

**“IGNORANT, DIRTY, SUPERSTITIOUS CRONES”:
DEGRADING OF MIDWIFERY AND MIDWIVES
IN MODERN TURKEY**

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**İSTANBUL BİLGİ UNIVERSITY
2011**

“IGNORANT, DIRTY, SUPERSTITIOUS CRONES”:

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Thesis submitted to the Institute for Social Sciences

in partial fulfillment of the requirements for the degree of

Master of Arts in History

by

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2011

An abstract of the Thesis of Fatma Gökçen Dinç, for the degree of Master of Arts in
History

from the Institute of Social Sciences to be taken May 2011.

Title: “Ignorant, Dirty, Superstitious Crones”: Degrading of Midwifery and Midwives in Modern Turkey”

This thesis highlights the history of midwives in late Ottoman Empire and Turkish Republic, who have received no formal school education and learned this occupation by the transmission of knowledge between women of the same profession. The historical analysis is situated within a theoretical framework that enables questioning the underlying reasons and the dynamics in the degrading of midwifery and medicalisation of childbirth, as well as grabbing the power relations within the birth domain.

Childbirth in contemporary Turkey is medicalized and lies under the hegemony of obstetricians, with a cesarean section boom. Educated midwives lack autonomy and midwives with no formal education have stayed invisible in historical studies. This study argues that two overlapping processes during the period -the positioning of educated midwives at the lowest level of medical hierarchy and the banning of “ignorant, dirty, superstitious” midwives out of the profession-, are in fact two sides of the same coin, that is establishing patriarchal control over women’s reproductive skills.

Sosyal Bilimler Enstitüsü'nde Tarih Yüksek Lisans derecesi için Fatma Gökçen Dinç tarafından Mayıs 2011'de teslim edilen tezin özeti

Başlık: “Cahil, Pis, Batıl Acuzeler”: Modern Türkiye’de Ebeliğin İtibarsızlaştırılması ve Ebelerin Tarihi

Bu tez, geç Osmanlı İmparatorluğu ve Türkiye Cumhuriyeti’nde, resmi eğitim almayan ve mesleği kadınlar arasındaki bilgi transferiyle öğrenen geleneksel ebelerin tarihini ele almaktadır. Tarihsel analiz, ebeliğin itibarsızlaştırılması ve doğumun medikalleşmesine ek olarak doğum alanındaki iktidar pratiklerini, sebeplerini ve dinamiklerini sorgulayan bir kuramsal çerçeveye dayanmaktadır.

Türkiye’de günümüzde doğum medikalleşmiş, jinekologların hegemonisi altındadır ve sezaryen oranları çok yüksektir. Eğitimli ebeler otonomiden yoksundur, geleneksel ebeler ise tarihsel çalışmalarda görünmez kalmıştır. Eğitimli ebelerin medical hiyerarşinin en altına konumlandırılmaları ve geleneksel ebelerin “cahil, pis, batıl” olarak tanımlanarak meslekten men edilmeleri aynı çabanın, yani kadınların doğurganlık yetenekleri üzerinde erkek egemenliği kurmanın iki farklı temel yüzüdür.

For My Mother and My Daughter

Acknowledgements

Without Prof. Dr. Christoph K. Neumann, I could neither have the courage to start this thesis nor the patience to finish it. He was not only an academic advisor, but more a guide who leaded me with a dialogue and in a way I was not accustomed to within the boundaries of Turkey. I am grateful to him mostly, among many things, for widening my vision and giving me the chance to pursue my curiosity in a world where truth lies in questions, not answers and where freedom of thought, organized creativity and self-actualization are appreciated.

I am happy to have met Do. Dr. Meltem Ahıska and to have been a part of her course in which my life-long worries on being a woman in a masculine world fell into place, and during which my interest in midwives was born. I thank her for her suggestions and comments.

Do. Dr. Erdem Kabadayı not only made me aware about the importance, meaning, and potentials of history and enabled me to grab all at a relatively late age, but also have been a supportive friend to whom I could consult whenever I lost my way. I owe him a debt of gratitude for this study as well as for my future plans.

Along the way, several people have made insightful contributions; I am especially thankful to Prof. Dr. Cemal Kafadar, Prof. Dr. Selim Deringil, Prof. Dr. Arzu Öztürkmen, Gülhan Balsoy, Bahar Gökpınar and my dear friend Esma akır who made me see my study from different angles. I give my greatest thanks to the midwives whom I interviewed who opened their homes and told about their experiences in a generous way.

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Preface

All of us are born, yet nowadays only a few of us are thinking about birth. From 1842 until today, the “big” Ottoman Empire came to an end and a new republic was established in which people witnessed wars, massacres, military coups or civil wars, yet people continued to get married, women became pregnant and gave birth to children. We sometimes forget to remember that birth, a new life, gives us the endurance to keep going, to bear the sharp waves of life. Similarly, we sometimes fail to think about the way we were born. Today many of us, even the ones who were born at home with a midwife, consider hospital birth, assisted by an obstetrician, as normal, yet even if they give birth in a hospital with a cesarean section, some women continue to perform some of the birth rituals they have learned from elder women in their family, which were once performed by informal midwives. If one sees life as a “linear march” towards “modernity” or “enlightenment”, hegemony of hospital birth may seem “normal” and rituals during birth will belong to the “past”. Yet, questioning modernity provides us a path to see the dynamics and power relations within the birth domain. In most countries, pregnant women find themselves in a system where medical knowledge has established hegemony and they do not possess reproductive rights.

I believe a woman’s body belongs to her and she should be free to choose where, how and with whom to give birth. This journey, during which I questioned all these, began five years ago when I became pregnant. Now I know why my pregnancy was seen as an “illness”, why I changed numerous doctors for they treated me as a “patient” having an illness in my body that should be controlled, watched over and

cured, or why an experienced educated midwife did not accept to deliver my baby at home with the reasoning that she was afraid of her supervising doctors. I felt so betrayed when my doctor persuaded me, after going through more than six hours of labor pains, to have a c-section with the justification that my baby could be in danger, which turned out to be groundless.

My longing for a “natural” pregnancy and birth does not associate me with “nature”, but entail my resistance to the power “culture” asserts over “nature”, to the opposition between “enlightenment and progress” on the one hand and “superstition and tradition” on the other. This study was an opportunity which provided me answers and I hope that it will provoke questions for the reader.

Introduction

A man with white beard, dressed in military uniform, his bag tied to the saddle, riding on a white horse... I had ran up against him under Bozlağan archway, I was fourteen years old, then. My elders informed me: “*Lavuta* Mr. Valid”. I asked “What is *lavuta*?”; they said “male midwife”. I knew about the midwives who visited our house and gave birth to my siblings, but what was “male midwife”? My older uncle told me: *Lavuta* was the *hekim* who was called when the female midwife could not achieve and in those times there was only one in Istanbul. A doctor on a white horse, and birth equipment in his bag...¹

This passage from 1936 is a memory of Ahmet İhsan Tokgöz,² one of the leading publishers of the time, as narrated by the interviewer in the monthly *Ülkü* magazine. We learn from the article, that although the writer has visited Tokgöz’s house to talk about the high number of magazines published in the country, while he is waiting for Tokgöz, he takes look at a “fresh and lively” book left on the table, a book with a “child full of life” and a name “full of energy”, Besim Ömer, on the cover. The book with the title “*Türk Çocuğu Yaşamalıdır*”³ (Turkish Child Must Live) opens a conversation about Besim Ömer and the interviewer finishes his article with a long citation from the “wonderful” book about the importance of birth, demography, wellbeing of the children and the mothers of the nation.

¹ Kemal Köyden, “Dr. Besim Ömer Akalın ve Nüfus İşimiz: Ahmet İhsan Tokgöz ve K. Köyden,” *Ülkü* 39 (May 1936): 205- 209. The writer mentions about the first part of the interview with Ahmet İhsan Tokgoz about the high number of magazines being published in Turkey, Kemal Köyden, “Türkiye’de İlk Mecmua Bolluğu,” *Ülkü* 38 (April 1936): 110-113. The writer misspelled Bozdoğan archway, namely “Valens Aqueduct” in Istanbul. “*Hekim*” is the Ottoman word for “doctor”, but also refers to experts on traditional medicine.

² Ahmet İhsan Tokgöz is the publisher of most of Besim Omer’s books and has a publishing house in Istanbul. Nevertheless the writer narrates the house of Tokgoz as located in Ankara, Kecioren.

³ Besim Ömer, *Türk Çocuğu Yaşamalıdır: Küçük Çocuklara Bakım ve Sosyal Yardım* (İstanbul: Ahmed İhsan Basımevi, 1936).

The reason I have chosen this passage to start a study about midwives, namely *ebe*'s⁴ in late Ottoman Empire and Turkish Republic, who have received no formal school education, learning this occupation by experience passed onto following generations is because this passage in particular and the related article in general have enormous potential to throw light on the various aspects of the history of midwifery. At first glance one may find the narrator's attitude towards *female* midwives neutral, however although he declares that he knows them, we -even today- know very little about educated midwives, let alone the "ignorant, dirty, superstitious" ones. Interestingly, the questions the passage and the related article may arouse in the reader can provide us important clues towards understanding why the former, lacking autonomy, constitute the lowest level of the medical hierarchy of the Turkish Republic, and why childbirth in contemporary Turkey is assisted by obstetricians, with a cesarean section birth boom, high above the 15 percent acceptable level of World Health Organization,⁵ whereas the latter is not only excluded and marginalized, but also stayed invisible in historical studies.

Among several questions rising from the passage, we can start by asking, "Why is the *lavuta* wearing a military uniform?", "Why is Tokgöz remembering him

⁴ In Turkish medical scholarly studies, traditional midwives are mentioned with titles like "*ara-ebe*", "*ebe-nine*" or "*yaşlı ebe*". Throughout this study, I will both follow and reject their discourse. I will follow it by naming the midwives who got formal education "educated-midwives" and I will reject it by naming the traditional ones simply as "midwives" to emphasize that there is one such "female" occupation, namely "midwifery".

⁵ In 1985, World Health Organization suggested the upper level as 15 percent, "The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage - World Health Report 2010 Background Paper 30, World Health Organization," <http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf> (April 5, 2011). The average rate for Turkey is 36,7 percent, whereas in private hospitals, this rate rises to 90 percent, "Türkiye Nüfus ve Sağlık Araştırması 2008, Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü." http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_Rapor-tr.pdf (May 2, 2011).

as a heroic character, riding on a white horse?”, “Why is he underlining his birth equipment and naming him as a doctor?”. Furthermore, “Did *lavuta* work in the hospital?”, “Could he achieve when the female midwife could not achieve?”. We can carry out the questions, yet by asking the main question concerning the article, “Who is Besim Ömer?”, we can actually arrive at the mainstay of the long history of midwifery, “the midwife of the midwives” Besim Ömer Akalın (1862-1940), who is a famous Turkish obstetrician, who, so to speak, dedicated his life to the education of midwives, wellness of the children and enlightenment of the mothers. As the establisher of the first maternity hospital (*Viladethane*) in Istanbul in 1892, he is the author of numerous books and articles, he gave courses to educate nurses and midwives, opened hospitals in which he worked as an obstetrician until the end of his life. He got educated in medical school (*Mekteb-i Tıbbiye-i Şâhâne*) as a military student and after working as a doctor for three years, he went to Paris and studied obstetrics with Professor Pierre Budin.⁶ Nameless to mention that he totally undertook and interiorized the “scientific”, “rational”, “enlightened” thinking of the West.

Historical Context

Interestingly, Besim Ömer’s utmost worries, -namely demography, well-being of Turkish children and mothers, and education of midwives-, are all different, yet inter-related subjects, not only regarding the history of late Ottoman Empire but also of the

⁶ For a detailed study about his life and career, see İnci Hot, “Besim Ömer Paşa’nın Anne ve Çocuk Sağlığı Açısından Ülkemiz Nüfus Meselesi Hakkındaki Görüşleri” (MA thesis, İstanbul University, 1996).

Turkish Republic.⁷ It is no surprise that the efforts towards the education and licensing of midwives, which started formally with the opening of the first midwifery courses in 1842, coincide with the notion that one of the main reasons for the weakening of the empire was demographic. This notion found many supporters among the Ottoman intellectual circles, starting around the second half of nineteenth century.⁸ According to them, birth rate was crucial for a country to have economic and international power. Nevertheless, their concern was not the high birth rate of “Turkish mothers” but the mortality rate of children, a concern which was also deeply rooted in early Turkish Republic.⁹ Besim Ömer, who lived through those transition years, often emphasized in his works that “child issue is population issue” because “every nation is making important decisions after comparing its population with other nations”.¹⁰ Although he never married or had children in his life, he strongly recommended marriage and having children so that the population could increase. According to him, “every man should be married and have three children at

⁷ For a general overview of the history of the Ottoman Empire and Turkey, see Christoph K. Neumann and Klaus Kreiser, *Kleine Geschichte der Türkei* (Stuttgart: Reclam, 2003).

⁸ See Gülhan Balsoy, “Gender and the Politics of Female Body: Midwifery, Abortion and Pregnancy in Ottoman Society, 1838-1890s” (Ph.D. Dissertation, Binghamton University – State University of New York, 2009). I am grateful to Gülhan Balsoy for sending me her dissertation personally which has been a great help throughout my study.

⁹ “At the center of the problem of population lay sex: it was necessary to monitor ages at marriage, levels of fertility, and maternal and child health.” Deniz Kandiyoti, “Afterword,” in *Remaking Women, Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (New Jersey: Princeton University Press, 1998), 270-287.

¹⁰ “Bir memlekette ölümün sayısı doğumu geçmemelidir, geçen memleket kendi kendine ölüyor, bitiyor, intihar ediyor demektir.”; “Bir millet fazla arttığı ve onunla dirsek dirseğe yaşayan komşu başka bir millet seyrekleştiği zaman ondan buna doğru bir ecereyan başlar. Bu cereyanın halk dilindeki adı istiladır. İstilanın en fenası sulh içinde ‘sulhpervane’ olandır.”, Besim Ömer, *Anne Olacaklara: Çocuk Yetiştirmek – Püerikültür* (İstanbul: Ahmet İhsan Matbaası, 1930), 9-10.

the age of forty”¹¹, yet not uncontrolled; he encouraged the future mothers and fathers to care about who they marry because “we must have healthy children. Future child can not have crooked legs, big abdomen, pale face or empty head.”¹²

Although the last citation has the potential to open the road to many studies – such as eugenics-, I prefer to stay at my focus and decipher the emphasis on health, which gave rise to the effort towards the opening of clinics, hospitals and various health centers, an effort which started in late Ottoman Empire and reached its peak after the establishment of the Turkish Republic. The high importance given to demography and health issues brought along the mobilization of the country, especially the rural population, since approximately more than 70 percent of the population lived in rural regions according to the first official population census in 1927, a situation which didn’t radically change at least until around the second half of the twentieth century.¹³

¹¹ *Ibid.*, 11: ““Her memur, her devlet adamı evlenmiş ve kırk yaşında en az üç çocuk sahibi olmuş olmalıdır”. For a comparison on the number of children each married couple should have according to the state, see Alan Duben and Cem Behar, *Istanbul Households: Marriage, Family and Fertility, 1880-1940* (Cambridge and New York: Cambridge University Press, 1991).

¹² *Ibid.*, 12: “İstikbal çocuğu, cumhuriyet evladı eğri bacaklı, çıkık karınlı, soluk benizli, boş kafalı olamaz, böyle bir çocuk yarın için bize çok şey yad edemez.”. According to him, it is a waste of time to try to make live disabled children, : *Ibid.*, 16-22: “Kuvvetliler galebe eder, zayıflar ise mağlup olur, ezilir. (...) Anne doğurduğu, dünyaya getirdiği sakati biçimsiz bir mahluku öylece bırakacağına, var kuvvetile yaşatmağa çalışıyor.”, “Evlatlarımız arasında şimden sonra kanbur, sağır, kör, aptal görülmemelidir”, “İzdivaçta her şey çocuktur, tam bir sıhhatta, iyi bir hayatıyette evlade nail olmaktır”.

¹³ There are numerous studies and articles on the subject. See Niyazi Berkes, *Bazı Ankara Köyleri Üzerine Bir Araştırma* (Ankara : Uzlu Basımevi, 1942) and articles Dr. Zeki Nasır, “Halk Sıhhati,” *Ülkü* 1 (February 1933): 75-77; Dr. Zeki Nasır, “Köylerimizin Sağlık İşleri,” *Ülkü* 7 (August 1933): 42- 45; Naci Sait, “Çocuk Ölümü,” *Ülkü* 14 (April 1934): 130-133; İ. Hakkı Tonguç, “Köy Eğitimi Meselesi,” *Ülkü* 16 (August 1938): 501- 508; Nabi Yaşar Nabi, “Nüfus Meselesi Karşısında Türkiye,” *Ülkü* 79 (September 1939): 441-447; Ratip Yüceuluğ, “Türkiye’nin Nüfus Durumu,” *Ülkü* 15 (May 1, 1942): 3-5; Şevket Raşit Hatipoğlu, “Nüfus Davamızın Gerçekleri ve Meseleleri,” *Ülkü* 15 (May 1, 1942): 2-3; Ratip Yüceuluğ, “Türkiye Nüfusunda Üreme,” *Ülkü* 40 (May 16, 1943): 5-7; Sadi Irmak, “Çocuk ve Meseleleri,” *Ülkü* 63 (May 1st, 1944): 3.

What common in nearly all writings was that in rural regions the “ignorance of fecund mothers” on hygiene and child care was underlined, while in urban regions a new “womenhood” and a new “motherhood” were under construction.¹⁴ Whether she was urban or rural, this new “mother” was to forget the past and raise her children with the new practices of child-bearing and the new knowledges put into public realm through books, magazines, radios, in the name of fighting “against the ignorance of the mothers”.¹⁵ She must accept the guidance offered to her and be especially aware of her national duty because “after the mother gets pregnant, she prepares the future of the nation. During such an important national duty, she must be under supervision of the government”.¹⁶ According to him, Turkish mothers should forget the knowledge of their grandmothers, because all the knowledge they have is “ignorant and superstitious”, which also counted for midwives, who were actually mothers themselves.¹⁷

¹⁴ See Serpil Çakır, *Osmanlı Kadın Hareketi* (İstanbul: Metis, 1996); Fatma Türe, “Images of Istanbul Women in the 1920s” (Ph.D. Dissertation, Boğaziçi University, 2007); Dilara Nergishan Koçer, “Demokrat Parti Döneminde Kadın: 1950-1960 Arası Kadın Dergilerinde Kadın İmajı” (Ph.D. Dissertation, Marmara University, 2009); Elçin Özkal, “İnci (Yeni) Magazine (1919-1923): The Feminine Actuality during the Occupational Period” (MA Thesis, Boğaziçi University, 2007); Melahat Gül Uluğtekin, “A Sociological Analysis of Motherhood Ideology in Turkey” (MS Thesis, Middle East Technical University, 2002).

¹⁵ “Çocuk büyütmede, yanlış fikirlerin ve batıl itikatların hakim olduğu yuvaların verdiği kurbanlar çoktur.”, Besim Ömer, “Çocuk Olmayınca Millet Olmaz,” *Cumhuriyet*, December 18, 1926. Nevertheless, Besim Ömer gives the old mothers to educate their daughters on issues regarding honor, “Yüreği yalnızca kocaya bağlamak bir kız için hem bir vazife hem de bir tat olduğunu öğretecek yine annelerinizdir.”, Besim Ömer, *Kızlarımız İçin: Anneler Bu Öğütlerin Değerliliğini Anladıklarında* (İstanbul: Ahmet İhsan Matbaası, 1935), 14.

¹⁶ “Kadın gebe kaldığından itibaren anne demektir; memleketin, vatanın istikbalini hazırlamakta, ırkın timsalini taşımaktadır. Böyle mühim bir vatani işte kendisinin ve çocuğun himayesi şahsa, halka, belediyeye, hükümete ait bir birlik vazifesidir.”, “Gebe vatani vazifesini tamamlamak üzere doğumdan evvel tıbbi muayenelerden geçmelidir”, Besim Ömer, *Anne Olacaklara*, 34 and 47.

¹⁷ The cases of Iran, India and Egypt during modernity provide interesting comparisons. In Iran, “motherhood became a mediating term between two concepts central to modernity: progress and women’s rights”, “She was now to mother the country” and “maternal ignorance was now seen as the prime reason for troubles of all kinds”, Afsaneh Najmabadi, “Crafting an educated housewife in Iran,”

Seen within this historical context, it becomes apparent that the education of “young” midwives with the “new” discourses around childbirth was a necessity, since the “old” ones possessed “ignorant and superstitious” knowledge. The efforts towards their exclusion started formally in the late Ottoman Empire with the decree in 1845 with the emphasis of licensing them, which underlined that their “superstitious” practices harmed the babies and the mothers. Besim Ömer’s stipulation of the new requirements in the School of Medicine and at the Midwifery School in 1895, during the “education and discipline” of the midwives, namely the ability to speak and understand Turkish and being not older than thirty years old, were also important. Especially the former unearths his nationalistic views with the special emphasis he gives on “Turkishness”. Yet, the Law on the Application of Medicine and its Branches in 1928, which was enacted short after the establishment of the Turkish Republic, and is still in use today, marks an important milestone, since this law not only positioned educated midwives in the lowest level of the medical hierarchy, but also banned the local midwives out of profession.

in *Remaking Women, Feminism and Modernity in the Middle East*, edited by Lila Abu-Lughod (New Jersey: Princeton University Press, 1998), 94, 101 and 111. In India, women’s carelessness, negligence and ignorance were identified as primary causes of children’s deaths. Indian doctor Shrikant Tripathi in his article “Why do children die?” in *Stri Darpan* magazine on June 1923 wrote: “Nowadays one finds very few people who, whether educated or not, have a desire to learn about [the subject of childcare] and it is for this reason that the future builders of the nation die in such great numbers only a few days after their birth. We should obtain [instruction in childcare] from the Western world (...). By not continuing to shoulder their responsibilities in a complete manner [after their child is born, parents] become partners in a great sin which could be called a ‘National crime’”. The ideal Indian women (and mother) as reflected in popular Hindu women’s magazine *Stri Darpan* (founded in 1909) is very alike with the ideal Turkish women (mother): “a reformed, cultured woman, (...) educated in Western hygienic traditions, (...) unrestricted by earlier forms of seclusion and modesty yet not too Westernized in habit and comportment; and remaining ultimately a respectable and selfsacrificing mother and wife.”. Maneesha Lal, “‘The Ignorance of Women is the House of Illness’: Gender, Nationalism and Health Reform in Colonial North India,” in *Medicine and Colonial Identity*, eds. Mary P. Sutphen and Bridie Andrews (London and New York: Routledge, 2003), 27 and 31. For the emphasis on scientific and hygienic motherhood in Egypt in contrast to ignorant mothers, see Shakry Omnia, “Schooled Mothers and Structured Play: Child Rearing in Turn-of-the-Century Egypt,” in *Remaking Women, Feminism and Modernity in the Middle East*, edited by Lila Abu-Lughod (New Jersey: Princeton University Press, 1998), 126-170.

Theoretical Context

All these developments and the relationship between Besim Ömer's efforts, not only the mentality but also the motives behind the politics of the late Ottoman Empire and Turkish Republic regarding birth, demography and motherhood can be better understood by drawing the theoretical frame of this study. Keeping in mind that only an international, comparative and gendered¹⁸ perspective with the consideration of power relations can provide us an understanding of the two overlapping processes - the positioning of educated midwives at the lowest level of medical hierarchy and the banning of "ignorant, dirty, superstitious" midwives out of the profession-, my theoretical orientation is two-dimensional and interconnected. In other words, I will approach my topic with the theories of Michel Foucault on medicine-knowledge-power relations and with feministic theories which together I believe will provide a fertile ground to understand the dynamics in the decline of midwifery.

Among his many critical studies on the emergence of some of the practices, concepts, forms of knowledge and social institutions and techniques of government which have contributed to shaping modern European culture, Foucault's "The Birth of the Clinic" traces the development of the medical profession, specifically the institution of the *clinique* in eighteenth century France, in which he problematizes the "disappearance of the sick man", "emergence of the patient" and the "invention of diseases, as a result of the shifting gaze of medical science and the reorientation of

¹⁸ My use of the term "gender" follows Scott's definition, as "the social organization of sexual difference", Joan Wallach Scott, *Gender and the Politics of History* (New York: Columbia University Press, 1988), 2.

medical power”.¹⁹ Seen from this point of view, the clinic “owes its real importance to the fact that it is a reorganization in depth, not only of medical discourse, but of the very possibility of a discourse about disease”.²⁰

What changed in other words was how illness, doctor and patient were defined and how these terms were related. Nevertheless, the more important development regarding this study was the “huge effort being made to homogenize, classify, and centralize medical knowledge”, eliciting the “creation of hospitals, dispensaries, (...) a huge public hygiene campaign to improve the hygiene of nurslings and children”.²¹ These developments went hand in hand with the increasing emphasis on demography and population growth and brought profound changes not only in the private spheres of the home but also in the public realm, namely:

As complex regimes of medical practice spread across urban space, the town became a multifaceted apparatus for fighting disease and securing health. The domestic environment –the home and the family and all the relations amongst persons and activities within it- was constituted as a site subjected to scrutiny and administration in medical terms, principally through alliances and dependencies between doctors and mothers.²²

Yet, to understand how the degrading of midwifery is rigorously bounded with modernist discourses on biomedical science and knowledge-power relations, it is

¹⁹ David Armstrong, “Bodies of Knowledge / Knowledge of Bodies,” in *Reassessing Foucault: Power, Medicine and the Body*, eds. Colin Jones and Roy Porter (London, New York: Routledge, 1998), 17.

²⁰ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical perception*, transl. A. M. Sheridan Smith (New York : Vintage Books, 1994), xix.

²¹ Michel Foucault, *Society Must Be Defended: Lecture at the College de France, 1975-76*, translated by David Macey (London: Allen Lane The Penguin Press, 2003), 181.

²² Nikolas Rose, “Medicine, History and the Present,” in *Reassessing Foucault: Power, Medicine and the Body*, eds. Colin Jones and Roy Porter (London, New York: Routledge, 1998), 63.

necessary at this point to turn to feministic critiques. Jordanova's historical analysis on eighteenth and nineteenth century France and Britain based on the gendered dichotomies of woman/ man and nature/ culture can provide us a further step.²³ One of the deeply rooted dichotomies in our modern world, namely linking women with nature and men with culture, is actually as old as the "development of culture by mankind".²⁴ In this relationship, it is not surprising that culture "asserts itself to be not only distinct from, but superior in power to, nature, and that sense of distinctiveness and superiority rests precisely on the ability to transform—to 'socialize' and to 'culturalize' –nature".²⁵ Jordanova in her article uses the nature/ culture divide and after deriving many related dichotomies, arrives at the "opposition between superstition and tradition on the one hand, and enlightenment and progress on the other",²⁶ which obviously provided the "Western", "medical" men the necessary justification to govern women about new practices around birth and child

²³ Ludmilla Jordanova, "Natural facts: a historical perspective on science and sexuality" in *Nature, Culture and Gender*, eds. Carol MacCormack ve Marilyn Strathern (Cambridge University Press, 1980), 42-69.

²⁴ Fatmagül Berktaş, *Tektanrılı Dinler Karşısında Kadın* (İstanbul: Metis, 2000), 134. The book provides a historical analysis on nature/culture divide; especially see the chapter on mind/body contrast, 127-168.

²⁵ Sherry B. Ortner, "Is Female to Male as Nature is to Culture?," *Feminist Studies* 1, no. 2, (1972): 11. Nathalie Zemon Davis criticizes Ortner saying that "we would do better to use these polarities only when our historical evidence supports them, and not assume that they always represent the fundamental meanings the society sees in the sexes.", Nathalie Zemon Davis, "Women's History in Transition: The European Case," in *Feminism and History*, ed. Joan Wallach Scott (New York: Oxford University Press, 1996), 91. Yet I believe regarding my study, this polarity still counts. Even Jules Michelet, whom by Lucien Febvre seen as a pioneer for modern historical writing, shares this dichotomy, see Stephen A. Kippur, *Jules Michelet, a Study of Mind and Sensibility* (Albany: State University of New York Press, 1991), especially pages 192-210 for nature/ culture dichotomy.

²⁶ Jordanova, 51. Also Scott's insight is useful: "Woman is to man as wet is to dry, weak is to strong, passion is to reason, superstition is to science, evil is to good, good is to evil, passionlessness is to sexuality, nature is to culture, home is to work, passive is to active, reproductions is to production, spiritual is to material, domestic is to public, dependent is to independent, community is to individual, powerlessness is to powerful." Joan Wallach Scott, "The Problem of Invisibility," in *Retrieving Women's History: Changing Perceptions of the Role of Women in Politics and Society*, ed. S. Jay Kleinberg (Providence: E. B. Edwards Brothers, 1992), 28-9.

care.²⁷ “Western male”, so to speak, established hegemony over women’s bodies by problematizing “birth as an illness”²⁸ and over midwives –who lacked scientific knowledge- by the promise of curing this disease. This has also laid the grounds on which midwives were banned out of profession and a new midwifery was slowly created under the supervision of male doctors. This was a process started in around sixteenth century in the West, with the intention of “rescuing women from pain”, indeed of having control over birth. After all, “without the help of medicine [*and of men*], how could a creature as weak and sickly as woman hope to fulfill her vocation?”²⁹.

²⁷ For the case of England in late 19th and early 20th century, see Anna Davin, “Imperialism and Motherhood,” in *Tensions of Empire: Colonial Structures in a Bourgeois World*, eds. Frederick Cooper and Ann Laura Stoler (Berkeley: University of California Press, 1997), 87-132. Sandra Harding’s contribution in showing the problematic of scientific knowledge is crucial: “The Enlightenment philosophies defined the growth of scientific knowledge and the social progress this was supposed to bring in ways that devalued women, nature and ‘backward cultures’”, Sandra Harding, “Gender, Development and Post-Enlightenment Philosophies of Science,” in *Decentering the Center: Philosophy for a Multicultural, Postcolonial and Feminist World*, eds. Uma Narayan and Sandra Harding (Bloomington: Indiana University Press, 2000), 241.

²⁸ For “birth as an illness”, see Deborah Lupton, “Medicine as Culture: Illness, Disease and the Body in Western Societies” (GBR: Sage Publications Incorporated, 2003).

²⁹ Claudia Opitz, “Life in the Late Middle Ages,” in *A History of Women in the West: Silences of the Middle Ages, Vol. 2*, ed. Christiane Klapisch-Zuber (Cambridge, London: Belknap Press of Harvard University Press, 2002), 284. The article provides also information on the activity domain of midwives in addition to birth and the struggle of women in medical schools in medieval Europe. For a general review on the medicalization of birth and the decline of midwives in the West, see Yvonne Knibiehler, “Bodies and Hearts,” in *A History of Women in the West, Vol. IV: Emerging Feminism from Revolution to World War*, eds. Genevieve Fraisse and Michelle Perrot (Cambridge, Massachusetts; London, England: The Belknap Press of Harvard University Press, 1993), 325-367. For a general history of Western male obstetricians in 16th, 17th and 18th centuries and their views regarding “rescuing women from pain” see Evelyne Berriot-Salvadore, “The Discourse of Medicine and Science,” in *A History of Women in the West, Vol. III: Renaissance and Enlightenment Paradoxes*, eds. Natalie Zemon Davis and Arlette Farge (Cambridge, Massachusetts; London, England: The Belknap Press of Harvard University Press, 1993), 348-388. For the relation between witch hunt and midwives in medieval West see Jean-Michel Sallman, “Witches,” in *A History of Women in the West, Vol. III: Renaissance and Enlightenment Paradoxes*, eds. Natalie Zemon Davis and Arlette Farge (Cambridge, Massachusetts; London, England: The Belknap Press of Harvard University Press, 1993), 444-457. The novel of Laurence Stern provides an interesting comparison for 18th century England. Tristram’s mother wants to give birth in her home with a famous female midwife and her husband’s efforts to persuade her to give birth with a male midwife remains unsuccessful, see Chapter 18 of Laurence Stern, *Tristram Shandy: The Life and the Opinions of the*

To summarize the historical and theoretical context that I drew up to this point, it wouldn't be inaccurate to say that the state governed the population in the name of health and the "male" doctors backed by the state governed not only the bodies of women and mothers but also midwives. If only seen within this large context that we can understand the degrading of midwives, its relationship to the power in Foucauldian sense and the power relations in the domain of birth and midwives.³⁰

Outline and Sources

The degrading of midwives in late Ottoman Empire and Turkish Republic was a process that had two dimensions: the education of the young ones and the exclusion of the old ones, which in fact together will constitute the first half of my study. After drawing a general map on the history of midwifery education and on the establishments of health institutions, the problematic around urban/ rural divide and themes like midwifery as an occupation at the lowest level of medical hierarchy in

Tristram Shandy, Gentleman, ed. Graham Petrie (London: Folio Society, 1970). In the United States, "once persecuted as witches, female midwives came to be demeaned by the male-dominated medical profession as 'old wives'-ignorant, superstitious and incompetent folk practitioners who endangered their 'patients'." Midwifery's decline in the United States dates from the 1920's, Jan Harold Brunvand, "Midwifery," in *American Folklore: an Encyclopedia*, ed. Jan Harold Brunvand (UK: Routledge, 1996), 482-483.

³⁰ Another useful insight provides the case of Egypt, in which "the hospitals, clinics and various health centers that were established in the nineteenth century were important sites in which modern power was produced, received, contested, and negotiated on a daily basis." Khaled Fahmy, "Medicine and Power: Towards a Social History of Medicine in Nineteenth-Century Egypt," *Cairo Papers in Social Science* 23, no. 2 (Summer 2000), 40. For the role of female medical practitioners in nineteenth-century Egypt see Khaled Fahmy, "Women, medicine and power in nineteenth-century Egypt," in *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton: Princeton University Press, 1998), 35-72. Another study on Egypt, on the School of Midwives established in 1832, argues that the school did not help women towards emancipation, rather reproduced the existing gender hierarchies, Mervat Hatem, "The Professionalization of Health and the Control of Women's Bodies as Modern Governmentalities in Nineteenth-Century Egypt," in *Women in the Ottoman Empire: Middle Eastern Women in the Early Modern Era*, ed. Madeleine Zilfi (Leiden, New York, Köln: Brill, 1997), 66-80.

relation with nurses will be tackled in the first chapter. In addition to the main theme, that is educated-midwives as representatives of the state in the regions they work, I will also deal with subjects such as their relationship with the people of the regions they work in and their interactions with traditional midwives, which altogether will make up the second chapter. To understand the implications of the regulations on everyday level, to understand the reasons and consequences, the following third and last chapter will reflect the perception of ordinary people, and I will argue that midwives were in fact left out of occupation after birthing in the hospital was started to be seen as an inevitable aspect of modernity, in fact after “industrialization of birth”,³¹ which also gave rise to high c-section birth rates. The complaints of the contemporary Turkish educated-midwives about the loss of respect for midwifery in Turkey³² I believe will complement the picture, since the solutions they suggest are far from liberating.

The second half, so to say the core of this study, will be mainly on midwives with no formal education, but before giving its contents, a review of the sources is inevitable, for only then the use and meaning of oral history in this study can be highlighted.³³ In addition to secondary sources on not only Ottoman and Turkish but

³¹ “The huge social changes associated with industrialization moved birth from home to hospital and fundamentally changed the cultural face of birth”, Robbie Davis-Floyd and Melissa Cheyney, “Introduction: Birth and the Big Bad Wolf: An Evolutionary Perspective,” in *Childbirth across Cultures: Ideas and Practices of Pregnancy, Childbirth and the Postpartum*, ed. Helaine Selin (London & New York: Springer, 2009), 8.

³² Although they are also complaining mainly about the high cesarian rates, hegemony of obstetricians over birth and shortcomings of midwifery education, regarding my field of study and the emphasis midwives make, I see respectability lying at the core of the subject.

³³ I am grateful to Prof. Arzu Öztürkmen for her support towards the understanding of the theoretical context of oral history. For the relationship between orality and history and the development of “oral history”, see Esra Danacıoğlu, *Geçmişin İzleri: Yanıbaşımızdaki Tarih İçin Bir Kılavuz* (İstanbul:

also Western and non-Western women, I have read the memoirs of nurse midwives, scientific guide books written for them, articles in newspapers and Halkevi magazines depicting the village life, folklorists' investigations on birth traditions, reports of official inquiries and Besim Ömer's works.

Having realized that the collected material can not give enough information on the core subject, since midwives were present either in late-Ottoman historical narratives depicting everyday life,³⁴ in folkloric accounts only regarding their duties around birth,³⁵ in nationalistic historical studies only regarding their romanticized and overemphasized role and their "high-esteem" in the "pre-Islamic Turkish" society³⁶ or in relative recent studies on folk beliefs around birth,³⁷ it was a necessity to use oral history, not with the basic aim of filling the gaps, not with simply the notion to prove that they are not "ignorant, dirty, superstitious" as argued but to understand the intimate world of these women and of birth domain.

Tarih Vakfı Yurt Yayınları, 2001). For the development of oral history in Turkey, see Arzu Öztürkmen, "Sözlü Tarih: Yeni Bir Disiplinin Cazibesi," *Toplum ve Bilim* 91 (2002): 115-121.

³⁴ See Abdülaziz Bey, *Osmanlı Adet, Merasim ve Tabirleri* (İstanbul: Tarih Vakfı Yurt Yayınları, 2002).

³⁵ Orhan Acıpayamalı, *Türkiye'de Doğumla İlgili Adet ve İnanmaların Etimolojik Etüdü*, (Erzurum: Atatürk Üniversitesi Yayınları, 1974). Among many articles in Halkevi magazines, see Etem Ertem, "Doğum İnanları IV," *Ün* 31 (October 1936): 441-445.

³⁶ See Ruhi Ersoy, "Kadın Kamlar'dan Göçerevli Türkmenler'de 'Ebelik' Kurumu'na Dönüşüm," Çukurova Üniversitesi Türkoloji Araştırmaları Merkezi, 2006. http://turkoloji.cu.edu.tr/HALKBILIM/ruhi_ersoy_abelik.pdf (January 25, 2010). Ersoy believes that contemporary midwives have their roots in the "kams", that is women shamans in the pre-Islamic "Turkish" society, who have supernatural powers. Regarding the "high-esteem" of midwives in the society they live, I find it possible, yet exaggerated. See part 2 for details.

³⁷ Meltem Santur, "Hatay'ın Bazı Türkmen Köylerinde Doğum Adetlerinin Halk Hekimliği Açısından İncelenmesi," unpublished paper (III. Türk Halk Kültürü Araştırma Sonuçları Sempozyumu, December 27-29 Aralık, 2004).

The numerous interviews shaped the content of the second half. After an overview of the related themes in the late Ottoman Empire, I will unearth midwifery from two main aspects, their activities within the birth domain and within the social context. In the former, themes such as becoming a midwife (who, how and why becomes a midwife?, transfer of knowledge, effect of illiteracy), birth as a shared experience (place, position and duration of birth, midwives' activities during birth), encounters with educated midwives (problems with authorities) and midwives' assistance around issues related to reproduction (curing of infertility, abortion, spiritual activities) will be handled whereas in the latter their activities other than birth (assisting birth of animals, curing of diseases, cooking in ceremonies, washing the body of the deceased), the effect of this occupation on their own lives (material and moral gains) and midwives from the view of the community they live in (reputation and respectability, wise women of the society) will be elaborated.

Methodology

As mentioned above, even if we added up the information from all of the studies giving us pieces of information on midwives, we couldn't obtain clues on, for instance, some personal characteristics of these women, their views on their occupation and on birth, their relationships with women –and men- of the society they live in, let alone learning if they really were “dirty, ignorant, superstitious crones”. Thus, the premise of this study could only be fulfilled with oral history since:

It provides a more realistic and fair reconstruction of the past, a challenge to the established account. (...) By introducing new evidence from the underside, by shifting the focus and opening new areas of inquiry, by challenging some of the assumptions and accepted judgements of historians, by bringing recognition to substantial groups of people who had been ignored, a cumulative process of transformation is set in motion. The scope of historical writing itself is enlarged and enriched; and at the same time, its social message changes. History becomes (...) more democratic.³⁸

In my attempt towards the “creation of a new literature”, among the three main types of interviews, that is topical, biographical and autobiographical, I have made autobiographical interviews to record the total life histories of midwives, since only then would it be possible to understand not only why these women became midwives, but also how this occupation affected their lives. In addition, the questions were “tailor-made” to each midwife’s experience and the information was summoned, together with background information and historical perspective to reconstruct midwifery occupation “within a broader social context”.³⁹ In doing so, to be able to make generalizations, of the three “not so much exclusive” but rather “complementary” ways in which oral history can be put together, namely single life story narrative, collection of stories and cross-analysis, I have used widely the last one, since it allowed me to compare evidences from different interviews and add the evidences from the secondary sources.⁴⁰

³⁸ Paul Thompson, *The Voice of the Past: Oral History* (Oxford, New York: Oxford University Press, 1988), 6-8.

³⁹ Sherna Gluck, “What’s So Special About Women? Women’s Oral History,” in *Oral History: An Interdisciplinary Anthology*, eds. David K. Dunaway and Willa K. Baum (London: Alta Mira Press, 1996), 218-9. In topical and biographical interviews, a part of the interviewee’s life is explored.

⁴⁰ Thompson, 237-8.

How I reached my sources, where and how (long and many times) the interviews were held and how this process changed me, will be dealt extensively in the introduction of the second part, yet here it is worthy to note that after conducting oral history interviews, the conceptualization and the sequence of the study changed, indeed I reread my sources in such a way that they be reevaluated.⁴¹ Furthermore, oral history enabled me to challenge the various taken-for-granted assumptions about the history of educated midwives in particular and the history of women in general. One can assume, for instance, by studying only the written documents, that the rules set and the boundaries drawn by Besim Ömer for “educated and cultured” midwives were seldom blurred, but oral history provides challenges regarding their agency or even their medical proficiency. Similarly, after reading –limited- Turkish sources on midwives, one can believe that they will become history, for hospital birth is being widely preferred in Turkey, yet oral history unearths their wide activity domain providing important clues that the “knowledge” they have on other practices or rituals they perform will be transmitted to the following generations. Needless to mention that the encounters of educated midwives with *old* ones not always consist of rivalry as assumed, but solidarity.

As a matter of fact, all these were possible by conducting interviews with a method that:

⁴¹ Afsaneh Najmabadi, *Women with Mustaches and Men Without Beards: Gender and Sexual Anxieties in Iranian Modernity* (Berkeley; Los Angeles; London: University of California Press, 2005), 3. The drawings on “ignorant” midwives and their “superstitious” practices in Besim Ömer’s books, especially in “Doğum Tarihi”, are for instance used to get clues about birth as a shared experience between women and between husband and wife.

(...) concentrates on quality rather than quantity, an approach that is micro-historical rather than sequential and statistical, an attention to words, gestures, images, places and objects (...), a multidisciplinary approach that should break down certain barriers without degenerating into empty talk.”⁴²

In concluding, I would like to refer to the problems of the “invisibility” of these women in Turkish scholarly studies in particular⁴³ and “invisibility of women in history” in general.⁴⁴ Why have midwives been omitted from the studies of history of Turkish women, although in recent years there is a growing number of women and gender studies in Turkey? Can the reason be the way the questions are asked or the way that historians themselves see the world?⁴⁵ Obviously enough, these problems are strongly interrelated with the “modern” concepts of knowledge based on “science” and “rationality”. The passage I cited in the beginning, which I will use

⁴² Michelle Perrot, “Making History: Women in France,” in *Retrieving Women’s History: Changing Perceptions of the Role of Women in Politics and Society*, ed. S. Jay Kleinberg (Providence: E. B. Edwards Brothers, 1992), 50.

⁴³ Two insightful anthropological studies are Carol Delaney, *The Seed and the Soil: Gender and Cosmology in Turkish Village* (Society, Berkeley: University of California Press, 1991) and Sylvia Wing Önder, *We Have No Microbes Here: Healing Practices in a Turkish Black Sea Village* (Durham, N. C.: Carolina Academic Press, 2007), yet they are different from my study in terms of the theoretical and historical contexts.

⁴⁴ With the Foucaultian approach, “the question of women’s invisibility in history becomes a question of power”, Scott, “The Problem of Invisibility”, 15. Yet, regarding the limits of this study, it is a subject which I on purpose do not dive into. Nevertheless regarding the Foucauldian and feminist approaches, it is worthy to note that “both approaches bring to the fore the crucial role of discourse in its capacity to produce and sustain hegemonic power”; both “criticize the ways in which Western humanism has privileged the experience of the Western masculine elite as it proclaims universals about truth, freedom and human nature”, both approaches “identify the body as the site of power”. Colin Jones and Roy Porter, “Introduction,” in *Reassessing Foucault: Power, Medicine and the Body*, edited by Colin Jones and Roy Porter (London, New York: Routledge, 1998), 10-11. Yet, some feminists have criticized Foucault, especially on the lack of resistance to power; see Nancy Fraser, *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory* (Cambridge: Polity Press, 1989) and Nancy Hartsock, “Foucault on power: a theory for women?,” in *Feminism/Postmodernism*, ed. Linda J. Nicholson (London & NY: Routledge, 1990), 157-175.

⁴⁵ Concerning the history of Middle Eastern women, maybe they are not studied not “to risk dredging up a past that is better forgotten. Often women want to make a clean break with a past of women’s oppression born of tradition and look to a future for women that will be so different that the past holds few lessons.”, Margaret L. Meriwether and Judith E. Tucker, “Introduction,” in *A Social History of Women and Gender in the Modern Middle East*, eds. Margaret L. Meriwether and Judith E. Tucker (Boulder, Colo: Westview Press, 1999), 9.

throughout the study as the motivating force deriving different questions, can only give rise to alternative interpretations if one questions the “modern knowledge pertained to issues of civilization and progress”, or the “emergence of a concept of education that had become centered on literacy (...) related to the shift from a largely oral culture (...) to a print culture.”⁴⁶ Yet generally, their “backwardness, ignorance and superstitious practices” are taken for granted and they are easily blamed for the child and mother mortality rates,⁴⁷ let alone questioning the skills of doctors and educated midwives, the health conditions of medical institutions or related factors. They were marginalized in such a way that for the majority of discourses they do not exist, and if they do, they are viewed echoing the image Besim Ömer has initiated for them.

Without doubt, this is bounded with the fact that in Turkey, the “‘West’ has either been celebrated as a ‘model’ to be followed or exorcised as a threat to ‘indigenous’ national values”.⁴⁸ Accordingly, dichotomies such as enlightened/backward, Western/ non-Western, modern/ traditional or secular/ religious have long been re-constructed and re-produced. In this respect, what I find crucial in the first instance is to ask “how modernity might not be what it purports to be or tells itself, in

⁴⁶ Afsaneh Najmabadi, “Crafting an educated housewife in Iran,” in *Remaking Women, Feminism and Modernity in the Middle East*, edited by Lila Abu-Lughod (New Jersey: Princeton University Press, 1998), 94. For the critical analysis of the central and basic place of literacy in society, culture, development and politics see Harvey J. Graff (ed), *Literacy and Social Development in the West: a Reader* (New York: Cambridge University Press, 1981).

⁴⁷ Tekeli simply blames them for the high mother mortality rate of mothers in 1968. See Şirin Tekeli, “Kadın,” in *Cumhuriyet Dönemi Türkiye Ansiklopedisi* (İstanbul: İletişim, 1983), 1197.

⁴⁸ Meltem Ahıska, “Occidentalism: The Historical Fantasy of the Modern,” *The South Atlantic Quarterly* 102:2/3 (Spring/Summer 2003): 351-379, 353. It is not my intention in this study to dwell on an extended analysis of the “complexity” or “crisis” of modernity, yet Ahıska’s article provides such an insightful analysis.

the language of enlightenment and progress” or question modernity “without implying that one longs nostalgically for some premodern formation?”⁴⁹ In doing so, looking for answers for the following questions maps out the terrain of this study:

How has the field of meanings and practices designated as “modern” been constituted in Turkey? Have these meanings shifted and altered through time? What sources of legitimacy did discourses about the “modern” seek? How did they construct and define what they sought to displace? What sort of relationships between the indigenous and the foreign, the local and the global were at stake?⁵⁰

Interestingly, one of the crucial contributions of oral history, in addition to highlighting the reasons of the definition of midwives as “*ignorant, dirty, superstitious*”, was the role and the meaning religion⁵¹ has in their life. Religion is an inseparable, integral part of their occupation, which I believe lied at the core of their exclusion and marginalization during Turkish modernity. This theme is not related with their religiousness; it can be argued that they do not see faith and reason as conflictive, yet they are not “Islamists” in the sense that they “resist” to the “secularism”⁵² of the Turkish elites. On this theme, I believe vulgarizations are

⁴⁹ Lila Abu-Lughod, “Introduction: Feminist Longings and Postcolonial Conditions,” in *Remaking Women, Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (New Jersey: Princeton University Press, 1998), 7 and 12.

⁵⁰ Deniz Kandiyoti, “Gendering the Modern: On Missing Dimensions in the Study of Turkish Modernity,” in *Rethinking Modernity and National Identity in Turkey*, eds. Sibel Bozdoğan and Reşat Kasaba (Seattle and London: University of Washington Press, 1997), 114.

⁵¹ With religion, I also refer to faith and rituals.

⁵² In Turkish modernization experience, “secularization itself became part of that process of social engineering rather than an outcome of the process of modernization and societal development.”, Nilüfer Göle, “Secularism and Islamism in Turkey: The Making of Elites and Counter-Elites,” *Middle East Journal* 51: 1 (Winter 1997): 46-58.

dangerous and I will prefer to analyze it within the tenets of understanding “complex historical processes”.⁵³

Seen from this view, approaching the history of midwives is not only “more” or “anti-” history, but also “how-history” since it gives the opportunity to question and to understand the processes of being a historian.⁵⁴ Furthermore, women’s oral history is a “feminist encounter” because:

It is the creation of a new type of material on women; it is the validation of women’s experiences; it is the communication among women of different generations; it is the discovery of our own roots and the development of a continuity which has been denied us in traditional historical accounts.⁵⁵

Here, Scott’s insights on feminism and history can be of great help to understand how I will try to unearth midwifery, that is to say, I will try to approach my core subject avoiding ideas such as women are “singular and timeless”, avoiding to treat them “uniformly and ahistorically”, not to produce an “essentialized common identity of women” and “examining the different contexts in which women have lived, the different ways in which they have experienced their lives, the different

⁵³ Kandiyoti warns against the risks during a critique of modernity with new social movements, including Islamism, that they may bring us “full circle to positing notions of lost authentic ‘indigeneity’ and inviting forms of neo-Orientalism that are inimical to our understanding of complex historical processes.”, Kandiyoti, “Gendering the Modern”, 114.

