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*Fam. plan*

*Midwifery  
Turkey*

MODULAR APPROACHES TO LEARNING APPLIED TO FAMILY PLANNING  
FOR INSTRUCTORS IN NURSING/MIDWIFERY

Report on a National Workshop

Ankara  
3-6 September 1984



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## 1. INTRODUCTION

The National workshop on modular approaches to learning applied to family planning for instructors in nursing/midwifery was held in the School of Nursing at Hacettepe University in Ankara from 3 to 6 September 1984.

The planned objectives of the workshop were:

- (1) To explore primary health care (PHC) and its implications for nursing and midwifery education and practice in maternal and child health and family planning (MCH/FP)
- (2) To stimulate active teaching/learning processes for MCH/FP in the context of primary health care
  - (a) the module
  - (b) the community as a learning laboratory
  - (c) problem-solving approaches
- (3) To develop a module for teaching/learning for MCH/FP workers using the approaches discussed

However, as a result of extensive group work to meet the participants' interests and needs, the third objective was adapted as follows:

To gain experience with modular approaches to learning by participation in selected units of modules entitled psycho-social problems of clients in FP services.

A total of 62 participants took part in the workshop, which included directors and assistant directors of nursing schools, nurse and midwife instructors from the General Directorate of MCH/FP, nurse and midwife instructors in schools of nursing, MCH/FP district nurses and midwives, hospital and university hospital head nurses and midwives, nurses and midwives from health centres and a military health educator (see list of participants in Annex 4). The participants came from various regions of Turkey as shown in Annex 3: Map of Turkey.

The secretariat was comprised of the Regional Officer for Family Planning at WHO European Office, the Senior Public Health Nurse/Midwife, Division of Family Health at WHO Headquarters as well as the National Organizer of the Workshop. In addition, the author of the modules on psycho-social problems of clients in family planning services was invited as a temporary adviser to explain and support the participants in their use of this module.

The programme of the workshop is attached as Annex 1.

## 2. WORKSHOP CONTENT AND METHODOLOGY

### 2.1 Objective (2) a, b and c

Presentations were illustrated by slides, overheads, handouts etc. to stimulate active teaching/learning, and small group work activities followed by plenary discussions were undertaken when using the module. All the extensive written material had been translated into Turkish prior to the workshop and was made available to all participants (copy available in FPL unit, WHO/EURO). Moreover, during the workshop 2 faculty members provided continuous simultaneous translation between secretariat and participants and this was much appreciated by both groups and meant considerable effort.

The following is the report of the workshop, elaborated by the secretariat and which summarizes deliberation in both plenary and group sessions as well as main impression of post test and the participants' workshop evaluation.

The three major topics for discussion of the first day were primary health care, the community as a learning laboratory and problem based learning. Primary health care was discussed in relation to its basic concepts and strategies globally, focussing participants' attention on minimal facts about health status in Turkey gleaned from reports<sup>1</sup> and learnt during country visits. Participants were left with many questions to which they themselves should search for the answers to national problems. With this basis, participants were asked to question present nursing/midwifery education content in relation to health status and health needs in Turkey. The present distribution of nursing and midwifery as well as other health personnel in Turkey was considered as a basis for further discussion among leaders in nursing/midwifery education and services in the light of primary health care and the needs of Turkey as a whole, with particular reference to maternal and child health and child spacing. Major concepts in primary health care were illustrated by slides.

Participants were asked to question the situation of educational theory and practice in health institutions - the greatest percentage taking place in specialised health units - when the community and its needs were being largely excluded as practice fields. The potential of the community as a more appropriate learning area for nurses and midwives to acquire professional skills was discussed with reference to a common definition of nursing. Participants discussed some of the barriers they face in developing increased relevance of nursing and midwifery education in MCH/FP towards PHC.

