Research Article

Evaluation of Gender Courses Offered in Accord with the Curriculum of the Faculties of Health Sciences in Turkish Universities

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Abstract

AIM: This study, with the presence of gender course in mind, aimed to examine the core education programs, which provide the fundamental standards for the determination of the curriculum background and needs of the Turkish undergraduate programs in healthcare and for the improvement of the quality of the curriculum.

METHODS: The research was prepared in a descriptive study. In this context, between April 1, 2018 and April 30, 2018, the study analyzed whether gender course was included in the curricula of the faculties of health sciences in 183 Turkish universities. To evaluate this, the study made use of the Bologna information system.

RESULTS: The screening concluded that 56 faculties and departments of only 36 universities included the gender course. Courses related to gender was included in the curricula of 51 faculties and departments, and only 5 identified gender as a subject within the content of different courses rather than including the course in their curricula.

CONCLUSION: To conclude, an analysis of the curricula of the faculties/departments that provide education in healthcare revealed that the courses related to gender were not included in the curricula at the desired level, and the gender course that is supposed to be taught in the first year was included in later semesters.

Keywords: Education, gender identity, health

Introduction

Sex is a biological concept that shows the genetic, biological, and physiological characteristics and differences between individuals as men or women. On the other hand, gender involves the status of men and women within a society as well as their culture-based roles, unequal power relationships, duties and responsibilities, positions in the society, the way they are perceived by the society, and the expectations of the society from them. The concept of gender expresses the socially determined roles and responsibilities of men and women; this concept has come to life within the framework of social structuring, which may also differ in time, differ from one society to another, and be transformable. Gender roles can vary with time, place, class, or race, as well as by the political and economic conditions of any given society (Allana, 2010; Atis, 2010; Komurcu et al., 2016; Ongen, 2013).

Gender roles are determined by a variety of elements and values that form the social structure. For example, even before the baby is born, parents often seek to learn the sex of their baby. Furthermore, preparations for the arrival of their child at this stage is accompanied by the start of the socialization process of gender. As a result of the effect of the gender paradigm, there may be changes in the parents' behaviors after they learn the sex of their unborn child (Zosuls, 2011).

Both social and cultural changes are required for taking steps forward in gender equality. Stereotyped judgments should be broken in the society, where women are valued and there are rights protected. This is possible only by raising individuals by inculcating gender equality awareness in them (Basci & Giray, 2016).

In 2016, United Nations Educational, Scientific and Cultural Organization (UNESCO) reported that 63 million young girls in 200 countries worldwide were unable to go to school and exercise their fundamental rights.
tal education rights (Durgun & Oguz, 2017), while the 2018 Turkish Statistical Institute data identified the rate of illiterate population over 25 years as 1.6% in men and 8.5% in women (Turkish Statistical Institute, 2018).

Educators, academics, and faculty members have a substantial impact on the socialization of gender and shaping students’ gender roles, which ultimately affects the distribution of power and quality of life (Allana, 2010; Atis, 2010).

Yilmaz, et al. carried out a study with 448 university students, and determined that male students had more conventionalist opinions about professional life and marital life, while male and female students had egalitarian opinions about the propositions about social life and family life (Yilmaz et al., 2009).

Ongen & Aytac (2013) conducted a study to ascertain university students’ attitudes toward gender roles as well as gender role expectations and responsibilities and to associate them with their personal values (Ongen & Aytac, 2013). It was concluded that female students had a stronger attitude about the egalitarian roles of men and women in society, and that male students had more conventionalist attitudes. There was a remarkable difference between the attitudes toward egalitarian gender role and the female gender role of individuals born in urban areas and those born in rural areas (Basci & Giray, 2016).

The study conducted by Aylaz, et al. (2014) aimed to determine university students’ opinions about gender roles, and determined that 78.7% of the participants did not accept the proposition “women should administrate the domestic tasks at their homes and leave the administration of the country to men,” and 46.7% did not accept the proposition “if the political party I support put up a woman as a prime minister candidate, I would vote for my party”. Similarly, 31.2% of the students accepted the proposition “a women whose husband has a high income does not need to work” and 52.9% of them accepted the proposition “men have a better fit for politics than women”. Furthermore, 33% of the participants in that study overwhelmingly rejected the proposition “it will be better for everyone if women take care of the house and children, and men work out of the house,” and 17% of the participants accepted the proposition “it is more important for a woman to assist her husband’s career than have a career of her own” (Aylaz et al., 2014).