⁵⁴ Joanna Bornat and Arzu Öztürkmen, “Oral History,” in *Encyclopedia of Women's Folklore and Folklife*, eds. Liz Locke, Theresa A. Vaughan and Pauline Greenhill (Abingdon, OX: Greenwood Publishing Group, 2009), 433-435. “More history” reveals “undocumented or unrecorded aspects of the past”, whereas “anti-history”, challenges established understandings of history by offering shortcuts to a more direct, emotional sense of ‘the way it was’”. (Quoted from US oral historian Michael Frisch, *A Shared Authority: Essays on the Craft and Meaning of Oral and Public History* (Albany: SUNY Press, 1990), 186-7).

⁵⁵ Gluck, “What’s So Special About Women?”, 217.

influences of their acquiescence or resistance to the rules societies have elaborated for their behavior.”⁵⁶

Lastly, but not least, my intention in this study as a whole is not creating an opposition to medical developments which made childbirth safer, healthier or easier for women of the Turkish Republic and saved the lives of many. In other words, I would obviously not insist for instance that Paul Stirling’s best village friend’s *gelin*,⁵⁷ be it even as a resistance to patriarchal hegemony over reproduction, to give natural birth with a midwife who, let’s say by exception, was not *ignorant*, *dirty* or *superstitious*. In hers and in many similar cases, a c-section is inevitable to save the mother and the child, which in the absence of medical proficiency or facility would mean death. It is needless to add that the new practices around childcare saved lives of many children and improved their living standards. Tracing the history of a once autonomous occupation would be neither reasonable nor possible by putting medical proficiency and medical developments bettering the health of the population and saving the lives of people on the one side and traditional healing practices such as midwifery on the other. Throughout this study, I endeavour a “critique of the Enlightenment Project of modernity without surrendering its liberating and humanist premises, (...) without falling back on an antimodern ‘return to tradition’ or getting lost in the postmodern ‘global theme park’”.⁵⁸ Thus, my study can give contribution

⁵⁶ Joan Wallach Scott, “Introduction,” in *Feminism and History*, ed. Joan Wallach Scott (New York: Oxford University Press, 1996), 12.

⁵⁷ Paul Stirling, “Introduction: Growth and Changes – Speed, Scale, Complexity,” in *Culture and Economy: Changes in Turkish Villages*, ed. Paul Stirling (Huntingdon: Eothen, 1993), 14.

⁵⁸ Bozdoğan, Sibel and Kasaba, Reşat (1997). “Introduction” in Bozdoğan and Kasaba (eds.) *Rethinking Modernity and National Identity in Turkey*, Seattle and London: University of Washington Press, p. 3.

if only be seen within the large context of knowledge, power and gender relations. That is to say, at the heart of my study lies the argument that the positioning of new midwives at the lowest level of medical hierarchy and defining the old ones simply as *ignorant, dirty and superstitious* are in fact two different sides of the same coin, namely the effort towards establishing control over women and their birthing experiences.

Understanding the degrading of midwifery along with deconstructing and restructuring the image of midwives is in a vital way related with issues like the efforts of contemporary midwives in regaining autonomy over birth or the struggle of women for freedom over their bodies. This study hopes to bring a contribution in illuminating the world of women around birth together with a reassessment of history questioning the scientific and secular thinking that came along with Enlightenment, reckoning on not to fall in traps such as defining midwifery as the *oldest female occupation in history* or defining midwives simply as *once upon a time they were wise women*.

Part 1 Degrading Midwifery and Medicalization of Childbirth

Introduction

Having started this study with a passage from an article which has enormous potential to throw light on the various aspects of the history of midwifery in the late Ottoman Empire and Turkish Republic, tracing the related developments will constitute the first half of this study. That is to say, in the first chapter, starting from the first midwifery courses in the Ottoman Empire in 1842, I will briefly analyze the succeeding developments regarding the education of midwives and the establishment of health institutions until 1970's, a date which is a turning point in terms of health services and migration of rural population to urban, which will allow us to see the continuities as well as ruptures, if any. The opening of midwifery schools and the establishment of health institutions such as hospitals, dispensaries, birth and maternity clinics are for sure different efforts, yet interrelated, the first being the pre-requisite of the latter and their analysis as a whole is inevitable in my study regarding the fact that practical education of midwives is given in these centers. Therefore I will attempt to accumulate the information on both to provide a broad perspective. Nevertheless, my intention here is not adding another descriptive study on these issues in Turkey and Ottoman Empire, because especially the education of midwives and Besim Ömer together has been a topic which attracted Turkish academy, compared to other aspects of midwifery.⁵⁹ Following the discourses of prevalent

⁵⁹ There are articles and thesis on history of health education in general and of midwives in particular. See articles Derya Kaya and Mine Yurdakul, "Türkiye'de ve Dünyada Ebelik Eğitimi," *Ege Üniversitesi Hemşirelik Yüksek Okulu Dergisi* 23/ 2 (2007): 233-241; Nil Sarı, "Osmanlı Sağlık Hayatında Kadının Yerine Kısa bir Bakış," in *Sağlık Alanında Türk Kadını: Cumhuriyetin ve Tıp Fakültesine Kız Öğrenci Kabulünün 75. Yılı*, ed. Nuran Yıldırım (İstanbul: Novartis, 1998), 451-465; Nuran Yıldırım, "Kadınların Hekim Olma Mücadelesi," *Toplumsal Tarih*, 147 (2006): 50-57, and

Turkish history writing, these studies are praises on the achievements of the late Ottoman and Turkish state, giving special emphasis on the effort of educating women of the latter.⁶⁰

On the contrary, I will try to show that their education was part of neither an accomplishment concerning education nor a success regarding birthing practices, but was part of the reconceptualization of patriarchal hegemony not only over midwives but also over women's reproduction. That is to say, I will situate my argument in the large historical context of the conceptualization that Turkish women became "emancipated, yet not liberated".⁶¹ Thenafter I will scrutinize the health and education centers of the Turkish Republic, such as the Village Midwifery Schools and Maternity and Child Welfare Clinics and accounts of educated midwives to show the role these women and these institutions had on the implementation of gender and body ideologies of the state.

Needless to mention, there were women and men who defied governmental regulations regarding health in general and childbirth in particular. In the last chapter

thesis Barış Kaysılı, "Tanzimat'tan Cumhuriyet'e Türkiye'de Sağlık Eğitimi Üzerine bir Araştırma" (MA Thesis, Selçuk Üniversitesi, 2006); Nursel Gümüş, "XX. Yüzyılın İlk Yarısında Türkiye'de Hastabakıcılık Müessesesi" (MA Thesis, Muğla University, 2002). In all of these studies Besim Ömer is highly adored as the initiator of modern medicine. "Prof. Dr. Besim Ömer Akalin is mainly known for his remarkable contributions and works in obstetrics and pediatrics; and also for his fundamental texts for the education of midwives and nurses in Turkey, besides his professional and administrative duties in health affairs. He dedicated his life to the development of systems of education in medicine and allied sciences, specifically in the health of mothers and children. He also placed importance on public education in sanitation, giving birth, bringing up healthy newborns and infants through his popular writings.", Yeşim Işıl Ulman, "A Pioneering Book of Pediatrics on Prematural Care in Turkey During the Ottoman Empire," unpublished paper, 40th International Congress on the History of Medicine, Budapest-Hungary August 26-30, 2006.

⁶⁰ Two recent and insightful exceptions are Balsoy and Asena Günel, "Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context" (Ph.D. Dissertation, Boğaziçi University, 2008).

⁶¹ Deniz Kandiyoti, "Emancipated but Unliberated? Reflections on the Turkish Case," *Feminist Studies* 13, no. 2 (Summer 1987): 317-338.

of the first half, I will analyze their attitudes which will allow us to understand the implications on the everyday level as well as the reasons why midwives and other traditional healers have long preserved their autonomy –presumably still today, at least in rural regions.

Furthermore, I will deal with the developments after 1970 and argue that the education of midwives was a failure in terms of creating an autonomous occupation for women, which I hope would be apparent with the information presented in the previous sections, if not, will be with the complaints of Nazan Karahan, a contemporary nurse-midwife academician who finished her doctorate and is the president of the oldest and biggest midwifery civil association in Turkey. Her view, based on her formal letter to Turkish Nurses Association in 2010 and my personal interview with her, will be complemented with researches on contemporary midwives and midwifery students regarding their occupation and pessimism on future. Only then Karahan's opinions on midwives and her emphasis on the "loss of respect" for midwifery will build the bridge between the two major parts of this study strongly and enable us a safe path to continue it with the study of midwives who have got no formal education and learn if they are *ignorant*, *dirty* and *superstitious* as argued.

1 Loss of Autonomy: Midwives and Education

1.1 “Midwifery couldn’t progress, for it was left in the hands of old crones”:

Late Ottoman Empire

The encounter of Tokgöz with *lavuta* Vahit marks a significant period in the history of late Ottoman Empire regarding midwifery education. Although he is mistaken about the exact date, since he recalls that after the coincidence, the new book of Besim Ömer “Sıhhat Nümayı Etfal”⁶² was published in 1889, which in fact was published in 1885, we can predict that the coincidence took place around 1880, when doctor Vahit was presumably attending births in the homes of Ottoman elites, even in the *harem* of the Ottoman palace.⁶³

His attendance in home births can be regarded as natural, since there was no maternity hospital in Istanbul at the time, in fact after the unsuccessful plan in 1885, the first one would be opened in 1892.⁶⁴ Nonetheless, what striking is his access to the homes and *harem*, regarding the privacy of *harems* in Ottoman Empire, even if we do not mention the female domination over childbirth which lasted from all eternity.⁶⁵ May it be limited; his access can be seen as a sign that the regulations

⁶² Besim Ömer, *Sıhhatnümâ-yı Etfâl yahud Validelere Nasihat* (İstanbul: A. M. Şirket-i Mürettibiye Matbaası, 1303/ 1885).

⁶³ Sermet Muhtar Alus, “Eski Kadın Hekimleri, Lavtalar,” *Akşam*, March 7, 1951. Alus also mentions Besim Ömer attending the births in *harem*, yet since Besim Ömer returned from Paris in 1891, this probabaly took place later.

⁶⁴ For a detailed history see Ergin, Osman (1940). “Ebelik” in *Türkiye Maarif Tarihi – Cilt 2*, İstanbul: Osmanbey Matbaası, p. 449-452.

⁶⁵ A prominent gynecologist Aykut Kazancıgil, whose father Tevfik Remzi Kazancıgil was a student of Besim Ömer, justifies this interence with the need to save lives of mothers and children, yet he personally admits that he gave birth to many dead children. His tone in this attitutude sounds that he finds death during birth normal. “O sırada çok sayıda kadın ölüyor, birinin bu sorunu çözmesi lazımdı, mahremiyetten daha önemlidir ölüm.”; “Hiç ölü çocuk doğurttuğunuz oldu mu? – Çok oldu. Anne

around midwifery and childbirth which started with opening of the School of Medicine (*Mekteb-i Tıbbiye*) in 1839 and the beginning of midwifery courses in 1842 were giving its fruits.⁶⁶

What is at issue here is not exactly the accomplishment of the education of midwives or growing up of new ones, which was not obviously possible at the time, but rather establishing state control over them, which became evident with the announcement of a decree about the licensing of midwives in 1845.⁶⁷ The decree underlined that midwives lacked scientific knowledge and that they had superstitious acts which could harm the baby. To prevent this, it was decided that the existing midwives were to be trained and given a license at the end of the courses. The unlicensed ones would be banned out of occupation. May the reason behind the decree be that the existing midwives were reluctant to join the course, since after three years of the opening of the course, with the instruction of two European midwives who were brought in to teach the local midwives, only ten Muslim and twenty-six Christian midwives had been trained and graduated in 1845, what I find also important is the “Regulation Concerning the Practice of Local Medicine in the Ottoman Lands” (*Memalik-i Mahruse-i Şahanede Tababet-i Belediyeye İcrasına Dair Nizamname*), with which midwives were banned to use forceps and other new

karnında ölür, başka sorunlar olur ölür. Çocuk içerde öldüyse parçalayarak alırsın”, Aykut Kazancıgil, *Her Doğum Bir Mucizedir: Aykut Kazancıgil Kitabı*, interviewer Figen Şakacı (İstanbul: Türkiye İş Bankası Kültür Yayınları, 2005), 256 and 261.

⁶⁶ There were midwifery lessons on the fourth year, but the school’s attendants were only male students. The midwifery lessons were twice a week for midwives. Two European midwives gave lessons on scientific birth methods, *ibid.*

⁶⁷ Balsoy, 87; Selçuk Akşin Somel, “The Issue of Abortion in 19th Century Ottoman Empire,” unpublished paper, IXth International Congress of Economic and Social History of Turkey. Dubrovnik-Croatia, August 20-23, 2002.

scientific obstetrical instruments, that these were to be used only by male obstetricians.⁶⁸

Obviously enough, all these efforts had limited effect and the occupation remained autonomous and women continued to give birth with the assistance of midwives, even with foreign ones, let alone consulting them on many other cases, such as abortion, which in fact was one of the main reasons behind the Ottoman state's efforts in regulations.⁶⁹ At this point, I find Balsoy's conclusion helpful that "after a certain point, the Ottoman government altogether abandoned the goal to train the midwives and limited its focus merely to licensing them"; she also underlines the privileges that were not possible for unlicensed ones, such as salary, retirement pension or financial help in case of health or family problems.⁷⁰ Yet, as her numerous examples clarify, the midwives who were after license were presumably the ones who *needed* license, who needed the state's auspices; in other words, the ones who had good reputation must have neither cared about education nor getting

⁶⁸ In 1842 "a memorandum was given to the authorities by the Chief Physician of the Palace announcing the opening of courses in *ebelik*. At the same time, the patriarch, the chief rabbi, and the judges of Istanbul were charged with overseeing the profession of midwifery within their jurisdiction." Somel also mentions that the decrees did not have much an effect in that period and adds that "later in the century the training of midwives became more widespread. According to a memorandum of 1871, most of the mahalles in the district of Ahırkapı Otluk Ambarı, had orders to set up midwifery schools." It is interesting though that even Somel reproduces the gendered discourse by stating "the role of the midwives in Ottoman society was of such magnitude that the government realized relatively early the importance of training her.", Somel, 344. See also Balsoy, 89-90.

⁶⁹ In 1840, French midwife Annette Vantur and english midwife Amade Tileul had private clinics in Beyoğlu. Yet in 1900 when the state's interference became stronger, Mari Zibold's activities, who used her house in Beyoğlu also as a birth clinic, especially after it was discovered that she performed abortion, became great concern. Abdülhamid II made sure that she was deported in 1905; Yıldırım, "Kadınların Hekim Olma Mücadelesi", 50-57.

⁷⁰ Balsoy, 89 and 100-110. The licensing of midwives in England was the responsibility of the Church of England throughout the seventeenth century, see Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge University Press, 2000), especially chapter 1.

license, since they must have been practicing their occupation without these requisites and actually enjoyed autonomy and earned money.⁷¹

The point that I am trying to push forward here is that, returning to our passage, Doctor Vahit was conceivably called only by those who had difficulty in birthing and needless to add that by those who could afford his attendance financially. However, what I find of vital importance is Tokgöz's gendered repository, constructing a heroic image of Doctor Vahit, with phrases like "*a man with white beard, dressed in military uniform, his bag tied to the saddle, riding on a white horse*" or "*birth equipment in his bag*". We do not have information on his proficiency or success,⁷² nor do we have an image of him going to birth as described in the passage.⁷³ Yet, we have an image of a *female* midwife going to birth on a donkey, in the middle of the night.

⁷¹ The decree on the opening of midwifery courses on 1842 points to this issue: "Şöhretlerine mağrur olarak bu kurslara gelmeyen ebeler bilmelidirler ki artık eline bir doğum iskemlesi alan İstanbulda doğum yaptıramayacaktır.", Dr. Bedi Şehsüvaroğlu, "Ebe, Ebe Mektebi, Ebe Okulları," in *İstanbul Ansiklopedisi*, ed. Reşad Ekrem Koçu (İstanbul: Tan Matbaası, 1958), 4842.

⁷² The failure of an eighteenth century male midwife, William Giffard, who is recorded as the first user of forceps, is shocking; of the fifty-six deliveries he was responsible, 21 were "born dead", Evenden, 181. For the general failure of the use of forceps, see pages 179-182.

⁷³ Aykut Kazancıgil also recalls that Vahit Bey used to go to births on a horse. Furthermore he tells that the equipment in his bag is forceps, and in fact "lavta" means forceps. "Lavta Vahit bey deniyor ona. O zamanlar forsepe lavta derlermiş. Vahit Bey atla hastaların evlerine gidiyor ve o kutunun içindeki aletle çocuğu tutuyor ve çıkarıyor", Kazancıgil, 256-257.



In this undated drawing,⁷⁴ the midwife is actually not riding a white –or light colored- horse, but a donkey, constituting a contrast with the male midwife. We have no information on the artist of this drawing, yet if he is one of the Christians of the empire, it can even point to a higher esteem than riding on a horse.⁷⁵ Maybe she was illiterate and superstitious, she is definitely old, yet does she look dirty? Rather her head is bent down, which makes her look modest. She is accompanied by two men, one carrying the birth chair, the other a lantern; they do not only help her but also are kind of guardians, keeping in mind the timelessness of birth. All these and related details will be handled broadly in the second half of this study, nevertheless what is of interest here is my skepticism about the attitude of Tokgöz if he by coincidence

⁷⁴ “Ebe Kadının Doğuma Gidişi- Bekçinin omuzundaki ebe iskemlesidir”, Besim Ömer, *Doğum Tarihi* (İstanbul: Ahmet İhsan Matbaası, 1932), 41.

⁷⁵ According to the Gospels, Jesus rode on a donkey into Jerusalem during his Triumphal Entry into Jerusalem, before the Last Supper, marking the beginning of his Passion. “Triumphal entry into Jerusalem”, http://en.wikipedia.org/wiki/Triumphal_entry_into_Jerusalem, last taken on 23.04.1976. I am grateful to my thesis advisor Prof. Dr. Christoph K. Neumann for drawing my attention to such an insightful remark.

actually saw her in the middle of the night, or even this drawing! How would he remember this scene in 1936?

The utmost significance of his and the interviewer's narration in 1936 is the admiration of *male* midwife and especially of Besim Ömer's achievements, defining him "as the master of thousands of male and female midwives of the country"⁷⁶ which brings us to the mainstay of the history of midwifery education. As a popular and leading figure, his activities and his language used to describe his achievements demonstrates the reconceptualization of patriarchal hegemony not only over midwives but also over women's reproduction, reflecting an important continuity between late Ottoman Empire and Turkish Republic

Besim Ömer, upon his return to Istanbul from Paris, started to teach midwifery at the School of Medicine and at the Midwifery School in 1895,⁷⁷ and how he totally undertook the "scientific", "rational", "enlightened" thinking of the West and the related hegemony over birth becomes best visible in his book on the history of birth, in which he traces the development of the obstetrics and midwifery.⁷⁸ In the foreword, he declares that he has written this book to make everyone in his country, also young midwives, to have knowledge on the history of childbirth. Apart from the image he constructs about *old* midwives as "ignorant,

⁷⁶ (After the coincidence), "Kırk yedi senede bu değerli, vergili ilim adamı durmadan çalışmış ve yazmıştır", "Şimdi Türkiyenin binlerce erkek kadın ebelerinin hocası bu adamdır. Doğurttuğu kadın ve erkek Türklerin sayısını bulmak zordur. Nasıl ki yazdığı kitapları saymakta kolay değildir, makaleleri ise sayısızdır.", Kemal Köyden, "Dr. Besim Ömer Akalın", 206.

⁷⁷ Balsoy gives this date as 1891, yet I based my study on the writings of Besim Ömer, see Balsoy, 40.

⁷⁸ Besim Ömer, *Doğum Tarihi*.

dirty, superstitious”, which is insightfully studied in Balsoy’s dissertation,⁷⁹ what I am dabbled with here is his reconstruction of the midwifery occupation, destroying its autonomy and situating it under “traditional medicine”, thus under men’s control, since he believed that the traditional medicine has been a space dominated by men.⁸⁰

According to him, birth is as old as the history of men, yet autonomy of midwifery as a female occupation is misunderstood as whole, for it has always been a part of the traditional medicine.⁸¹ After this deconstruction of the past, he underlines the fact that although traditional medicine has progressed, this has not been possible for midwifery because it was left in the hands of women, not only in our country and in Islamic countries, but also in ancient Egypt, Israel, India, China or Greece. He tells in detail for pages the talents and achievements of male doctors in all these cultures, yet he is so surprised how men in all of them, even İbn-i Sina, a prominent Islamic medical talent, have not interfered in birth, but only wrote advices for midwives.⁸² He comes up with the reasoning that it was not morally allowed that

⁷⁹ She analyses this image in dichotomy with the young, educated one. In addition she shows his impact, in how “modern historians working on the history of midwifery and obstetrics persistently took their arguments and approaches from Besim Ömer without contesting his facts or adding new ones.”, see Balsoy, especially chapters 1 and 4.

⁸⁰ His view is problematic also regarding the female traditional healers.

⁸¹ *Ibid.*, 7-8: “Evveleminde fenni velade esas cihetiyle tıp ile karışmıştır.”; “Eski zamanda sanat kadınlar elinde idi, hekimler yalnız nasihat verirler, ilaç yazarlardı”; “Eski zamanda tıp ve fenni cerrahi fenni veladeyi kucaklamıştı. Fenni velade, fenni cerrahinin bir şubesi addolunuyordu. Fenni velade ve tıp müşahede, mümarese ve tecrübeye istinat eder, tıp bu hallerden çok istifade etmiş ise de fenni velade nispeten mahrum kalmıştır.”

⁸² *Ibid.*, 16: “Doğum zamanında erkek namına hiç kimse, hatta zevç bile bulunmuyordu. İşte sanatın böylece asırlarca kadınlara, acuzelere inhisarı ebeliğin terakki ve tealisine mani olmuştur.”; “İslam etibbası fenni veladeyi asla ihmal etmemişlerse de tıbbın öteki şubeleri kadar terakkisine de muvaffak olamamışlardır. Buna başlıca sebep doğum sanatının ebeler ellerinde kalmış daha doğrusu bırakılmış olmasıdır.”.

men enter birth in those times and concludes that “if men were invited to births in the time of Hippocrates, midwifery would have progress”.⁸³

Hence in his view, midwifery has groaned under the pressure of ignorant midwives for centuries and although traditional medicine had progress, midwifery couldn't; midwifery passed onto next generations through the teachings of women and leaving this profession in the hands of old and ugly women like witches has left midwifery primitive. He feels so disappointed that in all those years, nobody was concerned about the education and discipline of midwives.⁸⁴

Thus, upon his arrival in Istanbul, he personally started to educate and discipline the midwives at the School of Medicine and at the Midwifery School in 1895. To advance the “chaotic course in which old illiterate women from different nations who couldn't even understand each other”, he first of all stipulated new requirements to join the course: the ability to speak and understand Turkish and being not older than thirty years old and in the third year, literacy was added to the requirements.⁸⁵ These initial efforts were advanced when the The School of

⁸³ *Ibid.*, 9: “Hekimlerin ağır üstünde olan kadınların yanlarına girmelerine müsaade olunmuyordu.”; “Eğer erkekler İpokrat zamanında doğumlara davet olunmuş olsaydılar fenni velade çok ileri gidecek idi.”.

⁸⁴ *Ibid.*, 18 and 37: “Hiç şüphe yoktur ki muhtelif itikatların ve türlü türlü hurafelerin tecelligahı hükmünde olan şarkta doğum bir hayli garip ve acip icraata maruz kalmıştır, hala da kalmaktadır. (...) Memleketimizde de fenni kıbale asırlarca kadınların, ihtiyar acuzelerin elinde kalmıştır.”; “Ebelik acuze ebeler yanında çıraklık ile tahsil olunuyordu. (...) “ebelerin tahsil ve terbiyesiyle hiç iştigal olunmuyordu.”. James H. Haveling, in his 1872 book on four male midwives, also makes similar arguments: “These self-constituted instructors of midwives were men of high social and medical position. Had they considered the study and practice of midwifery beneath their dignity, how disastrous would it have been to English mothers, and who can say how much longer the dark ages of midwifery would have continued in this country”, as narrated in Evenden, 2-3.

⁸⁵ “Muhtelif milletlere mensup ve çoğu Türkçe okuyup yazma bilmeyen yaşlı kadınlar haftada iki defa toplanmakta ve muallim de kendilerine bir saat içinde Türkçe, İspanyolca, Ermenice ve Rumca (!) ders vermekte idi”, Besim Ömer, “Ebelik ve Doğum: Bizde Nasıldı ve Ne Haldedir?” in *Sıhhat*

Medicine moved from Taskisla to Haydarpasa in 1903⁸⁶ and especially when the School of Medicine in Kadirga also moved to Haydarpasa in 1909 and in its place, a new maternity hospital and a midwifery school were established, because Besim Ömer has been assigned as the director. The latter is usually termed as the first school in which the midwives have received scientific education, in which the requirements were primary education and being not older than 30 years old.⁸⁷

Nevertheless, I see the utmost significance of this school's requirements in that, it is the last official step concerning the exclusion of the old midwives, since nearly all of them must have been over thirty, being mothers themselves and only a few had primary education. To put it differently, it is the first official step towards the growing up of a totally whole new generation of the occupation, which will not be anymore autonomous, as must have been apparent in the writings of Besim Ömer and will be more evident with the succeeding developments in the Turkish Republic.

To sum up the context Besim Ömer has initiated, it would not be wrong to say that old midwives were left out of profession and it was targeted that a totally new generation would be grown up under the supervision and education of male doctors. In doing so, he not only deconstructs the past, in which an autonomous occupation in terms of transfer of knowledge from women to women was displaced under, so to say, male dominated traditional medicine, but he also destructs the image of the members of the occupation, namely midwives, defining them "ignorant,

Almanakı, edited by Mazhar Osman (İstanbul: Kader Matbaası, 1933), 291. Exclamation mark belongs to his writing.

⁸⁶ A small maternity unit with 25 beds was established in it, Şefika Kurnaz, *Cumhuriyet Öncesinde Türk Kadını: 1839-1923* (Ankara: Basbakanlık Aile Araştırma Kurumu, 1991), 28.

⁸⁷ See for example Kaya and Yurdakul.

dirty, superstitious”, discrediting and marginalizing them. According to him, since these archaic women could not help women in birth, besides gave harm, it is necessary that male doctors interfere in birth, in the name of science, to help women, to ease their pain.⁸⁸ Hence we see the penetration of a new form of patriarchy in the female dominated, private sphere of birth.⁸⁹

In this way, along with the loss of autonomy of midwifery occupation came also the loss of autonomy of women over childbirth, over reproduction, which connotes a “reconceptualization of female body”; that is not only the practices of childbirth changed, but also new discourses emerged around childbirth in which the pregnant woman was seen as “sentimental and irrational”, who needed the help of *rational* doctors and if she didn’t obey the advice, that would mean risking the health and life of herself and of her child.⁹⁰

⁸⁸ Similarly, in England and the West, “the obstetricians launched their attacks on midwives in the name of science and reform. Midwives were ridiculed as “hopelessly dirty, ignorant and incompetent”, furthermore, “the association of the witch and the midwife was strong.”, Barbara L. Marshall, *Engendering Modernity: Feminism, Social Theory and Social Change* (Cambridge: Polity Press, 1994), 86 and 45.

⁸⁹ For the changes in patriarchy in late Ottoman see Kandiyoti, “Afterword”. For the critiques of the concept “patriarchy”, see Deniz Kandiyoti, “Bargaining with Patriarchy,” *Gender and Society* 2, no. 3 (September 1988): 274-290. For a comprehensive theorization of patriarchy, see Sylvia Walby, *Theorizing patriarchy* (Oxford, London: Basil Blackwell, 1990). Without doubt, there are “many patriarchies”, such as “feudal patriarchy”, “capitalist patriarchy” or “modern patriarchy”. Like Bennett, I believe, in studying patriarchy, “we must trace not only how the mechanisms of any given patriarchy changed over time but also how those mechanisms affected different women in different ways”, Judith M. Bennette, “Feminism and History,” in *The Feminist History Reader*, ed. Sue Morgan (New York: Routledge, 2006), 67-68. Nevertheless, regarding the scope of this thesis, I limit my use of the term “patriarchy” throughout this study following Kandiyoti’s reference, that is, “a range of institutional and cultural practices resulting in the subordination of women”, Deniz Kandiyoti, “Bargaining with Patriarchy”, 306.

⁹⁰ Balsoy, 212. The medical and institutional developments went hand in hand with the increasing concern on population, namely “political change, demographic transformation, the emerging notions of public health and medical developments were all overlapping processes”. For the prescriptive literature on pregnancy on the reconstruction of feminine bodily experience, especially for a detailed analysis of Besim Ömer’s books, see pages 192-215. An important point is that the pro-natalist concerns of the empire was only on the Muslim population.

Just like women needed doctors to give birth and raise children, midwifery also needed doctors to progress. Although the implications of the new discourses and regulations around childbirth obviously took decades to go on the everyday level, yet this process resulted not only in the loss of autonomy of midwives but also degrading of midwifery occupation as a whole, an occupation which needs male doctors to progress, since it was not possible for women to be doctors, to get education on modern medicine until 1922.⁹¹ Besim Ömer does not even once mention in his writings the right of women to become doctors, yet he strongly underlines the importance of becoming nurses, which is a topic worth handling separately, since midwives were placed at the lowest level of medical hierarchy, even under nurses. When Besim Ömer started teaching midwives in 1895, he notes in his works that he immediately added some lessons on nursing, “considering the fact that midwifery is a kind of nursing”⁹² and the first year of the two-yearly midwifery school in Kadırga consisted of the lessons on nursing.

It may be argued that education on nursing was a crucial effort regarding the wars in respective years, yet what concerns me here is the positioning of nursing and midwifery in respect to other medical occupations, that is assisting doctors. Furthermore as nursing is still the “predominate role” of women in the world health system, the real problematic lies in seeing nursing as an occupation only for women,

⁹¹ There were a handful exceptions which got educated in Europe, see Yıldırım, “Kadınların Hekim Olma Mücadelesi”. The first Turkish female doctors graduated in 1927.

⁹² “Ebelik sanatının hemen hususi bir hastabakıcılık vazifesinden ibaret olduğunu nazarı dikkate alarak (...) hastabakıcılıktan biraz malumat vermeğe başladım.”, Besim Ömer, “Ebelik ve Doğum”, 291.

for it is “simply a workplace extension of [women’s] roles as wife and mother.”⁹³

Thus, Besim Ömer’s treatment of midwifery as “a kind of nursing” is degrading midwifery one step further.⁹⁴ In addition, he talks about the responsibilities of these two occupations continuously as if they are overlapping. In other words, although midwifery is placed at a lower level legally limiting the usage of medical tools and medicine for midwives, Besim Ömer, by blurring the boundaries between these two occupations, is in fact planting the seeds of a huge contemporary debate, in which nurses look down upon midwives, a debate which reached its peak in 1975 when the state decided to unite their education, and giving them the title “nurse-midwife”, namely associating midwives with nurses.⁹⁵ Legally, nurses are responsible for the “education and supervision” of midwives in providing health services for mothers

⁹³ “The inventors of nursing saw it as a natural vocation for women, second only to motherhood. (...) As one historian of nursing put it, “Woman is an instinctive nurse, taught by Mother Nature”. (Victor Robinson, MD, *White Caps, The Story of Nursing*); Marshall, 92 and 102.

⁹⁴ Ayten Altıntaş, in her article on history of nursing is so surprised that in 1865, there were five women who worked as midwives. She then concludes that these women worked as nurses, yet what surprises her is how come these midwives could work as nurses. Her attribute echoes of Besim Ömer’s, situating midwives under nurses: “1865’te Askeri Salname’de Askeri Tıbbiye’de görevli muallim ve memurlar listesinde 5 kadın var, Lebibe Hanım, Hafize Hanım, Nesibe Hanım, Madam Mariçe, Madam Robers, kabile oldukları yazılı. (...) O tarihte Tıbbiye’de doğumevi ‘Viladethane’ yoktur. Doğum kliniği de yoktur. O halde ebelerin Tıbbiye kadrosunda işleri ne idi? Sebebinin 1870 salnamesinden öğreniyoruz, Hafize Hanım, Nesibe Hanım, Madam Robers “serhademe” olarak görünüyor, yani hastalara bakan hademelerin başı. 1879’da bu isimlerin de olduğu 11 ‘hastabakıcı’ var, (...) 1880, 1881, 1882 de hemen hemen aynı kadro. 1898’de “Kabile” denen kadınlar erkek doktorlarla çalışıyor Askeri Tıbbiye Polikliniğinde. (...) Yani ebelik tahsili yapan kadınlar hastabakıcı olarak da hizmet veriyorlardı, sadece doğum bilgisi değil, hastabakıcılıkla ilgili bilgileri de almışlar. Bu ne zaman olmuş bilmiyoruz, Besim Ömer Doğum Tarihi kitabında hastabakıcılık derslerini 1891’de ilave ettiğini söylüyor.”, Ayten Altıntaş, “Türkiye’de Hemşireliğin Başlangıcı,” in *Sağlık Alanında Türk Kadını: Cumhuriyetin ve Tıp Fakültesine Kız Öğrenci Kabulünün 75. Yılı*, ed. Nuran Yıldırım (İstanbul: Novartis, 1998), 372-387.

⁹⁵ Ettinger’s study on nurse-midwifery in the United States, which was developed in the 1920’s involving nurses who took advanced training in midwifery, provides an interesting perspective. She argues that nurse-midwives both rebelled against and served as agents of a nationwide professionalization of doctors and medicalization of childbirth, see Laura Ettinger, *Nurse-Midwifery: The Birth of a New American Profession* (Columbus: Ohio State University Press, 2006).

and children⁹⁶ and this debate is in fact still alive today in a different matter: midwives are complaining about the blurring of the boundaries between these two “different” occupations and emphasize that midwifery is more “autonomous” in the West, but nurses are still looking upon them, a scorn which has its roots again in Besim Ömer.⁹⁷

Take for instance his book “Turkish Child Must Live” which again brings us to our passage and article.⁹⁸ Being mainly on bettering the health of Turkish children and new practices of childcare, in this book he for pages describes in detail the responsibilities of nurses in child-care, underlines the importance of their assistance in not only during the prenatal period, but also after birth, again blurring the boundaries. He points to the need of the country for many nurses, and only near the end of the book he refers to midwives. An ordinary reader would conceivably get the

⁹⁶ “Halen yürürlükte olan 224 sayılı, 5.1.1991 tarihli sağlık hizmetlerinin sosyalleştirilmesi hakkındaki kanununa göre hemşire ebenin yardımıyla ana-çocuk sağlığı hizmetlerinin yürütülmesinden, ebelerin eğitim ve denetiminden sorumludur.”, Zekiye Karaçam, “Gebelerin Doğum Öncesi Bakıma İlişkin Uygulamaları” (MS Thesis, Hacettepe University, 1991), 2-3.

⁹⁷ “Ebelerin, hemşirelikle ilgili kurslara katılmaları ve baş hemşire olmaları için Sağlık Sen tarafından yapılan müracaat Türk Hemşireler Derneğince kınanmış ve eleştirilmiştir. Ardından da Sağlık Sen’e bir yazı yazılmıştı. Türk Ebeler Derneği (adına başkan Nazan Karahan) gelişmeler üzerine aşağıdaki açıklamayı yaptı: Ülkemizde bazı uygun olmayan politika ve yönlendirmeler nedeni ile, özellikle tedavi hizmetlerine ağırlık verilmesinden bu yana ebeler hemşirelik işlevlerini yapar duruma gelmiş ve mesleklerinden kopmuştur. (...) Nerede açık varsa orada görevlendirilen ebeler, izlenen yanlış politikalar sonucunda mesleki kimliklerini kaybetmeye başlamış ve kendilerini istemeden hemşire olarak tanıtmaya yolunu seçmiştir. Oysa birlikte omuz omuza, aynı ekip içinde çalışan ebeler ve hemşirelik mesleği birbirini her zaman destekleyen ancak farklı çalışma alanları olan iki ayrı meslektir. Bu iki mesleğin birbirinin içine geçmesi her iki mesleğe de zarar vermekte özellikle ebeler bu durumdan son derece olumsuz etkilenmektedir. Gelişmiş ülkelerde ebeler yetkileri doğrultusunda hemşireler ile karşılaştırıldığında, daha fazla otonomi sahibi olarak mesleklerini yürütmektedir.”, “Türk ebeler derneğinden hemşire derneğine yanıt”. April 15, 2010, www.ebelerdernegi.org (November 1, 2010). Last year, Midwives Association again underlined the difference between midwifery and nursing in their request for a new law, see Appendix A, “Ebeler Derneği tarafından hazırlanan Ebeler Kanun Tasarısı”.

⁹⁸ Besim Ömer, “Türk Çocuğu Yaşamalıdır”.

feeling after reading the book that nursing is a far more important occupation, let alone it is more respectable.

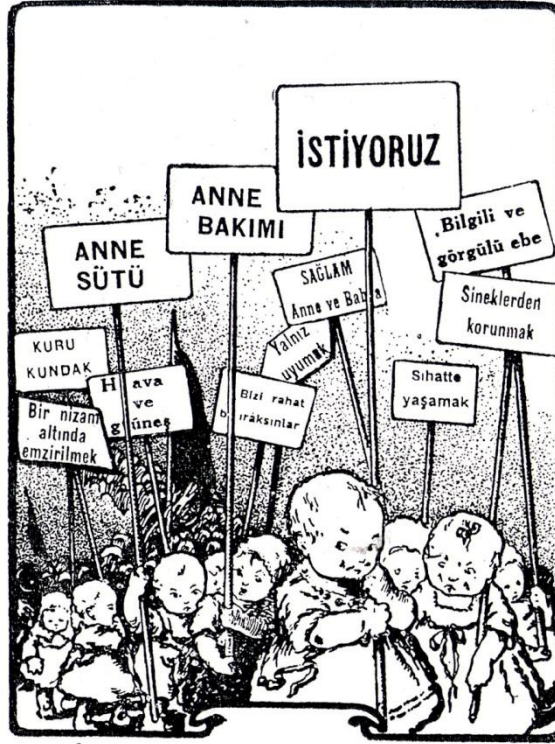
Nonetheless, it is worth mentioning once again that all the efforts concerning education of midwives and modernizing childbirth had limited effects in the late Ottoman Empire, keeping in mind that until 1920, the educated midwives worked only in Istanbul and presumably because they were reluctant to go, in 1920 the state decided to bring young girls from various parts of Anatolia who possessed primary education (*rüşdiye*) and educate them in the new boarding school in Kadırğa for two years. We do not have answers to questions like how many were they, where were they from or did they return to their hometowns to work, still it is not hard to guess that they were a few.⁹⁹ Hence when Besim Ömer asks himself if they are still women and new-borns who are “groaning in the bad, dirty hands of those ignorant crones”, he answers: “unfortunately I cannot say no to this question”.¹⁰⁰ Then after he emphasizes the need of the young Republic to grow “knowledgeable and cultivated” midwives, to open new schools and hospitals, so that the masters of this occupation can spread even in the villages, adding the importance of raising the awareness of the

⁹⁹ According to the time limits, I did not enter the Ottoman archives but Gülhan Balsoy, who has done so during her doctoral research, also states that she could not find clues on the graduates of the midwifery schools, see Balsoy.

¹⁰⁰ Besim Ömer, “Ebelik ve Doğum”, 296. Another striking example is Basiretçi Ali Efendi who wrote articles for Basiret newspaper between 1870-1878; “Ez-cümle elyevm şehrimizde kendisine kabilelik süsü veren çoktur. Lakin kabilelik lafzan olmayıp fennen olmak iktiza eder.”; “Kabilelik fenninden maharet ve malumatı olmayanları vücut ve adem-i vücudu müsavi olduğundan, bu bapda ebna-yı vatanıma hisse- âcizâneme düşen ihtarı, vazife-i zimmet addeyledim.”, Basiretçi Ali Efendi, “Kadın Ebeler (Kabileler),” in *İstanbul Mektupları*, edited by Nuri Sağlam, 679-680. İstanbul: Kitabevi, 2001, 679-680. The same gendered language about the concern of midwife’s activities in late Ottoman Empire is reproduced in the writings of contemporary female doctors: “Cahil ebelere engel olmak amacıyla çıkarılan yasa maddesi diplomasız ebelerin tehlikeli işlemleri uzun yıllar boyunca sürdürdüklerini gösteriyor.”, Sarı, 464-465.

population on health issues so that they prefer these “capable” midwives,¹⁰¹ all of which are the main issues that will be dealt in the following chapters of this study.

1.2 Growing Up of “Educated and Cultured” Midwives: Turkish Republic



One of many drawings of Besim Ömer’s book “*Türk Çocuğu Yaşamalıdır*”¹⁰² on the importance of birth, demography, wellbeing of the children and the mothers of the nation which is defined as “fresh and lively” by the writer of the article containing

¹⁰¹ “Bilgili, görgülü ebe yetiştirmeli”, “sanatlarını, seviyelerini yükseltmeli”, “büyük şehirlerde geniş, asri viladethaneler, ebe mektepleri meydana getirmeli, ta ki bu sanat ehli köylere kadar yayılsın”, “ahalinin şahadetnameli bu gibi muktedir ebelerle müracaat etmeleri için umum irfan seviyesini yükseltmeye ve sıhhat öğütlerini yapmağa çalışmalı”, Besim Ömer, “Ebelik ve Doğum”, 296.

¹⁰² Besim Ömer, *Türk Çocuğu Yaşamalıdır*, 21.

the passage I started this study with is showing us the demands of children of the new Turkish Republic from Besim Ömer's view. In the drawing, we see the march of a crowded group of children, who look unhappy and worried or simply angry with their mothers, carrying posters with their demands written on them. The leader of the march seen in the front is carrying the biggest poster "we want" and the other children following her hold posters such as "mother care", "mother milk", "healthy mother and father", "healthy life", "protection from flies", "sleep alone", "systematical breastfeeding" or "dry swaddle". Obvious enough, this drawing is giving us important clues on issues around child care, mothering and birth and the new discourses surrounding these. Furthermore, we get the feeling looking at the poster that if the mothers listen to these demands, the unhappiness and worry of the children, or their anger, would fade away and they would smile. Yet, to understand the path this drawing comes from and where it leads us, a few points should be clarified before going directly into the discussion of the drawing.

As demonstrated above, after the establishment of Turkish Republic in 1923, demography and the health of the population became a great concern for the young republic, which in fact points to an important continuity with the late Ottoman Empire.¹⁰³ Although the underlying reasons slightly differed, may it be the

¹⁰³ Another continuity worth mentioning is that "modernization projects and nation-building efforts by the Ottoman and Republican reformists were conducted through the symbolic manipulation of women's issues and representations. Improving women's lot was treated as the focal point of community interests by all competing ideological groups: advocates of Western modernization, Western missionaries, defenders of Islam, promoters of Ottoman patriotism, preachers of Turkish nationalism and socialist reformists and revolutionaries", Zehra F. Arat, "Introduction: Politics of Presentation and Identity," in *Deconstructing Images of "The Turkish Women"*, ed. Zehra Arat (New York: St. Martin's Press, 1998), 22-23. For a general analysis of modernity, modern state and regulations on improving the health of the populations see Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London, New York: Routledge, 1999).

sustenance of the empire or the establishment of a new country in the Republican context, the attitude towards women reflects another continuity in-between.¹⁰⁴ That is to say, women were seen either as the “producers of the population”¹⁰⁵ or “as agents that would nurture and reproduce the seeds of the nation”¹⁰⁶.

In addition to this role given to women as childbearers, women were also given the responsibility to raise their children with the new practices of childcare, which again brings us to the drawing I started this chapter with, since the writings on the posters signify important points on the theme.¹⁰⁷ Mustafa Kemal, the founder of the republic, has expressed this “new” mothering as follows:

¹⁰⁴ For the different masculinities of late Ottoman and Turkish men, see Kandiyoti, “Gendering the Modern”.

¹⁰⁵ Balsoy, 173. Furthermore “the female body was almost solely defined by its maternal aspects and its capacity to reproduce and to rear children”.

¹⁰⁶ Dilek Cindoğlu and Feyda Sayan-Cengiz, “Medicalisation Discourse and Modernity: Contested Meanings Over Childbirth in Contemporary Turkey,” *Health Care for Women International*, Vol. 31:3 (2010):225; they were also “regarded as the symbols of the land and boundaries of the nation”. This article shows how the “modern notion of medicalization and the patriarchal conception of reproduction reinforce each other through the birthing experiences of women in Turkey”. 15 focus group interviews were conducted in 1996, which were physicians, nurse midwives, and women who visited health care units for problems related to reproductive functions. I especially thank Dilek Cindoğlu for sending me this article personally which have provided me insightful perspectives. It is important also to bear in mind that, “with the founding of the Turkish Republic, women operated as political actors only to the extent that they performed sexual and reproductive—rather than social or political- roles.”, Ruth A. Miller, “Rights, Reproduction, Sexuality and Citizenship in the Ottoman Empire,” *Journal of Women in Culture and Society* 32, no. 2 (Winter 2007): 347-373. Even a prominent feminist of early Turkish Republic Nezihe Muhiddin underlines the duty of women as being a mother: “Bugün ve yarın memleketimizin bizlerden istediği mühim ve asıl bir vazife var; o da bu yurda ma’nen ve maddeten kıymetli evladlar yetiştirmektir”, Nezihe Muhiddin, “Analık Vazifeleri,” *Kadın Yolu* 1 (July 16, 1341/ 1925): 7, in *Yeni Harflerle Kadın Yolu/ Türk Kadın Yolu 1925-1927*, ed. Nevin Yurdsever Ateş (İstanbul: Kadın Eserleri Kütüphanesi ve Bilgi Merkezi Vakfı, 2009).

¹⁰⁷ For the theme of hygienic, scientific and educated motherhood see Ayşe Durakbaşa, “Kemalism as identity politics in Turkey,” in *Deconstructing Images of “The Turkish Women”*, ed. Zehra Arat (New York: St. Martin’s Press, 1998), 139–155, especially page 144.

The education that mothers have to provide their children today is not simple, as it had been in the past. Today's mothers have to attain several high qualities in order to bring up children with the necessary qualities and develop them into active members for life today. Therefore, our women are obliged to be more enlightened, more prosperous, and more knowledgeable than our men. If they really want to be the mothers of this nation, this is the way.¹⁰⁸

Nevertheless, the poster which is of special importance for this study is seen on the right of the drawing with the writing “*görgülü and bilgili ebe*”, namely underlining the demand of children of an educated and cultured midwife, which in fact constitutes a recurrent theme not only in the aforesaid book but also in many writings of Besim Ömer. In his last book in Ottoman letters with the title “*Ebelik, Doğurma, Doğurtma*”, Besim Ömer elaborates the activity domain of the midwifery occupation, referring to themes which he has dealt extensively in his previous books for midwives, like the anatomy of the female body, changes of the female body during pregnancy, tasks of the midwife before, during and after pregnancy, and uses many photographs and drawings giving detailed medical information.¹⁰⁹ Although it is not transliterated into Latin alphabet up until today, it is reasonable to presume that the discourses prevalent in this book laid the fundamentals of the midwifery education and drew the boundaries of midwifery in Turkish Republic regarding the wide influence he has on the occupation¹¹⁰ and have the potential to shed light on the

¹⁰⁸ Quoted in Zehra Arat, “Turkish Women and the Republican Reconstruction of Tradition,” in *Reconstructing Gender in the Middle East: Tradition, Identity and Power*, eds. Fatma Müge Göçek and Shiva Balaghi (New York: Columbia University Press, 1994), 60.

¹⁰⁹ Besim Ömer, *Ebelik, Doğurma ve Doğurtma* (İstanbul : Ahmed İhsan Matbaası, 1928). His previous books on the subject are Besim Ömer, *Doğururken ve Doğurduktan Sonra* (İstanbul: Matbaa-i Ahmed İhsan, 1320/ 1902 and Besim Ömer (1322 H./1904). *Ebe Hanımlara Öğütlerim*, İstanbul : Matbaa-i Ahmed İhsan Besim Ömer, *Ebe Hanımlara Öğütlerim* (İstanbul: Matbaa-i Ahmed İhsan, 1322/ 1904).

¹¹⁰ Aykut Kazancıgil also underlines that Besim Ömer influenced Ottoman traditional medicine regarding birth through medicalizing it, “Doğum hekimliği herhalde dünyanın en eski mesleklerinden biridir. Doğuran kişiye hiç kuşkusuz biri yardım edecekti. Eski çağlarda bu, uzun tecrübeler sonunda beceri kazanmış kadınlar tarafından yapılıyordu. Yani bunlar ilk ebelerdi. (...) Ancak 1800’lerde

relationship between this occupation and other large concepts such as women versus modernity, modernity versus tradition, constructed “new” motherhood or patriarchal control in the birth domain.

As we have seen up to this point, Besim Ömer strongly disdains *ignorant, dirty, superstitious* midwives, which results in the degrading of the midwifery occupation as a whole, yet in this book he changes his attitude and starts his book with praises on the nobility and dignity of midwifery occupation, defining it as “tender and hard”.¹¹¹ In doing this, he underlines that midwifery is as old as history of humans and that in every culture midwives were held in high esteem, pointing to the fact that not every woman can be a good midwife. They should concentrate on bettering their medical knowledge and be “docile and wise”, so that they can save the lives of women.

Needless to mention that the changes in his attitude raise questions in our heads. Was he aware of the consequences of his degrading, such that young girls would not prefer to become midwives? Did he personally observe the reluctance of young girls in becoming a midwife or their scorn on the occupation? Or did he witness a similar attitude from doctors or ordinary people? Keeping in mind that the majority of the members of the occupation consists of poor, low-class girls,

geleneksel hekimliğin yapabileceği bir şey kalmamıştı. Bu esnada Osmanlı hekimliği eğitim ve uygulama yöntemiyle Batı'ya yöneldi. İşte 1880'lerde Besim Ömer Paşa bu yönelmenin anahtar kişisi olmuştur”, Kazancıgil, 255. Furthermore, he (and the interviewer!) shares Besim Ömer's views on old midwives and insists that midwifery started with Besim Ömer, who saved women from death, “Anadolu’da bütün doğumlar hiçbirşey bilmeyen, doğura doğura bir şeyler görmüş kadınların elinde o zamanlar... -Ebelikten önce neler yaşanmış? – Tam riskine gidiyor herşey. Normal doğuramazsa çatlıyor, ölüyor. (...) Bu felaketler 1880-90'larda Besim Ömer Paşa nesliyle beraber durulmuştur.”, Kazancıgil, 268.