The final topic proposed a new approach to education through problem based learning. Future graduates must be able to deal with a changing world, technically and scientifically by being prepared through basic education to manage their own learning needs and find resources to solve problems as they are encountered. Traditional educational programmes risk to produce graduates competent in passing examinations but with minimal competence to face regularly the new learning needed as technology and science progress and as health needs change. Participant discussion indicated a high level of interest in their approach and how resources might be obtained to assist faculty to experiment with such an approach in selected subject areas.

During the day, concepts were clarified and many questions were left unanswered, leaving faculty from the schools represented with a basis for further interfaculty discussion. This allowed also an avenue open for new experiments in nursing and midwifery education to bring relevance to education, focussed on PHC and real health status of the total population in urban, peri-urban and rural situations throughout Turkey.

## 2.2 Objective 3

As a basis for the work of the rest of the workshop, an introduction was given on family planning and its health benefits, stressing the importance of birth spacing and its impact on both mother and child health. The participants were particularly reminded of article 41 of the 1982 new Turkish Constitution, related to the protection of the family, which reads as follows: "The family is the foundation of the Turkish society. The State takes the necessary measures and establishes the infrastructure to provide peace and comfort for the family and ensures particularly the protection of mother and child, and the teaching and implementation of family planning".

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<sup>1</sup>UNFPA needs assessment mission reports; World Health annual statistics; reports on FPL country visits; United Nations demographic yearbook.

Following this a modular approach to learning was described. To achieve the global social target of health for all by the year 2000, all countries need to train very large numbers of health workers of every type and category. Moreover, the lack of teaching material such as guides or modules to allow trainers to modify their training technology and to further develop similar modules according to their own needs and local conditions was described. Where health learning materials exist, they are often out of date, of poor quality, in an inappropriate language or have been translated from material prepared for countries with different health needs. This results in inadequately trained health personnel providing inadequate health care. Therefore modular instruction offers exciting possibilities because of its flexibility, its adaptability to large number of students (common phenomena in schools in Turkey) and because of its emphasis on individualised alternatives in education. The 4 types of organization of modules, independent, in group, in sequence or in pyramid were described. A modular approach to teaching measles to a PH nurse was illustrated as an example. This allowed participants to analyse the advantages and disadvantages for the learner and the teacher. While modular instruction appears to meet students' needs more adequately than traditional instruction, problems that may arise for the student (such as the difficulty of selfdiscipline and the shifting from passive to active methods ...) and for the teacher (such as the time required to design modules, teachers' feelings of diminished authority ...) were also discussed.

After elaboration of the basic principles and the steps to be followed when designing a module, selected modules from "Guidelines on psychosocial problems of family planning clients" were used as a focus for the remaining part of the workshop. Initial learning related to community diagnosis in respect of birth spacing. Emphasis was given to the importance of finding out about cultural beliefs, values and attitudes of the population being studied as well as health, social and economic organization of the community. Each of the 6 groups of participants worked on the following topics: the common reproductive situation, the social roles of men and women, do people plan their families and by what means, what is the goal of family planning. Summary discussions resulted in the identification of priorities, of supportive groups and the high risk groups in the society, the major target for family planning action.

Individual and personal attitudes related to birth spacing were explored. Participants working in groups of 5 were asked to consider the most widely spread attitudes to family planning and fertility regulation behaviour in the communities in which they work. These factors affecting family planning in Turkey are as follow:

#### 2.2.1 Socio cultural

- In Black Sea coast area as men leave home for long periods of work, there is no need for active contraceptive practice. In this same area women spend much of their time in economic activity essential for family survival. They cannot spare time to attend family planning facilities nor to attend health education sessions for family planning.

- In extended families it is often family elders who decide when children will be created, taking into consideration a variety of group factors e.g. money/land available, education desired, inheritance etc. Early marriage is also more frequent in these families that tend also to be rural.

- In towns, nuclear families with the couple making its own reproductive decisions is the norm. The closeness of Turkish families however exerts much influence on the nuclear couple.
- In rural areas family size is also affected by:
  - . the need for children to increase workers in family
  - . woman is seen in the main, as a reproducer of children; her other roles are minor;
  - . family pride and power increases with increase in family size;
  - . child birth is seen as replacement system for high child mortality, particularly in desire for sons;
- Where the need is greatest (economically disadvantaged, large families), women have less decision making power and are not allowed to take independent action.
- Traditional birth attendants are mostly against family planning since their income would be affected.
- Adolescent pregnancy in certain areas of Turkey is relatively common.