Therefore, “the project for the improvement of gender equality in education” was launched in Turkey in 2016. In the framework of this project, schools that are administered by the Ministry of National Education were evaluated for gender sensitivity. A majority of the representatives who took part in this project stated that the major problem related to gender was still educating young girls in relation to conventionalist attitudes and perceptions of families. Furthermore, it was implied that women were not assigned as administrators and supervisors at different levels of the education system; the rationale being that domestic work is given to women. The representatives of the Ministry of National Education’s Central Organization usually do not mention the practices in schools and classrooms when talking about gender issues in education. Some supervisors even stated that there was no need for policies ensuring gender quality, since they thought that there were no existing problems related to gender, and this problem is exaggerated by acknowledging it. As an outcome of the project and a result of the analysis of the data obtained from all participants in relation to school and classroom practices, the researcher made suggestions for what can be done in the Provincial Organizations and Central Organization of the Ministry of National Education, and developed two guides titled “The Guide for Gender Equality-Sensitive School Standards” and “The Manual for Gender Equality-Sensitive School Standards” (Demir, 2016; Otaran et al., 2016a; Otaran et al., 2016b).

A currently accepted opinion is that university education, the next step of secondary education, elevates individuals to a higher status in society leading them to be accepted as sophisticated and educated individuals. For this reason, the perspective to and thoughts about gender inequality of today’s university students is important because they are parents of the future that will raise the new generations of the society, and teach them gender perception (Basci & Giray, 2016).

With the help of the awareness of health workers about gender issues, the care that will be given will take psychosocial, social, cultural, and economic aspects of women into consideration rather than focusing only on physical disorder (Coskun & Ozdilek, 2012).
Otherwise, gender inequality may directly or indirectly cause many health problems in women. Therefore, it is necessary to acknowledge the problem and to make all parties, including the society gain awareness on the issue. Especially, in reducing and/or preventing the problems experienced by women because of their gender, nurses as members of the health team have important responsibilities (Basar, 2017).

From the perspective of human rights and social gender equality, there are managerial roles in nursing, in order to support the prevention of gender discrimination in Turkey. Nurses should be aware of gender discrimination and its main causes in this process, be aware of traditional practices, cultural factors, and conditions where genders are disadvantaged, participate in the prevention of domestic violence, help solve the problem through cross-sectoral cooperation and never discriminate in healthcare delivery (Coskun & Ozdilek, 2012).

Equal, comprehensive, and qualified care services with affirmative actions should be provided for all women. By giving priority to women’s healthcare needs, these services should include protecting and improving their health (Basar, 2017). Nurses leading this process should be qualified and, in a position, to perform duties and responsibilities, such as providing individual and social education based on social gender, and raising awareness among society, cooperating among sectors, advocating, leading, counseling, and guiding (Coskun & Ozdilek, 2012).

Biological gender, physiological differences, and burdens of reproduction and inequalities stemming from gender roles negatively affect women’s health. Especially, reproductive health is the area where gender discrimination is the most common. Nurses play an important role in reducing or preventing reproductive health problems experienced by women as they provide continuous healthcare services throughout their lifespan to protect women’s health, reduce and prevent diseases. Nurses play an important role in healthcare training and counseling as well as in caregiving. In this respect, nurses play an active role in helping parents acquire an egalitarian perspective on gender roles (Atis, 2010). To fulfill these roles, they have to take gender courses during their undergraduate education.

The purpose of university education, which has a social importance, is to advance the diversity brought by students from different backgrounds using academic studies that are supported by the heritage of humanity, enhance the education provided in faculties, and guide students in preparing for life in the best way possible by increasing the interaction among departments. To achieve these purposes, Turkey makes an effort to use a national education approach called core education program (COP) (Büllut, 2003). This program provides the main framework that will be used for creating and/or improving education programs in the country. It aims to guide the structure of education programs and is planned to be updated regularly. This study, with gender course in mind, aimed to examine the core education programs (COPs), which provide the fundamental standards for the determination of the curriculum background and needs of the Turkish undergraduate programs in health and for the improvement of the quality.