¹¹¹ For the transcription of pages 1 to 6 of the book, which I have used in the following chapters, see Appendix B.

presumably he tries to convince them that what they soon will own is a dignified job, in contrary to their or to other people's perceptions, which will enable them a chance to climb higher in the social hierarchy of the society.¹¹²

Moreover, he emphasizes the gendered nature of the occupation such that, since same sexes like each other, midwifery should be exercised by women. Interestingly, this remark marks an opposition with the quotation I started this study with about *lavuta* Mr. Vahit, let alone with Besim Ömer as “the midwife of the midwives”, yet presumably when they, in other words *men*, perform this occupation, they *deserve* to be called a *doctor*. What strikes me in addition, is the cleavage he makes between women when he, after the praises and responsibilities of midwives, starts to talk about old midwives. He feels so upset that such an honorable occupation passed from mothers to daughters like an ordinary good and that it is not only shameful but also sinful that many midwives lacked the knowledge, cleanness and skills the occupation needs.¹¹³ While describing the activities of old midwives as “sinful”, he even uses religion as a justification of the merit of midwifery occupation, stating that it is a *sevap*, namely good deed, to rescue the lives of mothers and children. He reminds future midwives of the importance of cleanness creating an opposition with the old “sinful” ones and he notes that these “senile crones” who do not have the faintest idea on “what a child is” or “how it comes”, give harm to many young women not only in helping birth but also by prescribing medicine.

¹¹² See Chapter 2, especially the personal accounts of educated midwives for details.

¹¹³ Midwifery seldom passed from mother to daughter, see part 2.

His insistence on the persuasion of new midwives that the occupation they will hold has nothing to do with the old one and they are totally in contrary with the old ones even reaches to a point that he compares them with doctors, naming them as “friends of the art”, a point he seldom makes. May referring to doctors be seen at first sight as an exaggeration, the following parts demonstrates the underlying reason, such that during the duty of replacing old midwives and enlightening the folk, he strongly warns them that they never perform tasks which are beyond their ken and that they should always call for the doctor.

Thus, we understand how educated midwives as “enlightened” and “modern” women who are not “ignorant, dirty, superstitious” anymore should follow Besim Ömer’s advices (*öğüt’s*)¹¹⁴ and become part of the state’s medical system. Deprived of autonomy, they should believe in the sanctity of their “new” occupation Besim Ömer has founded for them and they should dedicate themselves to the health of mothers and children of the nation.

Another theme which is of interest, keeping in mind that problematizing “birth as an illness” and hegemony over women’s bodies are rigorously bounded processes, is Besim Ömer’s emphasis on the “natural feeling” of doctors to help women in giving birth and reduce their insufferable pain. In his book for midwives, he reminds young midwives that birth is at the same time an easy and hard experience, and it is a humanistic duty to pity the birthing woman and ease her pain. Furthermore he underlines that the midwife should not only help those women who

¹¹⁴ The Turkish word “*öğüt*” is different from advice in that it reflects hierarchy between the giver and the receiver. Besim Ömer always gives advices to midwives in the form of *öğüts*.

give hard birth, but also the ones who give birth easily, since the birthing woman is wounded not only physically but also mentally. Especially he points to the feeling “ruth” towards the birthing woman, and the midwife who is the “protector of womanhood” should help woman give a healthy birth which is a *devoir* that is not only her duty but the interest of the state.

In addition to all these points I have tried to summarize, Besim Ömer also makes remarks on issues such that midwives should stay away from people with epidemical diseases, should take care of every women from all social classes, should under no circumstances perform acts such as abortion or prescribing medicine¹¹⁵ or washing the body of the deceased¹¹⁶, yet what I find of special importance is the last theme he has dealt with extensively, namely helping “fragile” women give birth. Once a pregnant woman is seen as a “patient”, then the connection between patriarchy and reproduction becomes apparent, for as Cindoğlu and Sayan-Cengiz have insightfully shown,

The medicalization of pregnancy and birth is closely connected to patriarchy, because defining pregnancy as abnormal and pathological reflects the perception that women are, by nature, victims of their own reproductive systems.¹¹⁷

Hence Besim Ömer’s approach traces the gendered, bodily discourses around childbirth in a way that, when women are seen as “patients” in the Foucauldian

¹¹⁵ He warns them that if they help women in abortion, they will be punished legally.

¹¹⁶ Midwives also wash the body of the deceased in the villages they live, see Part 2. Besim Ömer also tells in detail on the equipment the midwifery bag should contain, such as white blouses, towels, thermometer, watch, soap, sanitizing liquids ant etc. See part 2 for a local midwife with a similar bag.

¹¹⁷ Cindoğlu and Sayan-Cengiz, 227. The term “medicalization refers to subordinating certain practices, experiences, and behaviors to the authority of medicine”, p. 226. I will use this term in this sense throughout the study.

sense, then the doctor's "patriarchal" intervention becomes legitimate to help them ease their pain during pregnancy, in the pre-natal and pro-natal period, which in Turkish Republic sent forth the roots of a new form of patriarchy, namely that,

(...) Defines itself as modern, progressive, Western, and enlightened (...). Certainly patriarchy and sexism existed in Turkey before 1923, but with modernist reforms, patriarchy spread through arenas of Turkish life that were traditionally women's domain—most notably the healing arts, especially childbearing and childbirth.¹¹⁸

As we can see, the boundaries Besim Ömer drew for "modern" midwives of the Republic subsumed not only the dichotomy between young and "old, ignorant, dirty" midwives, but also the lack of autonomy in such a way that they were to accept the hegemony of doctors. More importantly, this relationship with the doctors embedded the patriarchal conception of birth which resulted with creation of a hierarchy between the midwife and the birthing woman. In other words, for Besim Ömer, educated midwives were in a way tools in spreading the patriarchy into birth domain, which he legitimized with the imperative "help" for women during birth.

Interestingly, this intervention does not only inhabit within the birth domain but also extends to mothering and childcare, as it becomes apparent in the drawing I have cited in the beginning. It is no coincidence that Besim Ömer, as "the midwife of the midwives" not only dedicated himself to the education of midwives, but also the enlightenment of mothers on child care and wrote many books and articles for mothers. Since these two processes are overlapping, it would be necessary here, before putting an end to this discussion and going on with theme on the education of midwives, to make a few points on the latter to understand the commonalities

¹¹⁸ Cindoğlu and Sayan-Cengiz (2010), p. 223.

between Besim Ömer's discourses and other writers of the time, and his impact on both processes.

As a result of the importance given to demography after the establishment of the Turkish Republic,¹¹⁹ education of women on “modern” mothering became a great concern. Presumably because “modern” birthing was a challenging accomplishment regarding the limits of the health institutions and educated health personnel such as midwives,¹²⁰ the magazines in the public realm contained articles which dealt mostly with themes around motherhood in the name of fighting against ignorance and

¹¹⁹ See Introduction for the details on demography and health of the population, and also articles such as *Köy Kadınına*,” *Ana*, 1 (January 15, 1938): 13; “Doğurmak Şarkı Söylemek Gibi Kolay Bir İştir,” *Aile*, translated from Collier Magazine, Winter 1951, 43; Dr. Süleyman Kuntalp, “Fazla Doğurmak Çocuk İçin Zararlı Mıdır?,” *Ana* 11 (November 30, 1938): 26-27. H. Hilmi tells about the duty of women as mothers: “Kadınların en büyük vazifesi çocuk doğurmaktır”, “Yuva saadeti en mukaddes bir ülkü gibi şırına edilmelidir”, H. Hilmi, “Bizde Nüfus Meselesi,” *Ün* 4 (September 1934): 61-63.

¹²⁰ After going through, in addition to main women magazines published in Turkish Republic until 1970s, Halkevi magazines such as *Ülkü*, *Yeni Türk* (İstanbul), *Kaynak* (Balıkesir), *Konya*, *Ün* (Isparta), *Çorumlu* (Çorum), *Aksu* (Giresun), *Fikirler* (İzmir), *Gediz* (Manisa), *19 Mayıs* (Samsun), *Taşpınar* (Afyon) and *Uludağ* (Bursa), it was a surprise to discover the general silence on themes around birth. In folkloric accounts on villages, midwives were either invisible or viewed as “ignorant”.

superstition.¹²¹ In urban, education of children was a popular topic and even a contemporary popular education method, Montessori, gained interest.¹²²

Regarding the rural population, which was crucial keeping in mind that the majority of the population lived in rural regions, for in 1927, nearly eighty percent of the population lived in rural¹²³ and this only started to change after 1970,¹²⁴ it was apparent that “the discourse on tradition and modernity acquired a new dimension, and the civilizing gaze turned inwards”¹²⁵ which also counted for mothers and children. Of special concern was the ignorance of rural population, especially of

¹²¹ A doctor for instance complains against the superstitions on birth not only in rural, but also in Istanbul and blames mothers, “Memleketimizde cehaletle mücadelede mecburuz. Bu müsara’a belki harbdan ziyade bizi yoracaktır. Fennin topu, tüfeği, bombası var. Cehaletin için için yiyip kemiren hurafe, ebatıl, efsane kurtları sessiz sedasız kan akıtmadan ırkımızı tahrib ve helak ediyor. (...) İstanbul’da bile biraz iç mahallelere sokulunca cehaletin ne tüyler ürpertici fecayı’ne tesadüf olunur! Bilhassa bu facialardan çoğunun cahil ana elleriyle ika edilmekte olması çok müellimdir.” Doktor Rifat, “Köylerimize Doktor ve Kabile Lazım,” *Türk Kadın Yolu* 5 (August 13, 1925): 8-9, in *Yeni Harflerle Kadın Yolu/ Türk Kadın Yolu 1925-1927*, ed. Nevin Yurdsever Ateş (İstanbul: Kadın Eserleri Kütüphanesi ve Bilgi Merkezi Vakfı, 2009). Interestingly, doctor Cemal Zeki complains that women consult midwives and perform harmful practices for abortion, Cemal Zeki, “Çocuk Düşürmek, Esbabı ve Akıbetleri” *Türk Kadın Yolu* 14 (February 1, 1926): 4-6, in *Yeni Harflerle Kadın Yolu/ Türk Kadın Yolu 1925-1927*, ed. Nevin Yurdsever Ateş (İstanbul: Kadın Eserleri Kütüphanesi ve Bilgi Merkezi Vakfı, 2009). He underlines that women who perform abortion or midwives who help them in abortion will be legally punished.

¹²² A. Zeki, “Yanlış Düşünceler I: Tek Çocuk,” *Taşpınar* 1 (October 19, 1932): 2-4; A. Zeki, “Yanlış Düşünceler II: Saadetimizin Kaynağı,” *Taşpınar* 2 (December 19, 1932): 22-23; A. Zeki, “Yanlış Düşünceler III: İş Başarmak,” *Taşpınar* 3 (January 19, 1933): 45-47; Ali Rıza, “Frobel, Montessori ve Dekroli Usullerinden Herbirinin Bariz Hususiyetleri,” *Fikirler* 50 (March 15, 1930): 25-27.

¹²³ Ulrich Planck, *Die ländliche Türkei : Soziologie und Entwicklungstendenzen* (Frankfurt/Main: DLG Verlag, 1972), 48.

¹²⁴ It reached a 50 % versus 50 % level in 1990 and in 2006, decreased to 37,3 percent see Appendix C on Urban and Rural Population.

¹²⁵ “‘Tradition’ was no longer used to designate Ottoman mores versus the West, but those of the urban elite versus villagers and tribesmen.”, Deniz Kandiyoti, “Patterns of Patriarchy: Notes for an Analysis of Male Dominance in Turkish Society,” in *Women in Modern Turkish Society*, ed. Şirin Tekeli (London, New Jersey: Zed Books Ltd, 1995), 312. An interesting example consists on the disdain of village traditional folk music: “Hele gazel denilen o soğuk ve sevimsiz haykırma ve ağlamayı, kendisinden halk nağmeleri aranan bir köylüden dinlemek hiç hoş bir şey olmuyor. Bu münasebetle radyomuzun “Bir halk türküsü öğreniyoruz” saatında memlekete yaptığı ve yapacağı hizmetin büyüklüğüne ben de buradan işaret etmek isterim.”, Avni Çakır, “Aşağı Yanlar Köyü,” *Ülkü* 8 (January 1942): 15.

mothers on childcare and education of children on the new, modern practices.¹²⁶ The dichotomy between urban and rural mothers, which can also be seen as a prolongation of the dichotomy between old and young midwives, was prevalent in the writings, enabling us to see how the gendered discourses of Besim Ömer on mothering and birth were spreading into public, in fact still effective today.¹²⁷ The issues such as constructed “new” motherhood, urban/ rural dichotomy, women versus modernity or modernity versus tradition no doubt exceeds this study, and my reason in sketching the rough overview is to expose the interrelatedness of midwifery education and patriarchal control in the birth domain between these large issues, to say the least, to understand why in the drawing Besim Ömer placed the poster “educated and cultured” midwife among many posters on childcare. When seen from this view, we can also conceive why Besim Ömer ended his book on “modern” mothering which contained this drawing with the importance on education of

¹²⁶ On child and demography in rural see Sefer Aytekin, “Büyük Oyumca Köyü,” *19 Mayıs* 8 (June 1936): 23-24: “Çocuklar şehirlilerin zannettiği gibi canlı ve gürbüz değil zayıf ve kansızdır” or A. Süreyya İşgör, “Giresun Zıhar Köyü,” *Ülkü* 48 (February 1937): 147: “Erken ölüm annelerin bilgisizliğindendir. (...) Doğanlar ölenlerden fazladır. Nüfus bariz bir şekilde artmaktadır”. On education of children in rural see A. Süreyya İşgör, “Bir Köy Tetkiki – Alucra kazası Gicora Köyü,” *Aksu* 7-8 (May 1934): 26-28: ““Çocuk bakımına ait bilgileri pek noksan olan ana ve baba öteden beri devam edip gelen ve hiçbir terbiyevi kıymeti olmayan adet ve bilgilerle çocuklarını yetiştiriyor” or A. Süreyya İşgör, “Lapa Köyü,” *Aksu* 15 (April 1937): 20-22: “Çocuklar kendi halinde büyüyor, çok çocuk isteniyor.”. On ignorance regarding children see Ayas, Namık, “Zıvarık Köyü,” *Ülkü* 30 (August 1935): 232: “Çocuğun değeri yoktur, doğuşuna ölüşüne ehemmiyet verilmez. Çocuk her evde çoktur.”

¹²⁷ For 2007, Wing-Önder talks about the poster on the wall of the waiting room of Health Clinic in Medreseönü with the title “You’re Expecting a Baby”, showing in a section modern and rich pregnant women shown “brushing their teeth, taking a shower, lounging on a lawn chair, dancing with a partner, riding a horse” whereas in another section showing the pregnant village women “wearing village-style head scarves, carrying a load of sticks, lifting a cauldron, washing laundry in a tub, and washing the floor”. Öner underlines that an illiterate person may be unaware of the warnings and advices in the poster such as “Keep clean”, “Don’t do difficult sports”, “Don’t lift heavy loads” or “Don’t do difficult and tiring work” and think that the poster employs the difference in the pregnancy of rich / modern and village women. Wing-Önder, 204-5. This poster most probably has its roots in Besim Ömer, since he in his books discusses whether it is appropriate to dance or ride a horse during pregnancy, Balsoy, 196. I read this poster as a sign of how urban/rural mother dichotomy is reproduced, for illiterate women can read the poster as Önder suggests, but also the literate ones can read it as a sign of underlining the class-difference between women.

midwives, and as a matter of fact why this book opened up a large discussion on *lavuta* Vahit, regarding the passage and the article I started this study with.

After reminding us the “chaotic course” and his achievements in education of midwives, he proudly underlines that at the moment, that is in 1934, midwives get education with medical students in Haseki hospital, but since only the half of fifty beds of the hospital are for birth and only thirty midwifery students get education here, he notes that it is an urgent task to open new schools, starting from three biggest cities, and new maternity hospitals, and that the educated midwives should be sent to various parts of Anatolia, even to villages.¹²⁸

In the forthcoming chapter, I will analyze to what extent this was accomplished, yet due to the facts such as the time and space context of this study is wide, there are big differences between urban or rural, West or East, let alone ethnic groups, I will try to provide an overview with sources on prominent examples concentrating on the role of midwives as representatives of the gendered discourses Besim Ömer has initiated and how these were perceived by ordinary people.

In concluding, I believe another quotation on the education policy of the Turkish Republic in general would be helpful in engaging the central theme of this

¹²⁸ Besim Ömer, *Türk Çocuğu Yaşamalıdır*, 135. In 1924, young girls who completed their secondary education were educated in Medical Faculty for three years. Furthermore, a public boarding school (İstanbul Ebe Mektebi) was established the same year in İstanbul Şişli Children Hospital and fifty girls with primary or secondary education were educated. This supports my assumption that most of the educated midwives come from low-class families, a theme I will deal in the next chapter. In 1928, these two units moved to Haydarpasa and united with the maternity unit there. For a descriptive, yet extensive analysis of the history of midwifery education, roles and tasks of midwives in Turkey and the world and the legal boundaries of midwives in Turkey, see Özen Esra Çiçek, “Ebelik Son Sınıf Öğrencilerinin Görev Tanımları ve Yeterlilik Alanlarına Göre Kendilerini Değerlendirmeleri” (MS Thesis, Dokuz Eylül University, 2009). The study also summarizes the academical studies done on midwifery students in Turkey until 2009.

chapter, namely “educated and cultured” midwife with the women of the Turkish Republic, to comprehend how the educated midwives were to perform their duty.

The Republican regime wanted to mobilize women, but only under the state leadership and only to the point that was permissible by men. Women were called to national duty and action and allowed to enter the public domain, but without the autonomy and power enjoyed by men.¹²⁹

¹²⁹ Zehra F. Arat, “Educating the Daughters of the Republic,” in *Deconstructing Images of “The Turkish Women”*, ed. Zehra Arat (New York: St. Martin’s Press, 1998), 157-180.

2 Enlightening the Folk: Midwifery as the Representative of the State

2.1 “Raising the economic and military power of the country”: Opening of Health Institutions

As we have seen up to this point, the education of midwives was from the beginning a part of the patriarchal control over women’s bodies. Besim Ömer, as the “midwife of the midwives” not only drew the limits of midwifery education, but also had an important role in the implementation of the state’s efforts regarding the bettering of the health of the mothers and children. These efforts had two main dimensions: increasing the number of educated midwives and opening of Child and Maternity Clinics, Maternity hospitals, maternity units in hospitals. This chapter will scrutinize the role both of them had in the implementation of gender and body ideologies of the state when seen within the Foucauldian context. That is to say, one of the many aims of the Turkish state in opening medical institutions, was in fact governing the population in the name of health. Similarly, putting new discourses around birth and child care into public realm embodied the control of the bodies of women and children in the name of taking care of them.

During this process, one of the first Maternity and Child Welfare Clinics in Turkish Republic was opened in Balıkesir in 1931 and we have the chance to review it closer with an article written by one the famous writers and a teachers of the time, Mükerrerrem Kamil Su¹³⁰ and published in the women’s magazine “Ana”¹³¹. Not only

¹³⁰ She was born in Bursa on 1906. She became famous for her best-selling love novels and also worked as a teacher in various cities of Anatolia, the longest one in Balıkesir, “*Tanzimat’tan Bugüne Edebiyatçılar Ansiklopedisi*, 2nd ed., s. v. “Su, Mükerrerrem Kamil.”

her attitude, but also the details she gives enables us to understand the power relations around childbirth. She starts her article by mentioning the harmful practices of the folk about child birth, praises the achievements of the new Republic and underlines the importance of raising the “education and culture” of the folk, echoing Besim Ömer.¹³² She justifies her visit not with the intention of “control”, giving us the sense that her femininity constitutes a lower status in regard with the head-doctor and the clinic, but that she longed to understand the role of this clinic and how it is perceived by ordinary people, yet in the following pages we only learn mostly about the first and only make a guess about the latter. She only talks with the head-doctor, Halit Uzel, not bothering to exchange a word with the patients or the personnel of the clinic, not even with the head-midwife and she speaks highly of doctor Uzel many times.¹³³ She only tells that the head-midwife is responsible for normal birth but praises nurse Nezahat for her “tender” care looking after the new-borns.

Throughout the article, the state’s intentions regarding childbirth becomes visible. For instance, Su tells us about the head-doctor, Halit Uzel’s complaints on abortion and quotes from him that a child is the cornerstone and the future of the country. She shares his views on the main duty of women, namely motherhood and agrees with him on the wrong attitude of people, namely consulting the clinic only if

¹³¹ A women’s magazine published by Türkiye Çocuk Esirgeme Kurumu between 1938 and 1942, mainly on “new” motherhood and childcare.

¹³² “Büyük Türkiye devriminin her gün biraz daha artan bir hızla ilerlediğini biliyoruz. (...) Kültür meselesi şüphesiz bugün ihtiyaca yetecek bir şekilde ilerlemiş değildir. (...) Halkın görgü ve bilgisini artırmak gereklidir.”, Su, Mükerrer Kamil. *Ana*, “Balıkesir Doğum ve Çocuk Bakım Evi”, 6 (June 15th, 1938), p. 25.

¹³³ Only a few are: *ibid.*, 25-26: “Başhekim bay Halit Üzel temiz, çalışkan ve işine son derece bağlı bir şahsiyettir”; “Müessenin başına getirilen doktor Halit, vazifesini büyük bir muvaffakiyetle yürütmektedir”.

there is a problem with the pregnancy.¹³⁴ She also makes an important remark that birth happens in the clinic, without payment and tells about the “happy” women who are waiting in their beds to give birth. Although considering the fact that in 1938, only a few women would go to a clinic and wait for days to give birth, since she does not tell that these women have birth pains, I find this remark an exaggeration, nevertheless it is important for it is bounded with hospitalization of childbirth and seeing birth as an “illness”. Interestingly, reminding us Foucault’s discourse, she also emphasizes the “hygiene”¹³⁵ of the clinic and follows with the “clean and white uniforms”¹³⁶ of the health personnel, a topic I find crucial and will deal with in the forthcoming part with another article hers.

Besides all these, we learn from the article that the health personnel of Balıkesir Maternity and Child Welfare Clinic consists of three doctors, including chief doctor Halit Üzel, two midwives, nurses and trainees. Su claims that it is the second biggest clinic in the country after the clinic in Ankara regarding the number of patients, yet we do not have a record of the numbers in the article. Nevertheless, we have two other articles written by doctor Üzel for Balıkesir Halkevi magazine *Kaynak* in 1935 which gives us clues about not only the number of births and

¹³⁴ *Ibid.*, 26: “Kadın-Ezeli anne... Bir zamanlar Süs mecmuasında ‘kadın ne zaman güzeldir’ diye bir anket yapılmıştı, (...) ‘sevdiği ve sevildiği zaman’ cmlesi birinciliği kazanmıştı. Bu muhakkak ki çok doğru bir şey fakat bugünün hayat şartları içinde, inkılap yapmış bir ulus kadını için bir eksiklik görünüyor: ‘Kadın sevdiği ve sevildiğine inandığı bir erkeğin çocuğuna anne olunca harikulade güzeldir’ dersek yanlışlığa düşmemiş oluruz sanıyorum.”; “Halkta (...) doğum evine başvurmak için mutlaka vaziyette bir vahamet görülmesi lazımmiş gibi bir kanaatin mevcudiyetinden uzun uzun konuştuk.”

¹³⁵ *Ibid.*, 26: “Müessesede ilk dakika göze çarpan şey ince bir temizliktir. Antiseptik bir mahlulle silindiği genize çarpan hafif bir ilaç kokusundan anlaşılan cilalı yerler pırıl pırıl.”

¹³⁶ *Ibid.*, 26: “Koridorlarda tertemiz beyaz önlüklü kızlara rastlıyoruz. Başlıkları çok iyi kolalanmış, önlüklerin ütüsü itinalı bir şekilde yapılmış. Doktor bazılarının Köy Ebe mektebinin nöbetçi talebeleri, bir kısmının da müessenin ebe, hemşire ve hastabakıcıları olduğunu söylüyor.”

patients but also information on the missions of the Maternity clinics.¹³⁷ In fact, he mentions that the aim of writing these articles is to give a short history of the achievements of the Maternity Clinics in “civilized” Western countries, but he mainly tells about England and doctor Ballantini who started the process of “looking after the pregnant woman”, whose “help” was seen as suspicious by not only the folk but also by his colleagues in the beginnings, for they “still considered women as a mass of creatures who were destined to bear the burden of pregnancy and birth, a burden given to women by nature”.¹³⁸

His attitude not only echoes the discourses justifying patriarchal control over birth, mainly in the name of helping “weak” women, but also gives us clues that presumably he personally has lived the reluctance –or sometimes resistance- of ordinary people to visit the clinic, or even lack of support of the local official authorities. It is no surprise that in the second –and longer- article, he states that even in Europe, in the beginnings maternity clinics were strongly resisted, but after people understood that it is safer to give birth at an institution rather than at home, they have consulted these institutions not by state’s or somebody’s guidance, but by free will.

After summarizing the duties of maternity and child welfare clinics, such as looking after the pregnant women, assisting during and after birth, taking care of children who are under two years old, he points to the contribution of these

¹³⁷ Dr. Halit Üzel, “Bizde ve Medenni Milletlerde Doğum ve Çocuk Bakım Evlerinin Hizmetleri,” *Kaynak* 26 (March 19, 1935): 540-541 and Dr. Halit Üzel, “Bizde ve Medenni Milletlerde Doğum ve Çocuk Bakım Evlerinin Hizmetleri 2,” *Kaynak* 27 (April 19, 1935): 552-553.

¹³⁸ Üzel, “Bizde ve Medenni Milletlerde”, 541: “Dr. Ballantine’nin o tarihlerde yazdığı bir az istihzakar şikayetleri okununca ortaya atıldığı gebelere yardım onları koruma ülküsünün, yalnız halk tarafından değil, muasırı bulunan meslektaşları tarafından bile önceleri lüzumsuz görüldüğü veya şüphe ile karşılandığı anlaşılıyor. Çünkü etrafındakiler hala kadınlığı, tabiatın omuzlarına yüklemiş bulunduğu gebelik ve doğum meşakkatlerini çekmeğe mahkum bir mahluk kitlesi olarak tanıyorlardı.”

institutions in raising the economic and military power of the country by increasing the population, a point shared by leading intellectuals of the time.¹³⁹ He then proudly gives numbers, that in three years, 5975 women and 3383 children (in two years) got ambulatory and 1070 women and sixty-five children in-patient treatment in his clinic. How are we to interpret these numbers? Was he honest keeping in mind that he was trying to increase the importance of these institutions by writing two articles? For instance, Besim Ömer tells that from 1926 until 1934, across the country, 81,173 women and 150,365 children were cured, whereas 5484 normal and 1797 c-section births were made.¹⁴⁰

Although we cannot be sure of the numbers and only know that in addition to maternity and child welfare clinics, there were either maternity units within the hospitals or there were maternity hospitals, the number of beds were limited in all of them and we have clues that they had only limited effect.¹⁴¹ Even when people

¹³⁹ *Ibid.*, 553: “Bu müesseseler ölümden kurtardığı anneler ve çocuklar ile memleketin genel nüfusunun çoğalmasına binnetice iktisadi askeri kuvvetinin artmasına doğrudan doğruya hizmet etmiş bulunur.” Starting from 1925, these clinics were opened in Ankara, Konya, Balıkesir, Adana, Çorum, Malatya, Erzurum, Kars and Van, serving the state as tools in increasing the population; Fahrettin Kerim, “Cumhuriyet Devrinde Sıhhi Tekamül ve İnkişafımız” *Yeni Türk Mecmuası* 11-14 (October 29, 1933): 1090-1108.

¹⁴⁰ According to Fahrettin Kerim, between 1926 and 1932, 41,483 women and 88,002 children were cured whereas 7025 women and 931 children had ambulatory treatment. Besim Ömer notes that in 1934 only seven of the seventy-three hospitals (İzmir, Aydın, Bursa, Denizli, Manisa, Samsun and Trabzon) had maternity units in them. There were maternity hospitals with thirty-five beds in Ankara and Konya, twenty-five beds in Adana, twenty beds in Kars, Malatya, Erzurum, Çorum, Balıkesir and Van, Besim Ömer, *Türk Çocuğu Yaşamalıdır*, 8.

¹⁴¹ Besim Ömer notes that women should stay one week before and ten days after birth in dispensaries, affording us an insight that only a few women could obey these rules, *ibid.*, 121. Moreover, there is a picture in the book showing women breastfeeding with white uniforms, “Anneler çocuklarına meme verdikleri zaman adeta bir ameliyata yardım eden bir hastabakıcı gibi giyineceklerdir.”, *ibid.*, 73. In fact breastfeeding was one of the worries of intellectuals. Tevfik Tığlı, for instance, complains that in villages of Isparta, women do not breastfeed in regular time intervals and recalls an anecdote full of humour. “(Emzirme) için neler bildiğini sorduğumda Gökdere köyünden Abide ebe bana ‘ne bilincekmiş, emziri gideriz işte’ dedi. Maksadımı daha açıkça anlatabilmem için soruyu genişlettim. ‘Mesela, dedim, çocuğu nasıl tutarsın, kaç saatte meme verirsin, gece ile gündüz arasında ne fark vardır? Güldü ve ‘Hey evladım, necap olurmuş öyle, beşikte,

urgently needed health services, they had problems in reaching care because the hospitals in the main cities were overcrowded, let alone enjoying health care in villages.¹⁴² It is worthy to note that before 1945, “the social policy agenda of Turkey was marked largely by the issues of population, public health and child”¹⁴³ and even in Istanbul and its villages (Bakırköy district and its eighteen villages), efforts regarding health focused on prevention of epidemic diseases and raising awareness on hygiene.¹⁴⁴ Although in 1946, a new health plan was made by Ministry of Health in which Turkey was divided into seven main health regions, namely Balıkesir, İzmir, Seyhan, Ankara, Samsun, Erzurum and Diyarbakır, to solve the problems of overloading in the hospitals of main cities and opening new health centers¹⁴⁵, it was only after the regulations regarding socialization of health services in 1961, that a significant progress was made. For instance, in 1950, there were 201 hospitals, thirteen maternity and infant homes, and twenty-two health centers, whereas they

sancakta, kucakta, geceynen ve gündüzünen ağladıkça emziri gideriz’ dedi. ‘Ya ağlamazsa?’ deyince ‘Ağlamıyan çocuğa da durup durduğum yerde işim yok da meme mi vereceydim bi de, o nasosa ağlar’ cevabını aldım.”, Tefik Tıgılı, “İsparta ve Çevresi Köylerine Genel Bir Bakış II,” *Ün* 116-117 (December 1943), 1610.

¹⁴² “İstanbul veya Ankaraya hasta gidip orada hastanelerde yer bulunmadan kah otel köşelerinde kah hastane koridorlarında sıra bekleyip de derdine derman bulamıyanların bekledikleri bir serap.”, Nuri Özbalkan, “Yeni Sağlık Planı ve Samsun,” *19 Mayıs* 85 (August 1947): 8-9. For example, from an extensive research of a relatively big village near Bursa, Keles, we see that people have problems: “Kurulduğu günden beri doktor yüzü görmeyen (herhangi bir iş için köye gelip giden ve köylüye hiçbir sıhhi faydası olmıyan doktor beyler müstesna) zavallı köy kim bilir ehemmiyetsiz hastalıklar yüzünden ne kadar insan kaybetti?”; “Eskiden hastalıklar için okunup üflenirmiş. Şimdi hastalananların ekserisi Bursa’ya Ahmet Vefik Hastanesine giderler. Burada Halk Fırkasının yaptığı iyiliği zikretmek istiyoruz. Doğrudan doğruya hastaneye başvuran köylülerin birçoğunu kabul etmiyorlar. Halk Fırkasına müracaat edince onun vesilesiyle kabul olunuyorlar hastanede”, Ziya Refik, “Bursa’nın Keles Köyü,” *Ülkü* 15 (May 1934): 234-240.

¹⁴³ Günel, 171.

¹⁴⁴ Muhlis Etem, “İstanbul Köylerinde Köycülük,” *Yeni Türk Mecmuası* 16-17 (December 1933-January 1934): 1257-1263.

¹⁴⁵ Özbalkan, 8-9. Some of the plans in Samsun were the establishment of region hospital with 500 beds, a mental hospital with 300 beds, a children’s hospital with 300 beds, a maternity hospital with 200 beds and a midwifery school for 100 students.

increased to 417, seventeen and 181 in 1955 and to 566, twenty and 283 in 1960 respectively.¹⁴⁶ After 1980's, the number of hospitals increased rapidly, due to the state promotion towards privatization of health services.¹⁴⁷

Yet, although the number of these institutions increased, the problematics rarely changed, especially in state hospitals. Take for instance anthropologist Carol Delaney's observations during mid-80's, in Ankara Doğum Evi, the major maternity hospital in Ankara, regarding village women.

I was appalled by the treatment the village women received. Doctors and nurses seemed to consider them almost subhuman, like animals, unable to speak or think. Village women walked to the delivery table by themselves; they kept their upper clothes on and removed only their *şalvar*. Delivery tables were lined up in a row, each woman could see and hear the others. It was humiliating, for their genitals were exposed to whoever came in. The women talked to each other but the doctors and nurses communicated as little as possible with them; instead they talked and joked among themselves. (...) The hospital is often crowded, but even when there were empty rooms village women were placed in wards.¹⁴⁸

¹⁴⁶ Günel (2008), p. 178-179. This thesis focuses on the attempt at the socialization of health services undertaken in 1961, after the military intervention of 27 May 1960, but also provides a comprehensive picture of the development and shortages of Turkish health system in the Republican period. "Socialization of health services" means that "everyone, without any distinction in terms of economic power, status in employment, region, ethnicity, and rural/urban divide would be provided health service, both preventive and curative. However, the efforts to establish socialization of health services as the health system of Turkey has failed mainly due to the simultaneous development of inegalitarian corporatist system which provides medical coverage to those in the formal sector." For the number of health institutions between 1940 and 2003, see Appendix D.

¹⁴⁷ *Ibid.*, 407: "Private sector investments increased from 800 million TL in 1980 to 1,339 billion TL in 1992, and their share in total health investments increased from 9.7% to 34.5%.⁷⁸⁹ The number of inpatient institutions under the Ministry of Health was 604 in 1980 and it increased only to 634 in 1992 while the number of private inpatient institutions increased from 90 in 1980 to 143 in 1992. This rapid pace in the establishment of private institutions would continue and would accelerate in late 1990s. The number of beds in private institutions increased from 3,868 in 1980 to 6,230 in 1990, and to 14,257 in 2000. (...) The private institutions concentrated in wealthier areas and advantageous areas, like İstanbul, İzmir, Ankara, Adana, and Bursa."; for the privatization of health services, see especially chapter 6.

¹⁴⁸ Delaney, *The Seed and the Soil*, 63. My sister-in-law who is not a village woman and gave normal birth in Ege University hospital in İzmir on June 2011 also told me that there were five women in the room who gave birth at the same time. She was so unhappy to have chosen a university hospital. Although her doctor is one of the professors of the university, until he came to the birthing room, a female doctor treated her rudely. This makes me think that the unpolite treatment of doctors and

Although it is not easy to presume that people belonging to higher classes received a more respectful treatment in private hospitals,¹⁴⁹ these institutions were nevertheless representatives of the state, implementing the political and gendered discourses, even up until today. Anthropologist Sylvia Wing Önder's account, in her study of healing practices in a Black Sea Village during 2000's, regarding the local Health Clinic in Medreseönü also contributes to our understanding.¹⁵⁰ According to Önder, "the clinic is a representative of the state because it is founded, funded and furnished by the state" and she points to the decoration of the clinic, that in addition to posters about population growth, mother and child health, in every room there is "a portrait of Atatürk, the modernizing leader and personification of the patriarchal Turkish state" which has provided and regulates such Health Clinics.¹⁵¹ Moreover she makes a remark about the poster of a nurse in the waiting room, with a finger to her lips and a stern look "conveying the need for patients to respect and obey the rules of the clinic, and by extension, the state."

Besides all these crucial points, what interests me more is the way she defines the local Health Clinic, for it gives us clues about the main issues of the forthcoming

health personnel is not only towards village women. See also 3.2 of the first part for the accounts of similar attitudes of the health personnel.

¹⁴⁹ See Cindoğlu and Sayan-Cengiz, 233.

¹⁵⁰ Local health clinics are founded with the legal regulation (224 sayılı kanun 154. Yönerge) in 1961. Önder's remark on the handbook of local health clinics is interesting regarding my study: "it is necessary to get to know and visit more often (...) those families whose care and education is hampered by the grandmother's age and ignorance (yaşlılık ve bilgisizlik)"; "the government considers 'old wives' knowledge' to be a hindrance to the proper care of its citizens", Wing Önder, 106 and 210.

¹⁵¹ *Ibid.*, 204 and 208.

parts of this study, namely hierarchy and power relations within the health system and why even when they had the opportunity, ordinary people hesitated to visit these institutions and preferred local midwives instead of educated ones, roughly until hospital birth was seen as a requisite of modernity, a process which is relatively recent, approximately after 1980's.

Local Health Clinic is a setting in which power relationships between the state and its citizens are played out. These power relationships are shaped by the fact that the state intends to impose a western medical model on a population that has a different working model of health and illness. The staff members have to find a balance between their duties to the state and their local social obligations. (...) The state provides free or low-cost health care for everyone who is willing to use the clinic. In return it asks for its citizens to accept the western model of medicine and to comply with (its) rules.¹⁵²

2.2 “Symbols of health, hygiene and modesty of the Turkish Republic”: Young Midwives as Agents of the State

If one of the two main dimensions of the efforts of the Turkish Republic regarding the bettering of the health of the mothers and children was opening of health institutions, the other was increasing the number of educated midwives. Since there were only 377 midwives in the country in 1928,¹⁵³ presumably most of them got educated during late Ottoman Empire and worked in main hospitals of the time, it was a necessity as Besim Ömer many times stated, to open new schools.¹⁵⁴

¹⁵² *Ibid.*, 216.

¹⁵³ See Appendix E for number of midwives and number of persons per midwife until 2002.

¹⁵⁴ In numerous village surveys in Halkevi magazines I have read through, there were no midwives or doctors but schools, this can also be seen also as a sign that the priority of the Republic was education, not birth, since the population was already rising. See for instance İşgör, “Bir Köy Tetkiki – Alucra kazası Gicora Köyü”, Osman Nuri, “Haymana’nın Ahırlı Köyü,” *Ülkü* 17 (July 1934): 394-399;

Thus in 1937, the first village midwifery school in Balıkesir was opened and we have the chance to review it closer with an article again of Mükerrerrem Kamil Su.¹⁵⁵ She starts her article mentioning the designation process of the students in 1937 carried out by the governor of Balıkesir, Ethem Aykut and head-doctor Halit Üzel. After sharing with us the importance of education in the country, especially the sorrow of “ignorant” women on the lack of education resulting in being an incomplete wife and mother -echoing the main duty of the new Turkish women, namely being a good wife and a mother-, she states that since there was great interest in the school, the elimination process was hard and the points the governor made on the elimination process were right. Namely her age, grade of education, character, her impression on the community, her ability to adapt life, her energy and her competence in success.



Accordingly thirty young girls were chosen, as we see in the picture, and having education from Doctor Halit Üzel on nursery and birth, from Doctor Fahriye on

Osman Nuri, “Haymana’nın Ahırlı Köyü,” *Ülkü* 19 (September 1934): 78-80; A. İşsever, “Bir Köy Tetkiki Şebinkarahisar kazası Anık Köyü,” *Aksu* 12 (December 1934): 20-25 and İbrahim Erenel, “Bulancak Kazasının Şeyhmusa Köyü,” *Aksu* 21 (June 1940): 3-7.

¹⁵⁵ Mükerrerrem Kamil Su, “Balıkesir Köy Ebe Okulu,” *Ana* 7 (July 15, 1938): 24-25.

chemistry and germs, from Doctor Ahmet Akkoyunlu on childcare, a total of three hours a day. Su tells that they are having practical education in the Maternity Clinic and since it is a free boarding school, after one year of education, they have compulsory service and will be inducted to various parts of the country. She also attends a class and records doctor Üzel's small exam asking a young girl a hard (!) question: "how do you understand that a woman is pregnant?" The answer and Su's interpretation deserves a long citation:

A young girl named Şükriye Torlak from Bursa, with a grey uniform, carrying the emblem of the school on her left chest stood up. First there was a slight shiver in her voice. Her friends were also nervous. It looked like an exam and I was a stranger. The young student controlled herself immediately. She explained perfectly with a fluent language and scientific expressions how she would examine the woman and the principals she would take into consideration in making a decision.¹⁵⁶

Su also tells about another student's account, Bedriye from Susurluk, explaining how for instance she would assist birth, underlining the cleanliness of the birth room, the equipment she has to have, and hygiene of them. The students impress her with their "modesty, politeness, respectfulness and cleanliness". She congratulates them for they will be the first ones in the country owning a diploma from a village midwifery school, enlighten the village people "like a light, a symbol of hygiene and health", serve the reproduction of Turkish race and be real friends of children.¹⁵⁷

¹⁵⁶ *Ibid.*, 25.

¹⁵⁷ *Ibid.*, 25: "Onları Türkiye'nin ilk açılan mektebinde okudukları, bu tipte ilk diplomayı alacakları, sağlık işleri tarihçesinin baş yapraklarına isimlerinin geçeceği için kutladım. Ve köylerin, temiz yürekli, asil kanlı Türk köylüsünün (...) hayatına birer ışık, birer temizlik ve sağlık sembolü gibi karışacaklarını, Türk neslinin üremesine çalışacaklarını, çocuk denen en üstün kuvvetin hakiki dostu olacaklarını söyledim."

Obviously, all these points are in accordance with the “new” midwifery occupation Besim Ömer has initiated and its main characteristics which have been followed by doctors and midwifery educators of the time. “New” and “enlightened” midwives who are young are educated as agents of the state to fulfill its interests regarding birth and childcare. It is no surprise then, when Su mentions the main duties of these young girls as protecting the health of villagers, looking after children, preventing abortion and harmful practices of “ignorant” midwives originating from lack of education. All these are also emphasized by Besim Ömer and he strongly underlines that the young midwife should warn women that abortion is a crime and legally prohibited, persuade them to give birth in the clinic, give them info during pregnancy, teach them looking after the children (including breastfeeding) and even cleaning the house.¹⁵⁸

What especially catches my attention is the writer’s strong remark on their uniforms, for young midwives were to be the symbols of “health, cleanliness and modesty” of the Turkish Republic. They are, after getting education on hygiene, modern birth and childcare, in other words not only seen as “the solution to the evils of the aged crone and her misinformed, rough and superstitious practice”, but also “recreated in a new image as a modern reformed practitioner, a mediator entrusted with the task of reform, not just of midwifery practice, but also hygiene, infant care

¹⁵⁸ Besim Ömer, *Türk Çocuğu Yaşamalıdır*, 122.

and general health standards, on behalf of the colonial administration or central government.”¹⁵⁹

How are we to interpret the similarity of the last citation on Dutch colonizers with Turkish Republic? What is significant that in both contexts age limits were imposed and young midwives were seen as “easily influenced and teachable young women, blank pages to be written on”?¹⁶⁰ As mentioned above, after the establishment of the republic, “civilizing gaze turned inwards” and the “modern” state acted like a colonizing power to transform the “ignorant” way of living of its citizens. Seen from this view, it is no coincidence that starting with Balıkesir, opening many village midwifery schools was the priority of the time, rather than finding alternatives such as opening midwifery departments within medicine departments of the universities.¹⁶¹

Health in general and childbirth in particular were important dimensions of the modernization efforts in villages and it was justified with the general assumption that “ignorant” midwives were the cause of every problem.¹⁶² In 1940, opening of

¹⁵⁹ Hilary Marland, “Midwives, mission and reform: Colonizing Dutch childbirth services at home and abroad ca. 1900,” in *Medicine and Colonial Identity*, eds. Mary P. Sutphen and Bridie Andrews (London and New York: Routledge, 2003), 61-78.

¹⁶⁰ *Ibid.*, 69.

¹⁶¹ After the first Village Midwifery School in Balıkesir, succeeding ones in Konya (1938), İzmir (1952), Erzurum (1953), Malatya (1954), Antalya, Aydın, Eskişehir and Manisa (1955), Gaziantep and Isparta (1958), Ankara and Kayseri (1959) were opened, all of which were free-boarding schools and in which the education lasted for nine months. They were all closed in 1978, Çiçek , 15.

¹⁶² “Köylerimizde başarılmasına büyük önem verilmesi gereken noksanlarımızdan iki önemli mesele daha vardır: çocuk doğumu, çocuk bakım ve büyütmü. Köylerimizde hala kendi kendine çocuğunu doğuran kadınlarımız çoktur ve yanlarında bulunan, adlarına “ebe” denilen köy kadınlarının ebelikten haberleri olmadığına göre, bütün köy kadınları kendi kendine doğurur demek yanlış olmaz. Görenlerimiz, hiç olmazsa işitenlerimiz çoktur: tarlada çapa çapalarken, orak biçerken doğurup yavrusunu sırtından çıkardığı entarisine saran köy kadınlarımız çoktur. Köy kadınlarımızı ve

Village Institutes was a big step towards education of villagers in their home-lands,¹⁶³ and between 1940 and 1947, young girls educated in village institutes had the chance to become midwives with an additional education of one year. Yet, as one of the leading intellectuals of the time, Hıfzırrahman Raşit Öymen underlined, the education was deficient.¹⁶⁴

The quality of the education they received in village institutes or other midwifery schools is without doubt a wide topic worth handling alone in another study, yet considering the fact that mostly young girls with primary education level who were fifteen-twenty-five years old became midwives, it is not hard to presume that it was not competent and we will have clues on it in the forthcoming parts, as well as how a “village midwife” performed her duty as a “symbol of the modernity”.¹⁶⁵ Nevertheless before going further with the theme “midwives as agents of the state”, a few points should be clarified regarding the modernization efforts of the Republic in villages. Although most the intellectuals were confident in

yavrularını artık ölümle karşı karşıya gelmekten kurtarmalıyız.”, Yahya Sezai Uzun, “Köylerimizin Kalkınması III,” *Ülkü* 85 (April 1, 1945): 3-4.

¹⁶³ Starting from 1940, twenty-one village institutes were opened in the Turkish Republic to educate villagers in villages. They were closed in 1954. See M. Asım Karaömerlioğlu, “Köy Enstitütleri,” in *Kemalizm, Modern Türkiye’de Siyasi Düşünce Vol. 2*, ed. Ahmet İnsel (İstanbul: İletişim, 2009), 286-293.

¹⁶⁴ H. R. Öymen, “Sağlık Öncüleri ve Köy Enstitütleri,” *Ülkü* 48 (September 16, 1943): 32.

¹⁶⁵ “Köy ebe okullarından mezun olanların yetersizlikleri görülerek, 1961-1962 eğitim-öğretim yılında yeni bir düzenleme ile bu okullar 3 yıla çıkarılmıştır. Yine ilkokula dayalı olan bu okullarda, kuramsal eğitim okulda, uygulamalı eğitim ise doğumevlerinde verilmistir. Daha sonra bu okullara ilave olarak, 1962’de Bingöl, Giresun, Hatay, Kahramanmaraş, Muş, Niğde, Sivas ve Yozgat, 1963’te Elazığ, Siirt ve Sanlıurfa, 1965’te Çorum, 1966’da Kars, 1967’de Mardin ve Sakarya, 1969’da Bitlis ve Kütahya, 1970’de Ağrı ve 1972’de Ağrı’da ilkokula dayalı ebelik okulları açılmıştır.”, Kaysılı, 80. “1952 de Sağlık Sosyal Yardım Bakanlığına bağlı olarak İlk Ebe Okulu Ankara Doğumevinde açılmıştır. 1961 Zeynep Kamil / İstanbul, 1964 Gaziantep, 1966 Isparta’da sadece ebe yetiştirmek amacıyla okullar açılmıştır. İstanbul Şişli Çocuk Hastanesi içinde açılan Ebe- Öğrenci Yurdu okulların 1969-1970 öğretim yılında ‘İstanbul Üniversitesi Ebe Okulu Yönetmeliği’ uyarınca öğrenim süresi 4 yıl olarak belirlenmiş, 15-25 yaşındaki ortaokul/kız enstitüsü mezunu kız öğrenciler yatılı/ gündüzlü olarak alınmış ve Sağlık Lisesi konumuna getirilmiştir”, Çiçek, 16.

transforming the village, a few exceptions existed who saw the problematic of the “civilizing gaze”. A folklorist, Süleyman Kazmaz, for instance warned that to transform the village in a short time is the same as killing it.¹⁶⁶ Another one, Mehmet Tuğrul also had a similar attitude and suggested that the prominent traditional healers, and also midwives, can be given a short education and be licensed.¹⁶⁷

Unfortunately, these voices faded away without taking into consideration, traditional healers stayed the “others” of the young republic, were marginalized and midwives belonged to this marginalized group. New midwives were always young, besides they usually came from lower-class families. I believe the main reason for this can be found in the degrading of midwifery by Besim Ömer and young midwives presumably knew they were to constitute the lowest rang of the medical hierarchy. Although their number increased slowly and until 1970 there was not a significant rise of nearly three times with respect to 1965¹⁶⁸, and only a few villages

¹⁶⁶ “Köy gibi kapalı bir cemiyette kısa zamanda değişiklik yapmak, ıslahatçı zihniyetle köyü yepyeni bir şekle sokmaya çalışmak çok defa boş yere emek sarfını icabettirir. (...) Köyün etrafıca tetkik edilmesi gerekir. (...) Köye kısa zamanda değişik bir şekil vermeğe çalışmak, bu kapalı cemiyetin ölümünü istemektir.” Süleyman Kazmaz, “Köyü Tanımak Meselesi,” *Ülkü* 7 (January 1942): 7-9.

