. Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: a systematic review. PLoS One. 2020;15(2):e0228378. doi:10.1371/journal. pone.0228378