Research Questions

1. In Turkey, is there a social gender course in health faculty/department curricula?
2. In Turkey, is there a social gender course in health faculty/department core education program?

Method

Study Design

The research was prepared in a descriptive study.

Sample

In this respect, this study, with the gender course in mind, examined the COPs, which provide fundamental standards for the determination of the curriculum background and needs of the Turkish undergraduate programs in health and for the improvement of the quality. Also, at the time of the study, all 183 universities presented on the official website of the Council of Higher Education and in the preference guide were examined. The study sample composed of all the 183 universities presented on the official web page of the Council of Higher Education and in the preference guide at the time of the research. Without sampling, reaching the entire population was aimed. Among them, universities providing training in the field of health (medicine, dentistry, pharmacy, emergency aid, disaster management, nutrition, language, and speech therapy, midwifery, health management, social services, child development, audiology, occu-
pational therapy, gerontology, and physical therapy and rehabilitation) were found. It was investigated whether these universities had social gender classes in health faculty/department curricula and in departments’ COPs (Besler et al., 2017; Dolgun et al., 2016; Erdil et al., 2014; Karaduman et al., 2016; Kavuncubasi et al., 2017; Kayihan et al., 2016; Metin et al., 2016; NFD-COP, 2014; NP-COP, 2015; Sennaroğlu et al., 2016; Songur et al., 2014; Topbas et al., 2016; Tomanbay et al., 2017).

Data Collection Tool
The data were collected by using the checklist prepared by the researchers as a data collection tool. In this checklist, information, including the name of the university, department, the status of social gender course in the curriculum, course name, theoretical, laboratory hours, term, ECTS, as well as the information about the course of social gender classes in COP curriculum were included.

Study Procedure
The authors examined whether there is a social gender lesson in the curricula of these universities providing education in the field of health. In universities with social gender course, the course period, the theoretical course hours, and the course’s ECTS were also determined. The weekly lesson plans of all courses of the universities with no social gender course in their curriculum were examined. As a result, it was noticed that social gender issue was included in the contents of different courses (such as women’s health and diseases).

Statistical Analysis
Data were evaluated by using computerized statistical analysis. Frequency analysis was used in the analysis.

Ethical Considerations
When the necessary information was not available in the Bologna information system, the curriculum data were acquired online from the university website. As the data were obtained from the information available online, no further permissions were required from the institutions. Since the curricula of all universities are taken online via the Bologna information system, no permission has been obtained from the institutions. A letter was given stating that the ethics committee approval is not required for the study from the Non-Interventional Research Ethics Committee of Biruni University.

Results
This study, with the gender course in mind, examined the COPs, which provide the fundamental standards for the determination of the curriculum background and needs of the Turkish undergraduate programs in health and for the improvement of the quality. This study reveals that the COPs were present in a number of programs, including nutrition, language and speech therapy, midwifery, nursing, health management, child development, audiology, occupational therapy, physical therapy, and rehabilitation which are within the body of health sciences faculties or health colleges and medical schools, dentistry schools, and faculties of medicine. The study found that gerontology, social sciences, and emergency aid disaster management departments did not have COPs.

An examination of the presence of gender content in the knowledge included in undergraduate programs with COPs showed that it was only nursing, ergotheraphy, and child development departments that had COPs.

The screening concluded that out of 183 universities, only 56 faculties and departments from 36 universities included gender course in their curriculum (Table 1). Table 1 shows that a course related to gender was included in the curricula of 51 faculties and departments, and only 5 identified gender as a subject within the content of different courses rather than including the course in their curricula. Only 3 (5.3%) of the departments were found to have compulsory gender courses, while others (n: 53=94.7%) took electives.

Table 2 shows a gender course, offered in the curricula of 51 faculties and departments, as most common in the sixth and eighth semesters. The names of the courses identified in the curricula was primarily labeled as “gender” or “gender equality” (Table 2).