¹⁶⁷ “Köye göre sıhhat memurları, ebeler yetişiyor. (...) Bir yandan Köy Enstitülerinde adam yetiştirme işine devam ederken bir yandan da köyde erbap tanınan kimselerden kabiliyetli olanlarını yetiştirebiliriz. (...) Sanıyoruz ki köylerde açık, gizli çalışmakta olan yerli ebelerle yerli hekimler, yerli baytarlar (...) eğitmenler gibi kurstan geçirilerek ehliyetli hale getirilebilirler.” Mehmet Tuğrul, “Köy Kalkınmasında Eleman Meselesi,” *Ülkü* 72 (September 16, 1944): 7-8. Another exceptional intellectual, Behçet Günay made a similar suggestion in 1936, “Bugün sağlık ve sosyal yardım bakanlığınca kamunlara da ebe gönderilmekte olmasına ve köylerin çoğundaki yerli ebelerin doğum evlerinde ve diplomalı ebelerin yanlarında bilgilerinin bir dereceye kadar fennileştirilmesi de olabileceğine göre ebe işi gün meselesidir.” Behçet Günay, “Köy,” *Ülkü* 37 (March 1936): 55-57. In India, there was an effort to train traditional midwives – dais-, in the first half of 20th century, whose roles were more ritual than “medical”, see Supriya Guha, “Midwifery in Colonial India: The Role of Traditional Birth Attendants in Colonial India,” *Wellcome History* 28 (Spring, 2005): 2-4.

¹⁶⁸ In 1960, there were 1998 midwives, in 1965, 4329 midwives and in 1970, 11,321 midwives, see Appendix E. In 1942-43, the earliest available data on Female Enrollments in Vocational Schools states that there were 127 midwifery students, Zehra Arat, “Turkish Women and the Republican Reconstruction of Tradition”, 68.

had the chance to call an educated midwife, even if they wanted or needed¹⁶⁹, educated midwives to a large extent acted as health officers in the regions they worked or as symbols of modernity, for it was not easy to enter the birth domain.

The clues about what they did after graduation, how they worked in the health institutions or in villages, how they coped with the problems they faced in the regions they worked, will be accumulated in the forthcoming parts, but before delving into the accounts of educated midwives, I want to conclude this part with a study of Nükhet Sirman, in which she analyses the concepts of representation understanding the “role the state plays in constructing the ever-changing village hierarchy”.¹⁷⁰ In addition to many important remarks, especially of interest here is on the education of villagers of Tuz as teachers, nurses, officers or midwives, since “the individual who receives education is indeed upwardly mobile: s/he is no longer a villager, *köylü*, but has become a civil servant, *memur*”. Although these occupations belong to lowest rungs of the Turkish bureaucracy, they “nevertheless are a means of becoming part of the state for those who have been excluded.”¹⁷¹ Thus, it would not

¹⁶⁹ We see for example that in Çorum, there is one midwife in the maternity hospital opened in 1930. Bedri Bilginer, “Çorum’da Sıhhat Teşkilatı,” *Çorumlu* 4 (July 15, 1938): 105-115. Mübeccel Kıray states that in 1967, in Ereğli, a Black Sea Town with a population of 8815, there were 127 teachers as the largest group of working women and that there was only one other professional woman: the gynecologist at the maternity clinic, but no midwife, Mübeccel B. Kıray, “The Women of Small Town,” in *Women in Turkish Society*, ed. Nermin Abadan-Unat (Leiden: E. J. Brill, 1982), 271. Max Planck was in Ankara from March 1970 until August 1971 and tells that only eight percent of the villages had the opportunity to call an educated midwife, Planck, 187. According to an extensive research in 1961 in forty-four villages from all around Turkey, only twelve of the villages had a midwife, Ruşen Keleş and Orhan Türkay, *Köylü Gözü ile Türk Köylerinde İktisadi ve Toplumsal Değişme* (Ankara: Siyasal Bilgiler Fakültesi Maliye Enstitüsü, 1962), 64-66.

¹⁷⁰ Nükhet Sirman, “State, Village and Gender in Western Turkey,” in *Turkish State, Turkish Society*, eds. Andrew Finkel and Nükhet Sirman (London and New York: Routledge, 1990), 21-51.

¹⁷¹ *Ibid.*, 30. Sirman also argues that “these people easily separated their identities as villager and as representative of the state with the state policy of sending civil servants to “posts outside their birth-places” and this is a topic worth handling separately regarding village midwives, yet lies outside the context of this study.

be wrong to conclude this part that educated midwives, either if they came from a village or from a low-class family, saw their education as a means of raising their social status by “becoming part of the state”.

2.3 “A Licensed Midwife, not a Crone”: Personal Accounts of Educated Midwives

One of the many students of Besim Ömer and one of first midwives of the Turkish Republic was Feriha Pertan, who was educated in the midwifery school opened within the Medical Faculty in 1924. After having practiced nurse-midwifery for thirty-eight years, when she was ninety-two years old, she has opened a photography exhibition in May 2000 and she is one of the successful Republic girls who were interviewed by Firdevs Gümüšoğlu.¹⁷² Her biography starts with her happiness about serving the country and the writer narrates that among her patients, there were famous people like Yahya Kemal, Mehmet Emin Yurdakul, Abdülhak Hamit and his wife Lüsyen. We learn, in addition to her acquaintance with education minister Hasan Ali Yücel and chef Gürer Aykal, about her great interest in classical music concerts, but mostly details about her family, for instance her grandfathers. The father of her mother Emin Efendi was a sufi sheikh in Tekirdağ, the father of her father was a famous wrestler and his father was a close friend of Neyzen Tevfik.

As we read through all these details, we get the feeling that she is trying to construct herself a “nobel” past, and wonder why she has to become a midwife. Then

¹⁷² Firdevs Gümüšoğlu, *Cumhuriyet’te İz Birakanlar 10. Yıl Kuşağı* (İstanbul: Kaynak, 2001).

we learn that since all men in her family died young, and her mother, who had no education but longed that her daughter, as a teen of Enlightenment Age, not follow her destiny, had financial problems and could not provide her an education as she wished. Her family moved to İstanbul when she was two years old and although she was a brilliant student in primary school and wanted to be a doctor, she could not go on with her education and got married with a military officer when she was fifteen. She had a daughter one year later and when her daughter was six months old, she learned about the midwifery courses of Besim Ömer and persuaded her husband to let her join the course.

After moving to Ankara in 1929, she worked in the Maternity Hospital in Samanpazarı for eleven months with a German nurse, from whom she learned “discipline and order”, and worked as a nurse for thirty years in Tuberculosis Dispensary. She then became the teacher of Midwifery School opened in Hamamönü Maternity Hospital in 1959 and educated “esteemed” students for ten years; she has been a mother to them, since “none of them were children of rich families”.¹⁷³

Her account is based on a biography and we cannot obviously be sure that the entire interview was used in the article, nevertheless we become aware that midwifery was an occupation open to students from low-class families, especially in her case a substitute for being a doctor. In other words, young girls who wanted to have education but could not afford it chose midwifery, as her case reveals.

Interestingly, the writer, and most probably Feriha Pertan herself, names her as

¹⁷³ *Ibid.*, 46: “Şartlar kötü. Doğum evinin birkaç odasına okul yapılmış. Kazalardan on üç öğrenci getirilmiş, içlerinde bir tek zengin çocuğu yok. Onlara anne şefkati gösterdim. Çok değerli öğrenciler yetiştirdim.”

“nurse-midwife” and during the years in Hamamönü Midwifery School, her wish to further her scientific knowledge results in her research in nursery, and but not in midwifery. It is obvious that Pertan found nursery a more “dignified” occupation and she seems to have no discomfort, on the contrary proud in being appointed to a Tuberculosis Dispensary and having been worked there as a nurse for thirty years.

The article ends with her unhappiness about the future of Atatürk’s Republic regarding rising Islamism, and it is interesting that apart from the “famous” people she has had as patients, we have no information on her other patients or her colleagues. Can it be possible that she talked about them and the writer did not bother to narrate it? I believe this is not the case, since Feriha Pertan seems to have internalized Besim Ömer’s discourse regarding degrading of midwifery, since she strives to prove her nobility by mentioning famous patients or her love for classic music concerts and poetry. Furthermore we can see in her example the result of Besim Ömer’s blurring the boundaries of this occupation with nursery. Yet, since she was a student of Besim Ömer and worked in poor conditions, as she herself stated, we cannot help ourselves and wonder why she has been silent on, for instance, the ignorance of the folk regarding health issues or ignorant midwives. Probably, after being a photography artist and opening an exhibition in Nişantaşı, she did not want to be remembered in acquaintance with all these but only with famous people and her noble habits, such as classic music and poetry.

Nevertheless, we have other accounts which complement the picture. Take for instance, the memoirs of midwife Rasiha published in *Resimli Ay* magazine in

1925 or the interview of midwife Şahin published in Yeni İnci in 1953.¹⁷⁴ Midwife Rasiha in her memoirs told about the harmful practices of the folk around birth and childcare and like Besim Ömer, strongly disdained “ignorant” midwives who were dirty “crones”, blaming them for deaths of mothers and new-borns. Midwife Şahin’s attitude is similar, and being a student of Besim Ömer, namely “a licensed midwife, not a crone”, she narrates the dichotomy between the two of them, emphasizing that, in opposition to the “crone” who is afraid of the doctor because of her own harmful practices, she knew when she has to call a doctor.

This brings us to another account, not of a midwife, but of a female gynecologist, Saadet Yardım, yet provides a wider perspective, since it also displays clues on the lack of autonomy of midwives and on the emergence of the rivalry between educated midwives and gynecologists. The story of doctor Yardım, as narrated by Arın Namal, is based on her secondary resources as well as two personal interviews with her.¹⁷⁵ After the socialization of health services 1961, doctor Yardım was offered a position as the head of a pilot project in Edirne, which consisted of opening health stations in at least five villages and engaging them to the Maternity and Child Welfare Center which will be established in Edirne. In return, Edirne would get a donation from UNICEF on medical supplies.¹⁷⁶ Doctor Yardım accepts the job and, so to speak, dedicates herself to the bettering of the health of mothers

¹⁷⁴ Balsoy (2009), p. 66-68, These two accounts are taken from Balsoy’s dissertation.

¹⁷⁵ Arın Namal, “1960’lı Yılların Başlarında Edirne Köylerinde Başlatılan Ana-Çocuk Sağlığı Hizmetlerinin Öncüsü: Nisaiye Mütahassısı Dr. Saadet Yıldırım,” in *Sağlık Alanında Türk Kadını: Cumhuriyetin ve TıpFakültesine Kız Öğrenci Kabulünün 75. Yılı*, ed. Nuran Yıldırım (İstanbul: Novartis, 1998), 303-311.

¹⁷⁶ Such as “modern ebe çantaları, jinekolojik muayene masaları, muayene aletleri, bebek tartıları, basküller, steteskoplar...”, *ibid.*, 304.

and children, by rescuing mothers from “old midwives and hand them over to educated ones”. Throughout the article, one can only respect doctor Yardım in her efforts: she works very hard, makes numerous visits to villages of Edirne, whose roads were in a bad condition at the time, tries to convince villagers in the importance of health care, establishes health stations without the necessary financial resources, looks after forty, fifty, sometimes 100 patients in a day and she does all these without the financial support of the Health Ministry, since she would become a doctor of the state only if she succeeds in this project. The article provides details on how she accomplishes the project, yet the points that I am interested in regarding this study are different.

First of all she accounts that during her visits to the many villages of Edirne, she has met many educated midwives who were officially appointed to villages but have married, become themselves villagers with “*shalvars* and *yemenis*”, that is traditional outfits of village women, and only remembered their duty on the day their salary were paid. In my visits to villages for oral history interviews, I have also heard that educated midwives have been married in the village, yet I have never heard of midwives giving up their job totally. They are mostly blamed for neglect during their occupation or lack of interest in social relations and mostly for sending pregnant women to the nearest health center for birth.

I believe Yardım’s remark is related with how she saw the duty of midwives, that is, they were to sit with their uniforms in the health station or pay visits to villages to persuade women to come to the health center for regular medical

examination or to give birth in the center.¹⁷⁷ All these make once more apparent how the educated midwives lost autonomy, in most cases. Especially the remark “it was hard to persuade pregnant women who have no problems in pregnancy for regular medical examination” echoes the discourse of seeing “birth as an illness”, but more importantly, the encouragement towards giving birth in the health institution resulted in medicalisation of childbirth in contemporary Turkey, with high c-section rates.

Can we blame educated midwives for not questioning the education they had or not being successful, or female doctors that they followed Besim Ömer’s footsteps? I believe this would be unfair, since as Arat underlines,

Kemalist reforms were not aimed at liberating women or at promoting the development of female consciousness and feminine identity. (...) The education and participation of women were seen as tools for national development rather than as means that would enable them to create an individual consciousness to exist ‘for themselves’ or develop a collective consciousness to form a gender class.¹⁷⁸

We can get a better understanding on all these only after an analysis of ordinary people’s perception of regulations around childbirth and before concluding this part, another account of an educated midwife, based on my personal interview with her,¹⁷⁹ has the potential to shed light on the various aspects of midwifery education that were handled above and on the arguments I will present in the forthcoming sub-chapter.

¹⁷⁷ *Ibid.*, 307: “Ebe Hıdırağa’daki istasyonda oturup bağlı köylere düzenli ziyaretlerde bulunacak, doktorun Hıdırağa’ya geldiği gün civar köylerin hastaları istasyona gelip muayene olacaklardır. (...) Köylüyü istasyonda doğuma ikna etme çalışmaları sonuç vermeye başlar. (...) İstasyonların üç göz odasından birine beyaz gömleğini, kepinin giydirerek ebeyi oturtur.”

¹⁷⁸ Arat, “Turkish Women and the Republican Reconstruction of Tradition”, 59.

¹⁷⁹ Makbule Tosun, interview by author. İzmir, Turkey, May 6, 2011.

Makbule Tosun (Tütüncüoğlu), born on 1944, was educated in the midwifery school of Behçet Uz Maternity Hospital in İzmir and coming from a lower-class family, after her mother died at the age of forty when she was fifteen years old, decided to become a midwife when her father married again, seeing midwifery occupation as a means to escape from the family house and becoming a state officer.¹⁸⁰ She not only strived with her father and two older brothers to join the school, for they strongly protested against her decision, but also persuaded them to legally raise her actual age sixteen to eighteen, which was a prerequisite to enter the school. After a one and a half year theoretical and practical education, she was successfully graduated and assigned in 1963 to Pınarlar subdistrict of Pertek-Tunceli. Again her family strongly resisted her going, so it was decided that her brother, along with his family (wife and a three-year-old son) joined her. Being the first educated midwife assigned to Pertek, their arrival in Tunceli have caught interest, and when they got out of the bus “like cinema artists”, a crowd gathered around them. A friend of her brother’s, who was on military duty in Tunceli, helped them to go to Pınarlar (approximately ninety kilometers away from Tunceli), in which she worked for a year, responsible for twenty-nine villages in the region. She describes the situation as follows:

Even Tunceli was then a small province. It had a dirty hospital, with no doctor, but full of rats. I first consulted the health manager in the city and asked him ‘What should I wear?’ Everyone wore shalvar, and trousers for women was unthinkable, then. He said ‘You have come here as a symbol of modernity. You will not behave and dress like them but wear a uniform, educate them with your knowledge and manners.’ Yet, I wore no uniform, since I didn’t work in a health center or a hospital, but trousers under my dress or skirt to move freely, for we travelled to villages on horses or donkeys. The roads were in a bad condition or there were no roads at all, let alone a car.

¹⁸⁰ She recalls that more than 100 girls applied for the school but only fifteen could win the exam and this interest in the school is also important presumably because midwifery was also profitable in terms of the shortness of the education.

The difficulties of working in the region in the middle sixties were without a doubt not limited with the poor conditions of transportation. She was young, inexperienced and could not speak Kurdish. However, she recalls that being there with her brother and his family, and the friendship she established with a female *ağa* in the region helped her to be friends with the villagers. She also listened to the advice of a villager, that if someone asked her from where she was when she went to the villages alone, she would better say she belonged to the *Kureyşan aşireti*¹⁸¹, a clever strategy which must have helped her a lot in the villages, although her brother assisted most of the time her during the visits in the villages. Yet, after one year she was “urgently” married to a teacher so that she could request a new assignment with the reason of marriage, and since he worked in Denizli, she was in 1964 assigned to Üçkuyular village (Bekir subdistrict-Çal district-Denizli province). When her husband went to Sivas for military service, she again left Denizli after two years and went to Hacısu village (Gemerek district-Sivas). She narrates that in all of these villages she was not just a midwife:

When you are in a village, you take care of every health problem. The roads were bad; there were no means of transportation, no telephone. You have to do the first aid and if necessary, I took them to the nearest hospital for a doctor. I took care of sicknesses like diarrhea, high fever and vaccinated children. I helped mothers preparing the clothes of babies, I taught them sewing baby clothes, or how to feed the baby. We made toilets, told the villagers to throw lime in toilets to prevent cholera. Every month we prepared statistical reports.

¹⁸¹ It is one of the biggest tribes in Dersim region, namely all of Tunceli and parts of Erzincan, Elazığ and Bingöl.

As becomes apparent, she was an educated midwife who “as a symbol of modernity” educated villagers on many issues, yet her activity domain did not include midwifery. She admits that in Tunceli, Denizli and Sivas, she “performed vaccination rather than midwifery, since after visiting so many villages, you get so tired that there remains no time for going to birth”. It was after she and her husband were assigned to a village of Ödemiş (İzmir) in 1968 that she started to assist births,¹⁸² in where she established strong bonds with the people of the region, attended wedding or circumcision ceremonies and “acted like a judge in conflicts”. She became a famous midwife in Ödemiş,¹⁸³ in which she was assigned to a maternity clinic in 1976 and worked in until her retirement in 1998, and during all those years, although in all of these, she strongly preferred birthing alone,¹⁸⁴ she assisted home births of many women.

How are we to interpret her account, her success, her reputation?¹⁸⁵ She was without doubt, like her colleagues, “a symbol of modernity”, yet not a passive “agent of the state”, for she created strategies to cope with the difficulties in the regions she worked, such as not wearing a uniform, making up “white lies” like belonging to Kureyşan tribe. Yet, I see her success from two main aspects: first, unlike her

¹⁸² She had by then become a mother herself, which is in fact important in starting to perform midwifery. See part 2.

¹⁸³ That’s how I found her, for a close friend of mine from Ödemiş, who knew about my dissertation, advised that I need to interview her to complement my arguments.

¹⁸⁴ This choice is crucial regarding the change of birthing experiences of women and midwifery occupation. See part 2, chapter 2.

¹⁸⁵ My mother also tells about the famous educated midwife “Saffet ebe” in Akhisar-Manisa, who assisted the birth of my brother.

colleagues, she preferred home birth to hospital birth¹⁸⁶ and believed that establishing trust was of crucial importance. Second, although she is relatively silent on *old* midwives, she does not judge them or villagers negatively:

(Speaking silently) I did not see or meet old midwives. (Her voice rises) I did not go in a struggle or compete with them. I did not tell people that they should not give birth with them. In time people came to me on their free will. You cannot change their customs all of a sudden. They trust those people. Besides, they were very poor. How can you blame women that they use *höllük*?¹⁸⁷ They had no clothes, no diapers, no water, no soap.

Her discourse is similar with Mehmet Tuğrul's, as we will see in the forthcoming part, and is crucial understanding the contemporary problematic situation regarding childbirth in Turkey. Furthermore, I believe her success¹⁸⁸ lies in her "eager" for this occupation, which lies at the heart of the theme "who becomes a midwife?", which, according to her "is genetical" since her mother was a traditional healer and a "wise woman" to whom many people consulted for advice. The case of Makbule Tosun reveals that the educated midwives who had skills, were clever¹⁸⁹ and loved their job, although they worked under supervision of doctors, despite the difficulties they faced in everyday life, even if they were "inexperienced and untrustable" in the eyes of the

¹⁸⁶ "Okuldan arkadaşlarım, Ödemiş'teki ebe arkadaşlarım 'ne uğraşıyorsun, gönder hastaneye' derdi ama bence herşey normalse evde doğum hastaneden iyidir. Hasta evinde kendini güvende hisseder, mikrop kapma bakımından daha temizdir ev." Yet, her definition of the pregnant woman as a "patient" is a sign of the effect of her education.

¹⁸⁷ Using sand instead of diapers.

¹⁸⁸ This also has a lot to do with the date she started to perform midwifery, namely after 1968, since the number of health institutions were limited then, and it was after 1980's that their number significantly increased.

¹⁸⁹ Makbule Tosun, like the midwives with whom I made oral history interviews, is a clever, communicative and articulate woman, which are common characteristics of all of them.

people in the first years of their duty, as time passed and as they grew up, succeeded in being a respectable midwife.

3 Putting Reforms around Childbirth in Practice

3.1 “It is very difficult to change the mentality”: Perception of the Folk

The village, which has been left alone for hundreds of years, had to do everything by itself. There are people in the villages who learned healing practices, such as birth or bonesetting, by practical education. These practices are still in use even against the strict rules of the republic. The reason for this is not the ignorance of the villagers or recklessness of healers. To act like all these do not happen is just a consolation. (...) In our eyes skillful healers can be categorized as ‘good’ or ‘bad’. Nevertheless these people are ‘good’ in the eyes of villagers. It is very difficult to change this mentality. Furthermore, it is not fair to judge villagers that they hold on to these traditions unless we offer them new values.¹⁹⁰

This citation belongs to one of the leading folklorists of early Turkish Republic, Mehmet Tuğrul. His discourse, as we have seen up to this point, differs from the intellectuals of the time, for he does not at once judge villagers as “ignorant”, but tries to establish empathy and reveals the reasons why villagers, in other words, nearly eighty percent of the country, still continue to consult traditional healers. Among many questions emanating from the passage, such as did he have a certain region in mind in writing this and did he personally witness that villagers still preferred local healers even they had health officers in the region, I believe the leading one would be “what are the new values, according to him, that can change the mentality of villagers?”. The new “values” Tuğrul had in mind were apparently different from the ones of the Republican elite and of the state, since “the civilizing

¹⁹⁰ “Yüzyıllarca kendi haline bırakılmış olan köy göbeğini kendi eliyle kesmek, kendi yağıyla kavrulmak için çok çabalamıştır. Köylerde iş içinde yetişmiş insanlar vardır. Kimisi kırıkçı, çıkıkçıdır, bu işte eli hiç şaşmaz. (...) Kimisi ebelenir, doğuracak kadınlara yardım etmek için ter döker. (...) Cumhuriyet kanunlarının sertliğine, amansızlığına rağmen saydığımız yasak işler köylerde yapılagelmektedir. Bunları köylünün cahilliğine, idare adamlarının ihmaline vermek faydasızdır. Olan şeyleri olmuyor gibi göstermek de kendimizi avutmaktan başka netice vermez. (...) Biz kendi gözümüzle bakıp da köyün erbap adamlarını ‘iyi’ ve ‘kötü’ diye sınıflara ayırabiliriz. Halbuki köylü gözünde (...) erbap iyi kimselerdir. Bu zihniyeti değiştirmek çok zordur. Yeni değerler bulup koymadıkça eskilerine bağlılığından ötürü köy insanına kızmak haksızlık olur.”, Tuğrul, “Köy Kalkınmasında Eleman Meselesi”, 7.

gaze” was determined to change the ways people were accustomed to live for years, as demonstrated above.

Seen within this view, presumably ordinary people for a long time were suspicious with the midwives who were seen as part of the “modern”, “Western” state. Even during 1980’s, Delaney accounts, for instance, the resentment of both sides, that most of the teachers and educated-midwives “resented being in the village. They scorned the village way of life and considered villagers stupid and ignorant. The villagers were of course aware of their sentiments and resented their interference” and as a result the advices of the educated-midwife was rarely followed.¹⁹¹

Anthropologist Paul Stirling, who between 1949 and 1960 made a research in two villages of Kayseri, namely Sakaltutan, with a population of 600 and Elbaşı, with a population of 1200, also recalls that village health services had little impact. Although there were no appointed educated-midwives in or near the area he worked, the ones he heard of were not highly successful, “being young, unmarried and without training in the social and educational problems they would have to face in the villages”.¹⁹² Stirling also points to the difficulties educated midwives faced in

¹⁹¹ Delaney, 220. Delaney went to a Middle Anatolian village, which she refers as Gökler, with a population of approximately 850 people, in 1980 and stayed there for two years. Delaney also recalls about the quality of the education the midwife had: “Her function was to deliver babies and to educate villagers about health matters, especially in the area of procreation and child care. Nevertheless, her scientific training seemed to be little more than a veneer, which quickly peeled away under the impact of more pervasive cultural notions. (...) The function of the ovaries, their relation to menstruation and to the scientific theory of conception was unknown to her.”. Furthermore, Delaney argues that although the educated midwife keeps the official records of births and the method (or place) chosen, however she concealed “the actual state of affairs, for those listed as having given birth by themselves were in fact assisted by the older village *ebe*”, *ibid.*, 56.

¹⁹² Arthur Paul Stirling, *Turkish Village* (London: Weidenfeld and Nicolson, 1965), 280.

leading a normal social life in a village and he states that given all these, “establishing influence and inspiring trust” were far from the educated midwives.¹⁹³

One of the main reasons of this was I believe the age of the educated midwives. They were young and inexperienced, in opposition with the midwives who usually started to practice this occupation after having children.¹⁹⁴ It is not surprising that most of them failed to gain respect and inspire trust and we can get clues about it from two different studies. The first one is an ethnographical study on Hal and Sun villages of Elazığ and here not wealth or authority, but age and skill determines the respect towards people, namely “the old people as well as skillful ones are mostly respected. That is why the age and the skill are two factors which determine, principally, the social rank here.”¹⁹⁵ The other study is mainly on respect hierarchy in Yeniyurt (pseudonym) village in Central Anatolia, some thirty kilometers from Ankara.¹⁹⁶ The village comprises thirty households and governmental institutions are highly involved in village affairs, in which the midwife, who reside in the village, has a authority over the villagers.¹⁹⁷ Nevertheless,

¹⁹³ *Ibid.*, 280.

¹⁹⁴ See Part 2. The case of Dutch colonial doctors provides an interesting comparison, for doctor Van Buuren “was shocked by the rough practices of the ‘native’ midwives, (in Kediri-a city in East Java-Indonesia) who were described as old crones, dirty, diseased and ignorant”, emphasizing their age being over 50, Hilary Marland, “Midwives, mission and reform”, 68. The doctors complained that the natives preferred native midwives, who were mothers themselves.

¹⁹⁵ Nermin Erdentuğ, *A Study of the Social Structure of a Turkish Village* (Ankara: Ayyıldız Matbaası, 1959), 49-50.

¹⁹⁶ Ronald W. Casson and Banu Özertuğ, “Respect and Adress in a Turkish Village: A Quantitative Sociolinguistic Account,” *American Ethnologist* 3, no. 4 (November 1976): p. 587-602. The main finding is that “each individual's position in the hierarchy is assessed primarily on the basis of age and wealth and adjusted secondarily on the basis of knowledge, helpfulness, and trustworthiness”, *ibid.*, 587.

¹⁹⁷ *Ibid.*, 591: “As agents of the central government, such outsiders as tax collectors, agricultural agents, and military police are power superiors, who are able to command their village inferiors.

since “power in Yeniyurt is based on respect rather than authority” and “the oldest and wealthiest villagers are the most respected (sayli'/r)”¹⁹⁸ and since the study makes no reference to sex, we can presume that older midwives were more respected than educated ones who had difficulties in “establishing influence and inspiring trust”, as Stirling pointed out.

Another anthropologist’s account is worth mentioning, namely Ulrich Planck’s, who was in Turkey during 1970’s. He agrees with Stirling and narrates that, although more than twenty years have passed and health services increased, the situation of educated midwives was similar. He underlines that people still prefer traditional practices when they are ill and trust and respect traditional healers.¹⁹⁹ I believe if people, even in cases of diseases consulted traditional healers, they would do that for birth more often, since presumably seeing “birth as an illness” must have not penetrated into everyday life. Furthermore, Planck tells about his visit to a village near Iranian border, in which a new Health Station was built and a young midwife, eighteen years old, from Yozgat was appointed. What interesting in Planck’s remark was that, reminding the case of Makbule Tosun, the parents of the young midwife were so concerned about her “honor” that they moved to her daughter’s village.

Agents of the encapsulating society, such as the school teacher (öğretmen) and the midwife (ebe), who reside in the village, and the doctor, who visits the village periodically, also command a certain (although lesser) authority over the villagers.”

¹⁹⁸ *Ibid.*, 592: “We regard power as the ability of one person to control the behavior of another. (...) Age was said by most informants to take precedence over wealth when the two criteria are in balanced conflict.”

¹⁹⁹ Planck, 190.

We have no clues in Planck's book on what he means by "honor",²⁰⁰ and this theme could open a wide and a long discussion, yet I prefer to stay within the context of this study and take "honor" also as a sign of the parent's concern their daughter's safety. In other words, presumably the young girl was appointed to one of the Kurdish villages, in which suspicion or lack of interest against midwives easily can become "a political act, a gesture of rebellion".²⁰¹ When I visited a village in Dersim for an interview with a midwife, she and the people with us also told me that women of Dersim in fact rarely consulted educated midwives for birth, since they found them as representatives of the government, from which they were afraid of. Makbule Tosun also confirms this, yet, as we have seen, she could challenge this by not interfering directly in birth issues.

In Kurdish or (and) Alewiten regions, midwives might have been seen not only as representatives of the government, but also, and maybe more, as authority figures.²⁰² Makbule Tosun does not recall resentment during vaccination in Dersim villages, yet another educated midwife, whom I talked about my thesis, told me for instance that during her obligatory service in Diyarbakır between 1998 and 2000, they went to villages for vaccination of children with gendarme, for Kurdish women

²⁰⁰ He uses the word "Ehre".

²⁰¹ An example from Canada provides an interesting comparison, Patricia A. Kaufert and John O'Neil, "Analysis of a Dialogue on Risks in Childbirth: Clinicians, Epidemiologists and Inuit Women," in *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, eds. Shirley Lindenbaum and Margaret Lock (Berkeley: University of California Press, 1993), 32-54. The article is based on a research collected in 1986 on the impact of evacuation for childbirth on Inuit women living in Keewatin, Canada. Since early eighties, official policy required that all women give birth in hospitals, but Inuit women resist this policy.

²⁰² For an overview of how southeastern women experienced modernization, see Yakın Ertürk, "Rural Women and Modernization in Southeastern Anatolia," in *Women in Modern Turkish Society*, ed. Şirin Tekeli (London, New Jersey: Zed Books Ltd, 1995), 141-152.

would not open their doors to midwives or nurses because they believed that health officers would sterilize them. This also has a lot to do with the birth control politics of the republic after the demography boom in 1950's, especially towards Kurdish women, for they were the target group of the Turkish state about birth control.²⁰³ Besides, I have also heard that Kurdish women believed that intrauterine device, placed in the uterus to prevent pregnancy, was a sound locator.²⁰⁴ These discussions without doubt deserves another research, but before bringing it to an end, one last point is necessary on how active are midwives, even after 2000. Between 2003 and 2008, only 8.7 percent of all births were assisted by midwives, whereas in Eastern Turkey, 25.6 percent, in other words, one of four births were assisted by them.²⁰⁵ This shows that, among many things, in regions where Kurdish population is high, midwives are still active and presumably seen as trustworthy.

Another important aspect lies, I believe, in the intimacy of birth domain. In other words, continuing the tradition of seeing birth as a shared experience between women, may have also effected Kurdish women as well as other village women, to resent going to hospitals and give birth at home with midwives, since educated ones were, in most cases, to encourage them to give birth in the hospital. We can get a clue on this issue in an article from 1938, in which a writer, with the pseudonym "Trakyalı" tells about a village women who has been having birth pains for three

²⁰³ For information about the politics of reproduction regarding ethnic identity, see Seçkin Kazak, "Anneliğin Siyasal Alandaki İnşası, Türkiye'de Annelik ve Siyaset: 'Makbul' Anneler ve 'Sözde' Anneler" (MA Thesis, Ankara Hacettepe University, 2009).

²⁰⁴ I am thankful to Doç. Dr. Meltem Ahıska for this point. Educated midwife, Makbule Tosun, shared the same information with me, even though I did not ask her, which leads me to conclude that this point is reportedly true.

²⁰⁵ See Appendix F for who assisted births and their distribution in regions in 2003.

days but could not give birth, yet resent to go to the maternity clinic fifteen kilometers away in Ankara because she was ashamed of the doctor.²⁰⁶ He advised to call a taxi and persuaded İbrahim from Pursak family to take the woman to the clinic, and after two hours, he heard that she gave birth successfully. Was this a true story or did he make it up to justify his arguments in the article, that it is not right to be ashamed of doctors? Although we cannot know the answer, we can be aware from the article that village women, at least some of them, were ashamed to go to the clinic. Another interesting case is in contemporary Istanbul, about which I learned through my search for old midwives. Many women told me that they do not know about old ones, but that there are middle-aged ones who assist childbirths of conservative women, who, because of religious reasons, do not wish to go to hospitals, since there are men there, let alone male doctors.

This again constitutes another research, yet I believe the issue is closely bounded with the question, “who in the family decides how and where to give birth?”. We obviously cannot assume that pregnant women always have the autonomy to decide the place and the way of giving birth. If, for instance, as the study of Akşit reveals,²⁰⁷ the bride is dependent upon her mother-in-law, or her husband on decision making, and even if she wants to give birth in the hospital, or with an educated midwife and she cannot, this means another form of patriarchy in

²⁰⁶ Trakyalı, “Köylülerimiz Sıkılmalı Bırakılmalıdır,” *Ana* 4 (April 15, 1938): 17. The writer uses a pseudonym but presumably he is a man, maybe a teacher in the village, since he was consulted in a difficult situation, early in the morning.

²⁰⁷ Belma T. Akşit, “Rural Health Seeking: Under Fives in Sivas, Van and Ankara,” in *Culture and Economy: Changes in Turkish Villages*, ed. Paul Stirling (Huntingdon: Eothen, 1993), 157-170. The study was made in 1989 and 1990, in the villages of Sivas, Van and Ankara to examine the stages of health seeking behavior for children under five years old. Nevertheless, its findings can be relevant for childbirth, since it displays the autonomy of the bride.

present in the birth domain, different from the one of the doctor or the medicine,²⁰⁸ yet constituting again another research.

In concluding, I believe I should add the findings of three other researches, in fact relatively recent and rare ones on traditional midwifery. The first was conducted on 1989 in Halkalı district of İstanbul,²⁰⁹ the second one was conducted on 1999 in the villages of Hatay,²¹⁰ whereas the last one was on 2006 in the villages of Urfa.²¹¹ The one in İstanbul may seem at first glance different from the other two, yet in fact similar, since it was conducted on 100 women, eighty percent of them older than thirty years old, gave birth many times and who are not registered in the Health Station. They have migrated from different parts of Turkey and sixty percent of them are illiterate.²¹² In all the researches, it was found that some births are assisted with

²⁰⁸ “Kaynanam, biz evde yapmışız[yaptık] benim zamanımda hastane yoktur[yoktu]. Hemşire yoktur[yoktu] Biz evde yaptık, sanki biz canlar değimliyiz[sanki biz can değimliyiz] öyle şeyler söyledi’(G2). Gülşen Çalış, “Kadınların Evde Doğum Deneyimlerinin Betimlenmesi: Olgubilim Çalışması” (MS Thesis, Ege University, 2009), 101. For how women contribute in reproducing patriarchy, see Kandiyoti, “Bargaining with Patriarchy”. Delaney recalls that women needed permission from their husbands or fathers to visit the resident educated midwife in the village, Carol Delaney, “Traditional Modes of Authority and Co-operation,” in *Culture and Economy: Changes in Turkish Villages*, ed. Paul Stirling (Huntingdon: Eothen, 1993), 147.

²⁰⁹ Nevin Hotun, “İstanbul İli Halkalı Yöresindeki Kadınların Gebelik ve Doğuma İlişkin Geleneksel Uygulamaları” (MS Thesis, İstanbul Üniversitesi, 1990).

²¹⁰ Santur, “Hatay’ın Bazı Türkmen Köylerinde”. She has been to villages Hıdırbey (Samandağı district), Şenköy (Antakya province), Yeditepe (Yayladağı district), Karsu and Paslıkaya (Altınözü district), Terzihüyük (Reyhanlı district), Karataş (Kırıkhan district) and Kuzuculu (Dörtöl district).

²¹¹ Feray Kabalcıoğlu and Mehmet Ali Kurçer, “Niteliksel Bir Araştırma: Şanlıurfa’da Geleneksel Ebeler ve Doğuma Yönelik Geleneksel Yöntemleri,” *Türkiye Klinikleri Jinekoloji-Obstetrik Dergisi* 18/ 6, no. 6 (2008): 377-382. Research was conducted on fifty-four midwives in Şanlıurfa center and villages, Halfeti, Harran, Viranşehir, Ceylanpınar, Bozova, Hilvan, Akçakale, Siverek and Suruç.

²¹² 31 percent from Black Sea, 28 percent from Eastern Anatolia, 22 percent from Middle Anatolia and 19 percent from other regions, Hotun, 26.

midwives, even if there is a health station or an educated midwife in the village or in the district.²¹³

Although the researchers judge people that they hold on to their traditions,²¹⁴ I believe these studies reveal a crucial fact, that women –and midwives- have awareness on health issues and preferring to give birth with midwives is a conscious choice, since they reach health institutions in case of serious problems. Furthermore, we get clues on why educated midwives, in most cases, cannot be trustable or experienced in the eyes of ordinary people, since they usually send pregnant women to give birth in the health centers in cities.²¹⁵ Nevertheless, as we will see below, the education of midwives and the politics of sending them to villages were failures,

²¹³ 80 percent of all births were assisted by midwives, Hotun, 30; “Araştırma yapılan köylerde doğumların yakın bir geçmişe kadar ‘köy ebesi, aralık ebesi, göbek ebesi denilen ehliyetsiz, bu işi büyüklerinden gördükleri şekilde gerçekleştiren kadınlar’ tarafından yapıldığı, her ne kadar günümüzde yapılmadığı söylene de konuşmalar arasında ‘ilk doğumu olmayan, hali vakti yerinde olmayan kadınların doğumlarının hala bu ebelerce yapıldığı tespit edilmiştir.’, Santur, “Hatay’ın Bazı Türkmen Köylerinde”, 10; “Günümüzde Şanlıurfa ili Merkezi, ilçeleri ve köylerinde halen geleneksel ebelerin doğum eylemine müdahale ettiklerini ve doğumu kolaylaştırmak için geleneksel uygulamalar yaptıkları tespit edilmiştir.”, Kabalcıoğlu and Kurçer, 381.

²¹⁴ “Toplumumuzda geleneksel inanç ve uygulamalar hala yaşamaktadır. Ayrıca bunda geleneksel yapı toplumlarına özgü olan kadercilik, eskiye bağımlılık, tutuculuk gibi kültür öğelerinin de payı vardır.”, Hotun, 2; “Bio – sosyal hayatımızın önemli bir aşamasını oluşturan ve topluma insan kazandıran doğum olayının tıbbi tedbirlere tabi olması gerekirken, adet ve inanmalarla çevrilerek adeta onlar tarafından yönetilir ve yönlendirilir olduğu” belirtilmiştir. (...) Modern tıp imkânları artmasına rağmen insanlar hala neden geleneksel tedavi şekillerini tercih etmektedirler? Kapalı kültür ortamı içerisinde anadan kıza geçen bu uygulamalar, günümüze kadar yaşama imkânı bulmuştur. Modern tıbbın imkânlarından yararlanamayan insanların büyüklerinden gördüğü şekliyle ve yararlı olduğu kendilerince kanıtlanan bu çarelere başvurmaları kaçınılmazdı.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”, 20; “Sorunun temelindeki iki önemli unsurdan biri halkın kültürel ve yöresel değer yargıları, ikincisi ise modern doğum öncesi, doğum ve doğum sonrası bakımı tüm annelerin alabilmesini sağlayacak var olan sağlık sisteminin güçlendirilmesi, yaygınlaştırılması halkın kullanımının arttırılması, kültürel ve yöresel değer yargılarını göz önünde bulundurarak halka yeterli ve kapsamlı sağlık eğitimi verilmesinin gerektiğidir.”, Kabalcıoğlu and Kurçer, 382.

²¹⁵ “Doğum esnasında yeterli steril ortamın sağlanamayacağı, doğum sonrası gelişebilecek ters durumlar karşısında (kadının kanaması, eşinin düşürülebilmesi vb.) müdahale edebilecek yeterli ve gerekli donanımın olmaması gibi durumlarla karşılaşma riskine karşı sağlıkçı ebelerin çok zorda kalmadıkça doğumları il veya ilçelere sevk etmeleri halk arasında yanlış yorumlanmakta, ebeleri genç ve tecrübesiz görmelerine neden olmaktadır. Oysaki yıllarca köyde doğum yapan aralık ebeleri daha tecrübeli, bu konuda daha çok bilgi sahibidir. Konuştuğumuz kişiler bu nedenlerden dolayı doğumlarda köy ebelerini tercih ettiklerini belirtmişlerdir.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”, 20, 20.

since only after giving birth in hospital was seen as an inevitable aspect of modernity, that childbirth in Turkey was medicalized.

3.2 “Longing to be modern”: Modernity and Hospital Birth

Having traced the issues such as the degrading of midwifery, education of midwives, institutional regulations around childbirth and their effect up to this point, we have come to the last part before going on with the core of this study, namely “ignorant, dirty and superstitious” midwives. Keeping in mind that the development of all these issues must be seen in the light of their impact on the everyday level, in this part I will argue that, on the one hand, it was seeing hospital birth as an inevitable aspect of modernity that changed women’s experiences regarding childbirth started to see old midwives, while on the other, the folk, like the modern state, started to see midwives as “ignorant, dirty and superstitious”.

The latter has a lot to do with how they saw educated midwives, namely as “inexperienced and untrustable”, in most cases. It is interesting that, although most of the people’s perception of midwives changed, from for instance trustworthy to ignorant, their perception of educated midwives slightly changed, since they usually sent women to the nearest health station to give birth. Birth is, among many things, also a frightening process and who can blame young educated girls that they did this, not only because the education they received told them to do so, but because they were feeling insecure and did not want to undertake the possible complications.

What is more striking is that contemporary educated midwives see themselves within the main context. According to a study conducted by a student of nursery department of obstetrics and gynaecology on 1049 midwifery students, who are having their last year of education in 2009 in twenty-eight different health vocational highschoools, namely in all of them, it was found that they feel themselves least competent in home births, namely in providing high quality, culturally sensitive care during labour, conducting a clean and safe delivery, and managing emergency situations (44.7 percent felt competent) as well as in evaluating the risky situations during births (58.2 percent felt competent).²¹⁶ The activities they feel themselves most competent in require, in fact, nearly no responsibility during birth, that is providing comprehensive, high qualified, culturally sensitive postnatal care for women (93.9 percent) and recording the gender, the head girth and the chest girth of the newborns (99 percent).²¹⁷

Thus, even in a time time when midwifery education has progressed and more than ten years have passed since the education have started to be given on graduate degree,²¹⁸ contemporary midwifery students, if they were to be attained to villages, presumably would have difficulty establishing trust over the community. Seen within this context, what changed the nature of birthing experience, namely medicalisation of childbirth, was not the scientific, modern education of young midwives, or their post to various health centers opened in Turkey, rather the penetration of modernist

²¹⁶ Çiçek, 15.

²¹⁷ *Ibid.*, 45.

²¹⁸ *Ibid.*, “Üniversitelere bağlı Sağlık Yüksekokullarının Ebelik Bölümlerinde 1997-1998 eğitim öğretim yılından itibaren ebelik Lisans eğitimi başlamıştır.”

values into the society. In other words, the villagers have come to believe, as time passed, that they are ignorant compared with the educated and urban population and “the modernist attitudes held by the state and the elite regarding such practices have gained wide acceptance”.²¹⁹ This change without doubt held went hand in hand with the migration of villagers into cities and even if a middle aged woman did not at first prefer to go to the hospital for delivery, for a younger woman, “the longing to be modern overcame fears of defilement”.²²⁰ Thus in Turkey, women:

(Women) tend to regard hospital births as an inevitable aspect of modern life. (...) In women’s narratives, the hospital appears as an unquestionable necessity that accompanies the package of modernity and “modern life.” The image of a modern urban hospital full of technical equipment and expert staff cannot compete with any other alternative in the age of modernity. This image is strengthened by counterimages of home births, especially in rural settings, which reflect primitive, dirty, and frightening pictures of “being backward” and failing to keep up with modernity.²²¹

In all the villages I have been, the last generation of young women has given birth in hospitals, whereas their mothers gave birth with the midwives of the village. This leads me to conclude that, even not in all but in most villages, birth was transferred

²¹⁹ Sirman, “State, Village and Gender”, 36. Sirman mentions the difficulty she faced when she tried to talk with people about their beliefs and practices, labelled as “superstition” or “ignorance” by many. She discussed these matters with old women who have no aspirations to modernity. I encountered the same difficulties not only through my search for oral history accounts, but also while talking with midwives. They judged themselves mostly as being ignorant and said that the practices they applied has long gone by.

²²⁰ Delaney, *The Seed and the Soil*, 62. In the post-colonial context, a similarity is worth mentioning. According to a research in South India on women from Kaanathur-Reddikuppam, people equated education with the use of modern maternal health-care services and family planning, and the spirit of volunteering; “Just as social work and volunteering were associated with good citizenship, so, too, was going to the hospital during childbirth and using family planning. So the fact that one ‘now knows’ was explanation enough for why one went to the hospital for a delivery. ‘Choosing’ to deliver a baby in a hospital, like ‘choosing’ to limit the number of babies one has, was a way of identifying oneself and/or one’s family as modern and ‘developed’. This was a message that international, national, state, and NGO organizations were actively promoting. And it was a concept that was indeed internalized by most women I met.”, Cecilia Coale Van Hollen, *Birth on the Threshold: Childbirth and Modernity in South India* (Ewing, NJ: University of California Press, 2003), 110.

²²¹ Cindoğlu and Sayan, 238-240.

from home to hospital, namely from midwives to the doctors or educated midwives of the hospitals.²²²

During this process, the chance to have a rest in the hospital and freeing from the burden of gender responsibilities, such as house work, must have also played a role, and it is no surprise that a village woman complains that “in the village, birth is easy but afterwards there is no care. The bride does not lie, does not sit, does not eat, she works and does all the work.”²²³ A similar clue can be found from 1937, in which a villager states that they keep the pregnant woman working until birth pains start and that two days are enough for rest.²²⁴

²²² According to TNSA 1983, 42 percent of the deliveries took place at a health unit while 58 percent were at home; in rural areas, 76 percent and in the East, 84 percent of the last births were delivered in places other than a health institution. Only 62.1 percent of the births were assisted by doctors or midwife/ nurses, This rate was 34,1 percent in the East; “Türkiye Nüfus ve Sağlık Araştırması 1983”, http://www.hips.hacettepe.edu.tr/arastirma/1983_TPHS.pdf (May 2, 2011). Even in 1993, 40.2 percent of births were in houses, this rate decreased to 9.7 in 2008, whereas in 1993, 59.6 percent of births in hospitals rose to 89.7 percent in 2008, “Türkiye Nüfus ve Sağlık Araştırması 2008, Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü.” http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_Rapor-tr.pdf (May 2, 2011). In 1980’s and 1990’s, most village women still preferred midwives: “Sivas Divriği ilçesine bağlı köye 13 km. uzakta doktor ve hastane olmasına rağmen yaşlı kadınlar ebe ile doğuruyor, gençler hastanede.”, Hüseyin Türk, “Güneyevler Köyü’nde Doğumla İlgili Bazı Geleneksel Uygulamalar ve Boş İnançlar,” in *Türk Folkloru Araştırmaları / Kültür ve Turizm Bakanlığı* (Ankara: Kültür ve Turizm Bakanlığı, 1989), 115; “Akdağmadeni köyünde “sağlıkçı ebelerin kadınların nazı ile oynamaması, hastalara sert davranması gibi nedenler köy ebelerinin tercih edilmesinin birinci nedeniydi. Bir diğer neden de insanların ekonomik şartlarının iyi olmamasıydı. (...) Artık doğum için hastaneler tercih edilir olmuş.”, Meltem Cingöz Santur, “Bozhüyük (Yozgat-Akdağmadeni) Köyünde Doğumla İlgili Adet ve İnanmaların Değerlendirilmesi,” in *II. Türk Halk Kültürü Araştırma Sempozyumu Bildirileri* (Ankara: Kültür Bakanlığı, 1998, 339; “Doğumun nerede nasıl yapılacağı genç ve yaşlı kadınlara göre değişiyor. Yaşlılar ebe ile, gençler hastanede doktorla doğum yapıyor. (...) Bir önceki nesil geleneksel inançlarını yaşıyor, ebelere gidiyordu, şimdiki nesil hastaneye gidiyor.”, Biçer, Mukaddes, “Eskişehir İlinde Doğum ile ilgili Adet ve İnanışlar,” in *Türk Halk Kültüründen Derlemeler* (Ankara: Kültür Bakanlığı, 1991), 7 and 14.

²²³ Cindoğlu and Sayan-Cengiz, 232.

²²⁴ “İspirin Kırık köyünde tarlada çalışan dokuz aylık bir gebeyi görmüş de sormuştuk. Bir köylü demişti ki: Biz gebeyi son ağrısı tutuncayadık tarlada çalıştırırız. İki gün de doğum için yatakta kalır. İki gün dinlenmek onun neyine yetmez ki efendi. Bir diğeri: Gül Ayşe hiç yatmadı, tarlada doğurdu. Nah işte oğlu da topuz gibi.”, Rükneddin Fethi, *Doğu Köylerinde Tetkikler* (İstanbul : Çığır Kitabevi, 1938), 72-73. Fethi has been to 200 villages for three months in 1937 of the provinces Trabzon, Gümüşhane, Erzurum, Kars, Çorum and Rize.

Whether after the longing for modernity or rest, hospital was gradually more and more preferred as the right place to give birth.²²⁵ How are we to analyse this development? Hospital birth and medicalization of childbirth was criticized by feminist anthropologists regarding the emphasis on child rather than the mother, the lack of autonomy of the mother in the decision-making or the hierarchical relationship with the doctor.²²⁶ Moreover, it is argued that medicalisation of birth presents barriers to women's reproductive rights.²²⁷ Accordingly, we witness accounts of women who are neither happy nor satisfied with giving birth in the hospital.²²⁸ They complain not only about the humiliating attitude of the health

²²⁵ It is interesting that in Canada, the medical discourse justifies itself with risk in childbirth and frightening women about child birth. Thus women are encouraged to give birth in the hospital "as the only safe place of birth.", Kaufert and O'Neil, 49; "In fact, it was the industrialization of birth, not birth itself, that gave women the fear of birth they have today.", Davis-Floyd and Cheyney, 9. For the perpetuated "fear" surrounding childbirth, see Dana Walrath, "Gender, Genes and the Evolution of Human Birth," in *Feminist Anthropology: Past, Present and Future*, eds. Pamela L. Geller and Miranda K. Stockett (Philadelphia: University of Pennsylvania Press, 2006), 55-70.