#### 2.2.2 Methods (including traditional ones)

- Breast feeding recognised as a valid system of contraception.
- Intra uterine contraceptive devices are increasingly acceptable, particularly among more educated urban and periurban women.
- Withdrawal is the most widely used method in Turkey since it leaves men in control.
- A pill is made from various grasses and inserted into the vagina pre coitus. It is said to change the pH of the vaginal environment.
- These same grasses are also added to a hot bath and, accompanied by prayers and libations, said to be a treatment for infertility.
- Chicken feathers inserted into the vagina are said to cause irritation? infection which kills sperm.
- Chicken feathers are also used to procure abortion.
- A solution of vinegar is used pre and post coitally.

#### 2.2.3 Religious

- Different muslim groups interpret holy texts in different ways. Some therefore encourage family planning to ensure health and strength of the family. Others are against any form of interference with reproduction.
- Some religious teachers are the most effective teachers of family planning and have extensive contacts with those influencing family planning attitudes in the family.
- Traditional families firmly believe that children are the gift of God and interference by the family offends God's law.

#### 2.2.4 Education

- Enormous misconceptions amongst teenagers about pregnancy, fertility and sex.
- Health education particularly related to family planning is difficult in those areas where local dialect (Arabic, Kurd) is more widely used.

#### 2.2.5 Health services

- In areas close to socialised health centres the average space between children is 18-24 months.
- Though IUDs are increasingly acceptable, services are not readily available and accessible to potential clients.
- Many health personnel are young and not comfortable dealing with peoples' sex/fertility needs. Older ones are inadequately trained to deal with these problems.
- In socialised health services 70% couples practice family planning - but in Istanbul available services cannot meet these high achievements.

A further exercise considered the woman and couples who do not use contraceptives, and attempts were made to identify factors, identifying families at high risk of unwanted pregnancy. To stimulate their learning and increase participation, a pretest was administered to participants. The session ended with a role play in which 5 participants acted on scene in which a public health nurse and students made an MCH home visit to 3 women with different attitudes to FP. This provided considerable and very useful discussion since the professional health workers' messages were being overruled by those of the traditional women in the group. It seemed clear that staff expect to pay home visits whose aim is to improve child care and are comfortable with this situation. However, they seem unused to give similar attention to the mother's needs as an individual as well as her needs in child bearing practices. This was discussed since it is a widespread failing and not uniquely a problem for Turkey.

Non active participants viewed the role play considering: (a) the health workers attitude (b) attitudes of the actors in the given situation (ease/discomfort) through attention to formality, pose, etc. (c) how such listening/interruption took place (d) was the content professional, personal anecdotal etc. and (e) global evaluation of role play in respect of influencing use of contraceptives, clients sexuality, needs for contraception etc.

Discussion related to advantages/disadvantages, and errors in the use of various fertility regulation methods was limited to those identified by participants as being widely used in Turkey (IUD, withdrawal, condom, natural methods). Pretest, group exercises and plenary discussion were the methods used. Exercises were problem solving tasks relating to differences in child spacing and contraceptive practice and beliefs between emancipated urban and traditional rural women. Knowledge related to psychosocial aspects of induced abortion was the topic of the following session. Answers were provided to a pretest, permitting discussion in small groups. A short general discussion followed this activity. It became evident that abortion, though recently legalised, is a taboo subject even among professional health workers and their clients. There was some evidence of self-induced abortions amongst women of the 18-25 age group but no information about the view of such practice in the community and its consequences on health.

Following abstract discussion about the community, a more subject approach invited participants to examine some of their own personal experiences and feelings in relation to sexuality, motherhood, couple relationships and contraceptive practice. The objective was to help them to recognise their own feelings on these subjects, which may be transmitted positively or negatively to potential clients. A considerable amount of discomfort was created during this exercise indicating that further education in small groups for professional health workers who may come into regular contact with individuals and families with health problems of this nature, is much needed.