Discussion
The concept of gender expresses the socially determined roles and responsibilities of men and women; this concept has come to life within the framework of social structuring, it may also differ in time, differ from one society to another, and be transformable. Past studies have demonstrated that the development of children’s attitudes toward gender role is affected by their parents, family environment, education level of their parents, and employment status of the mother as well as friends, school, teachers, mass
Table 1
The Universities and Faculties/Departments that Include Gender Lesson in Their Curricula

| University          | Department          | T | A | ECTS | Compulsory/ Elective | Course Name                                                   |
|---------------------|---------------------|---|---|------|----------------------|---------------------------------------------------------------|
| Adnan Menderes      | SHS†, Midwifery     | 2 | 0 | 4    | E                    | Gender and Violence                                          |
|                     | FHS‡, Midwifery     | 2 | 0 | 4    | E                    | Gender                                                       |
|                     | FHS‡, Nursing       | 2 | 0 | 4    | E                    | Gender                                                       |
| Amasya              | Midwifery           | 2 | 0 | 2    | E                    | Gender and Women’s Health                                   |
|                     | Nursing             | 2 | 0 | 2    | E                    | Gender and Women’s Health                                   |
| Ankara              | Social Service      | 3 | 0 | 3    | C                    | Gender and Social Service                                   |
| Atatürk             | Nursing             | 2 | 0 | 2    | E                    | Gender Equality                                              |
| Balıkesir SHS       | Midwifery           | 2 | 0 | 4    | E                    | Gender Equality                                              |
| Başkent             | Social Service      | 2 | 0 | 4    | E                    | Gender and Social Service                                   |
| Bezm-i Alem         | Nursing             | 2 | 0 | 2    | E                    | Gender                                                       |
| Celal Bayar         | Nursing             | 2 | 0 | 3    | E                    | Gender Equality                                              |
|                     | Social Service      | 3 | 0 | 5    | E                    | Gender and Social Service                                   |
| Çanakkale           | Midwifery           | 2 | 0 | 3    | E                    | in course of “Women's Social Position”**                     |
| Çukurova            | Midwifery           | 1 | 0 | 2    | E                    | Gender                                                       |
|                     | Nursing             | 2 | 0 | 3    | E                    | in course of “Abuse and Neglect”**                          |
| Dumlupınar          | Midwifery           | 2 | 0 | 2    | E                    | Gender Discrimination and Violence (Elective III)            |
| Eskişehir Osmangazi | Midwifery           | 2 | 0 | 3    | E                    | in course of “Women Health and Diseases”**                   |
|                     | Midwifery           | 2 | 0 | 4    | E                    | in course of “Reproductive Health”**                         |
| Gaziosmanpaşa       | Nursing             | 2 | 0 | 4    | E                    | Gender                                                       |
| Giresun             | Nursing             | 2 | 0 | 2    | E                    | Gender Equality                                              |
|                     | Midwifery           | 2 | 0 | 2    | E                    | Gender Equality                                              |
| Gümüşhane           | Social Service      | 2 | 0 | 4    | E                    | Social Stratification and Inequality                          |
| Hacettepe           | Nursing             | 2 | 2 | 3    | E                    | Gender                                                       |
|                     | Medical             | 2 | 0 | 2    | E                    | Gender and Health                                            |
| İstanbul            | Midwifery           | 2 | 0 | 2    | E                    | Gender                                                       |
| İstanbul Arel       | Social Service      | 4 | 0 | 4    | E                    | Gender and Social Service                                   |
| İstanbul Aydın      | Social Service      | 2 | 0 | 3    | C                    | Gender and Social Service                                   |
| İstanbul Sabahattin Zaim | Nursing         | 2 | 0 | 3    | E                    | Gender                                                       |
| İstanbul 29 Mayıs    | Social Service      | 3 | 0 | 5    | E                    | Gender and Social Service                                   |
| İzmir Ekonomi       | Health Management   | 3 | 0 | 6    | E                    | in course of “Commune problems” *                           |
Table 1
The Universities and Faculties/Departments that Include Gender Lesson in Their Curricula (Continued)