²²⁶ "Women, at an extremely vulnerable time in their lives, are put into a system which has very little to do with them as individuals but is concerned only to process the greatest number of women through birth without incident. In the process, the woman is placed in a position of compliance with expert advice throughout her pregnancy and delivery, and her personal needs and wishes tend to be ignored. Birth is increasingly seen as something that cannot be left alone, that must be interfered with, monitored and 'helped along'. The mother is expected to fit into given images and concepts and to comply with doctors' instructions. The emphasis is usually on the needs of the baby rather than the mother. The situation encourages the pregnant woman to be distant from the process, to hand over control of her body to others and to take advice, which may make it difficult to take back control after the birth, when she may have no real knowledge of her own feelings or of her baby.", Lupton, 110.

²²⁷ Anthropologist Walrath names three barriers: "First, biomedical definitions of healthy parturition obfuscate the normal range of biological and cultural variation in birth. Second, technological formulations of pregnancy and childbirth effectively constrict women's range of reproductive choices. Third, emphasis on reactive, technological solutions to complications of pregnancy and birth may displace preventive efforts aimed at ultimate causes of reproductive hazards.", Walrath, 69. She sees unnecessary c-section as "an iatrogenic form of structural violence against women", *ibid.*, 70.

²²⁸ The birth in Ankara hospital of a woman, that is "the exciting journey into modernity ended with bitter disappointment" because the doctors did not treat her respectfully, Delaney, *The Seed and the Soil*, 62.

personelle,²²⁹ but also about the dirtiness of the hospitals,²³⁰ even preferring death at home rather than going to a hospital.²³¹ What is especially concerning in this issue is the hierarchical and authoritarian relationship between the health personelle and the woman, defined as the “patient”, a relationship justified by the knowledge of modern medicine.²³² Cindoğlu and Sayan’s research provides startling examples, especially an educated midwife’s attitude is worth mentioning:

Some women are really very ignorant. If they could breathe well, push the baby properly, if they did not scream that much, they would not be slapped, but, of course, we should not use our knowledge to insult them. Maybe some of us are caught in a superiority complex.²³³

²²⁹ A recent research on twenty women from Ağrı province who had given at least one birth at home, provides striking examples, some of them are: “Benim baldızımda orda doğum yaptı, hastanede işte hemşire çok kötü davranıyo[r]du, Hemşirenin biri öyle bağırıp, çağırdı ki kadının biri yerde doğum yaptı, çocuğu yere düştü. Gördüm kendi gözümle de gördüm. Bağırdım hemşire hanııııııı! Çocuk yere düştü. O da bana bağırıp küfretmeye başladı. (G8).”; “Yanıma geliyo[r] bile[böyle] yapı[yapıyor] (eliyle karnına bastırarak gösteriyor). Ben onun eline bi[r] tane vurdum, ben diyo[ru]m siz adam değilsiniz, o da bana vuruyo[r] nasıl adam değilim. Geldi ü[ö]zür diledi ile[öyle] (G5).”; “Ben bi[r] defa hastaneye gittim hemşireler bana öyle etti ben öyle bağıra bağıra çağıra çağıra sen de bayansın ben de bayanım o kadar yani bağırıp çağırıyo[r]sun’(G9).”; “bazıları iyi oluyor, bazıları da çok sinirli oluyor (G7)”, Çalış, 62, 88 and 90.

²³⁰ *Ibid.*, 65-68; “Normalde olsa ben karşıydım evde doğum yapmaya. Aslında hastanede ki o ortam etkiledi beni yapmak istemedim orda...Kanamam olduğu zaman gitmişim o zaman karar verdim hastanede doğum yapmak istemiyordum. Hatta eşim bayağı bi[r] zorladı...her taraf pislik içinde... tiksindim ben or[a]dan hatta mikrop kaparım diye düşündüm (G10).”; “Tabi şeyden oluyo[r], ordaki mikroplardan oluyo[r]. Pis evet tuvaletler mesela pis, doğumhane bile pis. Gidiyo[ru]m doğum edece[ğ]im, midem bulanıyo[r]. Mesela evde temiz bir doğumdu (G1).”. This of course reveals the situation of hospitals in Ağrı, yet the women I have talked tell that even in big cities, like Bursa or Istanbul, especially the state’s hospitals are dirty and crowded.

²³¹ “Daha rahat evde, hastanede masanın üstünde yatırıyo[r]lar sonra basıyo[r]lar karnına az bişi[bir şey] açılma olursa dikiş veriyo[r]lar, ölmeyi evde tercih ettim, ölsem hastaneye gitmezdim’(G1).”, *ibid.*, p. 68.

²³² “A pregnant woman has nothing to give me, but we have everything to give her. We have knowledge, method, and capability. Therefore, we have to lead.”, Cindoğlu and Sayan-Cengiz, 235. Aykut Kazancıgil makes a remark on the hierarchy between doctor and the birthing woman, that she should obey his words, “Doğum sırasında kadın doktorun sözünü dinlemek zorundadır zaten, çok nevroitik biri değilse tabi söz dinler.”, Kazancıgil 262.

²³³ Cindoğlu and Sayan-Cengiz, 235.

However, their attitudes change depending on the socio-economical background, when, for instance, she is a “modern” or a “backward” woman,²³⁴ nevertheless this does not make any difference if they are to perform a c-section. In other words, c-section is most of the time preferred to normal birth independent on the social status of the women, since it is not only predictable but also profitable in terms of time and money.²³⁵

Seen from this point of view, although c-section is more risky than normal birth regarding the health of the mother,²³⁶ it is understandable that doctors prefer c-section, and there are arguments that c-section birth rates are much higher in countries where patriarchy is strong.²³⁷ Nevertheless, from the point of women, they

²³⁴ *Ibid.*, 240: “Whether the patient is educated and whether she is from a rural or an urban background seems quite decisive. While physicians and midwives defend their attitudes, they usually make loaded references to the concepts of ‘modern’ and ‘traditional’. Being uneducated and coming from a village seems to correspond to being ‘traditional’ or ‘backward’, not knowing how to behave in a modern building and how to talk to physicians, displaying uncontrolled and undisciplined behavior, such as screaming unnecessarily during birth. These are presented as justifications to harsh or neglectful attitudes.”

²³⁵ *Ibid.*, 234: “One normal birth in public hospital means losing the time you could spare to eight patients in the private practice. You lose money. In addition, you have to be alert at nights. Why wait? The baby will be delivered either way. Of course, I immediately say ‘yes’ to whoever wants a c-section.”. Another physician says, “You leave your children at home; you leave your sleep. You deliver in sweat, after working for 10 hours. Then what happens? Does the patient thank you? No. She says, ‘I suffered a lot’, ‘you made me scream out of pain’, etc. But in c-section, no pain, no suffering, no waiting. I am not even mentioning the money.”

²³⁶ Maternal death is twenty-six times more probable in c-section than in normal birth, Ebru Ravlı, “Kadınların sezaryen ve normal doğum yapma nedenlerinin değerlendirilmesi” (MS Thesis, Mersin University, 2010), 3. Also WHO underlines states that c-section rates above a certain limit have not shown additional benefit for the mother or the baby, and some studies have even shown that high c-section rates could be linked to negative consequences in maternal and child health, “The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage - World Health Report 2010 Background Paper 30, World Health Organization.”
<http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf> (April 5, 2011)

²³⁷ French gynecologist Professor Michel Odent makes this argument, “ülkenin ortamı ne kadar erilsen, sezaryen oranları o kadar yüksek oluyor. Brezilya’da ülkenin ihtiyacının çok üzerinde doktor var ve bunların çoğu erkek; sezaryen oranları patlamış durumda. (...) Ebelik sisteminin güçlü olduğu Hollanda gibi Kuzey Avrupa ülkelerinde ise sezaryen oranları düşük”, Gökçen B. Dinç, “Ebelerin Soyu Tükeniyor,” *Yeni Aktüel* (February 7, 2007): 52-58. See also Michel Odent, *Sezaryen* (İstanbul: Kuraldışı), 2008.

are dissatisfied with the operation,²³⁸ and it is not themselves, but mostly the doctor who decides c-section.²³⁹ In other words, patriarchy within the birth domain has gained another face with the c-section, in which the pregnant woman is not autonomous regarding the choice about the way of giving birth, which can also be seen as a sign of the control over women's bodies.²⁴⁰ Moreover,²⁴¹

All these without a doubt deserves another study and I would like to put an end to this discussion and return to educated midwives with one last remark, namely the c-section boom in contemporary Turkey, which is, without doubt, a situation

²³⁸ Mehtap Tatar and others, "Women's perceptions of caesarean section: Reflections from a Turkish teaching hospital," *Social Science and Medicine* 50 (2000): 1227–1233.

²³⁹ According to the study conducted between June and August 2009 in Mersin University Hospital on fifty-nine women who gave birth with c-section, only 22.5 percent of women have personally decided the way of giving birth. Keeping in mind the fact that only women who had no risk during pregnancy were interviewed, we can conclude that doctors mostly decide on c-section, which shows the lack of autonomy, Ravlı, 56.

²⁴⁰ In Ravlı's study, women who choose c-section themselves stated that they chose it not to have birth pains or they justified it with the "precious child concept". The study does not reveal what "precious child concept" is but I presume that it has a lot to do with the rising importance given to children with modernity; see Bekir Onur, ed, *Toplumsal Tarihte Çocuk* (İstanbul: Tarih Vakfı Yurt Yayınları, 2007). From this point of view, it is interesting that feminists criticize modern medicine on putting the child, not the mother, in the center of concern. There are exceptional challenges criticizing the patriarchy in the Turkish medical system; the II. Women's Health Congress held in Ankara on 20-23 May, 2010 is one of them; see the congress book, *II. Kadın Hekimlik ve Kadın Sağlığı Kongresi: Kadını Görmeyen Bilim ve Sağlık Politikaları- Kongre Kitabı*, 20-23 Mayıs 2010. Ankara. Yet, I believe doctors will resist these challenges, since they do not want to lose their hegemony over childbirth; "Antalya'da yapılan 8'inci Ulusal Jinekoloji ve Obstetrik Kongresi'nde ebelerin yeniden normal doğumları yaptırması gündeme geldi. Doç. Dr. Kadir Savan (Medikal Park Bahçelievler Kadın Doğum ve Tüp Bebek Ünitesi Bölüm Başkanı): "Biz bile zorlanıyoruz, ebe yapamaz. Gerekli düzenlemeler yapıldıktan sonra hastane koşullarında ebeler normal doğumları yaptırabilir. Ama bir sorun çıktığında hekime bildirmeleri kaydıyla. Bilinmesi gerekir ki gebelik takibi, doğumlar öyle kolay değil. Yılların doktoruyum hala doğumlardan korkarım. Ne zaman ne olacağı belli olmuyor. Bu alanda üst ihtisasları bulunan perinatoloji uzmanlarından destek alıyoruz. Ebelerin rutin gebelik takiplerini, taramaları yapması mümkün değil.", Mesude Erşan, "Normal Doğumla Birlikte Ebeler de Dönüyor," *Hürriyet* (June 5, 2010).

²⁴¹ Dana Walrath, "Gender, Genes and the Evolution of Human Birth," in *Feminist Anthropology: Past, Present and Future*, eds. Pamela L. Geller and Miranda K. Stockett (Philadelphia: University of Pennsylvania Press, 2006), 55-70.

perpetuated by the privatization of health services after 1990's.²⁴² Thus, a contemporary midwife, Nazan Karahan, president of Midwifery Association, the only civil society organization of midwives in Turkey, founded in 1954, also complains about high c-section birth rates and sees this in relation with the degrading of midwifery.²⁴³ She believes that because most women prefer c-section, gynecologists have taken over the roles of midwives and midwives prefer to work as nurses after their graduation.²⁴⁴ The reason she gives for the degrading is in contrast with the arguments I have provided in this study, for she believes that they had high esteem in the early Turkish Republic but because the education at the undergraduate level started late and because non-existence of doctoral degree hinders the development and spread of scientific knowledge,²⁴⁵ they lost their respectability.

Furthermore, she complains about the lack of autonomy, especially regarding the use of obstetric instruments and prescribing medicine and believes that the Law on the Application of Medicine and its Branches in 1928 is the source of every

²⁴² According to the Turkey's Demography and Health Research 2008 by Hacettepe University, the c-section rate increased from 14 percent to 40 between 1998 and 2008, whereas in private hospitals, this rate is more than 90 percent.

²⁴³ Nazan Karahan, interview by author. İstanbul, Turkey, January 13, 2009.

²⁴⁴ The director of Maltepe University Nursery Academy, professor Hediye Arslan makes a similar remark, "Bir anlamda ebeler hemşireler gibi oldular. Hâlbuki ebelik hemşireliğe göre daha bağımsız bir meslektir", Hediye Arslan, "Kadın doğum hekimliği ebelik mesleğini olumsuz etkiledi," *Hürriyet*, May 2, 2008. This is not surprising keeping in mind that nursery is seen as more "noble", yet there are other factors. For instance according to another study in Erzurum on 133 nurses and 147 midwives, it was found that as the period of working in the job rised, the burnout rate decreased in nurses, it raised in midwives, Nergis Yıldırım, "Erzurum ilinde 1. basamak sağlık hizmetlerinde görev yapan hemşire ve ebelerin tükenmişlik düzeyleri" (MS Thesis, Atatürk University, 2009).

²⁴⁵ The undergraduate education for midwifery started in 1997-1998 education year, where as graduate degree started in 2000. Indeed, the history of midwifery education is very complicated since the regulations changed now and then. Furthermore, there are problems in practical education. See Hediye Arslan, Nazan Karahan and Çetin Çam, "Ebeliğin Doğası ve Doğum Şekli Üzerine Etkisi," *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi* 1: 2 (2008): 54-59, Çiçek, and Kaya and Yurdakul.

problem around midwifery. As an association, they have prepared a proposed law of midwifery and in addition to many problems of midwives in Turkey, such as the blurred boundaries of between midwifery and nursery or lack of the chance to rise to a management position, it also contains arguments on autonomy.²⁴⁶

Nevertheless, the association in particular and educated midwives in general are far from criticizing the main reasons in the degrading of midwifery and accordingly, their proposals do not touch the core issues, let alone criticizing Besim Ömer. As demonstrated above, the problem was not mainly the quality or level of education midwives received; on the contrary, rather it was the discourses prominent in the education. In other words, even if undergraduate education started earlier, little would have changed with the fundamentals Besim Ömer has laid. Unfortunately, educated midwives are far from criticizing him, indeed the Midwifery Association has put the cover of Besim Ömer's book "*Ebe Hanımlara Öğütlerim*" in their the website and states that they give it as a gift to donations. This book, in the name of laying the fundamentals, in fact drew the boundaries of midwifery in Turkish Republic. Following Besim Ömer, Karahan also sees "old" midwives as "ignorant", believes that they lack the scientific knowledge this profession needs and still use non-scientific, traditional methods in birth. According to her, as the society got educated, they have lost their importance inevitably and since it is very hard to educate traditional midwives, for probably most of them are old women, she hopes that they do not teach any more and traditional midwifery will end when they die.

²⁴⁶ Similar problems for midwives are seen in European countries in the twentieth century, see Hilary Marland and Anne Marie Rafferty, eds., *Midwives, Society and Childbirth – Debates and Controversies in the Modern Period* (New York: Routledge, 2003).

Interestingly, she justifies her arguments regarding autonomy with examples from Western countries, and states that midwives are in a better position. Educated midwives are especially interested in the example of New Zealand, in which after nearly all childbirths were medicalized in 1970 and midwives, like their Turkish colleagues, lived through the blurring of boundaries between nursery and midwifery and have been pushed outside the birth domain in 1971, with the leadership of the midwife Dennis Bonham, initiated a feminist campaign and after 1990's succeeded in changing the law. At the moment, midwives, without the control of doctors, work autonomously either in health institutions or in their private clinics.²⁴⁷

It is not surprising that midwifery students in Turkey are unhappy about becoming a midwife or midwives are unsatisfied with their jobs and a new legal regulation without doubt would provide a bettering.²⁴⁸ Nevertheless, I believe, unless they start to question, like their Western colleagues, the “ignorance” of old

²⁴⁷ Nazende Korkmaz Yıldız, “Yeni Zelanda’da Ebelik,” *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi* 1, no. 2 (2008): 76-80. Countries with a strong midwifery system, like Norway and Finland, have higher places on the global gender equality rank (second and third respectively) and it must be no coincidence that New Zealand is number five, whereas Turkey’s rank is 126, Ricardo Hausmann, Laura D. Tyson and Saadia Zahidi, “The Global Gender Gap Report 2010,” (Geneva, Switzerland: World Economic Forum, 2010), 8. For how a midwifery “revival is taking place” around the world, see Davis-Floyd and Cheyney.

²⁴⁸ According to a research on the reasons for choosing midwifery occupation of all 575 students who are studying in twenty health pre-licence programmes final-grade students, it was found that only 27.1 percent of the students preferred this department as their own choice. Their opinions about midwifery changed negatively during their education, Senem Kayacı, “Sağlık Yüksekokulları Ebelik Bölümü Öğrencilerinin Ebelik Mesleği Hakkındaki Görüşlerini Etkileyen Faktörlerin İncelenmesi” (MS Thesis, Dokuz Eylül University, 2006). According to a study on midwives working in Manisa city center, primary health care facilities and in the hospitals, it was found that their overall work satisfaction is poor, Seval Cambaz, “Manisa kent merkezinde çalışan ebelerin iş doyumu ve hizmete yansımaları” (MS Thesis, Celal Bayar University, 2005). According to a study on 531 midwives (324 midwives from twenty-two village clinics, twenty-three midwives from Maternity Child Welfare and Family Planning Centre, three midwives from local health authority and eighteen midwives from Toros State Hospital, 133 midwives from Mersin State Hospital and thirty midwives from Provincial Ambulance Service working within the boundaries to determine the level and the affecting factors of job satisfaction of midwives, it was stated that the midwives were not satisfied with their jobs, Meltem Aydın, “Mersin belediye sınırları içinde çalışan ebelerin mesleki doyumu” (MS Thesis, Mersin University, 2007).

midwives,²⁴⁹ or like Turkish feminists, the “Kemalist project of modernity”,²⁵⁰ and last but not the least, the gendered discourses and power-relations around childbirth, they cannot make a big step towards gaining back the autonomy and respect they long for.

²⁴⁹ See Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (New York: Routledge, 1994), or Evenden. Marland’s study, a publication of essays edited by her, is the first one which challenged the image of “ignorant” midwife. The book is based on archival sources to reconstruct the image of early modern midwives in Europe.

²⁵⁰ Yeşim Arat, “The Project of Modernity and Women in Turkey,” in *Rethinking Modernity and National Identity in Turkey*, eds. Sibel Bozdoğan and Reşat Kasaba (Seattle and London: University of Washington Press, 1997), 95-112.

Part 2 “Handy Women with Magical Hands, Prayerful Mouths”:

Highlighting the World of Midwives

Introduction

Having analyzed from various aspects the degrading of midwifery and how midwives lost autonomy and respect, in the second half of this study I will try to fulfill the premise with which this study begins, that is to say, challenging the argument that *old* midwives are “ignorant, dirty and superstitious crones”. To provide a historical perspective, information on midwives in the late Ottoman Empire will be accumulated in the first chapter, which will allow us to see continuities as well as changes, yet since this constitutes a huge subject, I will focus on the destruction of the image of midwives. The following two chapters will be on the midwives of the Turkish Republic and, as I have mentioned before, oral history interviews will be complemented with the data from the secondary resources. Midwives’ activity domain can be approached in two main aspects, namely within the birth domain and within the social context and in the former, topics such as becoming a midwife, birth as a shared experience, encounters with educated midwives and midwives’ assistance around issues related to reproduction will be handled whereas in the latter their activities other than birth, the effect of this occupation on their own lives and midwives from the view of the community they live in will be dealt with.

The arguments in these two chapters are going to be supported mainly with the information from the six main oral sources, who are aunty Melahat,²⁵¹ aunty Şehri,²⁵² aunty Satı,²⁵³ aunty Ayşe,²⁵⁴ aunty Hatice²⁵⁵ and aunty Refika.²⁵⁶ Midwifery is the occupation these women share, yet, as we will see below, their activity domain changes regarding birth (curing infertility, abortion, birth control, performing rituals related to pregnancy) and transcends healing (looking after sick children, curing various diseases, cooking in ceremonies in the village, washing the body of the deceased).

All the interviews were held in their homes alone regarding the intimacy of the subject, were deep, sincere and usually composed of two or three sessions of each more than one hour. In the remaining time during the whole day we spent together , we drank tea, had delicious local meals and chatted together with other women in the village on various issues, such as midwives, healers, childbirth, childrearing, being a woman and a mother, giving birth at home or at hospital, social and gender relations

²⁵¹ Aunty Melahat, interview by author. Iznik, Bursa, Turkey, November 21, 2010 and January 2, 2011. She is 77 years old and came to Iznik from Kastamonu 50 years ago. These women still continue to be consulted for birth in emergency situations. For this reason, but also because their attendance at births is legally prohibited since the Law in 1928, I will not give their surnames and mention them simply as “aunty” throughout the study.

²⁵² Aunty Şehri, interview by author. Kertil, Sındırgı, Manisa, Turkey, November 18, 2010 and May 8, 2011. She is 82 years old, was born and grew up in this village.

²⁵³ Aunty Satı, interview by author. Doğankaya, Gördes, Manisa, Turkey, November 19, 2010 and May 7, 2011. She is 75 years old, was born and grew up in this village.

²⁵⁴ Aunty Ayşe. Interview by author. Çiçekliköy, Akçaabat, Trabzon, Turkey, September 2, 2010. She is 91 years old, was born in the nearby Çal village, came to Çiçeklidüz 75 years ago when she married.

²⁵⁵ Aunty Hatice. Interview by author. Sin, Tunceli, Turkey, September 6, 2010. She is 79 years old, born and grew up in this village.

²⁵⁶ Aunty Refika. Interview by author. Iznik, Bursa, Turkey, November 21, 2010. She is 52 years old, was born and grew up in this village. Her mother Rabia Çağlar, midwife of the village, was born in 1922 and died 11 years ago.

in the community they lived, which all enabled me to penetrate into the female-dominated birth domain and contributed in my understanding of the world of midwives.

Only after then, it became clear to me why I had difficulty in finding oral sources and could only reach them from the circle of my personal contacts and relatives. One reason for this was without doubt the timing of the study: as demonstrated before, in western regions of Turkey, with the increasing medicalisation of childbirth after 1990's, midwives had quitted midwifery and raised no new ones, and in cities as well as in villages most of them were unfortunately not alive anymore; in eastern parts of Turkey, especially in Kurdish rural regions, midwives are still attending births, yet the difficulty I faced when the language of the interviewer and the interviewee differed (Turkish-Kurdish) during the interview with aunty Hatice from Dersim, as well as time and financial restrictions, resulted in my focusing on the western regions. Whether they lived in the western or eastern regions, the ones who are alive must have known that their attendance in births is legally prohibited and I believe this was another reason for their reluctance to talk, considering the problems they had with local authorities, a topic which I will also deal with.

Another important reason lies in the degrading of midwifery and marginalization of old midwives. That is to say, old midwives and the people of the community, as a consequence of the penetration of "modernist" values into the community they lived, and have come to believe in the "ignorance" of old midwives, even did not call them "midwives", but "old women". When my friends from

feminist circles reached midwives they knew (in Tekirdağ or in Manisa for instance), they told me that midwives were reluctant to meet me in giving interviews because they believed they knew nothing worthy of telling. This also constituted the great difficulty I had in persuading the midwives I reached to talk about their knowledge and their activities. Although I was experienced as a journalist in persuading people from marginalized/ excluded communities such as Muslim Armenians, Dersimians or Assyrians, in giving an interview, I was deeply astonished by the way these women (and the villagers) looked down upon their occupation. Most members of ethnic minorities are aware of their identities and usually tell about their experiences, even when they do not let the interviewer open the voice-recorder or do so with the prerequisite of not giving their names publicly. On the contrary, these women have internalized the assumption that they are “ignorant” and started with the phrase “*Ne biliyim ben kızım, ne anlatayım?*” (What can I know my daughter, what can I tell?)²⁵⁷

This attitude of theirs is without doubt rigorously bounded with their illiteracy. Since literacy and formal school education are problematically associated with modernity and being enlightened,²⁵⁸ these women see themselves and the

²⁵⁷ Bir de beni ebe sanıyorlar, ne zaman ebe çıkacan diyorlar? Bu da tabi yine kendilerini küçümsemeleri ile ilgili, ebeden başka herhangi birinin onlarla konuşmak için gelmiş olmasına inanmakta zorlanıyorlar.

²⁵⁸ The value given to literacy in modern societies and its centrality is problematic. “The rise of literacy” is associated with the triumph of “light over darkness” and the related “normative theories are rooted in post-Enlightenment categories and concepts, typically refined and routinized during the nineteenth century.”, Graff, Harvey J. (1981). “Introduction” in Graff (ed.) in *Literacy and Social Development in the West: a Reader*, New York: Cambridge University Press, p. 3-4. This insightful book provides a history of literacy from the Middle Ages through the very recent past, its social roles and meanings and critical conceptual and empirical approaches to literacy and “the assumed links between literacy or schooling, on the one hand, and industrialization, urbanization, and modernization, on the other”, are questioned. Presumably, as a result of being illiterate, midwives did not pay attention to exact dates for they found it irrelevant.

members of their community see them as “backward”. Thus, among many things, to understand this process, in the beginning I focused on their life story, since:

Life-history accounts help to reveal what women bring to their old age: their experience; knowledge; passions; and decisions. (...) they help us to make connections and to distinguish what is unique and new from what is shared and continuous in our lives as women.²⁵⁹

I was aware of the importance of using “simple” and “straightforward questions”, and avoiding “leading questions”,²⁶⁰ and even if I was a “representative of a reading culture not accessible to them”,²⁶¹ being a mother helped to break the artificial “walls” between oral and written culture, a “modern” constructed dichotomy. Accordingly, the study of midwives is, above many things, an exploration of the production and reproduction of the dichotomies, creating oppositions between the modern and the non-modern.²⁶²

The midwife and I were alone during the interviews, and during the day, talking about my own experiences, the presence of my mother and four-year-old daughter in some visits and the joyous conversations we had altogether encouraged sympathy and contributed in gaining trust. Thus, I could succeed in not being a “verbally aggressive historian”,²⁶³ rather a “historian (who) comes to the interview to

²⁵⁹ Joanna Bornat, “Life Experience,” in *Women Come of Age*, eds. Miriam Bernard and Kathy Meade (London: Edward Arnold, 1993), 42.

²⁶⁰ Thompson, 200-202.

²⁶¹ Mercedes Vilanova, *Dördüncü Dünya Baltimore Öyküleri, 1990*, trans. Günhan Danışman (İstanbul: Boğaziçi University Press, 2005), 32.

²⁶² Abu-Lughod, Lila (1998). “Introduction: Feminist Longings and Postcolonial Conditions” in Abu-Lughod (ed.) *Remaking Women, Feminism and Modernity in the Middle East*. New Jersey: Princeton University Press, p. 7.

²⁶³ *Ibid.*, 32.

learn: to sit at the feet of others who, because they come from a different social class, or are less educated, or older, know more about something”.²⁶⁴ To stay away from the drawback of influencing the interviewees on what I “judged” as important and manipulating them in this way, during the interviews I maintained a passive role, let the interviewee run the interview in the sequence she chose, and only asked specific questions when necessary, if the subject drew away from midwifery or her life.

Obviously, women’s oral history “requires much more than a new set of questions to explore women’s unique experiences and unique perspectives”,²⁶⁵ yet there lies also a big trap: overemphasizing “expected aspects of the female role”,²⁶⁶ namely the role of midwives, in which some folkloric studies fall.²⁶⁷ By having awareness on this issue, my aim was to “enter the larger, multidisciplinary discourse”²⁶⁸ and by paying attention to the gaps in the interviews, their hesitations, their silence, I tried especially to capture their interpretations, their perspective and

²⁶⁴ Thompson, 11.

²⁶⁵ “We need to listen critically to our interviews, to our responses as well as to our questions. We need to hear what women implied, suggested, and started to say but didn’t. We need to interpret their pauses and their unwillingness or inability to respond.”, Kathryn Anderson and Dana C. Jack, “Learning to Listen: Interview Techniques and Analyses,” in *Women’s Words: The Feminist Practice of Oral History*, eds. Sherna Gluck and Daphne Patai (London: Routledge, 1991), 18.

²⁶⁶ *Ibid.*, 17: “How do we hear the weaker signal of thoughts and feelings that differ from conventional expectations? (...) An interview that fails to expose the distortions and conspires to mask the facts and feelings that did not fit will overemphasize expected aspects of the female role. More important, it will miss an opportunity to document the experience that lies outside the boundaries of acceptability.”

²⁶⁷ See for instance Ersoy.

²⁶⁸ In addition to studies on women’s folkloric activity, “more extended, comprehensive studies are needed—studies that might, for example, take the concept of women’s culture as a starting point: Is the concept valid and useful? Do the cumulative data hold up in full-scale studies of cultural groups? What are the effects of other variables—age, class, race—on this idea? This may be both the issue and the time for folklorists to enter the larger, multidisciplinary discourse—to consider the relationship of the folkloristic evidence to suggestions proffered by other disciplines.”, Mary Ellen Brown, “Review: Women, Folklore and Feminism,” *Journal of Folklore Research* 26, no. 3 (1989), 262.

what is central to their sense of midwifery. It is for this reason that I did not relatively concentrate on their activities regarding, for instance ritual practices around birth (on placenta, umbilical cord or giving the baby its name), since there is considerable information on these in secondary resources, but rather what all these activities meant to them. In other words, I tried to capture their understanding of being a midwife, and their social role in the society. Thus, I prefer to see the history of midwives as such a process:

With our foremothers we are creating a new kind of women's history, a new kind of women's literature. To this task we should bring the sensitivity, respect, tremendous joy, and excitement that come from the awareness that we are not only creating new materials, but that we are also validating the lives of women who preceded us and are forging direct links with our own past.²⁶⁹

Considering the dual process of oral history during which the interviewee and the interviewer both contribute and allow themselves change, I am happy to have been to villages I have not heard of before, met these clever old women and had a wonderful time with them. Without doubt, oral history allows “a systematic rethinking and reconceptualisation of how different discourses, values and practices associated with notions of ‘modernity’ and ‘tradition’ intersect and are intertwined in the everyday encounters and experiences of people from diverse socio-cultural backgrounds.”²⁷⁰

²⁶⁹ Gluck, “What’s So Special About Women?”, 229.

²⁷⁰ Alberto Arce and Norman Long, “Reconfiguring Modernity and Development From an Anthropological Perspective,” in *Anthropology, Development and Modernities: Exploring Discourse, Counter-Tendencies and Violence*, eds. Alberto Arce and Norman Long (London: Routledge, 2000), 2.

1 “Every woman who begins with prostitution ends with being a midwife”: Late Ottoman Empire

If we are to understand the world of midwives in the Turkish Republic, I believe we should first of all provide a historical perspective to unearth the continuities and changes with the late Ottoman Empire. Although this constitutes a rarely studied subject,²⁷¹ we nevertheless can get clues from written sources. An interesting example on gender relations and the “superstitious” practices around health belongs to Bernhard Stern²⁷², who worked in Istanbul for five years (1894-1899) as a correspondent of the German newspapers “Berlines Tagesblatt”, “Berliner Lokal Anzeiger” and “Neuen Freien Presse”. Of this extensive book, in which he narrates various traditions he has read about, heard of or witnessed not only of Ottoman Empire, but also of Islamic countries, the sixth part is composed of chapters on themes like reproduction, abortion, pregnancy, birth, children and there is a whole chapter on midwives, in which Stern tells about their history starting from the ancient times and especially underlines the “ignorance of oriental midwives”,²⁷³ their harmful “superstitious” practices around birth, echoing the discourses of Besim Ömer and prominent intellectuals of the time. Yet, Stern makes intriguing remarks, pointing to an aspect of the degrading of midwifery occupation, which we have not

²⁷¹ Balsoy’s dissertation has a whole chapter on midwives, yet she did not concentrate on informal ones, rather the institutional regulations on midwives.

²⁷² Bernhard Stern, *Medizin, Aberglaube und Geschlechtsleben in der Türkei: mit Berücksichtigung der Moslemischen Nachbarländer und der ehemaligen Vasallenstaaten* (Berlin: Verlag von H. Barsdorf, 1903). I am grateful to Prof. Dr. Cemal Kafadar for drawing my attention to this source.

²⁷³ *Ibid.*, 279: “Die Unwissenheit der orientalischen Hebammen”.

referred up to this point, namely on the bad moral reputation of midwives.²⁷⁴ To clarify what he means by this, his quoting from a French traveler is important, since it is argued that midwives also owned call houses and helped men to find prostitutes.²⁷⁵ Moreover, a –so to say- famous Arabic proverb is mentioned: “Every woman who begins with prostitution ends with being a midwife”.²⁷⁶

More striking is the encounter with the same proverb in the Istanbul Encyclopedia of Reşat Ekrem Koçu under the title “*Ebelik*”, that is “*Puştun sonu dedelik, orospunun sonu ebelik*”, in which the inevitable fate of prostitutes is compared with bastards, in which they end up being old grandfathers.²⁷⁷ How should we interpret these revilements on midwives transcending time?²⁷⁸ When did these arguments emerge? Were they totally fictional? Nameless to mention the problematic gendered usage of “prostitution” with the intention of humiliation, what I find important regarding this study is *why* these sayings were put into public realm, for I believe this is rigorously bounded with the exclusion of old midwives. As demonstrated above many times, ordinary people were not willing to give up in trusting old midwives and presumably, in the late Ottoman Empire as well as in

²⁷⁴ *Ibid.*, 281: “(...) geniessen die Hebammen auch schlechten moralischen Ruf.” He also mentions the practices of midwives, such as birth control and abortion, which he finds harmful.

²⁷⁵ *Ibid.*, 280: “Die meisten haben ein unehrliches Leben hinter sich. Neben ihrer geburtshülflichen Praxis, betreiben sie das Geschaef einer Kupplerin und Ehevermittlerin.”

²⁷⁶ *Ibid.*, 280: “Jede Frau, die mit der Prostitution begonnen hat, endet mit dem Stand der Hebammen.”

²⁷⁷ Reşad Ekrem Koçu, “Ebe,” in *İstanbul Ansiklopedisi*, ed. Reşad Ekrem Koçu (İstanbul: Tan Matbaası, 1958), 4840, quoted from the Turkish dictionary of Hüseyin Kazım Bey.

²⁷⁸ If you google this phrase, you end up with many results even today. A contemporary slang dictionary also has a title on this proverb, yet only comments on bastards, “Puştun sonu dede olur, orospunun sonu ebe olur: Çapkınlık yapan ya da küçük yaştaki kızlara sarkıntılık eden erkekleri aşağılamak için kullanılır”, 126. There are also sayings about midwives widely used for swearing, yet I will use them to provide positive meanings, see chapter 3 of this part.

Turkish Republic, these sayings were a means to destruct their image and reduce their credibility in the eyes of people.

Whether with this intention or not, Reşat Ekrem Koçu's narration in Cumhuriyet Newspaper of an incident about a midwife on May 1818, in which a midwife from Fatih was in the middle of the night taken from her house by two men with the inducement of a birth, yet kidnapped and raped, serves this process.²⁷⁹ In the real incident, the midwife complained about two men to the *şeyhülislam*, and they were punished with an exile in Cyprus, yet Koçu reconstructs the story of the midwife. The midwife "Hacer Dudu" marries a handsome janissary "Kara Mustafa", yet her husband does not care about her, only visits her to get money, for she earns a considerable amount like "a midwife of the imperial harem" and after he dies, Hacer Dudu has numerous relationships with some of the young men who come to her house to take her to the births, leads a life of pleasure even neglecting her son, Süleyman, by whom in the end she was murdered.²⁸⁰ Without doubt writing this long story from a short incident reflects the creativity and the humor of Koçu, yet I believe it also gives us clues why the educated midwife I interviewed, Makbule Tosun, recalls that the reputation of midwives was not positive before them, referring to before 1960's. She gives the reason for this as the mobility of midwives, as a result of not only having been assigned to different parts of Turkey, but also the zamansızlık timelessness of birth. In other words, midwives were to leave their

²⁷⁹ Bühraneddin Olker, "Ebe Kadın Vakası," in *İstanbul Ansiklopedisi*, ed. Reşad Ekrem Koçu (İstanbul: Tan Matbaası, 1958), 4845-4847. The real incident is based on the writings of Vak'nüvis Şanizade Ataullah Efendi.

²⁸⁰ *Ibid.*, "Kara Mustafa haytaca zevkler peşinde idi. Karısı Süleymanı doğururken bile evinde bulunmamışdı. Saray ebesini aratmayan ve çok para kazanan karısını ceb harçlığı almak için kapu eşiğinde ayak üstünde görürdü."

house, if necessary, in the middle of the night depending on the time of births they were to assist, which points to an activity domain within the public sphere, may it be limited.

The point that I am trying to push forward here is that, midwifery in a patriarchal society like the (late) Ottoman Empire was one of the rare occupations of women which enabled them to challenge the boundaries of private sphere.²⁸¹ Even if they were to enter the birth room of the house, they left their houses, walked or travelled on the streets of cities and villages, established relations with people (men and women) and entered the *harems* of many families. Among many reasons for the effort of establishing control over midwives was presumably the discomfort on this freedom of theirs that resulted with the comparison of them with prostitutes and it is within this context that I see the proverb I mentioned on the midwives, that destructing their image was part of limiting their freedom that went along together with marginalizing them and excluding them from the occupation.

Thus, we come to the theme, the image of midwives, once again, yet now I want to trace the positive meanings, since even the sources slandering on midwives provide us relevant clues. Stern, for instance, after referring to the dissoluteness of midwives, goes on with the meaning of midwife in different languages, such as *ebe* in Turkish, *kabli* in Arabic or *mamy* in Spanien and adds that generally they are all

²⁸¹ Public/private dichotomy is one of the major paradoxes of modern civil society, which was based on the assumption that “individuals are born free and born equal”, Carole Pateman, *The Sexual Contract* (London: Polity Press, 1988), 39. For the importance of public/ private dichotomy in modernity, its relationship with women’s subordination, see Marshall.

over the world defined as *wise women, experienced women*.²⁸² Besim Ömer, after mentioning the ignorance of these *crones* when he started to educate them, complains that the folk preferred midwives who are adorable, sympathetic and old, and the virtue of midwives was above all being “*söz ebesi*”.²⁸³ He uses the phrase “*söz ebesi*” with reference to talking a lot, yet this phrase is (still) used for people who are chatty in a positive sense; in other words, like the idiom “ebe Ayşe”, the Turkish word “*söz ebesi*”, and its synonym “*laf ebesi*” refers to people who know a lot and are skilled in giving clever responses when necessary.²⁸⁴

We find another idiom “*Karnı burnunda gebe, burnu karnında ebe*”, meaning “if the belly of a woman approaches her nose, she is pregnant, if the nose of a woman approaches her belly, she is a midwife”, used to refer to fastidious midwives who are famous for their success and good luck, that it was hard to persuade them to come to birth.²⁸⁵ There are arguments that Ottoman families had a special midwife who won their trust,²⁸⁶ yet the remarks made by Abdülaziz Bey, who

²⁸² Stern, 281. For the relationship between the word “midwife” and “wise woman” in different European languages, see Fatmagül Berktaş, “Sonsöz,” in *Cadılar, Büyücüler, Hemşireler*, Barbara Ehzenreich and Deidre English (İstanbul: Kavram Yayınları, 1992).

²⁸³ Besim Ömer, *Doğum Tarihi*, 41: “O zamanlar ebelik acuze ve bilgisiz, çenesi düşük pis kadınların elinde idi. Ahalinin ebede aradığı haslet sevimlilik, kan sıcaklığı, görgüsünden dolayı yerinden kımıldanamayacak kadar ihtiyarlığı idi. Ebinin fazileti de zevzekliği, söz ebesi olması idi.”

²⁸⁴ İlhan Ayverdi, “Söz ebesi,” in “*Misalli Büyük Türkçe Sözlük, Vol. 3*”, İstanbul: Kubbealtı, (2006)p. 2839..

²⁸⁵ “Sanatında mahir, uğuru ile tanınmış ebe kadınların çoğu da gayet mağrur olurdu; nazından durulmaz; gözünün üstünde kaşın var denilmez, suratından düşen bin parça olurdu, bundan ötürü ‘karnı burnunda gebe, burnu karnında ebe’ denirdi.”, Sermet Muhtar Alus, “Ebe, Ebeler,” in *İstanbul Ansiklopedisi*, ed. Reşad Ekrem Koçu (İstanbul: Tan Matbaası, 1958), 4841. Ali Rıza Bey also quotes this idiom, yet in relation with the age of midwives, that they are very old; Balıkhane Nazırı Ali Rıza Bey, *Bir Zamanlar İstanbul* (İstanbul: Tercüman 1001 Temel Eser, 1970), 104.

²⁸⁶ “Her ailenin güvenini kazanmış, tanıdık, bildik, sır saklayan bir ebe kadın vardı”, Aynur Karataş, “Doğum Adetleri,” in *Dünden Bugüne İstanbul Ansiklopedisi* (Ankara: Kültür Bakanlığı; İstanbul: Tarih Vakfı, 1993-1995), 82. “Eskiden Hal’de her ailenin devamlı surette tuttuğu tek ebesi olur, bu

belonged to an elite family and worked as a secretary in some of the highest offices of the state, in his book “Ottoman Customs, Ceremonies and Idioms”, written around 1910, provide us a wider perspective in highlighting the general image of midwives in the Ottoman society. He states, among many things on midwives and childbirth, that midwifery passed onto next generations with learned experience and the ones who had “good manners, delicacy and cleanliness”, which were the necessary characteristics to perform this occupation, became famous.²⁸⁷ He gives details about the birth chair of midwives, which definitely points to the different position of giving birth, than that of lying down.²⁸⁸ Moreover, he writes that there are three groups of midwives: the midwife of the imperial harem (*Saray-ı hümayun ebesi*), the midwife of the wealthy (*kibar ebesi*), and the midwife of the ordinary (*ahad-ı nas ebesi*).²⁸⁹

Evidently, this conceptualization also makes the class differences between midwives apparent, yet I believe his remark on reputation is crucial since for the midwives who have got no license or education, the reputation they had constituted the necessary means to go on with performing the occupation. Besim Ömer, in another study of his, slams again that during 1840’s, young ones learned the

birkaç kuşak değişmezmiş. Değişmesi fena sayılırdı.”, Nermin Erdentuğ, *Hal Köyü’nün Etnolojik Tetkiki* (Ankara: Türk Tarih Kurumu Basımevi, 1956), 87.

²⁸⁷ Abdülaziz Bey, *Osmanlı Adet, Merasim ve Tabirleri* (İstanbul: Tarih Vakfı Yurt Yayınları, 2002), 11-14, 346-347.

²⁸⁸ For the use and history of birth chair in Mediterenean cultures, see H. Th. Bossert, *Eski ve Yeni Çağlarda Akdeniz Havzasında Doğum ve Vasıtaları*, trans. Bahadır Alkım (İstanbul: Kenan Basımevi, 1938).

²⁸⁹ Abdülaziz Bey, 346: “Böylece mesleğe girenler gösterdikleri maharet ve bu meslekte pek lazım olan terbiye, nezaket ve temizliğe verdikleri önem ölçüsünde üne kavuşurlardı. Vaktiyle İstanbul’da isim yapmış olan kabile hanımların her biri bir sıfatla şöhret olmuşlardı. ‘Gümüş çakılı ebe’, ‘Fuçulu ebe’, ‘Moralı ebe’, ‘Kızıbe’, ‘Şehreminli hacı ebe’, ‘Ladinli ebe’ gibi lakaplarla yad edilirlerdi. Bu sınıf kabile hanımların hemen hepsi yaşlı başlı, terbiyeli, son derece temiz ve zarif kimselerdi, (...) kazandıkları bilgi ve anılarıyla tarihe geçmiş hanımlardı.”

occupation from famous ones, to whom people consulted during hard births, instead of calling a male doctor.²⁹⁰ He goes on with the rumors he heard, that midwives were also responsible for taking care of new-borns and they were found more informative and experienced than doctors on this issue.²⁹¹

This brings us to the activity domain of midwives, which is not only extensive within the birth domain, but also transcends it and functions within the social context. In the former, midwives' medical role included giving assistance during pregnancy, assisting birth, tying the umbilical cord, helping the mother look after the baby, treating complications of the new-borns, curing infertility, giving advice on birth control and abortion. In addition, they had spiritual roles in performing rituals such as burying the placenta, giving the baby its name, purifying the baby with salt (*tuzlama*) or going to the public bath (*hamam*) on the fortieth day after birth (*kırklama*).²⁹² In the latter, namely within the social context, midwives

²⁹⁰ Besim Ömer, *Doğum Tarihi*, 293: "Bazı kadınlar (küçük ebe) ismile, o zaman müşterileri çok olan meşhur ebe hanımların yanlarında çıraklıkla dolaşarak san'atı öğrenmeye yelteniyorlardı. Fakat öğreten acuzeler de esasen kara cahildiler" vilayetlere atananlar için "Ahali çıraklıktan yetişen ihtiyar kadınları şehadetnamelilere her halde tercih ediyordu. Ocaktan yetişen bu acuzeler ebeliğe dair bir çok hurafeleri, batıl itikatları her tarafa yayıyordu. Zaten ebelik üfürükten, muskadan, vefkten henüz tamamille kurtulamamıştı. Biraz güç doğumlarda ebe hekimi davet olunacağına eli ve gözü güzel, gümüş çakılı ebelerden medet umuluyordu."

²⁹¹ *Ibid.*, 295: "Ebeler yeni doğan hasta çocukların tedavisile de uğraşmakta idiler; hatta bazı aile efradının yeni doğan hasta çocukların tedavisinde hekimlerden ziyade malumat ve görgüsü olduğunu söylediklerini ve bu gibi sözlerle kandıklarını hayretlerle işittim."

²⁹² Abdülaziz Bey, 11-14, 346-347; Musahipzade Celâl, *Eski İstanbul yaşayışı* (İstanbul: Türkiye Basımevi, 1946), 20-21; Fanny Davis, *The Ottoman Lady: A Social History from 1718 to 1918* (Connecticut: Greenwood, 1986), 34; Lucy M. J. Garnett, *Turkish Life in Town & Country* (London: George Newnes, 1904), 68-69; Kazım Arısan, "Geçen Yüzyılda İstanbul'da Ebeler ve Doğum," in *I. Türk Tıp Tarihi Kongresi, İstanbul 17-19 Subat 1988, Bildiriler* (Ankara: Türk Tarih Kurumu, 1992), 253-259. Armenian midwives' activity domain was similar, according to the ethnographic study held between middle 1960s and beginning of 1970s in Detroit, based on interviews with 48 Armenians from various parts of Anatolia, providing extensive detail on customs, practices and ceremonies on childbirth of Armenians living in late Ottoman Empire, Mary Kilbourne Matossian and Susie Hoogasian Villa. *1914 Öncesi Ermeni Köy Hayatı: Anlatılar ve Fotoğraflarla* (İstanbul: Aras Yayıncılık, 2006), 135-6. The midwife's role during baptizing the baby was in a way like *kırklama*, for she took the baby to the church, only it was between the 3rd and 8th day after birth, see p. 146-7.

attended the courts as witnesses, worked at police stations for cases like rape and had to inform local governments in cases of epidemical diseases.²⁹³

What were the continuities and differences between late Ottoman Empire and Turkish Republic? The activities within the birth domain substantially stayed the same except going to the public bath for *kırklama*, yet the significant change within the birth domain I believe is symbolized by the birth chair (or the stool when birth chair cannot be afforded), since it radically affected the birth domain, in terms of female solidarity, transfer of knowledge between midwives, let alone fundamentally changing the experience of childbirth. Within the social context, they without doubt did not attend the courts or worked at police stations in Turkish Republic, yet presumably continued to be the “wise women” of the community they lived in as a result of the activities they performed such as medical healing (bonesetting), spiritual healing (against the evil eye), cooking in ceremonies (wedding or circumcision) or washing the body of the deceased, which will all be elaborated in the forthcoming parts. A recent folkloric study relating “Turkish” midwives (Turkmens) with *kams* (female shamans) is here worth mentioning for it provides us an interesting aspect

²⁹³ Balsoy, 71. Balsoy bases these points on archival sources between 1887 and 1890, namely BOA DH.MKT 738/67(1307.Za.14/2.7.1890), BOA DH.MKT 1444/73 (1304.Z.17/6.9.1887), BOA Đ.DH 1057/82996 (1305.Ra.14/30.11.1887), BOA DH.MKT 1606/4 (1306.B.15/17.3.1889). An interesting example dates as early as July 1642. According to a document Semerdjian found during her study of *zina*, one of the guild (tai’fa in Arabic) organizations in Aleppo was of midwives. The document contained information about four midwives who showed up in court “as expert witnesses” in the virginity test of a girl named Karima bint Hajj Yusuf al-Mu’asirani. It is not just this point that I find interesting, but more that the group of midwives was led by *shaykha* Fatima bint shaykh Mustafa. *Shaykha* was a title indicating the head of guild. In the Ottoman world guild was “an autonomous group of craftsmen engaged in the production, servicing and marketing of commodities”. Guilds “formed the backbone of Aleppo’s economy (...). In Ottoman Aleppo the guild system controlled the economy of the city (...) the price of goods in the market and made it easier for state authorities to locate taxable income”. Emerjian also mentions the “guild hierarchy based on skill and moral aptitude of the work being performed.” Presumably midwives’ guild had a lower status, yet it gives us clues about the world of midwives in early modern Ottoman Empire, a subject which lies beyond the limits of this thesis, nevertheless deserves a closer analysis; Elyse Semerdjian, *Off the Straight Path: Illicit Sex, Law and Community in Ottoman Aleppo* (Syracuse: Syracuse University Press, 2008), 88-89.

on these issues.²⁹⁴ Although I find the usage of “Turkish midwives” or “matriarchy” in the shamanic, pre-Islamic “Turkish culture” problematic, the study shows that the activity domain of Turkmen midwives exceeds birth domain, such as attending abundance ceremonies, cooking, curing diseases or preparing amulets for women. Another folklorist, Kalafat, argues that the identity of women shamans, after the Turks converted to Islam, were attained by midwives constituting the “midwife cult”. According to him, the shrines of midwives in Anatolia, such as Kırmızı Ebe, Hoş Ebe and Gebe Sarıkız in Ankara or Ebe Hatun in Bursa, are proofs of this.²⁹⁵

May their arguments be true, I believe the core theme, “who, why and how becomes a midwife”, stays untackled, since the points argued in the mentioned secondary sources do not clarify our understanding. Even Abdülaziz Bey, underlining characteristics of midwives such as “good manners, delicacy and cleanliness”, cannot provide a complete perspective for he gives no information on midwives of the ordinary, and the information I will provide in the forthcoming parts will be mainly on this group, since the majority of urban higher-class families presumably preferred educated midwives or doctors for birth starting from late Ottoman Empire, and the midwives belonging to the first two groups have long gone by.²⁹⁶ Yet, although there were (and are) changes during time within midwifery occupation in different places and for different midwives regarding the activity

²⁹⁴ Ersoy, Ruhi (2006). “Kadın Kamlar’dan Göçerevli Türkmenler’de ‘Ebelik’ Kurumu’na Dönüşüm”, Çukurova Üniversitesi Türkoloji Araştırmaları Merkezi.;

²⁹⁵ Kalafat, Yaşar (2004). “Anadolu’da Ulu Kadın Kişiler ve Halk İnançları”, *Hacı Bektaş Veli Araştırmaları Dergisi*, Winter (32), p. 37–55.