A post test which contained a selection of questions from previous pretests had two objectives. First to assess the change in knowledge of the students as a result of the use of the modules. Second was to assess the value of the module as it stands for use in different cultures and the adaptation, which may be required in different cultural situations. It became obvious that some of the questions posed as part of the testing situation need some revision. Impression gained from the analysis of the post test can be summarized as follows:

- That there was little understanding on the part of the participants of the cultural and psychosocial reasons for family planning attitudes as they affect themselves as providers of such care, or of clients as care recipients.
- Working with the modules allows a deeper awareness of the importance of religion as a controlling factor in family planning practice, and acceptance was developed.
- Staff feel more comfortable dealing with people who have themselves decided to practice family planning, than with others who are non-acceptors.
- Participants recognised their difficulties in discussing family planning with non-professional friends and family, and preferred the protection of technical professional approaches.
- Technical and theoretical knowledge of abortion is high but the psycho-social reasons for and effects of abortion are dealt with superficially, since considerable taboo surrounds the subject.
- Knowledge about traditional birth practices and practitioners is only gleaned by experience and personal interest and is not a subject explored in educational programmes.

Before closing the session participants were asked to complete an evaluation questionnaire for the workshop as a whole (see Annex 2).

### 3. EVALUATION

During the final session it was possible to share with participants the results of the evaluation, the main points of which were:

#### 3.1 Value of the workshop

Expectations for the workshop were met totally by 64% of the participants, many of them stating that they had gained new ideas for use in teaching and practice. Those who expressed some degree of dissatisfaction were concerned that too much had been explored in the time available and the detail they looked for had not been possible. Some were unable to relate analogies from other countries to the situation in Turkey. Major benefits received during the workshop were seen as related to modular instruction, problem based learning and increased knowledge about family planning.

### 3.2 Content

(a) 64% stated that the workshop content and experience was very relevant to their work. 30% were not able to identify how they would use the material used at the workshop, stating that it had little to do with the focus of their work either in teaching or practice.

(b) Participants identified the following as topics of most use for them in their work: problem based learning (48%); modular teaching (44%); family planning methods (40%) and primary health care (39%).

(c) Most participants agreed that the amount of material covered for each subject was appropriate though a few (20%) would have liked more time.

(b) 50% of participants proposed additional subjects which might have been added to the workshop. The most important of these were (i) health education in respect of family planning and cultural aspects (ii) more examples of modules in other subject areas.

### 3.3 Quality of training

On the knowledge of the subject and on teaching skills, trainers were rated good to excellent. Participants recognised the limitation of discussion through interpretation.

3.4 Training methodology and materials were identified by the majority of participants (64%) as appropriate to Turkey. 38 participants stated that they would use methods presented during the workshop. Others stated that they already used the majority of type of material and teaching methods used at the workshop.

3.5 Recommendations for improvements of the workshop were related to preplanning in which more homogenous and smaller groups could be carefully selected to work together throughout the workshop. It was evident that translation was a distracting element particularly for those with some abilities in English. More time for fuller discussion would have been useful. 80% of participants would recommend such participation in workshops to colleagues. The remaining 20% of participants did not answer this question.

3.6 Teaching methodology in relation to the subject areas of different teachers was the most widely expressed need for future training workshops. This was expressed by teachers in formal teaching institutions as well as those responsible for in-service/continuing education. Participants stated they would use further seminars/workshops to increase the effectiveness of teaching and the relevance to practice needs.

## 4. ACKNOWLEDGEMENT

The WHO members of the secretariat welcome the collaboration with Hacettepe School of Nursing and are grateful for the excellent organization of the workshop and the most generous hospitality extended to them.

ANNEX 1

PROGRAMME

Day one:

1. Primary health care
  - What does it mean?
  - What effect does it have on practice?
  - What effect does it have on services?
  - What effect does it have on education?
  