| University/Medical School | Course/Department | n | %  | Lesson Type                  |
|----------------------------|-------------------|---|----|-------------------------------|
| İzmir Katip Çelebi         | Medical           | 2 | 0  | 2                              | E  | Gender Equality               |
|                            | Nursing           | 2 | 0  | 2                              | E  | Gender Equality               |
| Karabük                    | Child Development | 3 | 0  | 3                              | E  | Gender Equality               |
| Kirklareli                 | Child Development | 2 | 0  | 2                              | E  | Gender                       |
|                            | Nursing           | 2 | 0  | 2                              | E  | Gender                       |
|                            | Health Management | 2 | 0  | 2                              | E  | Gender                       |
| Mustafa Kemal              | Emergency and Disaster Management | 2 | 0  | 4                              | E  | Gender Equality               |
|                            | Nursing           | 2 | 0  | 3                              | E  | Gender                       |
| Necmettin Erbakan          | Nursing           | 2 | 0  | 4                              | C  | Gender Equality               |
|                            | Social Service    | 2 | 0  | 2                              | E  | Gender Equality               |
| Nevşehir Hacı Bektaş Veli  | Nursing           | 2 | 0  | 4                              | E  | Gender Equality               |
| 19 Mayıs                   | Midwifery         | 2 | 0  | 2                              | E  | Gender Awareness              |
| Sağlık Bilimleri           | Social Service    | 2 | 0  | 3                              | E  | Gender and Social Service     |
| Sakarya                    | Dentistry         | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | FHS*, Midwifery   | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | SHS†, Midwifery   | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | FHS*, Nursing      | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | SHS†, Nursing      | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | Audiology          | 2 | 0  | 5                              | E  | Gender Equality               |
|                            | Nursing           | 2 | 0  | 4                              | E  | Gender                       |
|                            | Ufuk               | 2 | 0  | 2                              | E  | Gender                       |
|                            | Social Service    | 2 | 2  | 5                              | E  | Gender                       |
|                            | Nutrition and Dietetics | 2 | 0  | 2                              | E  | Gender Equality and Health    |

*They do not have gender lesson in their curriculum but only include gender in the subjects of the identified lessons.
Note: †: SHS: School of Health Sciences, ‡: FHS: Faculty of Health Science

Table 2
The Semester and Name of the Gender Lesson (n=51)

| Semester       | n  | %     | Course Name                          | n  | %     |
|----------------|----|-------|--------------------------------------|----|-------|
| 8. semester    | 7  | 13.72 | Gender and Women’s Health            | 2  | 3.92  |
| 7. semester    | 7  | 13.72 | Gender and Social Service            | 8  | 15.68 |
| 6. semester    | 9  | 17.64 | Gender                               | 16 | 31.37 |
| 5. semester    | 4  | 7.84  | Gender Equality and Health           | 1  | 1.96  |
| 4. semester    | 7  | 13.72 | Gender Equality                      | 19 | 33.33 |
| 3. semester    | 9  | 17.64 | Gender Equality and Health           | 1  | 1.96  |
| 2. semester    | 1  | 1.96  | Gender and Violence                  | 1  | 1.96  |
| Elective Courses | 7  | 13.72 | Gender Awareness                     | 1  | 1.96  |
|                |    |       | Gender Discrimination and Violence   | 1  | 1.96  |
|                |    |       | Social Stratification and Inequality  | 1  | 1.96  |
communication, and other similar elements (Atis, 2010; Durgun & Oguz, 2017; Ongen, 2013).

Schools play an important part in individuals’ obtaining and maintaining gender roles (Atis, 2010). Gender discrimination in education is depriving an individual of education based on their sex. It is fundamental for young girls and boys to not be exposed to any type of gender-based discrimination in accessing educational opportunities, resources, and services in educational institutions, and that individuals are provided with equal opportunities and treatment (Durgun & Oguz, 2017).

A United States study that focused on low-income (Peru), moderate-income (Colombia), and high-income (Canada) countries aimed to describe gender-sensitive health indicators, make a choice among them, and measure to compare the gender-sensitive health indicators in these countries. That study concluded that there were gender inequalities in all countries regardless of their income levels (Diaz-Granados et al., 2011).