²⁹⁶ A 92 year old woman from a bourgeois Istanbul family whom I talked on March, 12, 2011 confirmed this and boasted about her family’s and her friends’ preference on educated midwives and famous doctors.

domain, I believe the core of the occupation substantially stayed the same, namely who and how became a midwife, at least for those who are illiterate and did not have the chance to get a license or to have education and profit from midwifery. To put it differently, if a woman is illiterate, she must learn midwifery by experience, from other *women* attending births; similarly if midwifery is not profitable for a woman, the motives that draw her towards this occupation are similar. Seen from this view, the information from the oral sources have the potential to highlight the history of midwifery dating back much more than the lives of these women.

2 Midwives Within the Birth Domain

2.1 “I had so much desire, so much eager for midwifery”: Becoming a midwife

I was a very curious young girl. In the village, whenever I heard a cow or a sheep was giving birth, I ran over there; wherever a goat was giving birth, I ran and rescued it. My mother was angry with me, ‘you haven’t done any housework, you only gave birth to animals’. That is to say, I was destined by God to this occupation. I had so much desire, so much eager in midwifery. My aunt was a midwife, I begged her that she takes me with her. My older aunt was pregnant. I was a maiden, then, I had a shirt inside, my aunty tore the edge of it because I was a maiden. I attended two births with my aunty.

These words, having the potential to shed light on the many themes of this and the forthcoming parts belong to aunty Melahat who performed midwifery in İznik for 35 years. We learn that she was already experienced in delivering animals which provides us clues that the activity domain of a midwife transcends childbirth. She declares that she started to attend births when she was a maiden, which is an exception, for women generally started to perform midwifery after marriage and being a mother. She explains the motives that drew her towards this occupation in religious terms, which submits us clues about a crucial theme within the birth domain and the world of midwives, namely the role of religion. She, like many (or presumably all), learned this occupation from a woman, to whom she begged for the attendance at births. Thus she underlines a core subject: *who* becomes a midwife.

Aunty Melahat’s words reveal that the women who had, among many things, the eager and the desire, were the ones who became midwives. This constitutes a theme which was rarely handled in Turkish scholarly studies, and when it is done,

mostly underestimated,²⁹⁷ nevertheless I believe must be the key to open the door of the worlds of these women. Afterall, if we want to delve into the history of midwifery occupation and analyze it concentrating on midwives who have got no formal education and learned this occupation with the knowledge transmitted between women, we should first of all think about why *this* woman but not *another* became a midwife. Accordingly, understanding *who* became the midwife can also help us to avoid falling into the trap Besim Ömer and many others fell, namely vulgarizing that midwifery passed from mothers to daughters, since this is not necessarily true. Aunty Melahat's mother, was, for instance, not a midwife, neither were the mothers of aunty Şehri, aunty Hatice or the mother of aunty Refika (Rabia), they all learned midwifery from the midwives in the villages they lived, let it be their family relatives. The mother of aunty Satı was a midwife, yet she did not learn this occupation only from her, which is in fact the case for aunty Ayşe, nonetheless it was her adoptive mother from whom she learned midwifery.

Evidently, in becoming a midwife, not family inheritance, rather “eager and desire” was decisive and all the women I interviewed underlined these two points. Why does a woman have “eager and desire” in midwifery? In other words, where can we get search for the source of these motives? The characteristics they share can provide us clues, since interestingly, all the midwives I interviewed are talkative,

²⁹⁷ “Ebelik ehliyeti doğumlarda bulunmak suretiyle edinilir. Bu ebeler çocuğu sadece yıkamak, tuzlamak, bezlere sarmak ve göbeğini kesmek gibi basit işlerden başka iş görmezler.”, Tefik Tıǧlı, “Isparta ve Çevresi Köylerine Genel Bir Bakış,” *Ün* 114-115 (October 1943): 1581-1584; “Aralık ebesi denilen kişiler, kendi bildiklerini ve bu işteki becerilerini, doğumla ilgili bildikleri püf noktaları kendi kızına ya da etrafında o işe meraklı kişilere öğretmektedir.”, Elif Teke, “Osmaniye’de Doğumla İlgili İnanç ve Uygulamalar” (MA Thesis, Gaziantep University, 2005), 66; “Kaynak kişiler ya bu işe meraklı ve elleri bu işe yatkın olduğu için, ya da doğum yapan komşularına yardım etmek zorunda kaldıkları için köyde ebelik yapmış. Tamamen gözleme dayanan bilgilerle ve deneyerek bu konuda uzmanlaşmışlardır.”, Santur, “Bozhüyük (Yozgat-Akdağmadeni) Köyünde”, 338.

communicative, have strong sense of humour, make jokes, and possess knowledge on the oral culture of their community, namely tales, short stories and riddles. They reveal what actually “*söz ebesi*” means, for in addition to all these characteristics, they have the ability to give clever responses when necessary. Moreover, all of them are tall and physically strong women;²⁹⁸ besides they are referred by the members of the community they lived in, with whom I had close contact not only during the process of finding them but also during the conversations after the interviews, as handy woman, having the necessary hand skills or the ability to perform this occupation, since even she had eager, without the necessary skills, such as physical, no woman presumably could succeed in becoming a midwife.²⁹⁹

However, all these do not detain them from calling themselves “ignorant”, which give them deep sorrow, of lacking the opportunity to have formal school education. This was elegantly and paradoxically expressed by aunty Şehri:

I am ignorant my daughter, I never had education. If only I could write my name... I am very sorry about this, I remained ignorant. If I had education, I could become the midwife of the village. If only I knew how to read and write, I was to be a midwife. I had to be clever for I was ignorant. When I was young, *kafam işlerdi*, I was very clever. I immediately learned when they said something. We had no midwives in the village, then. I had courage, I was eager so I became the midwife. I never, ever got afraid, I was courageous.³⁰⁰

²⁹⁸ An English midwife also needed to be physically strong, see Evenden, 83.

²⁹⁹ Aunty Şehri: “Ben hamarattım, iriydim, her şeye sokardım burnumu. Gençtim, sıksam suyunu çıkarırdım. Şişmandım, dayanıklıydım.”, Aunty Ayşe, who built her own house on the slope of a hill: “Evimin kumunu çakılını ta aşağıdan taşıdı sırtımda yukarıya.”

³⁰⁰ “Cahilim kızım çok cahilim, hiç okumadım. Adımı bari yazaydım. Çok üzülüyom okumadığıma, cahil kaldım. Okuyaymışım köye ebe olurdum ben. Okuyup yazmam olsaydı ben ebe olcaktım kızım. Cahilim diye aklımı kullandım. Gençkene kafam işlerdi, çok akıllıydım. Bir şey deseler hemen kafama sokardım. Evvelden ebe yoktu burada. Ben cesaretliydim meraklıydım da ebe oldum. Hiç hiç korkmadım, cesaretliydim.” Aunty Satı: “Okula gitmedim, bilmiyom ben, yazı mazı bilmiyom ben, cahilim.” Aunty Ayşe: “Ne bileyim de ne diyeyim gızım, cahilim ben!”

In this passage, we see the impact of the problematic of equating formal school education and literacy with being non-ignorant, educated, enlightened, highlighting the effect of modernist discourses on their life, which even elicits them and the other village women in not calling them “midwives”,³⁰¹ yet they are neither ignorant, nor “helpless”, in fact have a “sharp intelligence”³⁰² and are clever. Auntı Şehri justifies her cleverness as a consequence of being uneducated, underlining that she *had to be* clever.

Seen within this view, in addition to having cleverness, the points in the citations of auntı Şehri and auntı Melahat regarding the courage is crucial. Interestingly for them, the “courage” they have for never being afraid³⁰³ of helping the mother to give birth, even in their first experiences, alone in a small village of city without the medical equipments, is given by God. In other words, they emphasize the role of God in helping them to assist births, which is a theme in fact, that not only displays *who* becomes midwife but also *why*, for most of them believe that they were destined to this occupation by God, depicted by auntı Melahat as follows, when I asked her why she became a midwife:

³⁰¹ They also do not call the midwives they learned this occupation from as “midwives” but “old women”. On the other hand, their activity domain transcends birth, which is a fact I became aware of after I started this study. Seen from this point of view, it can also be argued that defining them only as “midwives” is problematic. Within this respect, the boundaries of my study have enlarged.

³⁰² “Auntı Emine has always been known for her sharp intelligence (...). Auntı Emine travels widely, keeps a bank account, and deals swiftly with bureaucratic tangles, all without being able to read. Her accounts of successful deliveries in adverse circumstances highlight her skills and perseverance, showing that a village midwife is neither ignorant nor helpless”, Wing Önder, 187. For an insightful challenge of the wide accepted image of village women as “ignorant”, see Emine Onaran İncirlioğlu, “Images of Village Women in Turkey: Models and Anomalies,” in *Deconstructing Images of “The Turkish Women”*, ed. Zehra Arat (New York: St. Martin’s Press, 1998), 201-223.

³⁰³ Auntı Satı: “Hiç ama hiç korkmadım ilk yalnız gittimen.”

How can I know, it is from God, from God my daughter. I was never afraid of births, God gave such a courage to me, I always delivered babies with prayers. I never get afraid my daughter, birth never nauseates me, God gave me this occupation, this is from God, not from humans.³⁰⁴

These words enable us to enter a wide theme present within the birth domain, namely role of religion, which I will recurrently refer to, nevertheless now only focus on “being destined by God”. As mentioned above, if becoming a midwife was not necessarily profitable if you did not enjoy the benefits of having a license in the Ottoman context or become a part of state within the context of Turkish Republic, presumably believing that they were destined to this occupation by God provided another important motive in becoming a midwife. Not only aunty Melahat, but also other midwives refer to this point when they are asked why they became a midwife.³⁰⁵

In addition to many aspects mentioned until now which were important in becoming a midwife, being a mother was also crucial. Neither the midwives I interviewed, nor the ones I have read about in the sources started midwifery before being a mother.³⁰⁶ It constitutes, presumably, one of the main reason why midwives are in fact called “old women”, since even if the age they started midwifery differed,

³⁰⁴ “Ne bilem, Allah’tan işte, Allah’tan yavrum. Hiç de korkmazdım doğumdan, Allah bana bi cesaret vermiş okuya üfleye doğurttum hep. Hiç korkmam, hiç iğrenmem, Allah bana bu mesleği vermiş, Allahtan bu, kuldan değil.”

³⁰⁵ “Hatice Gül, 75 yaşında, İskenderun Arsus köyü doğumlu, 6 çocuklu, okuması yok, köy ebesi. Doğum yaptırmaya Allah tarafından tayin edildiğini söylüyor.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”.

³⁰⁶ *Ibid.*, “Meryem Caner, 77 yaşında, Paslıkaya köyü doğumlu, 4 çocuklu, okuması yok, köy ebesi. Doğum yaptırmayı kaynanasından öğrenmiş. 50 yaşında ebelik yapmaya başlamış.”; “Fatma Çin, 66 yaşında, Yeditepe Beldesi doğumlu, 6 çocuklu, okuması yok, köy ebesi. 40 yaşında ebelik yapmaya başlamış.”; “Hatice Toksoy, 90’lı yaşlarda, Örencik doğumlu, iki çocuğu olduktan sonra Kuzuculu köyüne gelmiş, okuması yok, köy ebesi. İki çocuk sahibi olduktan sonra doğum yaptırmaya başlamış.”; “Fatma Türkmenoğlu, 70 yaşında, Karsu köyü doğumlu, 10 çocuklu, okuması yok, köy ebesi. 50 yaşında doğum yaptırmaya başlamış.”

they were started to be called “midwives” when they were rather middle-aged, at least after thirty.³⁰⁷ Furthermore, being a mother, without doubt, reveals that personal experience was seen as an indispensable necessity, which enabled midwives to establish empathy and trust. Lastly, but not the least, being a mother throws light on why educated young midwives were, in most cases, seen as inexperienced, with regard to *old* midwives. Aunty Hatice and aunty Şehri underlines that it is *ayıp*, namely morally inappropriate not only to perform midwifery before being a mother, but also to attend births as a maiden. In most cases, it was believed that the attendance of maidens at births brought bad luck and this was why aunty Melahat’s aunt, as demonstrated above, had to tear the edge of aunty Melahat’s shirt, to prevent bad luck. Aunty Refika recalls that because she was a maiden, she did not attend births with her mother (Rabia) and she could not learn midwifery from her since her mother died short after aunty Refika married. Aunty Ayşe and aunty Satı, whose mothers were midwives, recall that although they attended births with their mother to help them, it was after becoming a mother that they became midwives.

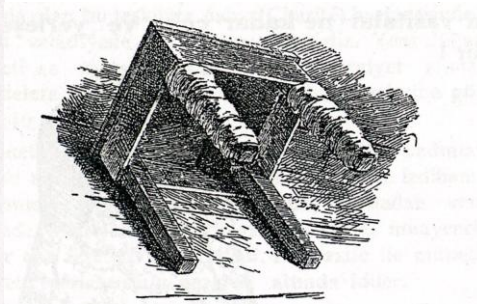
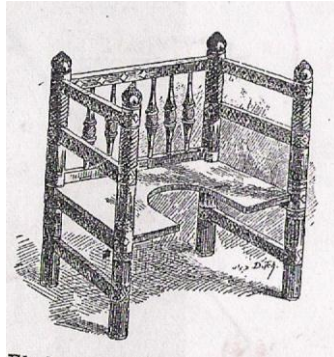
Thus, “becoming a midwife” had to aspects; for a woman to start to perform midwifery, being a mother was imperative; learning midwifery, on the other hand meant attending births with other midwives, and this brings us to another core theme of this part, *how* midwifery was learned. In this respect, it is crucial to bear in mind the question “what does performing midwifery mean?”, since only then we could get

³⁰⁷ The case of an English midwife, Martha Moore, born in 1735 in Oxford, who kept a diary in Maine, Kennebec between 1785 and 1812, provides an interesting comparison. She states that she delivered her first baby in 1778, after she had personally gave birth to eight children, which means that she became the main midwife after being a mother, Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life Of Martha Ballard, Based on Her Diary, 1785-1812* (New York, Vintage Books, 1991), 12.

a sense of how midwifery knowledge passed onto next generations traditionally.³⁰⁸

To be able to answer this question, we should first of all explore the birth domain with respect to the birthing position as well as who attends birth. This would enable us to scrutinize the effect of the changing of the different birth positions to the contemporary hegemonical one, namely lying down, yet I will first of all analyze it focusing on the effect it had on the transmission of knowledge, as the last theme of this sub-chapter.

Interestingly Turkish scholarly studies provide us rich information on the subject but it was not construed for what it meant for the transmission of knowledge. In the Ottoman context, the midwives of the middle- or upperclass families had a birth-chair, and when it was not afforded, a stool was used instead, as we see in the pictures.



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³⁰⁸ Like Önder, when I use the term “traditional, I mean to focus on the means of transmission of knowledge- in that it is passed down within a fairly bounded social group from one generation to another, from one individual to another, in a local setting, through well-established local pedagogical techniques”, Wing Önder, 29.

³⁰⁹ Besim Ömer, *Doğum Tarihi*, 40 and 42: “Doğumlarda garip garip adetler, itikatlar, ebe iskemlesi”; “Doğum zamanındaki eski ve fakat fena usüller, kötü adetler. Mum iskemlesi, bazen ebe iskemlesi yerine kullanılırdı.”

These, without doubt, connote to an upright birthing position, during which the midwife sits in front of the mother to receive the baby. Although we cannot be sure when the use of birth chair or the stool was left off, we can presume that it happened in time with the transfer of births from midwives to educated midwives or obstetricians. Yet, even if a chair or a stool was not used, women living in Turkish Republic continued to give birth in the same position, during which a midwife and at least another woman was present. Aunt Satı also underlines that “you cannot deliver babies when you are alone, you definitely cannot”, moreover she recalls that the pregnant woman sat on the knee of the assisting woman when she was delivering the baby, which makes me think that this is a shift happened after the disuse of a birth chair or a stool.³¹⁰

Other birthing positions consisted of kneeling down or kneeling down on four legs, where the midwife delivered the baby from behind the birthing woman and research shows that these were more common.³¹¹ Similarly, all the midwives I interviewed pointed to these positions, underlining that they also used ropes in the

³¹⁰ She also recalls that the educated midwife which she assisted, also delivered in this position, which is a great challenge, see 2.3 of this part.

³¹¹ Kadına diz çöktürölmek suretiyle gerçekleştirilen doğum: “Bunun için yere önce bir muşamba serilir. Üzerine kadının dizlerini dayaması için minder konur. Genelde ebeler kadının arkasına geçer, öne ise ya bir sandalye konur ya da bir kadın oturtulur. Arkadaki ebe eline bir bez alıp makatı kapatarak çocuğun arkaya vurmasını engellerler. Böylece kadının yırtığının da olmayacağı söylenmektedir. Ön ebesi ve ard ebesi denilen ebelerden asıl doğuma yardımcı olan ebe ard ebesidir. Ön ebesi kadının karnının üstünden ve yanlardan bastırarak çocuğun düşmesine yardımcı olmaktadır.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”; “Doğum dört ayak üzerinde olur, arkasında asıl ebe, önde yardımcısı”, Erdentuğ, *Hal Köyü’nün Etnolojik Tetkiki*, 88; (In an Alewiten village) “Kadın doğururken ebe arkada, bir kadın önde durur. Önde duran kadının kollarını tutar.”, Nermin Erdentuğ, *Sün Köyü’nün Etnolojik Tetkiki* (Ankara: Ayyıldız Matbaası, 1971), 56; “Doğumda biri usta ebe, diğeri yardımcısı iki ebe var. Kadın diz çöküyor, ebe arkasına geçiyor. Yardımcı önde doğuran kadının ellerini tutuyor.”, Türk, 110-111; “Kadın dört ayak üzerinde doğuruyor.”, Aynur Karataş, “Erzurum Narman Çimenli Köyü’nde Doğum Adetleri,” in *Türk Halk Kültüründen Derlemeler* (Ankara: Kültür Bakanlığı, 1993), 151; “Kadın diz çökerek doğum yapıyor. Ebe arkada, bir kadın da önde.”, Santur, “Bozhüyük (Yozgat-Akdağmadeni) Köyünde”. Armenians also gave birth kneeling down on four legs, Matossian and Villa, 138.

past so that the birthing woman could pull against. Nevertheless, although the birthing position changed even in the same village,³¹² one thing stayed the same: the presence of another woman in addition to the midwife in the birth room. She could be a midwife, yet in most cases, the assisting woman needed not to be a midwife, but a family relative or a neighbor of the pregnant woman. However what is of interest here regarding the transmission of knowledge is that during these birthing positions another woman helped the midwife and if she had the necessary skills, “eager” or “desire” to become a midwife, it was during this process that she learned midwifery and in time became the main midwife of birth.³¹³ It is within this context that we should understand what “starting to perform midwifery” meant for midwives, namely rather than assisting during birth, she became the responsible person.³¹⁴

Seen from this view, we should lastly add that when we are exploring the world midwives within birth domain, we are in fact historically investigating a dying tradition. In other words, because of not only the preference of birthing in the

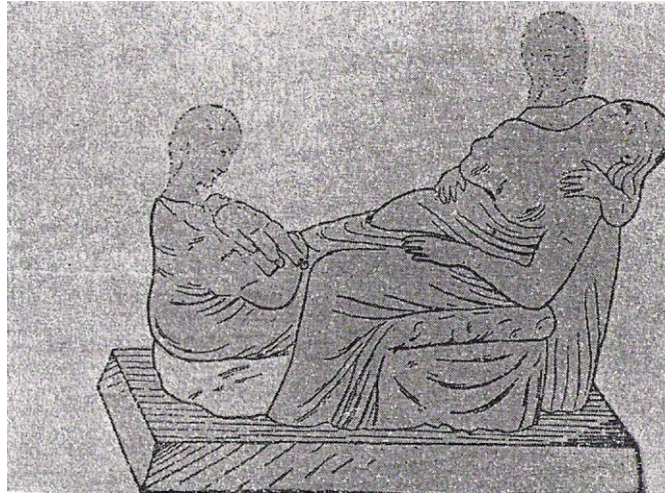
³¹² Gülsen Balıkcı, “Uşak’ın Bazı Yörelerinde Doğum Adetleri,” in *II. Türk Halk Kültürü Araştırma Sonuçları Sempozyumu Bildirileri* (Ankara: Kültür Bakanlığı, 1998), 231-232.

³¹³ Midwifery is learned by apprenticeship, that is “through observation and imitation”, Brigitte Jordan, *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States* (Illinois: Waveland Press, 1993), 187. Jordan’s study show insightfully why the “Western, medical” education given to traditional Maya midwives is a failure, for reasons such as inappropriateness of course content, assumption of Western visual literacy or the problematic of verbal knowledge, see pages 172-197.

³¹⁴ The boundaries inbetween are blurred for midwives, and they do not remember their first delivery alone, presumably for the same reason they do not remember exact dates, that is the effect of illiteracy, yet aunty Melahat is an exception and tells about it many times, connoting to being proud of herself: “İlk doğumu İznik’te yaptırđım, gece sancılanmış kadın. İkinci doğumuydu. O bizdeydi gündüz, gezmeye gittik geldik, kayınvalidem dedi Melahat seni çağırđılar kadın hastalanmış. Benim doğum yaptırdığımı kimse bilmiyor, zaten yaptırmamışım ki daha tek başıma, iki doğum görmüşüm. Ama hayvan çok doğurtmuşum. Hemen çocuğumu yatırdım, gittim kadına bakmaya. Kadın nasıl kanıyor, kanama var. Utanıyom da... Şalvarını çıkarın diyemiyom. Neyse ağrı gelince açılıyo rahim, Allah bana bi gayret verdi, halamdan gördüğüm gibi aldım ben çocuğu. Kadın bayıldı, bağırđım hemen yardım istedim. ‘Ay bu ebeymiş, doğurttu kadını’ diyorlar. Araba yok, kadını götürelim hastaneye, kar kış.. Tedavi ettim, sonunu da aldım, kadını yatağına yatırdım. Kurtardım kadını. ‘Ay bu ebelik biliyo, ay bu ebe’ diye adımı çıkardılar. O zamanlar 27-28 yaşındayım, iki çocuğum var.”

hospital or giving birth lying down, but also because these women do not teach anymore,³¹⁵ we can presume that traditional midwifery will end when they die and the wishes of the educated midwife Nazan Karahan, will come true.

2.2 “You cannot deliver babies when you are alone, you definitely can’t”: Birth as a Shared Experience



If one of the crucial effects of the change in birthing position was on the transmission of knowledge between generations, another one was on the solidary bonds between women. This picture depicting the childbirth in antique Cyprus, dates back to Hellenistic period, yet throws light on the female solidarity within the birth domain of the midwives of our study. As has been demonstrated, whether she was a midwife

³¹⁵ Aunty Satı: “Kimseye kıyımında öğretmedim, ne bileyim ben. Kıyına geleyim öğreneyim diyen de olmadı.”

³¹⁶ Bossert. The book also provides clues for the similar birth positions in Mediterranean civilizations.

or not, there was another woman assisting the midwife during birth, helping her on issues such as getting the necessary equipment ready, heating the water, cleaning of the room before, during and after the birth or preparing the pregnant woman for birth regarding her clothes, which are some of the many points expressed by the midwives I interviewed. Yet, her presence meant a lot more, for she was the one the birthing woman hang on to if she knelt down, or she hugged the birthing woman from her back, as we see in the picture; in both positions she provided strength for the birthing woman by holding her hands, not only physically but also emotionally.³¹⁷

Who this woman was, regardless of her occupation, also constitutes an important aspect. Usually this was a close relative of the birthing woman, who was a mother herself, yet without a deceased child to prevent bad luck and obviously available to come to birth, such as an aunt, aunty, a neighbor, and in most of the villages I have been or read about, it was the mother-in-law. The only exception was in İznik, for aunty Melahat strongly recalled that there, mother-in-laws cannot assist birth, which gives us clues on the possibility of changes regarding different places. Nevertheless, a prominent belief was common, that the mother of the birthing women should not attend births, a belief which was not only present in the secondary sources, but also in all the villages and cities I have been. The prohibition of the attendance of the mother is justified with the assumption that she cannot endure seeing her *own* daughter suffering with birth pains and with the belief that if she

³¹⁷ For a historical perspective, see Balsoy for the miniature of a “happy” birthing woman in the seventeenth century Ottoman Empire, holding the hands of the other women present in the birth room and how the experience of childbirth turned to a scary experience.

attends birth, angels would not come near the birthing woman since she already has a blessed helper³¹⁸.

Another interesting prohibition pronounced by the women I met is the attendance of the husband.³¹⁹ The assistance of the husband is considered as a relatively recent, “modern” development, yet not only aunty Şehri, but also the drawings Besim Ömer provides challenges.³²⁰ Aunty Şehri told that when she could not find an assisting woman, she called for the husband of the birthing woman.³²¹ The following drawing showing a birthing woman drinking water from the palm of the hands of her husband to ease birth, which Besim Ömer gives as an example to the “strange, superstitious traditions” within the birth domain also reveals that husbands, may it be exceptional, attended the birth rooms.

³¹⁸ “Doğumda anne bulunmaz, o zaman melekler doğuma girmez çünkü...” (Belma Doğan, Gaziantep, 35), “Doğuma kadının annesi girmez.” (Sakine Batmazoğlu, Gaziantep, 65), “Kadının annesi girerse melekler: ‘Bunun annesi var, yardıma ihtiyacı yok’ derler.” (Emine Öztürk, Gaziantep, 42), “Kızın annesi bebeğin ayağı ağır olur diye girmez.” (Emine Ögümsöğütü, Gaziantep, 70), Dilek Yüksel, “Gaziantep ve Çevresinde Doğumla İlgili İnanış ve Uygulamalar” (MA Thesis, Gaziantep University, 2007), 92.

³¹⁹ “A violation of the 40-day period was far less shocking than that a husband should witness and assist the birth (...) for no man should see a woman’s genital area so exposed.”, Delaney, *The Seed and the Soil*, 69.

³²⁰ Furthermore, “recent studies challenged the idea that childbirth was an exclusively female culture by demonstrating that husbands also played participatory roles during pregnancy and childbirth through sharing their wives’ understanding of their bodily needs and nurturing, entertaining, and comforting them.”, Balsoy, 176-177.

³²¹ Also see Cemil Cahit Güzelbey, “Gaziantep’te Doğum ve Çocuğa İlişkin Eski Töre ve İnanışlar,” in *Türk Folkloru Araştırmaları* (Ankara: Kültür ve Turizm Bakanlığı, 1991/1992), 23.



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The meaning of the presence of a woman (or a man) other than the midwife in the birth room, also has another important aspect, that she, along with the midwife, helped the birthing woman during birth psychologically. The midwife and the woman, being mothers themselves and having personally experienced the pain of birth,³²³ motivated and encouraged the birthing woman to give a relatively comfortable birth,³²⁴ since she does not only look for medical assistance, but also longs for emotional support.³²⁵

³²² Besim Ömer, *Doğum Tarihi*, 42; Besim Ömer, *Doğururken ve Doğurduktan Sonra*, 51, “Kocası kadına kendi avuçlarıyla su içirirse güya doğuş kolaylaşmış”. See also Etem Ertem, “Doğum İnanları II,” *Ün* 29 (August 1936): 411-415 and Ayşe Başçetinçelik, “Adana Halk Kültürü’nde Doğum Odasındaki Uygulamalar” (2010) http://turkoloji.cu.edu.tr/HALKBILIM/ayse_bascetincelik_adana_halk_kulturu_dogum_odasi.pdf (April 21, 2011), 2-3.

³²³ Kadınların yaşadığı çevre ve akrabalarının, tanıdıklarının daha önceki evde doğum deneyimlerinden etkilendiği bulgulanmaktadır. ‘Onlar yaptı bende yaparım.’”, Çalış (2009), p. 99.

³²⁴ Their motivation becomes best apparent with the words of aunty Şehri: “Hadi kızım, bismillahirrahmanirrahim, maşallah, hadi oluyo kızım, hadi kızım, geldi kızım, geldiğini falan bilmiyo ya cesaret veriyoz, maşallah, hadi kızım, şimdi olacak, oldu kızım, derdik.” For the accounts of women which expressed the meaning of encouragement and emotional support from female relatives during birth, see Çalış, 125-129.

³²⁵ *Ibid.*, 113: “Doğum yaptıran kadınların ilgili, kadına yardımcı olma çaba ve isteği göstermesi anne adayının üzerinde rahatlatıcı bir etki yaptığı görülmektedir.(...) Kadınlar doğum sırasında doğumlarını yaptıran kadınların bilgilendirici, açıklayıcı ve cesaret verici davranışları ile kendilerini ferah, güçlü, dinamik hissetmektedirler.... Doğum yaptıran kadınların tecrübeli, bilgili olması kadınların kendilerini güvenli hissetmesinde etkilidir.” For a totally different account in Rural North India, where childbirth generates little solidarity among women, see Roger Jeffery and Patricia M. Jeffery, “Traditional Birth Attendants in Rural North India: The Social Organization of Childbearing,” in

Understandably, both of these women contributed during the delivery of the baby, yet the prominent responsibilities belonged to the midwife. She delivered the baby, removed the placenta from the woman, cut and tied the umbilical cord of the baby during which she gave the baby a *göbek adı* (name given during the cutting of the umbilical cord). She cleaned the birthing woman, helped her to lie in bed, yet before giving the baby to her, she washed the baby, put the necessary clothes on, swaddled and handed the baby to its mother.

One recurrent theme in the accounts of the midwives I interviewed, as well as in other sources, was the role faith, in other words religion, had during all these activities of birth, expressed by aunty Melahat as follows:

I deliver babies with many prayers, I recount “I came, you come, too, I came, you come, too” and “this is not my hand, but the hand of Fatima”. I put a headscarf on the head of the birthing woman, for during birth, swaddling clothes are brought from our prophet Muhammad with angels, yet we do not see this.³²⁶

Like aunty Melahat, all of them emphasize the use and importance of prayers during birth, besides note rituals such as mentioning or putting the “hand of Fatima” on the

Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life, eds. Shirley Lindenbaum and Margaret Lock (Berkeley: University of California Press, 1993), 7-31.

³²⁶ “Dua okuya okuya, bir doğumda hatim indiririm ben, ben geldim sen de gel, ben geldim sen de gel, benim elim değil fatıma anamızın eli, derim. Baş açıksa başını örterim kadının. Peygamberimizden giyim geliyo çocuğa, kundak, meleklerle, biz görmüyoruz.”; “Çocuk doğarken Ebe Hanım etrafındakileri haberdar etmek için tekbir alır ve Kelime-i Şahadet getirir. Loğusanın yanında bulunanlar da iştirak ederler. Bu tehlil ve tekbir arasında çocuk dünyaya gelir.”, Musahipzade Celâl, 20; “Doğum sırasında kadının başında Kuran okunur ya da başucunda Kuran bulundurulur.”, Davut Bülbül, “Düziçi’nde Geçiş Dönemleri (Doğum-Evlenme-Ölüm)” (MA Thesis, Niğde University, 2006), 18; “Doğum esnasında Yasin-i şerif okunur, iki rekat namaz kılınır.”, Moumin Moumin, “Bati Trakya Türk Folkloru Üzerine Bir Araştırma (Doğum-Evlenme-Ölüm Adetleri)” (MA Thesis, Ege University, 2009), 37.

belly of the pregnant woman,³²⁷ or making her to step over running water, in which special prayers were cited, expressed also by other women.³²⁸ What did all these rituals and religious practices mean for midwives and the other women? Why were (are) they giving special importance to all these not only during birth, but as we will see, after birth, especially during the period of *loğusalık*, namely forty-days after birth? Presumably all these rituals and religious practices, at least psychologically, gave comfort to the birthing woman; nevertheless I believe it would not be appropriate to degrade them as giving psychological comfort, or to define them simply as superstitious. Can we get clues from another important ritual in the birth domain, namely that they encouraged the woman to have *gusül* (full ablution) before or after giving birth? They justify this with the fact that the birthing woman, and the baby are face to face with death during birth and even during the period of *lohusalık*. Associating birth with death without doubt may constitute an important reason in their use of rituals and religious practices, yet according to me seeing this theme as the only justification is once again degrading this and all the other rituals to psychological level or marginalizing them by seeing them within the context of superstition. In putting an end to this discussion, it might be better to add that on these themes studies are needed to throw light on the meaning of the use of rituals and religious practices.³²⁹

³²⁷ For the use of the “Hand of Fatima” or Maria to ease birth, see Başçetinçelik, 1-2. For the meaning of the Hand of Fatima, see Annemarie Schimmel, *Deciphering the Signs of God: A Phenomenological Approach to Islam* (Albany: State University of New York Press, 1994), 92.

³²⁸ For the accounts of birthing women, see Çalış, 75-77.

³²⁹ There is a rich literature in Turkish scholarly studies on the rituals around birth, yet none that I know of on the meaning of the use of these rituals.

If religious faith and practice of rituals, along with the presence of women were important aspects of the birth domain, another aspect, bounded with the upright birthing position, was moving freely during birth pains. All the midwives I interviewed underlined that they encouraged and leaded the woman to walk in the house, to step over flowing water or over the pillows they put on the ground or to pull the ropes they hang on the ceilings. In addition to massaging the abdomen, they swayed the woman on the sheets or took her on their backs and shook her, which without a doubt required the physical strength of the midwife. These activities can be seen in many regions of the Turkish Republic,³³⁰ yet what is of interest regarding our study is that they point to a different kind of birth, other than the one of lying down. Movement during birth, according to recent challenging studies, does not only ease birth, but also contribute towards the feeling of freedom for the birthing woman and also promotes female solidarity during birth, put simply as follows:

Women all around the world moved freely during labor, changing positions frequently as a method for managing the pain associated with labor contractions and cervical dilation. They ate and drank as they pleased within the cultural confines of what was considered acceptable, nourishing and safe for the mother and baby. They were attended by other women whom they knew well, in a place that was familiar to them -- usually in their home or in the home of a female relative. They labored and birthed in upright positions using instinctive knowledge to expand the size of the pelvis, capitalize on gravity, and to maximize the efficiency of the abdominal muscles needed for pushing.³³¹

All these are in contradiction with the contemporary, “modern” way of giving birth in the hospital, as a “patient”, lying on a surgery table, yet the experience of

³³⁰ See for instance, Moumin, 37: “Ebe kadınlar hamile kişileri sırtlarına alıp yere atarlar. Bazen ise arkalarında gezdirirler. Bazen karınlarını ve bellerini ovarlar. (...) Yeşil bir seccadenin üzerine konulup sallandırılır. (...) Evin içinde dolaştırırlar.”

³³¹ Davis-Floyd and Cheyney, 11.

childbirth did not exactly change with the transfer of hospital birth after 1990's, but started rather earlier, with the educated midwives, who, as a result of the "patriarchal" education they received, instructed women to give birth lying down.³³²

The educated midwife Makbule Tosun for instance, strongly emphasizes that the "patient" must lie down so that she can deliver successfully. Moreover, she proudly recalls that she did not let any other woman than the birthing one into the room, a rule which was criticized by the mother-in-laws, yet did not result with the retreat of Tosun.³³³ She explains her attitude as follows:

People knew my principle and only the ones who accepted it came to me. I deliver by laying the birthing woman down. Moreover, I never allow any other woman to enter the birth room. If there are many women in the room, the patient gets confused and cannot give birth, for everyone says something. When she is alone, she only listens to you.³³⁴

In addition to the problematic definition of the birthing woman as a "patient", which is a term never, even once expressed by the midwives I interviewed, her words bring us again to the theme of female solidarity within the birth domain. The emphasis of the "principle" of hers of not letting any other woman into the birth room, which she repeated more than once during the interview, presumably is a reaction of her having witnessed or heard of the "other" forms of giving birth, namely three woman in the room, yet her assertion that there are "many women" during birth is groundless since

³³² For the relationship between patriarchy and giving birth lying down, and for a comparison of the transformation of birthing positions in the history of West and the world, see Davis-Floyd and Cheyney, and Jordan.

³³³ "Bir gelinin kaynanası küsmüş, beni almadı diye, 3-4 yıl sonra kendi kızını ben doğurtunca yine kimseyi almadım, ona demişler "o ebenin adeti öyle", kaynana geliniyle öyle barışmış, gelin bana dua etti, sayende barıştık diye."

³³⁴ "Benim prensibimi biliyorlardı ve kabul edenler geliyordu. Kadını yatırarak doğurturum. Odaya kimseyi sokmam. Her kafadan bir ses çıkınca hastanın kafası karışır. Yalnız olunca bir seni dinler."

all the midwives I interviewed underlined there were only three woman in the room, and that they did not allow the entrance of another one.³³⁵ Her “principle” makes once more apparent how the experience of birth changed, for in the birthing position of lying down, the midwife can achieve alone, yet in other birth positions, the assistance of another woman is imperative, and this effected, as demonstrated before, not only the transmission of midwifery knowledge between midwives, but also the experience of childbirth, from the one of moving freely to a one of passiveness.

Seen from this perspective, we should also add that the position of giving birth lying down is not comfortable for the birthing woman, but for the midwife, for she could have more control on the woman and the birth.³³⁶ It is probably for this reason that two of the midwives I interviewed, aunty Şehri and aunty Melahat, after encountering with the educated midwives, have changed the delivery position to lying down. Yet, aunty Satı, who also assisted births with the educated midwife, still insists that a woman cannot give birth lying down, and claims that the educated midwife Ayşe also delivered in an upright position, which is a great challenge.³³⁷

Educated midwife Makbule Tosun, may it be by lying the birthing woman down or not letting any other woman enter the birth room, still preferred home birth

³³⁵ Auntı Melahat: “Yanıma bi kiři alırım sade, başkasını almam.”, Auntı Satı: “Ebeden başka iki karı oluruz odada.” Auntı Hatice: “Odada ebeden başka bir kadın daha oluyor, başka kadın girmiyor odaya.” Auntı Şehri: “Odada benden başka ya kayınvalidesi olur, ya komşu, ya da adamı olur.”

³³⁶ For the comfort women express in giving birth in positions other than lying on back, see Çalış, 118-125. In addition, “upright postures maximize the dimensions of the pelvis, while improving blood flow to the baby by preventing compression of the large vessels that run along the mother’s spine, supplying the uterus with oxygenated blood,” Davis-Floyd and Cheyney, 12. In the upright position, women “experience more ease in pushing, less pain during pushing, fewer backaches, shorter second stages, fewer forceps deliveries, and fewer perineal tears,” Jordan, 85.

³³⁷ “Yatırarak olur mu çocuk? Olmaz. Biri dizinin üstüne oturturur, sen de önünü aralayıversin. O zaman tez gelir. Ayşe ebe de öyle yapardı, yatırmıyordu kadını. Yatırarak çocuk olmaz, olmaz.”

to hospital births, as we have seen before. Giving birth at home is seen by all the women I talked to in the villages and many others as a place enabling the birthing woman freedom in movement, reinforcing a more comfortable birthing experience, constituting a cleaner place than the hospital.³³⁸ Studies in medical faculties also reveal these points, yet the discourses problematically prefer hospital birth and, instead of searching for alternatives such as home births, concentrate on how a home atmosphere can be constructed in the hospital.³³⁹

In concluding this part, we should also add that home births are safe places for normal, unproblematic births, and the midwives also underline this fact. Moreover, they and the women I talked with about birthing experiences note that in the past, births were easy and nowadays birth became harder, which makes me wonder if this is a consequence of the deficiency of movement not only during, but also before birth. This theme deserves further studies, yet we must take into consideration that most of the women I talked with are villagers, who generally worked not only in their homes but also outside, namely in their farms or in the gardens of their houses, which presumably effected their bodily experiences.³⁴⁰

³³⁸ “Evde istediğim gibi gezerim, karışanım yok bağırırım yok kalkarım sancım yoksa evimde mesela yürürüm isterim[ister] bir bardak çayımı içerim istediğim gibi uzanırım doğumu mu ederi, onun için çok rahat bir doğum ederim” (G11), Çalış, 68.

³³⁹ “Hastane personelin yaklaşımı iyileştirilirse, hastane atmosferi ev sıcaklığına kavuşturabilir Bu durum evde doğumları hastaneye taşımada etkili bir çözümdür.”, Çalış, 118.

³⁴⁰ Nevertheless young village women prefer hospital birth nowadays.

2.3 “At least I have a salary aunty, but why are you doing this dirty thing?”:

Encounters of Midwives with Educated Young Ones

Whether it be at home or in hospital, birth is, among many things, a process which can become problematic and requires the competency of the midwife. The midwives I interviewed performed midwifery in a time period, approximately between 1960's and 1990's, when in a near province or a district, a hospital was already established and had the chance to transfer the woman to a hospital in cases of emergency. Thus, when I asked the question, “what were you doing in cases of hard births or complications?”, they answered that they provided a means for transportation and proudly added that they assisted the woman to the hospital, in case anything happened during the travel, like other midwives in other parts of Turkey.³⁴¹ They even took the child to the hospital if s(he) was born earlier than the expected time. If it is the woman's first birth, they encouraged the woman to go to the hospital warning that first births are harder than the succeeding ones. Regarding other cases which can also be seen as problematic, such as removing the placenta after birth, turning the baby in the uterus, untying the umbilical cord, they note that they are skillful in handling these “easy”, “regular” problems. In addition, not only the midwives I interviewed, but also many others are also skillful in understanding when a woman was to give a hard birth, in other words, when it is a must to give birth in the hospital which is a sign of their competency.

³⁴¹ “Doğum zorlaşırsa ebe kadını ilçeye götürür, ebe de kadının yanında gider, yolda bir olay olması durumunda (bazen doğum yolda gerçekleşiyordu) müdahale etme şansı doğuyor.”, Santur, “Bozhüyük Köyünde”, 339; “Zor doğumu anlayan ebe kadını müdahale etmeden doktora gönderiyor.”, Karataş, “Erzurum Narman Çimenli Köyü”, 151; “Urfa’da doğumevi olmasına rağmen doğum evde ebe ile yapılıyor, zorlaşırsa doktor çağırılıyor ya da hastaneye gidiliyor.”, Zümrüt Nahya, “Urfa’da Doğum Gelenek ve Göreneği”, in Türk Folkloru Araştırmaları / Kültür ve Turizm Bakanlığı (Ankara: Kültür ve Turizm Bakanlığı, 1983), 76.

Nevertheless, they are blamed mostly for the high infant mortality rate in Turkey, although there is no scholarly research if this is necessarily true. In 1963, infant mortality rate was 208 in a thousand; it decreased to 150 in 1973, to 102 in 1982, to 85 in 1988.³⁴² The significant progress was after 1990, that from 69, it decreased to 19 in 2009,³⁴³ which must be seen within the context of hospitalization of birth of nearly ninety percent. In addition, the most important reasons of infant deaths are pneumonia and diarrhea.³⁴⁴ Studies are needed on the subject, yet what I am dabbled here is that midwives were also performing their occupation with the risk of being blamed for child deaths, which becomes apparent from the experiences aunty Şehri and aunty Melahat lived.

Aunty Şehri asserts that when she took a pregnant woman, whose infant was dead inside her womb and could not give birth, to the hospital in Sındırgı, the doctor could have easily blamed her for killing the baby if the husband of the woman did not defend her that she was in fact the one who helped. She told that this incident happened in early 1990's, when the educated midwife Yahşi, appointed to the village in 1981, had long been gone, she only worked there for three years. Aunty Melahat insists that the "jealousy" of educated midwives has caused problems for her with doctors and local authorities and when a baby was found dead in a waste basket in

³⁴² Sevil Cerit, *Türkiye'de Nüfus Doğurganlık Ölüm* (Ankara: Yeni Çağ Basın Yayın, 1989), 78.

³⁴³ "Unicef," http://www.unicef.org/infobycountry/Turkey_statistics.html (May 11, 2011).

³⁴⁴ Cerit, 76-78. For various factors affecting infant mortality, like maternal age at birth, intervals between two live births or consanguineous marriage, see Ergül Tunçbilek, ed., *Infant Mortality in Turkey: Basic Factors* (Ankara: Hacettepe University, Institute of Population Studies, 1988). I suspect that giving birth all alone might be another reason for infant mortality, and it was not an exception in many regions: "“Çoğu kadınlar doğumlarını evde tek başına yaparlarmış. Eskiden doğumlar saklı tutulmuş. (...) Doğuracağını başka birileri duyduğu zaman doğacak bebeğin yolunu şaşırdığına ve doğumun zor olacağına inanılır.”, Moumin, 36. See also Tıgılı, "İsparta ve Çevresi Köylerine Genel Bir Bakış" and Tıgılı, "İsparta ve Çevresi Köylerine Genel Bir Bakış II".

İznik in 1990's, the police took her to the police station and questioned her, for “educated midwives have told the police to do so. Since she attended births more than them, she must have known about it”. In the end she was not associated with the incident and nothing happened, yet one cannot help but question if hers and aunty Şehri's narrations are totally true. Could it be that it was their fault that the baby was dead? Midwives can understand when the pregnant woman was to give a hard birth and took her to the nearest hospital, an opportunity both midwives had during the years they performed midwifery.³⁴⁵ It seems to me that if they were the guilty ones, they would in the first place conceal these incidents, rather than repeating it in all of the interviews, their repetition being presumably a consequence of the fears they must have felt during the incidents.

Interestingly, aunty Melahat blames educated midwives for giving harm to the pregnant women as a result of their inexperience and their incompetence.³⁴⁶ Aunty Hatice, for the villages of Tunceli, recalls that educated midwives “were inexperienced and knew little about birth and could not penetrate into birth domain”, which was in fact also admitted by the educated midwife Makbule Tosun who worked in 1960's in a village of Pertek-Tunceli. Their cases coincide approximately for the period between 1960 and 1990's, and interestingly, aunty Ayşe from the

³⁴⁵ For the Kertil village, the nearest health institution was opened in Sındırgı (twenty kilometers away) in 1973, there was a health institution in Akhisar (forty-five kilometers away) since 1893. For Iznik, Bursa State Hospital was opened in 1951, whereas Bursa Yenişehir State Hospital was opened in 1960. Iznik State Hospital was established in 1998.

³⁴⁶ “Çakırca'dan bir ebe almışlar, şişirmiş kızı, olmuyo doğum. Beni gelip aldılar. Gittim başı kıcı açık, dudağı boyalı bir kadın oturuyo. Bana söylemediler ebe var diye. Muayene ettim, dedim kim yaptı bunu, ben buna el vurmam, doğru Bursa'ya. Bursa'ya kadar arabada kucağıma oturturdum, kafasını kucağımdaki boşluğa getirdim. Bursa'da doktorlar bi bağırdılar, benim hiç suçum yok dedim, ben getirdim buraya.”

Black Sea village (Trabzon) and aunty Refika from a village of İznik (Bursa) also make similar arguments for their villages in this period. In other words, after 1960's, educated midwives were appointed to these villages, yet they could not fully succeed in penetrating into birth domain, rather widely performed their duty as a “symbol of modernity” and a health officer responsible for the vaccination of children, and birth transferred from midwives to hospitals in most cases.

One prominent reason the women I have talked with in the villages of these midwives referred to was that an educated midwife, as an officer of the state, would not bother to take her time with the long process of birth, that required the supervision of the midwife until the delivery, which sometimes lasted for two or three days.³⁴⁷ A more interesting point was made by aunty Melahat from İznik, that they wanted a considerable amount of money, which resulted with the preference of aunty Melahat, since she accepted to go to every birth, regardless of social class, reminding us a crucial point made by Besim Ömer.³⁴⁸ Moreover, she criticizes educated midwives regarding their “modern” outlook, namely that they only cared about their physical appearance, “put on their make-up, wore inappropriate clothes when going to birth, such as short-skirts”.³⁴⁹ May it be problematic, for without a

³⁴⁷ Aunty Refika: “Eğitimli ebe uğraşır mı öyle, annem dururdu başlarında günlerce.”

³⁴⁸ “Ben çağıran herkese giderim. Ne savcı, ne polis çocukları doğurttum. İnsan ayırmam, Çingenlere, Kürtlere ne çok gittim doğuma”. See 1.2 for Besim Ömer's emphasis that educated midwives should perform their duty for all social classes. In seventeenth-century England also, midwives did not discriminate between rich and poor women, Evenden, 100.

³⁴⁹ “Çok para isterler, pazarlık yaparlar. Bir de hükümet ebeleri başı açık kıcı açık, bismillahi yok allahı yok, bana gelirler. Ben okuyarak doğum yaptırırım. Bir de onlar beklerken ilgilenmezmiş. Hastanede kıza bakmamışlar, televizyon seyrediyorlarmış meğersem, bana geldi doğurttum. Hepsi çok genç ebelerin zaten. Birine gittim, ebe geldi deyince, beni dudağı boyalı süslü püslü ebe zannetmişler. Kaçmayın kaçmayın ben de sizin gibi kadını dedim. Bismillahirrahmanirrahim diye girdim odaya. Kadını mahfêtmışler, kanaması var. Hemen temizledim, zafıranla dezenfekte ettim. İğnesini vurdum yatırdım. Yapmayın ya böyle bilmeden dedim, yazık günah kıza.”

doubt educated midwives, like all women, must have the freedom to wear anything they want, her view provides us clues how ordinary people with conservative lifestyles must have seen educated midwives, at least the ones working in health centers of the small cities. According to aunty Melahat, educated midwives, “being ornate and wearing lipstick”, cared nothing about the religious rituals during birth, which presumably not only for her, but for many more, constitutes another reason for the disinterest of the folk in them.