2. Wider implications for education of nurses and midwives
  - socio/cultural
  - research and epidemiology
  - supervisory support and continuing education
  - community resources and their use
  - politico-legal action
  
3. Problem-oriented learning
  - What is it?
  - What is it needed?
  - What are the implications for learning?
  - What are the various evaluation processes?
  
4. The community as a learning laboratory (in primary health care)
  - increasing community awareness
  - working with communities
  - helping to identify needs
  - identifying priorities for MCH/FP action
  - guiding support to communities
  - supporting community activities in MCH/FP
  - evaluating effectiveness

Days 2 and 3

5. The module
6. Examples of modules in MCH/FP using approaches described  
(oral presentation followed by pre-test, role-playing and exercises)
7. Developing own modules (group work)
  - (a) identify module topic
  - (b) describe objectives
  - (c) test for aptitudes already possessed
  - (d) reason for student to learn
  - (e) design of learning activity - teacher support activities
  - (f) evaluation - knowledge skills

Day 4

8. Workshop evaluation by participants
9. Feedback to participants
10. Summing-up and closure

Teaching staff

Ms Wadad Haddad	Regional Officer for Family Planning, WHO/EURO
Ms Joan Bentley	PHN/M, Division of Family Health, WHO/HQ
Ms Catarina Arcidiacono	Psychologist, WHO Temporary Adviser
Professor Eren Kum	Workshop Organizer

ANNEX 2

WORKSHOP EVALUATION QUESTIONNAIRE

Participant reaction form

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The information that you provide by completing this form will help insure that future training programs will be of value to you and your colleagues. Thank you for your assistance.

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VALUE OF WORKSHOP

(Check the appropriate response for each question and explain your responses as indicated.)

1. Did this workshop meet your expectations? ( ) YES ( ) NO  
Explain.

2. What are the major benefits that you received from this workshop?

WORKSHOP CONTENT

3. Will the content of this workshop be useful to you in your work?  
( ) YES ( ) NO ( ) DON'T KNOW

If yes, what changes do you hope to make in your work as a result of this workshop? If no, or don't know, explain.



QUALITY OF TRAINING

(Check the appropriate response for each question and explain your responses as indicated.)

8. How would you rate the trainer(s) of this workshop:

a. On their knowledge of the subject?

( ) EXCELLENT ( ) GOOD ( ) FAIR ( ) POOR

Comments:

b. On their teaching skills?

( ) EXCELLENT ( ) GOOD ( ) FAIR ( ) POOR

Comments:

TRAINING METHODOLOGY AND MATERIALS

9. Were the training methods and materials that were used in this workshop appropriate for your country?

( ) YES ( ) NO ( ) DON'T KNOW

Explain.

10. Will you be able to use any of the methods or materials used in the workshop?

( ) YES ( ) NO ( ) DON'T KNOW

If yes, which ones? If no, or don't know, explain.

FOLLOW-UP

11. What suggestions do you have for improving this workshop?

12. Would you recommend a similar workshop to your colleagues?

( ) YES ( ) NO ( ) DON'T KNOW

Explain.

13. Is there additional training that would help you in your work?

( ) YES ( ) NO ( ) DON'T KNOW

If yes: In what subject(s) would you like additional training and how would you use this additional training in your work?

Subject(s) of Additional Training	How you would use training in your work
1) .....	3) .....
2) .....	.....
	.....

14. What kind of other help would you like from WHO?

Feel free to write your name (optional) and any additional comments you may have about the workshop in this space.

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ACTIVITY TITLE: .....