This examination reveals that the COPs were present in a number of programs including nutrition, language and speech therapy, midwifery, nursing, health management, child development, audiology, occupational therapy, physical therapy, and rehabilitation which are within the body of health sciences faculties or health colleges and medical schools, dentistry schools, faculties of medicine. The study found that gerontology, social sciences, and emergency aid disaster management departments did not have COPs. An examination of the presence of gender content in the knowledge studied by undergraduate programs with COPs showed that it was only nursing, ergotherapy, and child development departments that had COPs. The United Nations Educational, Scientific and Cultural Organization (UNESCO) also stated that the gender equality principle should be integrated in all educational institutions and levels with the purpose of ensuring gender equality in education. UNESCO also anticipated the necessity of taking certain precautions including teacher’s inflicting gender sensitivity in students, increasing young girls’ access to education, creating a gender-sensitive structure in course books and curricula, and eliminating gender-based violence (Durgun & Oguz, 2017).

A foreign study investigated whether there were any gender-related differences between the evaluations of the medical school students by physicians that were faculty members. Females were shown to have obtained lower instructional evaluations in four fundamental clinical rotations (in order; surgery, pediatrics, obstetrics and gynecology, and internal diseases) (Morgan et al., 2016).

In another study, a prominent European medical school created a new strategy by integrating gender and gender-based medicine into their curriculum. The purpose was to teach aspiring physicians about gender role and make them aware of gender and gender medicine perspectives related to etiology, pathogenesis, clinical presentation, diagnosis, treatment, and the investigation of diseases. The new curriculum was modular, results-focused, and based on gender and interdisciplinary gender. It was integrated in a broad scale (94 courses, 33 seminars, and 16 practical courses) through the entire education process following early fundamental science courses (Ludwig et al., 2015).

Relevant studies of the gender roles of high school and university students in developed countries found that young people’s gender roles have changed in recent years. This shift was affected by governmental policies, family relationships, increase in women in professional careers, and the increase in their desire to improve themselves. A study conducted in Turkey to ascertain university students’ thoughts about conventional gender roles concluded that male students had more conventionalist thoughts than female students about gender roles, which had a negative effect on women’s status in the society (Aylaz et al., 2014). The screening concluded that only 36 universities’ 56 faculties and departments from 183 universities included gender course. It suggests that the gender course should be more involved in the COP and curricula.

In the study by Basci & Giray (2016), students’ attitudes toward gender roles went through a positive change as they proceeded through the later years of their education (Basci & Giray, 2016). Table 2 shows a gender course, offered in the curricula of 51 faculties and departments, as most common in the sixth and eighth semesters. The names of the courses identified in the curricula was primarily labeled as “gender” or “gender equality.” The Council of Higher Education also defended that this course should be added to postgraduate programs as well as undergraduate ones (Gender Equality-Sensitive University Workshop, 2015).

However, in another study conducted by Altinoz et al. (2018), the attitudes of first and sixth-grade uni-
University students studying medicine toward social gender roles were examined and it was stated that there was no lesson given in fields of social gender roles, discrimination, or gender inequality in the curriculum. Although no significant difference was found between the groups, among women it was found that, compared with the first-year students, the sixth-grade students had a statistically significant level of equalitarian attitude toward social gender roles in traditional gender role subscale.

In the study conducted by Zeyneloğlu (2008) with 252 students to determine the attitudes of university first class nursing students toward social gender roles and the factors affecting these attitudes, it was identified that students had a traditional attitude regarding the sub-dimensions of “gender role in marriage”, “traditional gender role” and “male gender role.”

**Conclusion and Recommendations**

The Council of Higher Education, who is responsible for the processes of associate and higher degrees in Turkey, organized the first Workshop for Gender Equality-sensitive University in 2015. In this workshop report, both undergraduate and graduate programs it was suggested that gender lessons should be integrated into the curriculum (Gender Equality-Sensitive University Workshop, 2015).

To conclude, an analysis of the curricula of the faculties/departments that provide education in health revealed that the courses related to gender were not included in the curricula at the desired level, and the gender course that is supposed to be taught in the first year was presented in later semesters. This issue should be considered by The Council of Higher Education in Turkey and universities to be re-evaluated, and additional regulations should be made for gender equality.

**Ethics Committee Approval:** A letter was given stating that the ethics committee approval is not required for the study from the Non-Interventional Research Ethics Committee of Biruni University.

**Informed Consent:** Permission has not been obtained for the information obtained from the information available on the internet.

**Peer-review:** Externally peer-reviewed.

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