Nevertheless, what present between midwives and educated ones was not always rivalry. The case of aunty Şehri is in fact interesting regarding the cooperation with the educated midwife, Yahşi, during the three years she worked in the village. She not only assisted the educated midwife during “one or two births” she performed in the village, but also helped her to remove the placenta after birth, which was, according to aunty Şehri, a task that Yahşi could not accomplish. When I asked her whether the educated midwife was competent, since aunty Şehri recurrently suggested that Yahşi defined her “as having more knowledge than her”, she gave a paradoxical answer, “How can she not know? She learned midwifery with education, she was not experienced like me”, again in fact degrading herself as an effect of the modernist discourses. Yet, modernity did not only effect her in this way; in addition, it was during the births she attended with Yahşi that she learned from her to lay the birthing woman down on her back, which enabled her, as mentioned before, more control over the birthing woman. Interestingly, she is not the only

midwife that was affected from these encounters and changed the mentioned birthing practices.³⁵⁰

Yet, aunty Satı, who also cooperated with the educated midwife, did not get affected this way and the case of the appointed midwife in Doğankaya village (Gördes-Manisa), with a population of around 700 people until the migration to cities in 1990's, approximately twenty kilometers away from Akhisar (Manisa), deserves a closer look. May it be as a result of being close to a sub-district, the first educated midwife, Melike, who was from Tekirdağ, was appointed to the village in 1990 for her husband worked in Akhisar as a state officer. She worked for more than twenty years in this village until her retirement, and is still highly adored by the villagers. Presumably having been married, becoming pregnant short after her official appointment and raising her son in this village helped her to establish sympathy, as well as her concern and her interest in the health problems of the villagers, and according to the women I have talked, the new appointed young midwife (on December 2010) does not possess these qualities.

Villagers claim that shortly after coming to the village, Melike only became responsible for health issues, but also for childbirth, yet in the latter she was not alone. As a clever solution to be able to penetrate fully into birth domain, she maintained solidarity with the *old* village midwife aunty Satı, and the village women and aunty Satı underline that she called for aunty Satı for every birth. Aunty Satı notes that they never laid the pregnant woman down, and that they delivered in a

³⁵⁰ “Araştırma bölgemizde köy ebelerinin bazı durumlarda hükümet ebesi olarak adlandırdıkları ebelerle birlikte doğumlara katıldıkları, onlardan bazı tıbbi uygulamaları görerek öğrendikleri, yeri geldiğinde de bunları uyguladıkları tespitler arasındadır (doğumun yatarak yaptırılması, göbeğin sıvazlandıktan sonra kısa kesilmesi vb.)”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”.

semi-sitting position. As demonstrated before, this birthing position requires two women assisting birth, in which one of them is the main midwife. Aunty Satı many times proudly told that Melike always called for her, and that she always helped Melike, yet in fact Melike was the one who helped aunty Satı, for during birth, Melike hugged the woman from her back, when aunty Melahat delivered the baby in the front. In other words even if aunty Satı did not call herself *ebe*, like aunty Şehri, she was the main midwife, and presumably it was for this reason that the birthing position in this village, as least during the midwifery of aunty Satı, did not change.³⁵¹

May it be defined as a type of female solidarity; it was not without side-effects. The crucial effect modernity had on aunty Satı as well as aunty Şehri, as a consequence of the encounters with educated midwives grown up with the modernist discourse of childbirth I believe, was a change in their perception of birth from one of “natural” to a one of “dirty”. This becomes apparent in aunty Satı’s words, that “sometimes the baby could be dirty, full of blood or fat, or it could smell awful”.³⁵² Yet, aunty Şehri was exposed to a deeper effect, presumably because Yahşi was an educated midwife who was not fond of her job. During the interviews, she many times remembered and narrated the words of the educated midwife Yahşi: “At least I have a salary aunty, but why are you doing this dirty thing? Are you so interested to

³⁵¹ Aunty Satı still performs midwifery if requested, yet she tells that today most of the villagers prefer hospital births in Akhisar. This was also true for the village Delaney made ethnographic study on. She narrates, without comment, that the state midwife delivered the baby by making the pregnant woman sit on a stool (Delaney (1991), p. 63), which gives us clues that educated midwives also were affected from local birthing practices, and I believe further studies could confirm this.

³⁵² Aunty Satı: “Koku gelirdi, çocuk bazen apacık çıkar, bazen pis kokardı. Bazen tertemiz olur, bazen yağ olur. Sen ebesin sen yanaş derdi. Kimi çocuk kanlı çıkar, kollarını sıvarsın da gene kan olur, o zaman ebe sen al derdi.”

breathe this dirt?”³⁵³ Yet, paradoxically, aunty Şehri’s perception of birth is mixed up with her contrary perception of the baby.

After I delivered the baby, before I wash it, I smelled it deeply. The new-born has a wonderful scent. It smells so good. You feel its beautiful scent. It is an innocent angel. After it is born, it smells so good; I have been accustomed to it. I didn’t get disgusted.³⁵⁴

Did Yahşi also found the baby dirty? Did this disturb aunty Şehri? Is it for this reason that she narrated these words just after remembering the “dirty” process of birth? Whatever the reason was, it is noteworthy that neither the other midwives I interviewed except aunty Satı, nor the women I have talked during the research of this study or the women in my family mentioned, even once, words such as “dirtiness”, “dirt” or “disgusting” during the long conversations we had on birth and its experience. After having realized the importance of the words of aunty Şehri, I asked many of them again if birth was, among many things, a “dirty” process, they strongly opposed. On the contrary, they recalled that even when the baby was full of fat or blood after birth, after cleaning it with some water, (not necessarily washing it), it becomes as clean as an angel. Furthermore, they never claimed that the birthing woman is dirtying herself, the bed or the room she gives birth in.

Seen from this view, it was presumably educated midwives, at least those of them who internalized the “modernist” discourses of childbirth, who saw birth, in

³⁵³ “Ben teyze aylığı alıyom, sen bu pis işi neden yapıyon, derdi. Pisliği kokmaya pek mi hayransın derdi ebe hanım. Sana bu köylü ne veriyo derdi ama gitmedim mi darılırdı.”, The answer aunty Şehri gives constitutes a theme which I will deal separately in 3.2 of this part. Aunty Satı also many times told that “kollarım ta buralarıma kadar kan, bok içinde kalırdı da yine giderdim”

³⁵⁴ “O çocuğu doğurttum mu, yıkamadan önce koklardım. Yıkamadık çocuk, burcu burcu burnuma kokardı. Kokar yenidoğan çocuk. Pek güzel kokar. Bi güzel kokar. Hiç günahsız sabi o. O çıktığı zaman burcu burcu kokusu olur, alışmışım. Ben iğrenmezdim.”

addition to an “illness”, a “dirty”³⁵⁵ thing and midwives who assisted birth with them started to perceive birth as such. This, I believe, is rigorously bounded with the image Besim Ömer’s or his colleagues, as well as the intellectuals of the early Turkish Republic, had for midwives as “dirty”. In other words, it was not only the increasing emphasis on “hygiene” during modernity that went along with the emphasis of “hygiene” during birth that paved the way to view *old* midwives as “dirty”, but also seeing birth as a “dirty” process.³⁵⁶ Educated midwives, having been raised up with discourses emphasizing hygiene were not seen “dirty”, rather were given the task of “cleansing the dirt of birth”.³⁵⁷

It is worthy to note here that none of the midwives were “dirty” woman; in fact their houses, their clothes, their hands were clean. They all underlined, when I asked, that they of course washed their hands before birth or cared about the cleanliness of the pregnant woman or birth room. I cannot declare that they and the women I talked are “hygienic”, or “concepts such as ‘germs’ and ‘hygiene’” are perfectly developed,³⁵⁸ but they cared about the cleaning of their houses or toilets, or of their clothes, their meals, or of their children. “Dirtiness”, or “cleanliness” I believe is rigorously bounded with how you define them in a modern world and

³⁵⁵ During medicalisation of childbirth, not only birth and the birthing woman was perceived as “dirty” by male doctors, but also the new-born baby or breastfeeding, see Mavis Kirkham (ed.), *Exploring the Dirty Side of Women's Health* (New York: Routledge, 2007).

³⁵⁶ See also Besim Ömer, *Doğururken ve Doğurduktan Sonra*, for his exaggerated emphasis on hygiene during birth. See also Tıgılı, “İsparta ve Çevresi Köylerine Genel Bir Bakış”, 1582: “Ebeler çoğunlukla köylerinde sayılan insanlardır. Bunlar uysallıklarına, tok gözlülüklerine, külfetli ve gönül bulandırıcı hizmetlerde gücürgenmediklerine göre kıymet taşırlar.”

³⁵⁷ Helen Callaghan, “Birth Dirt,” in *Exploring the dirty side of women's health*, ed. Mavis Kirkham (New York: Routledge, 2007), 21. Also see Helen Callaghan, “Birth Dirt: Relations of Power in Childbirth” (Ph.D. dissertation, University of Technology, 2002).

³⁵⁸ Akşit, 163.

“hygiene” without doubt is a problematic term to define the extent how “clean” or “dirty” a thing or a person is.

Yet, aunty Melahat’s following words reveal how a midwife, although in all the interviews she portrayed herself in opposition with educated midwives of İznik as being “experienced and religious” and as opponent, was affected from modernist discourses regarding hygiene during birth:

“Were there no microbes in the past? My aunty who was a midwife came back from the farm and delivered my first child after only washing her hands. She didn’t even use gloves but nothing happened to me. Maybe there were no microbes, then. Now I pour *zafiran*,³⁵⁹ I boil the olive oil, I check how wide her womb is opened, how many centimeters... Now people get microbes. Thanks God I never saw such a thing.”

Evidently, aunty Melahat got a sense of “hygiene” from the penetration of modernist health discourses into the everyday life of people. As demonstrated before, she was a “popular” midwife in İznik, yet her case is special not because she saw herself as an opponent to the educated midwives in the city, but because she gave birth like an educated midwife. In other words, she had a birth kit which she recalls as having been prepared by a family relative of her husband after witnessing her attendance at births. This then “expensive” kit contained birth equipment like gloves, *zafiran*, different kinds of scissors, gauze bandage, stethoscope, and even intramuscular injection, which all enabled her to perform a “modern” midwifery for more than thirty-five years, making her a midwife even recommended by doctors.³⁶⁰ She proudly repeated many times during the interviews that she “used *zafiran*”, which I

³⁵⁹ Antiseptic liquid.

³⁶⁰ That’s how I found her, since my friends in İznik recalled that doctor Hakkı Töre recommended her before the İznik hospital was established in 1998.

believe constitutes her perception of “hygiene”, that she listened with the stethoscope the heartbeats of the infant and the mother, or that she checked the womb of the birthing woman that it opened for six centimeters, which suggested that she was to give a successful birth.

Interestingly, she, more than a lot, proudly emphasized her use of intramuscular injection, about which she declares that she learned it from an educated midwife who came to give her an intramuscular injection. The importance she gives to using intramuscular injection is not groundless, for it surprisingly constitutes core equipment within health domain. Not only the educated midwife Makbule Tosun whom I interviewed, but also all the women, including the midwives, told about the use of intramuscular injection on many instances. Tosun, for instance, recalled that in addition to vaccination, she was busy giving intramuscular injection to old villagers, whereas the women told that they went to the educated midwife for it. The new educated midwife appointed to Doğankaya village in December 2010 was found “not good enough” for she gave intramuscular injection without getting closer to the person, but from a distance. Furthermore, the midwives, although they were competent traditional healers not only on midwifery but also in many other health issues, as we will see in the forthcoming parts, tentatively declared that they do not possess the proficiency of giving intramuscular injection, about which they seemed deeply unhappy.

All these lead me to conclude that intramuscular injection was seen as a symbol of modern medicine by ordinary people and that the educated midwives, being young and modern, did not actually gain respect and establish trust with their

activities regarding birth, rather with their activities on other health issues, especially regarding vaccination of children and giving intramuscular injection.

2.4 “I concealed her pregnancy if she was to have an abortion”: Assistance around issues related to reproduction

Having analyzed the changes within the birth domain regarding birth position, the competence of midwives, their activities during the process of birth, as well as the effects of encounters with educated midwives and modernist discourses, it is now necessary to deal with their activities around reproduction. Midwives not only cured diseases of new-borns,³⁶¹ but also assisted the new-mother on issues related to childcare, such as teaching her how to breastfeed, helping her to look after the baby, even to take care of the house until she gained her strength after birth.³⁶² Yet, they did these if necessary, in other words, when the new-mother had no women around to guide her on these issues, which in fact was (and is) seldom the case. This, of course, again points to female solidarity within the birth domain, which is still present today, against all odds, yet there were practices that needed not only the midwife’s specialty but also her spiritual guidance.

³⁶¹ Aunty Satı: Çocuk hasta olursa getirirler, ak gelincik (bir çeşit soğuk algınlığı) olur, ya göbeği sancı olur.

³⁶² “Ebenin lohusayı sık sık ziyaret ederek bakması adettir. ”, Ertem, “Doğum İnanları II”, 411; “Doğumdan sonra ebe çocuğu yıkar, kundaklar, anasının yanına yatırır ve kendisi çekilip gider. Bir defa daha çağırırlarsa gelip çocuğa ve loğusa kadında bakar, çağırmazlarsa kendiliğinden gelmez.”, Mehmet Tuğrul, “Mahmutgazi Köyünde Doğum ve Çocuk Bakımı ile İlgili Gelenekler,” *Ülkü* 1 (January 1947): 22; “Ard ebe doğumdan bir hafta kadar eve gelir ve evin temizliğinde, çamaşırında, yemeğinde, çocuğun bakımında lohusaya yardımcı olurdu.”, Hüray Mear, *Kıbrıs Türk toplumunda doğum, evlenme ve ölüm ile ilgili âdet ve inanışlar* (Cyprus: K.K.T.C. Milli Eğitim ve Kültür Bakanlığı, 1992), 31.

Two prominent examples are ritual practices *tuzlama* and *kırklama*. There is considerable amount of research on both rituals and it is not my intention here to add another one, yet a short overview is necessary to understand the spiritual role midwives have within the birth domain.³⁶³ The former *tuzlama*, is putting salty water in the mouth, palms, under the feet and armpits of the baby, which was done after the baby was born, some time during the forty days after birth. This purification ritual, which is widely used in different parts of Turkey, was (and is) justified with the belief that it prevents the baby, when grown up, to have a bad smell of sweat from her (his) body. In many cases, the midwife is invited to perform this ritual, for it has to be done with the sayings of certain prayers, after which she washes the baby and swaddles it. In the latter, *kırklama*, which in the Ottoman case was mostly done in the public baths, the midwife or an elderly woman in the family, on the fortieth day after birth, puts some ritual objects in a cup of water, such as forty stones or some plants, during which prayers are whispered into the water. Then the mother and the baby take a bath and pour from this ritual water on their bodies. These rituals reveal that midwives have a spiritual role not only during but also after birth, but more importantly, that neither they, nor the women of their community see pregnancy and birth as *only* a medical process and contrate on medical curing, rather they have a wider perception that brings forth to do rituals for healness.³⁶⁴

³⁶³ See Tıǧlı, “İsparta ve Çevresi Köylerine Genel Bir Bakış II”; Ertuǧrul Taylan, *Çokaklı Köyü: Sosyo-Ekonomik Yapı ve Halk Kültürü Araştırması* (Ankara: Kültür Bakanlığı, 1995); Erdentuǧ, *Sün Köyü’nün Etnolojik Tetkiki*; Santur, “Hatay’ın Bazı Türkmen Köylerinde”; Teke; Salih Uçak, “Ergani’de Eski Türk İnançlarının İzleri ve Halk Hekimliği” (MA Thesis, Dumlupınar University, 2007); Başçetinçelik and Moumin. For the symbolic meaning of *tuzlama* and *kırklama*, see Yüksel.

³⁶⁴ It can also be argued that these purification rituals are seen necessary in the sense that birth and the birthing woman are seen as “dirty”. Yet this constitutes a wide research topic and in this study, I concentrate on the spiritual roles of midwives.

Of special importance is the period of *lohusalık*, which consists of forty days after birth, during which it is found inappropriate for a woman to have sexual intercourse. This belief is in relation with seeing the birthing woman and the baby being close to death in this period,³⁶⁵ which results with different rituals to protect them, such as not leaving them alone in the room, hanging Quran near them, putting knives under their pillows or a broom near their beds.³⁶⁶ Rituals regarding the *lohusa* period are also seen in Tunceli, namely in Alewiten communities,³⁶⁷ and midwives in all regions have crucial roles in performing as well as giving advices on all these rituals, which were also confirmed by the midwives I interviewed.³⁶⁸

³⁶⁵ A popular saying in Turkey is that the grave of the new birthing woman stays open for forty days; (Lohusanın mezarı kırk gün açık kalır).

³⁶⁶ “Ebe ninenin öğüdü: “Haftada bir gün çocuğu yıkayın, bazıları kırk gün yıkamazlar, ben öyle pisliği sevmem sade çocuğumu üşütmeyin, çocuğun yastıdığı altına bir musaf, bir bıçak, bir parça ekmek kırığı koyun beşiğin ayak ucuna süpürge koyun dursun ne olur ne olmaz odadan dışarı çıkar dalarsın çocukta uyuyuverir yavruma cinler musallat olmasın... emi kızım.”, Avni Altınar, “Tarhala Obasını Tanıyalım 2,” *Gediz* 10 (February 1938): 10-14.

³⁶⁷ Hasanalili village, Elbistan (Kırklama, alkarısı için bıçak); Höbek village, Divriği (Kırklama, cinsel ilişki yasağı, alkarısı korkusu); Ortaköy village, Çayırılı (Çocuk yalnız bırakılmaz); Tatlısu village, Çağlayan (Korunmak için muska takılır); Üzümlü village, Erzincan (Kırk gün yalnız bırakılmaz anne ve bebek), Alçıçek village, Elbistan (Kırklama, cinsel ilişki yasağı); Hans-Lukas Kieser, “FAN-Forschungsprojekt - Alevitische Lebenswelten: Wandel, Migration, Diaspora (20. Jh.)” (Unpublished Research Project, Zurich University, 2003). These are the findings of an unpublished research project performed between 2000 and 2003 in Dersim. I am grateful to Hans-Lukas Kieser for sharing the related parts with me.

³⁶⁸ In medical faculties, traditional and ritual practices before, during and after birth are rarely studied, and when is done so, the dichotomy between tradition and modernity/medicine is reproduced, see Gamze Eğri, “Tokat İli Bir Sağlık Ocağı Bölgesindeki 15-49 Yaş Grubu Evli Kadınların Doğum Sonu Dönemde Anne ve Bebek Bakımına Yönelik Geleneksel Uygulamaları” (MS Thesis, Cumhuriyet University, 2006). Mexico provides an interesting comparison, where Mexican midwives have various ritual roles within birth domain, including chasing away the evil spirits. Interestingly, many midwives had intensive contact with doctors, nurses and midwives of the Mexican national health service and have basic training in gynecology and pediatrics, which shows that they are not banned out of occupation and marginalized, Michael Heinrich, “Herbal and Symbolic Forms of Treatment in the Medicine of the Lowland Mixe,” in *The Anthropology of Medicine: From Culture to Method*, eds. Lola Romanucci-Ross, Daniel M. Moerman and Laurenc Tancredi (Westport: Bergin & Garvey, 1997), 71-95.

All of these reveal that the spiritual role of midwives transcends birth, which is also the case for their medical role, for it is not limited to birthing process, in fact transcends it regarding the periods before and after birth. They gave advice to women on birth control, when the necessary medical precautions, such as using pills or *spiral* were not easy to reach. Besides, the “hard” question, for instance, asked to the midwifery student in Balıkesir Village Midwifery School, namely “how do you understand that a woman is pregnant?”, is hardly any issue for a midwife, since they not only easily understand if a woman is pregnant, or tell how old is her pregnancy, but also make a true claim if the baby is a boy or a girl.³⁶⁹ When I asked how they accomplished all these, aunty Satı, regarding pregnancy, was so surprised, since for her “it is so obvious, you feel it with your hand instantly.” In addition, they cure infertility and women who suffer from miscarriages, and they claim that both have positive effects.³⁷⁰ For all these reasons, they are still consulted today by the women of their community;³⁷¹ and many village women I have talked to, for instance, said that before going to the doctor to the city, they still visited the midwives to understand in the first place if they were pregnant, if it was so, they payed a visit to the doctor.

³⁶⁹ “Yılların birikiminin sonucu olarak cinsiyet belirleme ve çocuğun anne karnında geçirdiği aşamalar hususunda modern tıp açısından yüzde yüze varan doğrulukta sonuçlar elde etmeleri dikkate değerdir.”, Santur, “Bozhüyük Köyünde”. See also Karataş, “Erzurum Narman Çimenli Köyü” and Santur, “Hatay’ın Bazı Türkmen Köylerinde”.

³⁷⁰ In addition to all the midwives I interviewed, other midwives around Turkey express their competence regarding their activities. Midwives Meryem Caner, Hatice Gül and Fatma Pehlivan state that they cure infertility, Santur, “Hatay’ın Bazı Türkmen Köylerinde”. See also Balıkcı; Santur, “Bozhüyük Köyünde”; Erdentuğ, *Hal Köyü’nün Etnolojik Tetkiki* and Karataş, “Erzurum Narman Çimenli Köyü”.

³⁷¹ For accounts of people telling that they consult midwives on these issues, see Mear; Aktan Müge Ercan, “Gelibolu Yarımadası’nın Geçiş Dönemi Adetleri Üzerine Bir İnceleme (Doğum-Düğün-Ölüm)” (Ph.D. Dissertation, Çanakkale Onsekiz Mart University, 2002); Bülbül; Yüksel; Teke and Uçak.

In this respect, the question, if midwives are really successful in the mentioned activities, such as giving advice on birth control or curing infertility, lies beyond the scope of this study and needs further research, yet one should also keep in mind the financial factors. In other words, even if the state provides free health services for the poor, consulting a nearby midwife in the first place instead of paying a visit to the doctor, is easier and more profitable.³⁷²

Nevertheless, the crucial activity domain of midwives regarding reproduction, I believe, is possessing knowledge on abortion. As demonstrated and mentioned before, state control over abortion was (and is) necessary, since demography was (and is seen) as a political power not only in late Ottoman Empire, but also in Turkish Republic.³⁷³ Women's bodies were scrutinized regarding their reproductive skills and abortion constituted a wide debate during modernity.³⁷⁴ Seen within this context, it constituted one of the core reasons why midwives were left out of profession and marginalized, for their autonomy meant a threat to the political interests of the state on demography.

In fact some Turkish women knew the traditional practices for abortion and these needed not to visit the midwife for this issue.³⁷⁵ Presumably this was also a knowledge domain passed onto next generations through women's networks, though

³⁷² See Günel for the inability of the Turkish state providing free and equitable health services for the poor.

³⁷³ See especially Introduction. See Balsoy (2009) for the Ottoman context.

³⁷⁴ For the abortion debate see Catharine A. MacKinnon, *Toward a Feminist Theory of the State* (Cambridge and London: Harvard University Press, 1989).

³⁷⁵ See for instance Santur, "Hatay'ın Bazı Türkmen Köylerinde"; Santur, "Bozhüyük Köyünde"; Teke and Uçak.

some of the practices were in fact dangerous, could cause complications and even result in infertility or death.³⁷⁶ When thinking about why some women continued to use these practices instead of going to a health institution for birth pills or contraceptive even after they became easily reachable after the socialization of health services in 1980's, I believe other aspects must be taken into consideration. If, for instance, the husband of the woman is against birth control, it could be hard for a woman to take the necessary precautions, which may result in an unwanted pregnancy. In such as case, she could obviously not go to a health institution for abortion, since her husband would not accept it, and this may result in performing traditional practices for abortion herself.³⁷⁷

Another important aspect is closely bounded with the rules or perceptions of the social community a woman lives in. If abortion is seen as unacceptable ethically or as a sin religiously, the woman could again turn to traditional practices for it.³⁷⁸ In both contexts, and when without doubt, even if the husband accepts it, they cannot afford it financially, women presumably consulted midwives and relied on their knowledge, also with the intention of protection from possible complications. Although I did not in this study delve into the medical analysis of traditional practices of midwives, and no research has been done on them, presumably the

³⁷⁶ See Santur, "Hatay'ın Bazı Türkmen Köylerinde", yet the study does not clarify medically why a traditional method is dangerous.

³⁷⁷ Nahya underlined the importance of the education of men regarding birth control, "Erkeğin istemediği ya da bilmediği bir şeyi kadın istese de bilse de izinsiz, habersiz uygulayamaz. Konu bu şekilde ele alınmadığı için kadınlar 'kendince' doğum kontrolü ve kürtaj uyguluyor.", Nahya, 80.

³⁷⁸ Biçer states that in Urfa, women turn to traditional practices for abortion since it is not accepted socially, see Biçer, 3. For the ethics problematic regarding abortion, see Saliha Altıparmak, Meltem Çiçekçioğlu and Gülay Yıldırım, "Abortus and ethics," *Cumhuriyet Tıp Dergisi* 31 (2009): 84-90. For the argument of "abortion as a religious sin", see Adem Dölek, "Ayetler ve Hadisler Işığında Çocuğun Yaşam Hakkının Korunması," *Atatürk Üniversitesi İlahiyat Fakültesi Dergisi* 31 (2009): 61-82.

advices midwives gave were seen more trustable.³⁷⁹ Aunty Şehri, the only midwife among my interviewees who talked about this issue, underlines that many women and their husbands came to her for advice on abortion, yet she is proud that she did not help them:

“I never gave advices on abortion, although I knew the necessary practices. If a woman comes to learn that if she is pregnant and says that she does not want it, I concealed her pregnancy if she was to have an abortion. I lied, so that she does not commit a sin. She should have thought about it before having sex with her husband, she should have taken the necessary precautions. But if she gets pregnant, it is a sin to abort it.”

As is apparent, for aunty Satı abortion is a big sin and she told that she saved the lives of many children by concealing their pregnancy, that when their mother became sure that she was pregnant, it was too late to have an abortion. Is she telling the truth? Could it be that she helped some women and concealed information from me, at least because she feels that she has committed a sin? She lists in detail the names of the children she “saved” which gives us clues about her honesty, yet according to me, we cannot be sure on this issue, for abortion is a sore subject which is not only regarded “inappropriate” ethically or as a “sin” religiously, but also the midwives I believe have realized the “crucial” role they have regarding abortion and are afraid to face problems with authorities. Although they admit that they have specific knowledge on abortion practices, they generally remained silent on this issue, when they were

³⁷⁹ Not only on abortion, but also on other activities, reputation of the midwife is crucial, since if a midwife harms a woman with an advice, her reputation would be damaged, see Chapter 3 of this part for details.

really informative and talkative regarding all the others,³⁸⁰ which again points to the fact that “abortion” is a sore subject.

³⁸⁰ This is the case for not only all the midwives I interviewed, but also for others, see for instance Karataş, 150: “70 yaşında bir ebe, çocuk düşürmeyi bildiğini söylüyor ama bilgi saklıyor, uygulamaların bazısını anlatmıyor.”. See also Biçer and Nahya.

3 Midwives within the Social Context

3.1 “Is it against Islam that I deal with birth and death at the same time?”:

Activities other than Birth

Having analyzed the various activities of midwives within the birth domain, it is now necessary to investigate the other activities they perform to get a wider perspective. This will allow us not only to understand their role as a whole in the communities they live in and the view people have about them, but also enable us to comprehend that although their medical role regarding child birth may come to an end, “they will not become history”,³⁸¹ on the contrary, they will have further roles in their communities as a result of the other activities they perform.

One interesting activity some of them performed was cooking on special occasions, such as marriage or circumcision ceremonies. Aunty Ayşe and aunty Rabia, who were handy women like other midwives, are also famous in their villages for their delicious meals and although aunty Rabia is long gone and aunty Ayşe is not doing this job anymore for she is very old, the people in their villages still talk about their meals. Performing this job needed hand skills, for which they were even called from nearby villages, must have at least raised their recognition and widened the domain of their occupation as a midwife, enabling them to reach more people.

Another activity of some of the midwives was giving birth to animals. As we have seen before, aunty Melahat referred to her attendance at animal births, when

³⁸¹ Ercan claims that midwives have fulfilled their function and will become history on the grounds that the folk have more awareness on modern health, Ercan, 53. Nevertheless I believe this is not the case for midwives do not only have medical roles, but also spiritual.

telling about why and how she became interested in midwifery. Although she did not continue giving birth to animals after she married and came to İznik, where she became a famous midwife, there were midwives who continued both.³⁸² Aunty Ayşe, for instance, assisted the birth of animals of the village she lived in (Çiçekliköy-Akçaabat-Trabzon), as well as of the other villages nearby. During the interviews, she many times narrated the hard births she accomplished, which sometimes made me think that she found giving birth to animals a harder task than giving birth to babies. This was without doubt related to the value villagers give to animals, since they provided crucial help physically and financially. Aunty Şehri also declares that she attended one or two hard births of animals, yet tells that today, her help is not needed since this task has been transferred totally to veterinarians, which is presumably the case for other villages in Turkey.

Yet, another activity midwives perform, namely washing the body of the deceased, is still continued and interestingly my research, complemented by other sources, point to the fact that the majority of midwives at the same time are responsible for washing the body of the deceased in their community, an obligatory ritual according to Islam.³⁸³ Unfortunately, these people are invisible in history like midwives, and there is hardly any research on who they are, what they do and why they do this.³⁸⁴ Aunty Şehri recalls that the old woman responsible for this task in Kertil village chose aunty Şehri because she was “courageous and strong” and

³⁸² The midwife in Wing Önder’s study also does cow deliveries, Wing Önder, 186

³⁸³ Not only aunty Ayşe, aunty Şehri, aunty Melahat, aunty Hatice, aunty Refika and her mother aunty Rabia, but also the midwives of Ulaşlı Türkmens, wash the body of the deceased, see Ersoy.

³⁸⁴ An exceptional source only gives information on the rituals performed during this task, Sedat Veyis Örneş, *Anadolu Folklorunda Ölüm* (Ankara: Ankara Üniversitesi DTCF Yayınları, 1971).

taught her the rituals and prayers necessary for carrying out this task. Having courage, at least not being afraid of dead bodies, presumably constitutes the core of this activity and relates it to midwifery, since, as demonstrated before, “courage” was a crucial theme in becoming a midwife. Yet, this activity caused aunty Melahat problems for she states that people have judged her that she deals with births and deaths at the same time and that she has to choose between midwifery and washing the body of the deceased. She then went to the mufti of İznik to ask if it was against Islam that she dealt with birth and death at the same time. The Mufti told her that “a dead person is gone yet she is needed to give birth life from life” and assured her she did nothing wrong, so she now, like the other midwives I interviewed, proudly tells that what she is doing is “*çok sevap*”, namely good deed according to Islam. Without doubt, further studies are needed to shed light upon this activity, yet I find it important regarding the spiritual role midwives have in two of three main rites of passage in a human life.³⁸⁵

The only midwife among my interviewees who does not perform this activity is aunty Satı and I believe this is bounded with her proficiency as a bonesetter. As a traditional healer, she is very popular in the village for this skill which keeps her very busy during the day, for people from all ages who have related problems pay a visit to her before going to a doctor. She cures some of them and she advises others to go to a doctor, especially in cases of broken bones. Having asked her many times how she learned this, she insists in all instances that she learned it by herself and maybe born “with this gift from God”. It is interesting though that she more than often

³⁸⁵ For the meaning of the rites of passage, see Arnold Van Gennep, *The Rites of Passage* (Chicago: University Of Chicago Press, 1961).

underlined that she never touches a broken bone, for if any complications come up, she may face problems with authorities for she does not possess any license.

Nevertheless, she has a “license”³⁸⁶ for another activity she performs, namely *parpı*, meaning chasing away the blues (*efkar*) of a person. According to her, *efkar* gives a person a deep heartache or causes tachycardia and during *parpı*, she takes a knife and with the repetition of certain phrases and prayers, she touches different parts of the body of the person with the back of the knife. Aunty Melahat and aunty Şehri also perform this ritual healing, yet with different titles, namely “*korkuluk almak*” and “*kızılyel parpısı*”, and they also have licences, which means in the traditional healing language, that some older person gives her/ his hand, and authorizes her / him with the carrying out of the ritual.³⁸⁷ Aunty Satı and aunty Melahat have received the hands of their mothers, yet aunty Şehri claims to have received the hands of three different *parpı* practitioners. They all underline that the transmission of “license” or proficiency should be between same sexes; in other words women give hands to women whereas men give hands to men and they have not decided yet to whom they will give hands. Obviously this theme also deserves a closer analysis, and before concluding this part, it would be rewarding to add the other activities emanating from my oral history accounts, namely curing various diseases with herbal medicine (aunty Hatice), citing of prayers against the evil eye

³⁸⁶ Here I use “license” in the metaphorical sense. Because *parpı* is a religious ritual, the practising person needs a religious permit, in other words a pass, to be able to perform this ritual. This kind “license” is not needed for other healing practices, such as midwifery or bonesetting.

³⁸⁷ “El almak – el vermek: (...) Tarikate ait bir şeyi bir töreyi yapmak, yahut bir hastalığa okumak için izin almayı, izin vermeyi de bu tabirlerle söylerler.”, Abdülbaki Gölpınarlı, *Tasavvuftan Dilimize Geçen Deyimler ve Atasözleri* (İstanbul: İnkılap, 2004), 107.

(aunty Melahat, Satı and Şehri), *kurşun dökmek*³⁸⁸ (aunty Melahat) and traditional healing of internal diseases (aunty Şehri).

When taken as a whole, all these activities reveal that the activity domain of midwives is in fact considerably wide, which in the first place enables them to penetrate into various social networks and establish strong social bonds with the members of the communities they live in. Furthermore, it becomes apparent that not only their medical role, but also their spiritual role exceeds birth domain. Midwives are in fact important channels in carrying not only the traditional knowledges regarding medical proficiency, but also knowledge on spiritual and religious rituals. Lastly, the activities midwives perform provide them the chance to challenge gendered boundaries, which is in fact a crucial theme that will be handled within the context of the private as well as the public domain, during which, before concluding this study, we will investigate and discern whether they accomplished transcending the gendered boundaries.

3.2 Transcending Gendered Boundaries with “Reputation” and “Respectability”

Having analyzed the various activities of midwives within the birth domain as well as within the social context, in what follows, we will take a closer look at how all these effected their position in the community they lived and their lives in private and public domains. Some of the midwives I interviewed, during the activities such as delivering animals (aunty Ayşe), bonesetting (aunty Satı), curing various diseases

³⁸⁸ Lead casting, a religious ritual performed against the evil eye.

with medicine (aunty Hatice) and traditional curing of internal diseases (aunty Şehri), maintained social relationships not only with women but also with men. Aunty Şehri, for instance, recalls that just a short time before our last interview, in April 2010, a man came to her who had aches in his abdomen, but could not find any cure after visits to various doctors. After a long examination of his abdomen, she claimed that he had a “bad disease” in his intestines, and it came to be a true diagnosis for he had the beginning of cancer. Other village women also confirmed this incident and the man’s coming back to thank her saying “you saved my life”. What I am interested in here is not whether her diagnosis was right or wrong, but that this incident unearths an unusual encounter in the village. An outsider, a man (she insists that many men as well as women) she doesn’t know but who heard of her name as a healer, comes to her house for healing, lie on her bed during which she examines his body closely with her hands. Keeping in mind that a village woman, even for problematic births³⁸⁹, was ashamed to visit a male doctor, aunty Şehri’s proficiency enables her to go beyond such gendered boundaries.

Interestingly, aunty Şehri declares that her mother Ayşe, from whom she learned this proficiency, was a respectable (*hatırı sayılır*) woman in the village, who divorced her “idle” second husband and accomplished to raise her three children alone. Furthermore, aunty Şehri tells that, because there was no coffee-house in the village then, all the men of the village, who knew her mother well for she was famous not only for curing internal diseases but also for curing children, gathered in her house or her garden where they chatted for hours, during when she served them tea. Besides, she acted like a judge in conflicts between villagers and her decision

³⁸⁹ See 3.1 of the first part.

was conceived as right by all parties. This, in fact, also seems to be the case for aunty Şehri, for she claims that she even intervened in the conflicts of villagers that happened in their private life. She refers to cases of domestic violence during which she protected the women and even came face to face with their husbands, including her own son. Yet, “that was in the past”, she adds, “today men are afraid to beat their wives for they know that she can go to the prosecutor and complain, and if she does, the man will end in jail”, pointing to the fact that awareness on women’s rights have penetrated into the everyday life of villagers.

Evidently, aunty Şehri and her mother are outstanding examples, and I do not wish to imply here that they are “proto-feminists” or have “gender awareness”, for this would mean falling into the trap of “overemphasizing the female role”. Rather, my aim is to grab the clues that enabled them to go beyond gendered boundaries, showing us that not many, but at least some women used to have a considerable respect and authority in the communities they lived. From an article, we learn that a similar woman used to live in the district Emirdağ (Afyon province), aunty Selvinaz, who was not only a midwife but also possessed knowledge on herbal medicine, cured diseases and performed rituals for spiritual healing . The writer narrates that many people visited her house and consulted her about, for instance, healing, dream interpretation and conflicts in marriages.³⁹⁰ What striking in her advice is that

³⁹⁰ “Selvinaz Ebe hatırı sayılır sözü dinlenir bir kimsedir, Feleğin çemberinden geçmiş, Esnek bir kişiliğe sahiptir. Herkesin sakalına göre vurur tarağı. Zekidir, kimin hangi dilden anlayacağını iyi bilir. Halkın derdine devadır, Kimin ne derdi varsa ona gelir. Baş ağrıyan ona gelir, Nazar değen, midesi ağrıyan ona gelir, Hem konuşur, hem okur Selvinaz Ebe. Yüreği kabaranın hafakanını bastırır. Çocuğu olmayanlar fal baktırır Selvinaz Ebe’ye. Kimilerine iyi geçinmesi için öğüt verir, kimilerine de hemen ayrılmasını söyler. Bir şeyi çalınan ona gelir, Umuttur Selvinaz Ebe, fakire, fukaraya. Kiminin elinde çıkısı, kiminin cebinde parası, Biri gelir, diğeri gider. Selvinaz Ebe’ye göre halka hizmettir yaptığı iş. Rüya gören ona yorumlatır. Çibana yumurtayla sabundan dolaz yapar, yaraya

sometimes she suggested divorce, presumably an outstanding suggestion, especially in provincial regions and villages. Seen from this point of view, aunty Ayşe's mother's decision of divorce is also interesting, which may provide us clues about the private life of these women and their relations with their husbands.

What is of special concern in the first instance is the absence of these women in their homes which came as a necessity if a woman performed midwifery. All of the midwives I interviewed have children and they underline that they had to be away from their house for long hours assisting birth, which sometimes meant three days during hard births. Aunty Hatice, aunty Satı, aunty Melahat and aunty Rabia can be regarded as lucky for they claim that they had "easygoing" mother-in-laws who supported them and looked after the children and the house when they were away. Aunty Ayşe and aunty Şehri mainly performed midwifery when their older children were relatively grown up, who, if not looked after, at least kept an eye on their sisters and brothers with the help of their fathers.

This in fact brings us to a crucial theme, namely the role the husbands had in the lives of these women, regarding the "busy" life as a result of the activities they performed. A significant example can be derived from the words of aunty Şehri:

şifalı otlardan sargı sarar.", Rabia Barış, "Selvinaz Ebe," <http://www.topakev03.com/infusions/koseyazilari/yazi.php?id=85>(May 2, 2010).

Here men do not let their wives leave home, but mine was different. I went to births in the middle of the night, under the rain... There was no electricity, no light, only the light of a kindling. There were times when I didn't come back for three days, during hard births or when we took the woman to a hospital. When I returned home, he didn't even ask "where have you been?". He was 15 years older than me, I married him by elopement. We loved each other so much, we were famous in the village, it was always like we've been married just yesterday. We got along so well.³⁹¹

Auty Şehri recalls that when she started to perform midwifery, her older daughter, who was eight years old, looked after her two brothers with the help of her father. Her cited words reveal especially the "special" relation she had with her husband, bringing to our minds a "love story". Of a similar relationship tells also aunty Ayşe, that her husband fell in love with her when he saw her singing folk songs and until the day he died nineteen years ago, he never lost his admiration for her, a point confirmed by her daughter-in-law and granddaughter. Aunty Satı also told about her marriage by eloping and that she and her husband got along very well during his lifetime, until eleven years ago, affirmed by her daughter and granddaughters. Even if it was not a love-story, aunty Refika also recalls that her father did not complain when her mother aunty Refika was away for two days, for birth or for cooking in a wedding. And lastly, the husband of aunty Hatice, with whom I personally met, regarded her absence so natural that he didn't find it even a subject worth discussing.

What do all these outstanding "love-stories" and impressive relationships within a marriage mean? How come their husbands did not cause any problems even

³⁹¹ "Burda adamlar hayatta yollamaz bi yere, nerde benimki gibi. Gece olur, yağmur yağırdı, biri gelir, elinde ışık, elektrik yok, çıra ile giderdik doğuma. Üç gün eve uğramazdım da, doğum zor olurdu, hastaneye götürürdük, eve geldiğimde nerde kaldın kadın demezdi. Benden 15 yaş büyüktü. Sevdik de kaçtım gittim ben ona anam babam vermedi de. Birbirimizi çok severdik. Öldü gitti benle dün bugün evlenmiş gibiydik, koca köyün içinde namlıydık. Koca koca kızımız oğlumuz vardı geçimimiz o kadar tatlıydı, muhabbetimiz çok iyiydi."

they were to stay two or three nights away from home? Was it just because they loved them? Were all these women lucky, as was the case for their mother-in-laws, and had calm, “easygoing” husbands full of love that allowed them performing the many activities they were busy with, let alone midwifery which needed assistance for hours?

Evidently, this vulgarization might be another big trap, nonetheless these accounts obviously challenge the image of the “patriarchal village man”³⁹² who has strong authority over his wife and his family. I believe we can obtain clues about this issue simply from what these women gained by performing these activities. In what follows, I will approach the issue, by focusing mainly on midwifery from two main aspects, materially and morally.

Concerning the material gains, midwives insist that they hardly earned money, since “most of the villagers were poor in the past”. Research shows that traditionally, giving her a piece of soap and some henna was seen as a necessity, not for the material values they have, rather for the spiritual meaning they possessed, as a means of purification.³⁹³ In some cases, a headscarf, some clothes or a prayer rug was added, usually the midwife was invited for a dinner, and sometimes cash money was given.³⁹⁴ All these points were also expressed by the midwives I interviewed, yet

³⁹² See Akşit, “Rural Health Seeking” and Sirman, “State, Village and Gender”.

³⁹³ For the symbolic meaning of giving soap and henna to the midwife, see Kalafat, Yaşar (2010). *Doğu Anadolu’da Eski Türk İnançları’nın İzleri*, Ankara: Berikan, p. 408.

³⁹⁴ “Doğum gerçekleşikten sonra ebeye yemek hazırlanır. Doğan çocuk erkek ise daha bir özen gösterilir. Önceleri ebeler doğumdan sonra evde kullanmış olduğu bezleri de yıkarmış. Çocuğun doğumundan yedi gün geçtikten sonra ebeye “ebe hakkı” verilir. Ebeye el emeği olarak elbiselik, havlu, tülbent, namazlağ, para, sabun, kına verilir.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”; “Emeğine karşılık ebeye bir yakım kına, bir kalıp sabun, bir tülbent verilir. Zahirde veya para veren de bulunur.”, Tuğrul, “Mahmutgazi Köyünde Doğum ve Çocuk Bakımı ile İlgili Gelenekler”; “Hediye

interestingly they all underlined that even when people could not give anything, they didn't care about it for they performed this occupation for the sake of God, which also played a crucial role in their becoming a midwife. Yet, I believe this remark they make, their attendance at births, even without material gains, reinforced the two main aspects of the moral gain they received, namely respect and reputation.

Indeed, the research of my study provides richer evidence and interesting arguments regarding the respect they had in the community as midwives. A relatively long citation from a magazine dated 1943 have the potential to shed light on the issue.

Midwives are respectable women in their villages because they have peaceful, contented attitudes and do not refrain from loathsome duties. The most old and experienced ones are famous. They are like mothers to the children they deliver. When the village child grows up, s(he) respects the midwife and helps her in her everyday life. Because of this, midwives have a comfortable life in their villages. People do not find them responsible for incidents during births. They are known as handy woman with magical hands and prayerful mouths.³⁹⁵

The writer Tıǧlı makes these claims for midwives in the villages of Isparta, yet not only secondary resources but also oral history accounts reveal that he has in fact touched core subjects. The theme "respect", as demonstrated above, constitutes one

olarak bir şalvarlık basma verilir. (...) Baba ebeye bir altın veya bir miktar para verir.", Moumin, 35-38; "Yörede doğum yaptıran kadına elbise, yazma, kına, bir kalıp sabun, para gibi doğum yapan kadının gönlünden ne koparsa o verilir.", Balıkçı, 244; "Ebe hakkı: Doğumdan sonra kadını kurtardığı için ebeye yemek hazırlanırdı. Ebe hakkı olarak da sabun, kına, para verilirdi.", Santur, "Bozhüyük Köyünde", 334; "Ebe hakkı olarak 1 ölçek zahire, 1 kalıp sabun, 1 tas tuz, Yemeni verilir.", Erdentuğ, *Hal Köyü'nün Etnolojik Tetkiki*.

³⁹⁵ "Ebeler çoğunlukla köylerinde sayılan insanlardır. Bunlar uysallıklarına, tok gözlülüklerine, külfetli ve gönül bulandırıcı hizmetlerde gücürgenmediklerine göre kıymet taşırlar. En yaşlı, tecrübeli ve şanslı olanı daha çok tutulandır. Ebeler köylerde ikinci derecede anadır. Köy çocuğu büyüdüğünde de ebesine hürmet eder ve onun şahsi hizmetlerini görmekten ve isteklerini yerine getirmekten çekinmez. Bu itibarla da ebeler köyde sıkıntısız ömür süren insanlardır. Doğumlardaki vakalardan ebeler mesul tutulmazlar. Onlar bir nevi elleri tılsımlı, ağızları dualı ve hünerli insanlar olarak tanınırlar.", Tıǧlı, "Isparta ve Çevresi Köylerine Genel Bir Bakış", 1582.

of the main reasons why midwives, in spite of the post of educated ones to various regions or establishment of health institutions, still continued to be consulted for birth. As a result of giving birth to many children, they are respected in many regions and even when they were “others” in terms of their ethnic identity, being a midwife constituted nevertheless a means to gain respect.³⁹⁶ During the research among Alewiten living in Dersim-Tunceli, when it was asked how they saw midwives, people gave answers such as “they were respected and loved by the community” (Hasanalili village, Elbistan) or “they are old and dignified woman who are respected among the community” (Alçıçek village, Elbistan).³⁹⁷

Of crucial importance in gaining respect is having cut the navel cord of people, during which she also gave the baby a navel name, about which it is believed that after death, people will appear by their navel names before God.³⁹⁸ It is for this reason that midwives had esteem, and in some regions it is even assumed that midwives had moral effect on the babies they delivered, that the baby will have similar characteristics with its midwife when grown up.³⁹⁹ Seen from this perspective, the meaning of the words of aunty Ayşe, namely “I have cut the navel

³⁹⁶ The grandmother of writer Gülçiçek Günel Tekin was an Armenian woman who converted to Islam; Tekin claims that although her “Armenian” identity was degraded, people respected her for she was a midwife, Gülçiçek Günel Tekin, “Müslümanlaştırılan Ermeni kadınların yaşamı kara kefen,” http://www.evrensel.net/ekhaber.php?haber_id=45205 (September 24, 2010). An interesting comparison provides the study of Harley on the provincial midwives in England (160-1760), that they were highly respected by the members of the community they lived in, David Harley, “Provincial Midwives in England: Lancashire and Cheshire, 1660-1760,” in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York: Routledge, 1994), 27-48.

³⁹⁷ Kieser.

³⁹⁸ Alaattin Uca, “Türk Toplumunda Ad Verme Geleneği,” *Atatürk Üniversitesi Türkiyat Araştırmaları Enstitüsü Dergisi* 11, no. 23 (2004): 145-150.

³⁹⁹ Bülbül, 76. See also Ersoy, 7-8: “Köyün erkekleri de herkesten daha çok anamı sayarlardı. Çünkü en büyük olanının bile göbağını kesmişti. O kadar da sayılırdı sevilirdi. (Demiryazı village of Sivas)”

cord of 300 children” becomes apparent, for it provides her, and the other midwives, the means to claim moral rights (*ebe hakkı*) over the children they gave birth to. A person has moral debt towards his/ her midwife, which is regarded as nearly equal to the moral debt one has towards God, thus hard to pay, yet it is believed that if one does not pay the spiritual debt of the midwife, after death she would come to ask for it.⁴⁰⁰

This moral debt positions midwives nearly at the moral level of one’s mother. Midwives, when telling about the children they gave birth to, use the term “they are mine” as if they are the mothers of them.⁴⁰¹ In Turkish vulgar language, “midwife” and “mother” are used synonymously, which again gives us clues on the theme. All the midwives I have interviewed reminded many times that the children they delivered have become teachers, doctors, lawyers, or police officers, during which they talked about them as if they were theirs and they are like mothers to them. The words of aunty Melahat in fact explain this theme neatly:

Everyone in İznik knew about me. When I walked in the neighbourhood, children came running after me calling me “*ebe anne*” (midwife mother). They come to pay their spiritual debts before they marry or join the army. They invite me to their weddings. Thanks God all the children I delivered are auspicial.⁴⁰²

⁴⁰⁰ “‘Ebe hakkı, babanın hakkı kadar var’, ‘ebe hakkı çok ağır’, ‘ebe hakkı, Tanrı hakkı’ olarak algılanmaktadır. Ebeden helallik alınır. Alınmazsa öbür dünyada ebenin kanlı elleri ile o kadının yanına gideceğine inanılır.”, Santur, “Hatay’ın Bazı Türkmen Köylerinde”; “Köy halkının ebe hakkı hakkında pek hürmetkar düşünceleri vardır: Ebe hakkının ödenmeyeceğine inanırlar ve bunun için ebeyi razı etmek gayesini güderler. Çünkü mutlak surette ebeden helallik almak gerekir.” Erdentuğ, *Hal Köyü’nün Etnolojik Tetkiki*, 90.

⁴⁰¹ The midwife, aunty Emine, in Wing Önder’s study, makes a similar claim: “İrfan and Temel, those I delivered, they’re mine.”, Wing Önder, 185.

⁴⁰² “Şekerci Melahat dedin mi herkes bilir beni. Mahallede yürüdüm mü çocuklar koşardı arkamdan ‘ebe anne, ebe anne’ diye. Gelin olunca, askere giderken gelirler, elimi öperler hakkını helal et ebe annem diye. Evlenirken çağırırlar. Allah’a çok şükür doğurduğum çocukların hepsi çok hayırlı, ebe anne ebe anne hatırımı sorarlar.”