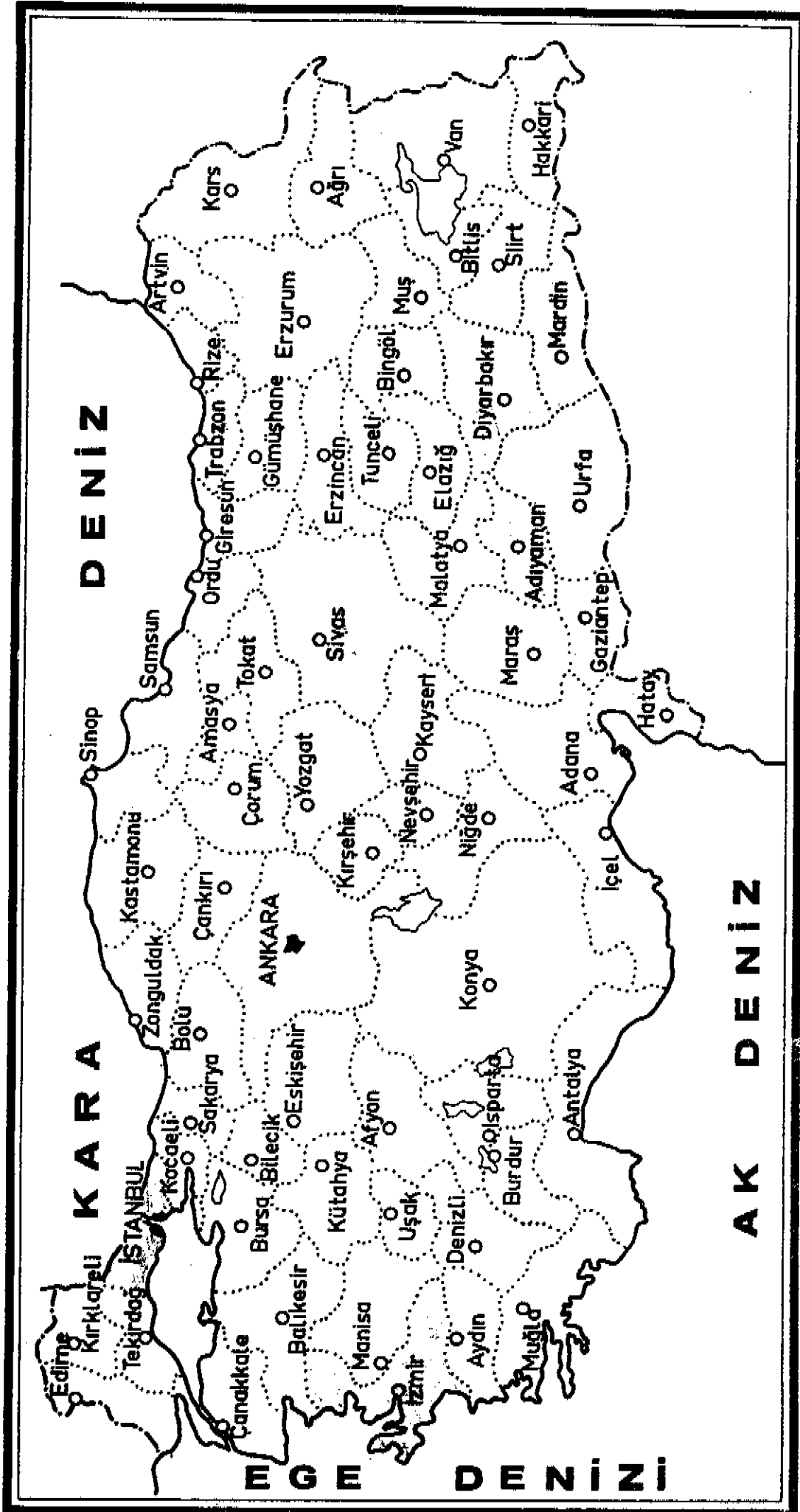
COUNTRY/ORGANIZATION: .....

LOCATION OF ACTIVITY: ...../.....  
City Country

ACTIVITY DATES: ...../.....  
From To

TRAINERS: .....

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ANNEX 4

LIST OF PARTICIPANTS

Ministry of Health and Social Assistance, General Directorate of MCH/FP,  
Ankara

Zübeyde Ozanözü	Nurse instructor
Nesrin Yılmaz	Nurse instructor
Fatma Uz	Nurse instructor

Ministry of Health and Social Assistance, Health Education General Directorate

Erdil Tokcan	Assistant of General Director, Ankara
Zeliha Saat	Midwife instructor, Gevher Nesibe Health Education Institution, Ankara
Sevcihan Mert	Midwife instructor, Gevher Nesibe Health Education Institution, Ankara
Ilknur Siyanuç	Midwife instructor, School of Midwifery, Ankara
Sevim Koç	Nurse instructor, School of Nursing, Trabzon
Songül Özkaya	Nurse instructor, Alsancak School of Nursing, Izmir
Özden Özay	Nurse instructor, Tepecik School of Nursing, Izmir

Ege University School of Nursing, Izmir

Dr Leman Birol	Director
Ahsen Şirin	Nurse instructor

Istanbul University, Florence Nightingale School of Nursing, Istanbul

Dr Selva Şentürk	Nurse instructor
Dr Nur Tuncel	Nurse instructor

Cumhuriyet University School of Nursing, Sivas

Nuran Emiroğlu	Nurse instructor
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Gülhane Military Academy of Medicine, Ankara

Sevgi Hatiboglu	First Lieutenant, health educator
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Rural organization (MCH/FP)

Seher Keçecioglu	Nurse-midwife, Diyarbakir
A. Neriman Sertdemir	Nurse-midwife, Kahramanmaras
Ayşe Doğan	Nurse-midwife, Sanliurfa
Emine Kavlak	Nurse-midwife, Adiyaman
Semiha Küçük Saraç	Nurse-midwife, Mardin

Çubuk Hospital, Ankara

Buyan Çürbüz	Head nurse-midwife
Nihal Öztürk	Nurse-midwife

Karadeniz University Hospital, Trabzon

Huri Özgür	Nurse
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Dr Burhan Nalbantoğlu Hospital, Lefkose/Kıbrıs

Pemral Bor	Nurse
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Hacettepe University Hospital

Adviye Aslan	FP unit nurse of dept. of obs/gyn, Ankara
Gönül Battal	Head nurse of newborn unit, Ankara
Sükriye Aksöz	Head nurse of Estimesgut District Hospital
Aysen Bulut	Head nurse of Estimesgut District Hospital

Hacettepe University Children Hospital, Ankara

Nevin Alsar	Director of nursing services
Kadriye Özdemir	Head nurse of the Gülveren Health Centre

Hacettepe University, School of Nursing, Ankara

Professor Nebahat Kum	Assistant director
Dr Gülten Uyer	Assistant director
Dr Nimet Karataş	Instructor
Dr Gülümser Kubilay	"
Dr Ümit Seviğ	"
Dr Lale Taşkın	"
Dr Günsel Başer	"
Dr Fethiye Erdil	"
Dr Saaded Ülker	"
Dr Nuran Akdemir	"
Dr Nürgün Platin	"
Dr Filiz Ulusoy	"
Dr Ayse Özcan	"
Dr Suat Baş	"
Dr Kadriye Paçacı	"
Afet Büyükoçkun	Junior instructor
Hicran Cavuşoğlu	" "
Gülşen Terakye	" "
Nuran Yurdanur	" "
Neşegül Güçsavaş	" "
Tülin Bedük	" "
Nur Inanç	" "
Nalan Özhan	" "
Ayşe Ocakçı	" "
N. Sevgi Gençalp	" "
Selma Görgülü	" "
Gürsel Ersoy	" "
Hülya Uçar	" "
Hatice Bostanoğlu	" "
Lale Büyükgönenç	" "

NATIONAL WORKSHOP ORGANIZER

Professor Eren Kum  
Director, School of Nursing, Hacettepe University, Ankara

TEMPORARY ADVISER

Ms Caterina Arcidiacono  
Psychologist, Napoli, Italy

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Ms Wadad Haddad (Secretary)  
Regional Officer for Family Planning

Headquarters

Ms Joan Bentley (Secretary)  
Senior Public Health Nurse/Midwife, Division of Family Health