In the passage, aunty Melahat also refers to her “reputation” in İznik, another crucial theme all the midwives referred to. On the one hand they are proud to name the “auspicial” children they delivered, on the other they repeated by whom they were called, such as police officers, veterinarians, teachers or prosecutors, which in fact they use to reinforce their reputation. Since these women, like their Ottoman colleagues who were insightfully elaborated by Abdülaziz Bey, did not possess any kind of license, their reputation, gained by experience and proficiency, provided the necessary means to continue their occupation.

All these points, when seen as a whole, make apparent the role “respect” and “reputation” had in the life of a midwife and their effect on the role she has in the community she lives in. Respect and reputation mutually effected and fostered each other, besides empowered the midwife not only in public but also in the private sphere. As her reputation raised, so did her respect, which together enabled her to transcend the gendered boundaries in the public and private domain, resulting with the relative freedom when compared with other village women. It is within this respect that I see their relationships with their husbands, that even if the husbands did not prefer their wives to be absent in the house for long hours or a couple of days, the power these women had resulting from the respect and reputation they had, effected their husbands and restrained them from saying simply “no, you cannot go”. Similarly, their mother-in-laws presumably remained silent on the “busy” life of their daughter-in-laws, as our examples reveal.

However, we have one example that brings questions to our minds, namely the case of aunty Melahat, expressed as follows:

One night my husband said you cannot go. My neighbor was giving birth, I longed to go but he didn't let me. I waited until he slept, then I sneaked out of the house. I asked the *mufti* afterwards if this was a sin, he said "no, you save lives, birth is so important." Once I was absent in the house for three days, he tried to beat me. The woman who brought me helped me.⁴⁰³

Aunty Melahat recalls that although she had the above mentioned difficulties, she did not give up midwifery. When I asked "how did you convince your husband?", she answered that their acquaintances helped her persuade him that what she was doing is "a big merit", yet I believe the underlying reason is different for she also spoke about the "small" contributions she made to the family budget, that helped them to build a life out of nothing.⁴⁰⁴ Interestingly, aunty Melahat justifies her resistance to the kind of patriarchy her husband imposes on her with religion, and the other midwives I interviewed similarly justify their continuation of midwifery with religion, and state that even when they didn't earn anything materially, the religious merit they won from their occupation is enough for them.⁴⁰⁵

⁴⁰³ "Kocam bir gece, gidemezsin dedi. Komşum çağırıyor, adam yollamıyo beni, içim gidiyo, o uyuyunca gizli kaçtım evden. Müftüye de sordum, beni doğuma yollamıyo, ben saklı kaçıyom, günah mı. Yok kızım dedi, candan can kurtaracan, doğum en önemli şey dedi. Üç gün eve girmedim de adam beni karşıladı kapıda, dövmeye kalktı. Beni getiren kadın tuttu, yapma etme diye."

⁴⁰⁴ "Az da olsa faydası olmaz mı. Bu evi aldık. İlk 50 kuruş aldım, komşudan, ama ne çok paraydı o. Sonra sonra 2.5 liraya çıktı. Ufak ufak yardımı oluyodu. Buraya bi bavul elimizde geldik, kendimiz yaptık her şeyi. Geldik kaşığımız dahi yok."

⁴⁰⁵ Martha Ballard was also called in the middle of the nights, she risked "frozen feet and broken bones", she waited four days for labor and she interpreted her work in religious terms, that God gave her the strength to continue her work. She was paid a standard fee of six shillings. The annotator of her diary, Ulrich, states that midwifery paid better than most female occupations, for instance a full-time weaver earned four-shillings a day. Yet taking into consideration the difficulties of the occupation, Ulrich believes that neither money, nor religious faith, is an adequate explanation for her commitment and that midwifery was "an inner calling, an assertion of being" for Martha Ballard;

All these, I believe, show one last point that lied at the core of their exclusion and marginalization during Turkish modernity, that is, religion was an inseparable, integral part of their occupation, something which had no place in the new, modern, enlightened world of Ottoman and Republican reformists. It is worthy to remember that the Turkish state attempted to “outlaw the presence of religion in public affairs and eliminate it from private and cultural life preferences and identity-formations of its people”.⁴⁰⁶ Especially when the point of question was medicalisation of childbirth, the body was removed from the “realm of the sacred to medicalize and secularize it”,⁴⁰⁷ a task midwives neither aimed nor were interested in, which without a doubt resulted with blaming them simply as “superstitious”.

Ulrich, 199-203. I believe this explanation can be elaborated with respect to the emphasis of the midwives I interviewed, as “being destined by God to this occupation”.

⁴⁰⁶ Moreover, the Turkish state approached “secularism as a constitutive element of modernity and a political project for the rapid transformation of Turkey into a civilized nation”, Fuat E. Keyman, “Modernity, Secularism and Islam: The Case of Turkey,” *Theory Culture Society* 24/ 2: (2007): 215-234. According to Şerif Mardin, the founders of the modern Turkish Republic tried to change the ‘superstructure’ of Turkish society by replacing “Muslim communitarianism with a secular nation-state identity”, aiming to create a new ‘central value system’, Şerif Mardin, *Religion, Society and Modernity in Turkey*, (Syracuse, NY: Syracuse University Press, 2006, 203 and 230.

⁴⁰⁷ Kandiyoti, “Gendering the Modern”, 116.

Conclusion: Gaining Back the Autonomy

This study on the history of midwives and the degrading of midwifery in modern Turkey traced the developments within birth domain in a relatively wide period, that is from the opening of the first midwifery courses in 1842 up until today, during which radical changes took place regarding women, whether they be birthing women or midwives.

Indeed, in a period when the world was profoundly altering and political, economic and international power was associated with demography, the bellwether of Turkish modernization sought ways to increase the number of the population and better its health. The opening of clinics, hospitals and various health centers went hand in hand with the “enlightenment” of mothers and education of women. Yet, from a Foucauldian perspective, the state was governing the population in the name of health and the “male” doctors were governing the bodies of women. Considering the fact that birth rate lied at the core of demographic concerns, midwifery was the occupation that needed to be controlled and brought under the gaze of the state.

The autonomy *old* midwives meant a threat in many ways: people trusted and respected them, they were seen as “wise women” in most cases, they did not have to account to the doctors or they did not care about the “secular” or medicalized birth; indeed they gave advice to women on birth control and possessed knowledge on abortion, the latter being a sore subject which is not only regarded “inappropriate” ethically or as a “sin” religiously. Analysis of different sources unearths that their relative freedom in the public, for they had to leave their houses even during the night, was also a discomfort that resulted with destructing their image, blaming them

for having a bad moral or comparing them “prostitutes” which becomes apparent with the proverb “every woman who begins with prostitution ends with being a midwife”.

As a matter of fact, it was the famous Turkish obstetrician , “the midwife of the midwives” Besim Ömer Akalın, as a “hero” dedicating his life to the wellbeing of children, enlightenment of mothers and education of midwives, who extravagated, indeed reconstructed midwifery occupation, situating it under “male-dominated” traditional medicine. According to him, midwifery could not progress, because male traditional healers were not concerned about the “discipline and education” of *old* midwives, who were *ignorant, dirty and superstitious*. In the midwifery schools in which he worked as an instructor or the director, the stipulation of requirements such as “speaking and understanding Turkish”, “primary education” or “being not older than thirty years old” were the crucial steps in replacing *old* midwives with the young, educated ones. He undertook the role of implementing the state’s ideologies regarding demography, women and birth and saw it as a mission to educate “young” midwives with the “new” discourses around childbirth.,

In the Turkish Republic, with the enactment of the the Law on the Application of Medicine and its Branches in 1928, which is still in use today, educated midwives were positioned at the lowest level of the Turkish medical hierarchy, and also the local midwives were officially banned out of profession. The education of midwives, as the first village midwifery school in Balıkesir which was opened in 1937 reveals, was part of establishing control over women’s reproductive skills. The health institutions which were opened during the republic, in which

educated midwives worked, were sites to implement the state's intentions regarding childbirth, such as banning of abortion, education on modern motherhood or hygienic child birth in the health facilities. Moreover, they were to contribute in raising the economic and military power of the country by increasing the population. Educated midwives, who completed their practical education in these centers, were posted to various parts of the country "like a light, a symbol of hygiene and health" to protect the health of villagers, look after children, prevent abortion and harmful practices of "ignorant" midwives. Young girls with primary education level, usually coming from lower-class families who saw their education as a means of raising their social status by "becoming part of the state", symbolized with their uniforms the "health, cleanliness and modesty" of the Turkish Republic.

It is at this point, most importantly, that oral history's contributions in historical studies became apparent, for it was only with the information from interviews that the real dynamics within the birth domain could be grabbed. It is not hard to presume that for educated midwives penetration into the birth domain was not an easy task from the beginning, yet their failure which resulted with their contemporary problematic situation cannot be explained only with arguments such as "the hegemony of hospital birth or c-section", "obstetricians have taken the role of midwives", "they are still working under an archaic law from 1928", or "the education at the undergraduate level" started late, as argued by Nazan Karahan, the president of the only midwifery association in Turkey. The analysis of Besim Ömer's works unearths that the problem was not actually the quality or level of education midwives received, rather it was the "patriarchal" discourses prominent in the education, like unquestioned opinion on *old* midwives as ignorant, blurred

boundaries between midwifery and nursery, seeing birth as an “illness” or feeling the imperative help to rescue women from pain.

When we analyze what educated midwives did after having been educated with this mentality, we see that they assisted doctors in health institutions and those working in small towns or villages in Turkey acted widely as health officers and performed duties such as vaccination of children, recording of new-borns, small health problems of the folk or raising their awareness about hygiene. Keeping in mind that in Kurdish or (and) Alewiten regions, they were seen not only representatives of the government, but also, and maybe more, as authority figures, “establishing influence and inspiring trust” was a hard task for a young educated midwife. This was not only due to their young ages, for in the villages, age and skill determined the respect towards people, but also because “respectability” and “reputation” were crucial aspects of midwifery that mutually fostered each other and enabled a midwife to challenge the gendered boundaries of the public and private spheres.

A local midwife, did not “become a midwife” to be a part of the state, or because of family inheritance, for midwifery did not necessarily pass from mothers to daughters; rather “eager” and “desire” was decisive in why a woman learned midwifery. Interestingly, it was these same points that also affected the success of educated midwives. In other words, the ones who had “eager” and “desire”, as they got older, succeeded in being a respectable and famous midwife, who could perform the occupation more autonomously than her colleagues.

In this respect, being a mother was crucial for all midwives, for personal experience was seen as an indispensable necessity in midwifery. It was in fact presumably for this reason that midwives were blamed as being “old”, since even if the age they started midwifery differed, they were started to be called “midwives” when they were rather middle-aged, at least after thirty. This brings us to the theme, that is how a woman, who did not get formal education, learned midwifery. After a period of apprenticeship and attending births with other midwives, a woman became the “main midwife”. This can be scrutinized by approaching the the birth domain closer, for only an analysis of the birthing position and who attends birth can provide an understanding. Before the medicalisation of birth, women gave birth not by lying on their backs but in a semi-sitting position, in earlier times with the birth chair, the stool when birth chair could not be afforded, or simply by sitting on the leg of a woman. In addition, a woman other than the midwife was always present in the room, who hugged the pregnant woman from her back or simply held her hands to give strength.

When seen from this perspective, the profound change within the birth domain was the change in the birthing position, since it radically affected the birth experience in terms of female solidarity, transfer of knowledge between midwives, let alone fundamentally changing the experience of childbirth, from a one of semi-sitting position to a one of lying down. Here, oral history’s another significant contribution was visible. The boundaries Besim Ömer drew for “modern” midwives of the republic subsumed not only the dichotomy between young and “old, ignorant, dirty” midwives, but also the patriarchal conception of birth which resulted with the creation of a hierarchy between the midwife and the birthing woman. In other words,

educated midwives were in a way seen as tools in spreading the patriarchy into birth domain, which Besim Ömer legitimized with the imperative “help” for women during birth. Yet, the rules set and the boundaries drawn were blurred and transcended by educated midwives. In coping with the difficulties they faced in the regions to which they were assigned, they, for instance, did not wear uniforms, did not interfere directly in birth or established bonds with the old midwives. After reading the written historical sources, I was expecting that they were to be agents of the state, yet after conducting interviews, it was apparent that they challenged their ascribed roles. It is also worthy to note that there was no “wall of modernity” between women of the same profession; they acted with solidarity and affected each other. Educated midwives, for instance, did not lay the birthing woman down, but delivered in a semi-sitting position. Some local ones, on the other hand, realized the comfort the “modern” birthing position gave the midwife and changed their way of delivery.

Oral history also allowed to challenge the competence of educated midwives and of local ones. Contrary to the wide assumption, local midwives were competent on issues related to birth, such as understanding pregnancy or how old her pregnancy was, or when a woman was to give a hard birth. Furthermore, they learned the “modern” medical birth equipments and used them. Educated midwives, on the other hand, were not always competent, revealing that having received formal education was not always enough for medical proficiency. It is unfortunate, when seen from this point, that it was always the local midwives who were performing their occupation with the risk of being blamed for child births, but the competence of educated midwives was never questioned.

It is interesting, furthermore, that *old* midwives were also blamed for being *ignorant* and *dirty*. The former accusation should be seen within the context of the problematic equating of formal school education and literacy with being enlightened. The midwives I interviewed were neither ignorant, nor dirty and the latter is closely bounded with the patriarchal conception of birth, that is, seeing birth and the birthing woman as “dirty”. Being *superstitious*, on the other hand, underlines a crucial theme of the birth domain, namely religion, which should be elaborated from many aspects.

Local midwives believe that the “courage” they have, which is a necessity in becoming a midwife, and never being afraid of helping the mother to give birth, even in their first experiences, alone in a small village or city without the medical equipments, is given by God. About *why* they became a midwife, they state that they were destined to this occupation by God. Without doubt, the small “material” gains a midwife earned from midwifery helped her and her family, yet it was the “moral” gains that was decisive in her insistence to continue the occupation. She, for instance, claims rights over the children she delivered, for she has cut the navel cord of them and people believed that they owe a moral debt to their midwives. Even if these mentioned points are not important for an ordinary person having been born in a hospital, nevertheless most women continue the rituals during and after birth which were once performed by the midwife.

The spiritual activities within birth domain demonstrate that women used to see pregnancy and birth not *only* as a medical process. Midwives, similarly, used to see the body or their profession as “sacred”. In this sense, when I use “religion”, I also refer to faith and rituals and one of the most important further studies emanating

from this study should therefore concentrate on the meaning of all these and also cover the relationship/ commonalities/ differences between.all.

Indeed, further studies from different disciplines and interdisciplinary research could enwiden our perspective about birth domain. Themes that I could not cover in depth because of time limits, such as the contents of the courses during the education in midwifery schools, oral history interviews with more educated midwives, how changes in birth domain were experienced by different ethnic groups or the relation between hospital birth and modernity deserve closer analysis. Research on traditional midwifery within the theoretical framework of postcolonial and post-Kuhnian studies would contribute to our understanding on the different “knowledge”s they possess, such as medical or religious. Keeping in mind that Western obstetrics is regarded as the only kind of legitimate knowledge by many, situating further studies within the context of politics of knowledge and its entanglement with issues of epistemics, power and gender would shed light on the wisdom and skills of midwives.

Further research can also cover the wide activity domain of midwives, for it was not limited to birth domain. They were cooking on special occasions, such as marriage or circumcision ceremonies, curing various diseases with herbal medicine, traditionally healing internal diseases, delivering animals, washing the body of the deceased in their community, bonesetting or performing spiritual activities, such as *parpi*, meaning chasing away the blues of a person. Their medical role, as well as their spiritual role exceeds birth domain and they are in fact important channels in carrying not only the traditional knowledges regarding medical proficiency, but also

knowledges on spiritual and religious rituals. Seen from this perspective, the boundaries of my study have enlarged, for I was expecting to interview only midwives but it has been also a historical study touching the cornerstones of the history of women in Turkey. Thus, regarding women healers, it became apparent that women are not necessarily “victims” of “male-dominated” religion, but could act like initiators. Regarding educated midwives, they were not always “agents” of the state, but “active subjects” who created their own strategies in coping with the difficulties of professional life.

Hoping to have succeeded in integrating the voices and experiences of women that have not been listened to until now, I prefer to see the experiences of these women within the framework of gender, even as a resistance to “power” in the Foucauldian sense. Without doubt the general history of midwifery could only be grabbed by acknowledging that it was not only educated midwives or *old* ones but all women who took their share of patriarchal control over women’s reproductive skills, yet we must also keep in mind that life and humans are complicated; similarly history itself is “complex”. If we can see the wider picture, a pregnant woman who has no choice but cesarean section, a young midwife who has to submit to the doctor or a woman healer who believes that she is ignorant, have a lot in common.

Appendices

Appendix A

Ebeler Derneği Tarafından Hazırlanan Ebelik Kanun Tasarısı⁴⁰⁸

Amaç

Madde 1. Bu kanunun amacı, fertlerin ve toplumun sağlığını korumak üzere, ebelik mesleği ve hizmetlerinin çağdaş ölçütlere uygun şekilde düzenlenmesidir.

Kapsam

Madde 2. Bu kanun ebelerin eğitimine, görev yetki ve sorumluluklarına, çalışma esaslarına dair hükümleri kapsar.

Madde 3. Türkiye Cumhuriyeti sınırları içinde ebelik yapabilmek için aşağıdaki vasıflara sahip olmak gerekir.

- A) Türk vatandaşı olmak
- B) Türkiye'de üniversitelerin ebelik ile ilgili lisans eğitimi veren fakülte ve yüksek okullarından mezun olmak
- C) Öğrenimlerini yurt dışında ebelik ile ilgili devlet tarafından tanınan bir okulda tamamlayarak denkliklerini onaylatmış olmak
- D) Diplomaları Sağlık Bakanlığınca tescil edilmek

Madde 4. Ebe; gebelik, doğum, doğum sonrası ve yenidoğan döneminde gerekli izlem, bakım, danışmanlık ve eğitim hizmetlerini yürüten, normal doğumları ve doktorun olmadığı hallerde makat doğumları yaptıran, gerektiğinde epizyotomi uygulayan ve acil durumlarda uygun girişimlerde bulunan, ana çocuk sağlığı ve aile planlaması hizmetlerini yürüten, kadın, aile ve toplum sağlığının yükseltilmesi ve korunması için ebelik uygulamaları ile karşılanabilecek girişimleri planlayan, uygulayan, değerlendiren, denetleyen ve yöneten yetkili sağlık personelidir. Ayrıca ebe; temel sağlık hizmetleri kapsamında, bulaşıkla, 0-6 yaş çocuk bakım ve izlemi, bulaşıcı hastalık kontrol programlarında da görev alır.

Ebelerin birinci fıkrada sayılan hizmetlerde çalışma alanlarına, pozisyonlarına ve eğitim durumlarına göre; görev, yetki ve sorumlulukları Sağlık Bakanlığı'nca çıkarılacak yönetmelikle düzenlenir.

Madde 5. Türkiye'de ebelik mesleğini bu Kanun hükümleri dahilinde ebe unvanı kazanmış Türk vatandaşı ebelerden başka kimse yapamaz.

⁴⁰⁸ Source: www.ebelerdernegi.org (November 1, 2010)

Madde 6. Ebeler meslekleriyle ilgili lisans üstü eğitimi alarak uzmanlaştıktan ve diplomaları Sağlık Bakanlığı'nca tescil edildikten sonra uzman ebe olarak istihdam edilir.

Madde 7. Ebeler, Sağlık Bakanlığı ve ilgili kuruluşlar tarafından belirlenen, mesleki uygulamaları ve acil durumlar için gerekli ilaç ve tetkikleri reçete edebilir, araç ve gereçleri kullanabilir.

Madde 8. Ebeler, meslekleri ile ilgili, özellik arz eden alanlarda belirlenecek esaslar çerçevesinde yetki belgesi alırlar. Yetki belgesi alınacak eğitim programlarının düzenlenmesi, uygulanması, koordinasyonu, belgelendirme tescili, kredilendirme ve yetki belgelerinin iptali gibi hususlar Sağlık Bakanlığı'nca çıkarılacak yönetmelikle düzenlenir.

Madde 9. Ebeler çalıştıkları kurum ve kuruluşlarda, ebelle ilgili yönetim görevlerini yürütürler. Ebelle ilgili yönetim görevlerinde lisans üstü eğitime sahip ebelerin rüçhan hakları vardır. Bu kanunun yürürlüğe girdiği tarihten itibaren, ebelerin çalıştıkları kurum ve kuruluşlarda baş ebelle, ebelle hizmetleri müdürlüğü kadroları açılır.

Madde 10. Bu kanunun yürürlüğe girdiği tarihten itibaren 1219 sayılı kanunun 47 ila 57. maddeleri, Yataklı Tedavi Kurumları İşletme Yönetmeliği'nin 133. maddesi ve 224 sayılı kanuna dayalı 154 sayılı yönetmenin ebelle ilgili hükümleri (2b, 2c, 5a,5b) yürürlükten kalkar.

Geçici Madde 1 - Bu Kanunun yürürlüğe girdiği tarihten önce ebelle programlarından mezun olanlar ile halen bu programlarda kayıtlı bulunan öğrencilerin kazanılmış hakları saklıdır.

Madde 11. Bu Kanun yayımı tarihinde yürürlüğe girer.

Madde 12. Bu Kanun hükümlerini Bakanlar Kurulu yürütür.

YASA TASARISININ GEREKÇELERİ

1. Maddenin gerekçesi: Ebelle tarihin en eski mesleklerinden biridir. Bir işin meslek sayılabilmesi için gereken en önemli özelliklerden biri, yapılan işin toplumun değişmesi ve insanlığın daha iyiye doğru gitmesinde toplumsal içerikli ve belirgin bir görev yüklenmesidir. Gelişimsel yaşam süreçleri gereği gebelle, doğum, emzirme gibi sağlık açısından son derece önemli deneyimler geçiren kadınların sağlığı, toplum sağlığının en önemli boyutunu oluşturmaktadır. Annenin sağlığı, çocuğun sağlığını ve dolayısıyla ailenin sağlığını doğrudan etkileyen bir faktördür. Bu nedenle, gebeliğin ve anneliğin güvence altında olması, bebeklik, çocukluk ve ergenlik dönemlerinin en az risk altında, hastalık ve sakatlıklardan uzak olarak geçirilmesi gerekmektedir. Bu açıdan bakıldığında, anne ve çocuk mortalite ve morbiditesini

azaltmaya odaklanan ebelik, toplumun en temel gereksinimi için yaşamsal bir hizmet vermektedir

Dünya Sağlık Örgütü (DSÖ), 2000 yılında Münih Deklarasyonu ile sağlığın geliştirilmesi çalışmalarında ebelik hizmetlerini değerlendirerek, doğurganlık hızının düşürülmesinde, anne ve çocuk ölümlerinin azaltılmasında, ebeğin bireye, aileye ve topluma sunduğu hizmetlerin kalitesinin önemi üzerinde durmuştur.

Milenyum Kalkınma Hedefleri'ne ulaşmanın sağlanmasında diğer sağlık hizmetlerinin yanında "Ebelik Hizmetlerinin" geliştirilmesinin önemi; 2020 yılında dünya nüfusunun 1 milyardan fazlasının 60 yaş üzerinde olacağı ve bağımlı nüfusun 1990 yılıyla karşılaştırıldığında %115 – 257 oranında artacağı projeksiyonu ile açıkça görülmektedir. Sadece giderek artan yaşlı nüfusun sağlık ihtiyaçlarının karşılanması değil, güvenli anneliğin sağlanmasında en önemli girişim olan – doğumların sağlık personeli tarafından yaptırılması – da gerçekleştirilememiştir. Bu gün gelişmekte olan ülkelerde, bütün doğumların sadece %58'i bir ebe veya eğitilmiş sağlık personeli yardımıyla gerçekleşmektedir.

"Dünya Sağlık Örgütü, Avrupa Bölgesi," 21.Yüzyılda Herkes İçin Sağlık Hedefleri"inde yer alan "Yaşama Sağlıklı Başlanması Hedefi" ebelik mesleğinin aile ve toplum için ne kadar önemli olduğunu bir kez daha açığa çıkarmıştır.

5 – 13 Eylül 1994 tarihlerinde Kahire'de "Uluslararası Nüfus ve Kalkınma Konferansında" kabul edilen eylem planında, "cinsler arası eşitlik, hakkaniyet kadınların güçlendirilmesi, güvenli annelik, üreme hakları ve üreme sağlığı vb" gibi önemli konularla ilgili uluslararası amaçlar belirlenmiş, politika ve programlara yer verilmiştir. Bu programlarda en önemli görev ekip anlayışı içerisinde, tüm sağlık personeline ama öncelikle ebeye verilmiştir.

Görüldüğü üzere, toplum için temel bir hizmet sağlayan ebeler, halen 1928 tarih ve 1219 sayılı yasa ile yönetilmektedir. Bu yasa tasarısının amacı, ebelik mesleği ve hizmetlerini çağdaş ölçütlere uygun şekilde düzenlemektir.

3. Maddenin gerekçesi: Ebelik eğitiminin lisans düzeyinde olması gerektiği gelişmiş ve gelişmekte olan ülkelere kabul görmüş ve yasa ya da yasa niteliğinde ki direktiflerde hükme bağlanmıştır. Ülkemizin de onay verdiği, Dünya Sağlık Örgütü Genel Kurul Tavsiye Kararları ve Münih Deklarasyonu (2000) bu konu ile ilgilidir. Halen yürürlükte olan, 1928 tarih ve 1219 sayılı yasaya göre ülkemizde ebeler sağlık okulu mezunu olarak görülmektedir. Oysa ülkemizde ebelik eğitimi 1997-98 eğitim öğretim yılında YÖK ve Sağlık Bakanlığı arasında imzalanan bir protokolle lisans düzeyinde sürdürülmektedir. Üniversitelerin bünyesinde 11 yıllık temel eğitim üzerine dört yıllık lisans eğitimi veren yüksekokulların sayısı şu anda 31'dir. İlk mezunlarını 1998-99 öğretim yılında veren yüksekokullardan her yıl yaklaşık olarak 1300 ebe yetişmektedir. Madde 3, ebeliğin lisans düzeyinde eğitimle kazanılan bir meslek olmasını sağlamak amacıyla düzenlenmiştir.

4. Maddenin Gerekçesi: Ebeler sağlık sistemi içinde en temel görevi üstlenen sağlık personeli fakat yaşadıkları en büyük sıkıntılardan biri, görev yetki ve sorumluluklarının belirsiz olmasıdır. Madde 4'ün amacı ebelerin görevlerine açıklık getirerek yaşanan karmaşayı ortadan kaldırmaktır. 30.09.2005 tarihinde yayınlanan Avrupa Birliği Resmi gazetesine göre, Avrupa Birliği'ne üye ülkeler, ebelerin en azından aşağıdaki faaliyetleri icra edebilmelerini sağlamalıdır.

- (a) Aile planlamasına ilişkin eksiksiz bilgi vermek ve tavsiyelerde bulunmak;
- (b) Gebeliklerin teşhisi ve normal gebeliklerin izlenmesi; normal gebeliklerin gelişiminin izlenmesi için gerekli olan muayenelerin gerçekleştirilmesi;
- (c) Riskli gebeliklerin mümkün olduğu kadar erkenden teşhis edilebilmesi için gerekli muayeneleri belirlemek ya da bu konuda tavsiyelerde bulunmak;
- (d) Hijyen ve beslenmeye ilişkin tavsiyelerde bulunmak da dahil olmak üzere ebeveynliğe hazırlığa ve çocuğun doğumuna tam olarak hazırlanmaya yönelik programların temin edilmesi;
- (e) Çalışma hayatında anneye bakım ve yardım sağlama ve minimum klinik ve teknik araçlar yardımı ile rahim içinde fetüsün durumunu izleme;
- (f) Gerekğinde epizyotomi ve acil durumlarda makat doğum da dahil olmak üzere, gerekli uygulamaları gerçekleştirme;
- (g) Bebeğin annesinde görülen ve doktora başvurmayı ve uygun durumlarda doktora yardımcı olmayı gerektiren uyarı işaretlerini tanıma: doktorun olmadığı durumlarda gerekli acil durum tedbirlerini alma, özellikle plasentanın elle çıkarılması ve ardından uterusun elle muayenesi;
- (h) Yenidoğan bebeğin muayenesini ve bakımını gerçekleştirmek; ihtiyaç durumunda gerekli tüm girişimleri gerçekleştirmek ve gerektiğinde derhal resüsitasyon gerçekleştirmek;
- (i) Doğum sonrası dönemde anneye bakım sağlamak ve anneyi izlemek, anneyi yenidoğan bebeğin optimum düzeyde gelişimini sağlayabilecek konuma getirmek için ona gerekli tüm tavsiyeleri vermek;

Ebelik bakımı; koruyucu önlemleri, anne ve bebekte anormal durumları saptamayı, tıbbi bakımda yardımda bulunmayı ve gerektiğinde acil yardım önlemlerinin alınmasını kapsar. Ayrıca çalışma alanları göz önünde bulundurulduğunda özellikle, AÇSAP konuları ağırlıklı olmak üzere yaşam boyu kadın sağlığının temel izleyicisi olarak ebelerin görev yaptığını görmekteyiz. Ebenin, sadece kadınlara değil aileye ve topluma da sağlık eğitimi verme ve danışmanlık yapma gibi önemli bir sorumluluğu da vardır. Anne–babalığa hazırlık amacıyla verilen doğum öncesi eğitimden, jinekoloji, aile planlaması ve çocuk bakımına kadar uzanan sorumluluklar da ebenin görevleri içinde yer alır.

5. Maddenin Gerekçesi: Ebelik mesleğini kimlerin icra edebileceğine açıklık getirmek amacı ile düzenlenmiştir. Ülkemizde kimi zaman ebelere ait alanlarda, hemşireler ve hatta acil tıp teknisyenler çalıştırılmaktadır. Ebelik ve hemşirelik mesleği birbirine yakın meslek grupları olsa da, müfredatları birbirinden farklıdır. Ebenin çalışma alanlarında doğum ve kadın hastalıkları alanında uzmanlaşmamış hemşirenin çalışması –ki ülkemizde bu uzmanlık lisans üstü eğitim programlarıyla olmaktadır –, riski ve buna bağlı olarak da maliyeti artırır. Özellikle acil tıp teknisyenlerinin müfredatları, ebelik eğitimi ile kıyaslandığında, hastalar için ciddi

risk doğuracak kadar yetersiz ve eksiktir. Bu madde ile sağlık hizmeti sunum sistemi güvence altına alınmaktadır.

6. Maddenin Gerekçesi: Ebelik, çağlar boyunca toplumlar içinde saygın bir yer edinmiş, içinde bilim ve sanatı da barındıran profesyonel bir meslektir. Bu durum, ebelerde lisansüstü eğitimin gerekliliğini ortaya koymaktadır. Ülkemizde ebelerde yüksek lisans programları açılmaya başlamıştır. Ebelik eğitiminin lisans düzeyine çekilmesi ile birlikte yüksek lisans programlarının sayısı artacak, ebelerde doktora programları açılmaya başlanacaktır. Bu madde ile, ebelerde yüksek lisans ve doktora yaparak uzmanlaşanların, özlük hakları ve çalışma alanlarındaki pozisyonları koruma altına alınmıştır.

7. Maddenin Gerekçesi: . Bir ülkenin gelişmişlik düzeyini belirleyen temel göstergelerden biri anne ve çocuk sakatlık ve ölümlülük oranlarıdır. Temel hedefi bu oranları azaltmak olan ebeler, ağırlıklı olarak I. Basamak sağlık hizmetleri içinde, ev ziyaretleri yaparak özveri ile çalışır. Çoğu zaman çalışma alanında tek sağlık personeli olarak hizmet veren ebe, özellikle ülkemizin kırsal bölgelerinde gebeye bakım ve izlem yapan tek sağlık personelidir. Gebelik kadın için her ne kadar normal yaşam süreçlerinden biri olsa da, sağlık ve hastalık çizgisini birbirine yaklaştıran ve içinde pek çok riski barındırabilen bir süreçtir. Riskli gebeliklerin mümkün olduğu kadar erkenden teşhis edilebilmesi, gebe ve fetus için hayati önem taşımaktadır. Avrupa Birliği'nin ebelik mesleği için belirlediği direktiflerden biri, riskli gebeliklerin erken teşhisi için gerekli muayeneleri ebelerin belirlemesi ya da tavsiye etmesidir. Ayrıca normal gebeliklerin gelişiminin izlenmesi için gerekli olan muayenelerin gerçekleştirilmesi ve minimum klinik ve teknik araçlar yardımı ile rahim içinde fetusun durumunu izleme de bu direktiflerin içinde yer alır. Ülkemizin kırsal bölgelerinde gebeyi tek başına izleyen bir sağlık personeli olarak ebelerin, gebe için gerekli tetkikleri reçete edebilmesi ve araç gereçleri kullanabilmesi gerekir. Ayrıca, ülkemizin şartları düşünüldüğünde; gebe ve fetus sağlığının yükseltilmesi için gerekli olan folik asit, demir preparatları ve gebelik yakınmalarına yönelik bazı temel ilaçları, ebelerin reçete edebilmeleri, gebeliğin sağlıklı bir şekilde sürdürülmesine yardımcı olacaktır.

8. Maddenin Gerekçesi: RİA uygulaması, Neonatal Resusitasyon (NRP), ebeveynliğe hazırlık kursları gibi özellik arz eden bazı alanlarda, ebelerin yetki belgesi olarak çalışmaları, hizmette kalite ve güvenliğin artmasını sağlayacaktır.

9. Maddenin Gerekçesi: Ebelerin temel sorunlarından biri, çalıştıkları kurum ve kuruluşlarda yönetim görevlerine hemşirelerin atanması, ebelerin bu alanlarda görev alamamasıdır. Bu sorun, halen yürürlükte olan yasada ebelerin sağlık meslek okulu mezunu, olarak görülmelerinden kaynaklanmaktadır. Oysa ebelik eğitimi, dünyanın pek çok ülkesinde ve Avrupa Birliği ülkelerinde olduğu gibi 1997-98 öğretim yılında YÖK ve Sağlık Bakanlığı arasında imzalanan bir protokolle lisans düzeyine çıkarılmıştır. Ayrıca bu yasa tasarısının yürürlüğe girdiği tarihten itibaren, ebelik eğitiminin lisans düzeyinde olması güvence altına alınmaktadır. Bu durumda ebelerin çalıştığı kurum ve kuruluşlarda benzer eğitimden geçen hemşirelerin yönetici

olmaları, ebelik mesleđi için olumsuz bir durumdur ve ebelerin otonomisine zarar vermektedir. Bu madde ile ebelik mesleđinin otonomisi koruma altına alınmıştır.

10. Maddenin gerekçesi: Yasanın yürürlüğe girme koşulunu belirtmektedir.

11. Maddenin Gerekçesi: Kanun hükümlerinin Bakanlar Kurulu tarafından yürütüleceđini hükme bağlamaktadır.

Geçici Madde: Kanunun yürürlüğe girdiđi tarihten önce ebe ünvanı almış olanlarla, bu ünvanı almak üzere ilgili okullarda okuyan öğrencilerin kazanılmış haklarını korumak üzere düzenlenmiştir.

Appendix B

Ebelik, Doğurma ve Doğurtma⁴⁰⁹

Ebelik Nedir?

Döl dös bitiştirmek en yüce bir iş, kadınlık için en büyük bir yararlıktır. Bu işte bir kadına, doğuracak olana yardım etmek en iyi bir hidmettir. Doğurmak hem kolay hem de son derece güç bir şeydir. Kolay kolay ağır bile duymaksızın, zahmetsizce doğuranlar görüldüğü gibi haftalarca ağır çekenler, ağlayıp sızlayanlar inleyip duranlar da vardır. Böyle bir kadının haline acımak, ona sanatın gösterdiği münasip bir yolda yardım etmek insanlık şanıındandır. Çünkü insanlardan biri sızlayıp inlerse bütün insanlık inliyor demektir.

Hele böyle güç doğuran kadınlar arasında bilgisizliğinden dolayı gebelikte, doğururken, doğurduktan sonra kazalara, hastalıklara, düşerek, daha gençlik tazelik çağlarında fena bulanlar ne kadar çoktur! Değil böyle güç doğuranlara, kolay kolay çocuk getiren kadınlara bile yardım etmelidir. Çünkü doğuran kadın, adeta bir yaralıdır. Beyni, düşüncesi, her işi her şeyi alt üst olmuştur. Zavallı kadıncağızı ağrılar arasında avutmak ona çektiği sancıları duyurmamak, çocuğu kolay kolay almak, sonra da bazen ölüm döşeğine yol gösteren loğusalık zamanında kadına sanatça, fence bakmak için akıllı, terbiyeli, bilgili, tedbirli insanların iyiliklerinden en eski zamanlarda bile faide görülmüştür.

İşte gebe kadınları muayene etmek, doğurtmak, güç doğuracakları anlamak ve vaktiyle hekime haber vermek için gösterilen yararlıklar, yapılan tedbirler, bugün adeta bir sanat haline konulmuş ve bu sanata dair koca koca kitaplar yazılmıştır. Bu nazik ve güç sanata “ebelik” denilir. “Cins cinsi sever” derler ki pek doğrudur. Bunun için ebelik sanatı en ziyade kadınlara yakışır ve onların yapacağı bir şeydir.

Ebelik insanlık kadar eskidir. Ebeler her vakit, her yerde el üstünde tutula gelmişlerdir. Ebelik öyle adi bir sanat, ehemmiyetsiz bir iş, kolay bir şey değildir; ebe olmak için sağlam ve yorulmak bilmez bir vücut, pak ve güzel bir huy, pek çok hazırlık malumat, pek iyi ve merhametli bir yürek ister. Herkes, her kadın iyi bir ebe olamaz. Ebe olmak için genç hanımlar evvelce kendi kendilerine iyice danışmalı, bilgilerini, elverişlerini bu ince, güç ve nazik sanatı yapıp yapmayacaklarını düşünmeli de ona göre sanatı öğrenmeye, edinmeye başlamalıdır. İyiden iyiye bilinmelidir ki “ebelik işi, ebelik vazifesi” yalnız doğuran bir kadının yanında bulunup, doğan çocuğa lazım gelen şeyleri yapmak ile bitmez. Çünkü bu kadar bir işi her kadın, hatta adi bir oda hizmetçisi bile görebilir. Bir ebe hanım doğru ve kaliteli bir iş görmek, bu nazik sanatta kimseye fenalık etmemek, yanına çağrıldığı ailelerin ehemmiyetini kazanmak isterse malumatını artırmalı, ahlakını iyileştirmeli, hürmet edebilecek ve işe yarar bir ebe olduğunu herkese teslim ettirmelidir. Ebeler uslu, kamil olmakla beraber fenden, bilgiden de haberdar olmalı ve sanatın ne olduğunu

⁴⁰⁹ Besim Ömer, *Ebelik, Doğurma ve Doğurtma* (İstanbul: Ahmed İhsan Matbaası, 1928), 1-6. I am grateful to Bahar Gökpınar for her support during the transcription.

anlamış, öğrenmiş bulunmalıdır. Hele bir ebe güç işlerde, fenalık ve tehlike zamanında, aklının eremediği şeylerde hiçbir vakit kendi kendine iş görmeye kalkışmamalı, malumat taslamamalı ve hekimi çağırmak lazımsa vakit geçirmeksizin haber vermelidir.

Bugün ebelik sanatında en ehemmiyetli, en gerekli iş temizliktir. Ebenin üstü başı gayet pak ve elleri fence temiz olmalı, yani elleri sabunlu su ve fırça ile sonra ispiroto ile ve en sonra mikrop öldüren sularla iyiden iyiye yıkanmış olmalıdır. Pisliği, tedbirsizliği, inadı, ve bilmemezliği ile bir kadını doğurturken tehlikeli hastalıklara uğratan ve bir hastan diğerine pis elleri, mundar elbisesi ile mikrop taşıyan ebeler günahkar ve adeta “cani” sayılırlar. İşinin, sanatının inceliğini, güçlüğünü, zorluğunu anlayan bir ebe müşterilerine iyilik diye fenalık etmekten sakınır ve fenini, sanatını iyive öğrenerek temiz, vicdanlı, namuslu, ahlaklı bir ebe hanım olmaya çalışır.

Bilgili bir ebe doğurtacağı kadının hayatını, canını kurtarır; böyleleri her yerde ağırlandırlar. Analar olan bu yararlıklar çocuklarına, yurda, koskoca bir memlekete demektir. Ebeler çok kere hekimlerin de akıl yoldaşı, “sanat arkadaşı” olur ve bu yüzden de yüce mertebelere ermiş bulunurlar.

Ebe hanım yalnız zenginlerin değil, fakirlerin, zavallıların da ebesidir! Çünkü ebe zengin fakir herkese yardım edecek, yararlık gösterecektir. Zengin bir hanım efendiye ne kadar iyi bakar, ne kadar dikkat ve riayet ederse fakir, çaresiz, hacetsiz bir kadıncağıza da o kadar acıyacak o derece merhamet edecektir; her iki tarafı da iyi ve münasebetli tedbirleri ile tehlikeden, fenalıktan koruyup sakındıracaktır. Ebeye kendini gösterecekler, ebeyi evine çağıracaklar arasında bin türlü ahlakta huylu huysuz hanımlar bulunabilir; ebe hanım işinden vazifesinden dışarı çıkmayacak ve herkese elinden geldiği mertebe edecektir. Kendine serini/sırrını verecek olanlara karşı pek büyük bir emniyet ve şefkat gösterecek ve hiçbir zaman bir ailenin, hatta en bayağı bir kadının bile işini başkalarına bildirmeyecektir. Kadınlardan bazıları tesadüfün türlü türlü acılıklarına, fenalıklarına uğramış olabilirler; görgülü ve temiz yürekli bir ebe öylelerine de elinden gelen nasihatleri vererek teselliyelerine çalışmalıdır. İşte ebeliğin büyüklüğü, yüceliği, iyiliği bu gibi yararlıklarda görülür...

Ebelik dince de büyük bir hidmettir. Bir mahluku, bir acıdan kurtarmak, anaların çocukların hayatlarını koruyup esirgemek, insanların çoğalmalarına hizmet etmek sevaplı ve büyük bir ibadet ve gayet tesirli bir duadır.

Ebe doğuştan sonra da loğusanın yanında bekçi, bakıcı gibi kalır. Ebe hem doğurtucu hem de loğusa bakıcısıdır. Zeret altlarından başka bir tarafından hasta olan kadınların yanında hekimin uzun bir müddet durması mümkün olamayacağından öyle bir hidmete, yararlığa muhtaç zavallıların yanlarında hasta bakıcı gibi bilgili bir ebe hanım bırakılır. Ebe hanım orada bulundukça en kötü yaralar, ağrılar, acılar içinde inleye inleye yanan bir kadının yastığı bekçisi, dert ortağı olacaktır. Bir kere düşünmelidir: Kendi cinsinden birinin imdadına, sancılar içinde sürüklenen zavallı bir kadının yardımına yetişmek, pek türlü tehlikelere belki de ölüm uçurumuna yakalanan bir biçareyi iyi tedbirler, uygun yardımlar ile kurtarmaya çalışmak ne büyük bir yararlık, ne yüce bir hidmettir! Zaten kadınlık acımak, başkalarına merhamet etmek gibi duygularla yaratılmış olduğundan kadınların en seçilmiş, en akli başındası sayılan ebelerin de pek “el canlısı” olmaları icap edeceği az bir

düşünüş ile anlaşılır. Ebe iyi düşünceli, iyi beyinli, temiz vicdanlı ve hastasını sever bir kadın olmadıkça göreceği işlerden yararlık ve iyilik beklenilemez.

Yolunda bir ebelik “kadınlığın koruculuğu” demektir. İnsanlıkta bir kadından bir ev, bir ocak, bir il bile yetişebilir. Kadınların sağlam olmaları, onların hastalıksız, fenalıksız doğurmaları, memleketin yalvara yalvara istediği, candan özlediği bir şeydir. Kadınlara beşikten mezara kadar yol gösteren “ebe” ileride ev kadını, ana, nine olacak insanlara kötülük değil, iyilik etmeli, müşterilerini ölüme değil, sağlığa götürmelidir. Bilmelidir ki kadınların yapıları, bedenleri erkeğinkilerden daha narin, daha incedir; ufak bir hastalık, pek az bir rahatsızlık onlarda kökleşip kalabilir. O halde kadınlıkla uğraşacak ebelerin dikkatleri, düşünüşleri, bakışları pek ziyade, lüzumundan pek kat ziyade olmalıdır ki birçok genç, dinç, doğurgan hanımlar boş yere mezarlara gömülmesin. Birçok ocaklar, evler hanımsız, kocalar arkadaşsız, yavrular anasız kalsın.

Fakat şuna acırız ki eskiden biri kadınlarda ebelik bir mal gibi anadan kız geçmekte ve birçok ebeler de bilgiden, temizlikten, hız ve marifetten az biraz bile görülmemektedir. Bu hal yalnız ayıp değil, pek büyük bir günahdır. Mekruh eller ile gayet temiz kadınların rahimlerine kadar hastalık tohumları saçıp ve birçok genç ve dinç hanımları mezar çukurlarına düşüren bunak kocakarılar hala ötede beride rast geldikçe ağlayacağımız geliyor. Çocuğun ne olduğunu, nasıl geleceğini, nasıl çıkacağını, yumurtalık, rahmin nerede bulunduğunu bilmeyen ve gebelikte edilecek tedbirleri, çocuğa alındıktan sonra ne yapılmak lazım geleceğini anlamayan kadınların ebelik etmeleri, ebeliğe karışmaları, bazen öteye beriye ilaç “satılık vermeleri” büyük bir fenalık, onulmaz bir beladır.

O mazi ki şu kitabı okuyacak terbiyeli ve bilgili ebe hanımlar kendilerine gösterilenlerin asla dışına çıkmaz ve işlerini iyi bir kalp, güzel bir niyet ile görmeye çalışırlar.

Şu kitapcağızda sayıp dökeceğimiz tedbirler, salıklar ile ebe hanımların işine yarar. Bilgilerinin artmasına ve sanatlarının ilerlemesine az çok hizmet edebilirsem kendimi mutlu sayar ve hiç olmazsa bu vechle binlerce genç anaların, masum yavrucakların kurtarılmasına yardım etmiş olurum.

Appendix C

Urban Rural Population, 1927-2000⁴¹⁰

Years	Total	Urban Population in %	Rural Population in %
1927	13,648,270	24.22	75.78
1935	16,158,018	23.53	76.47
1940	17,820,950	24.39	75.61
1945	18,790,174	24.94	75.06
1950	20,947,188	25.04	74.96
1955	24,064,763	28.79	71.21
1960	27,754,820	31.92	68.08
1965	31,391,421	34.42	65.58
1970	35,605,176	38.45	61.55
1975	40,347,719	41.81	58.19
1980	44,736,957	43.91	56.09
1985	50,664,458	53.03	46.97
1990	56,473,035	59.01	40.99
2000	67,803,927	64.90	35.10
2007*	70,586,256	70.50	29.50

* 2007 figures are based on the latest address-based registration system (Turkish Statistical Institute official web site, <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=3894>, January 2008).

⁴¹⁰ Source: Turkish Statistical Institute official web site, <http://www.tuik.gov.tr/VeriBilgi.do> (December 2010).

Appendix D

Number of hospitals by type, 1940-2003⁴¹¹

Year	Hospitals	Maternity and Infant homes	Health Center
1940	154	10	1
1945	153	14	8
1950	201	13	22
1955	417	17	181
1960	566	20	283
1965	626	31	264
1970	743	30	291
1975	798	31	300
1980	827	49	291
1985	736	29	121
1990	857	36	142
1995	1,009	44	156
2000	1,184	52	141
2003	1,130	57	

⁴¹¹ Source: Turkish Statistical Institute, *Statistical Indicators, 1923-2004*, in cd format (Ankara: TURKSTAT, 2006), as cited in Günel, 538.

Appendix E

Number of midwives and number of persons per midwife, 1928-2002⁴¹²

Year	Midwives	Number of Persons
1928	377	36,719
1930	400	36,100
1935	451	35,579
1940	616	28,779
1945	806	23,237
1950	1,285	16,192
1955	1,993	11,923
1960	1,998	8,799
1965	4,329	7,179
1970	11,321	3,120
1975	12,975	3,085
1980	15,872	2,798
1985	17,987	2,797
1990	30,415	1,844
1995	39,551	1,556
2000	41,590	1,621
2002	41,513	1,677

⁴¹² Source: Turkish Statistical Institute, *Statistical Indicators, 1923-2004*, in cd format (Ankara: TURKSTAT, 2006), as cited in Günel, 535.

Appendix F

Who assists birth according to regions 2003 and 2008⁴¹³

Who assists birth according to regions 2003

	Doctor	Educated Midwife/ Nurse	Traditional Midwife	Relative/ Other
Urban	55,6	34,7	4,8	4,3
Rural	29,5	39,4	16,5	13,3
West	66,0	29,3	1,2	3,0
South	40,1	48,7	7,3	3,2
Middle	56,9	34,1	2,5	5,7
North	45,2	41,3	7,9	3,8
East	20,9	38,8	22,6	16,4

Who assists birth according to regions 2008

	Doctor	Educated Midwife/ Nurse	Traditional Midwife	Relative/ Other
Urban	71,2	24,5	1,9	1,7
Rural	46,1	34,0	8,0	10,9
West	82,5	15,5	0,9	0,8
South	60,4	33,7	2,8	1,8
Middle	76,0	22,5	0,7	0,2
North	64,0	32,0	1,0	2,5
East	32,5	41,9	10,5	13,9

⁴¹³ “Türkiye Nüfus ve Sağlık Araştırması 2003”, <http://www.hips.hacettepe.edu.tr/tnsa2003/analizrapor.shtml> (May 2, 2011) and “Türkiye Nüfus ve Sağlık Araştırması 2008” http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_Rapor-tr.pdf (May 2, 2011).

Appendix G

The place of birth according to regions 2003 and 2008⁴¹⁴

Place of birth according to regions 2003

	Hospital	Home
Urban	85,6	14,1
Rural	64,3	35,0
West	91,5	8,1
South	78,5	20,6
Middle	88,2	10,9
North	85,3	13,3
East	54,4	45,5

Place of birth according to regions 2008

	Hospital	Home
Urban	94	5,4
Rural	79	20,4
West	96	3,3
South	92,2	7,2
Middle	98,3	1,2
North	95,6	3,9
East	72,1	27,2

⁴¹⁴ TNSA 2003 and TNSA 2008.

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