

## **PERSPECTIVES ON MENTAL HEALTH OF WOMEN IN TURKEY**

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Turkey is a developing country with a total population of 73,722,988. Turkey has been experiencing a social and cultural transformation during the last century. Conjunctions with these changing values and expectations women also have had new roles and responsibilities. Although women gender equality exists regarding the laws in Turkey and significant advancements toward equality have been achieved, women still need support to overcome some problems related with their roles, status and health issues in the society. Women's health has always been an important issue of the health policies in Turkey. The Ministry of Health conducts policies, which address the emotional, social and physical health of women and young girls with an integrated approach, rather than only focusing on reproductive health and family planning. Turkey has allocated increased financial, human and physical resources for mother and childcare, particularly in the underdeveloped regions and rural areas.

Important arrangements have been conducted to improve the status of women in Turkey. Significant steps have been taken in education. Compulsory education has been increased to 8 years in Turkey. Open Education Programs have been launched. Literacy ratio has increased from 75 % to 82 % in five years.

Another problematic issue is domestic violence in Turkey. Under the new Civil Code, government has passed a law protecting families from domestic violence. The law introduced some protection orders, which determined by the family courts upon the complaint of the abused women and children or the application by the public prosecutor. In order to protect the victims and the other members of the family, the law also states that the party who commits domestic violence should stay away from home or – workplace for a period of time. The Directorate General of Social Services and Child Protection Institute has opened guest houses, shelters, and counseling centers for abused

women in various provinces.

To promote small entrepreneurship, The Turkish Public Bank applies credit programs with low interest for a long term, and women who work at home or set up small businesses can benefit from these programs.

In order to help prevent women from leaving work due to a birth and subsequent care, the leave period in which women can receive their full salary has increased to 8 weeks both before and after the birth (16 weeks total).

Another step is prevention of early motherhood. The new Civil Code requires that girls and boys be at least 17 years of age in order to marry. Also, this new code strengthened gender equality, equality between the spouses and considered women totally equal to men in family and society.

Efforts to prevent neonatal deaths, especially in the case of premature births have resulted in fewer deaths among mothers and infants. A sharp decline in infant mortality has occurred. Additionally, a similar tendency has also been observed for maternal mortality. Total fertility rate has been decreased from 3.65 % to 2.15 % in five years.

In Turkey perinatal care is given free of charge and is widely available. 92% of mothers receive antenatal care from health personnel during the pregnancy. Antenatal care is provided through primary and secondary healthcare facilities, some university hospitals, and via the private sector in Turkey. There is currently insufficient number of pregnancy training centers in Turkey but there is a growing demand for them each day. The main goal in operating this type of a center is to offer prospective parents useful information about pregnancy from the experts and to create a safe environment where women can share their thoughts and feelings about the whole process. The goal is to encourage candidate mothers to participate as well. Usually, one-hour lessons are given twice a week. Although women at any stage of pregnancy can attend the classes, experts recommend participation from 4 months and on. Some of the classes are offered in state and private hospitals and others at privately owned training centers.

Postnatal care services are less known among the reproductive health services provided in the country. In these centers information is given for baby care and breastfeeding, and immunizations are provided free. About 85 percent of mothers and 90 percent of infants receive postnatal care from health personnel in the two months following the delivery in

Turkey.

Turkish Ministry of Health has specific department and programs to improve mother and child health. The Department of Family Planning and Mother and Child Health is one of the five major departments within the Turkish Ministry of Health. It was founded to set goals for solving problems in the areas of mother and child health as well as family planning and it is responsible for implementation, inspections, and evaluation of these goals. One of its aims is also to provide interventions during the antenatal and the postnatal period to preserve the physical and mental health of both the mother and the child. The department is also responsible for the training of the health practitioners to provide services to the mothers and children.

Turkish Ministry of Health has launched two programs for reproductivity and mother and infant health in Turkey. *The Reproductive Health Program* was a collaborative program between the EU and the Turkish Health Ministry. It started in 2003 and finished in 2007. There were 5 main components or aims: Educate the people about Safe Motherhood, Family Planning, Emergency Obstetric Care, Young People's Reproductive Health, Sexually-transmitted Diseases.

The second program is called *0-6 ages Children's Psychosocial Development Support Program*. It is within the Ministry of Health where the aim is to integrate within the primary care services the monitoring of the child's mental and social development and the support provided and to conduct assessments for the expectant mothers and children using the biopsychosocial model. This follow up program was developed especially for children from fertilization up to 6 years old, but also covers the mental, social and physical needs of pregnant women, mothers and fathers alike. The program started in 2002 and still continues in Turkey.

The organization of specialists and residents of adult psychiatry in Turkey is the Psychiatric Association of Turkey (PAT). PAT aims to provide and promote scientific development of psychiatry in accordance with ethical standards in clinical practice and research. Prof. Dr. Nazan Aydın in Turkey founded the Section of Scientific Studies on Pregnancy and Birth Related Mental Disorders within the PAT in March 2011. The aims of this group are to conduct studies, collaborate for prevention of mental illness and be involved in the screening and treatment of pregnancy and birth related mental health

problems. With the leadership of Dr. Aydın, new members from Turkey have registered with the Marce Society. This group is planning to make an application to set up a new branch of Marce Society in Turkey. Establishment of a birth registration system and web based communication system between the perinatal psychiatrists and, the organization of training courses, studying with collaborative partners are activities that are planned by Turkish members of Marce Society.

Research studies about perinatal psychiatry have been conducted all over the country. Most of them are related to prevalence and risk factors of postnatal depression. According to the studies, unemployment of the husband, low education, poverty, early age pregnancy, unplanned pregnancy, premenstrual syndrome, lack of antenatal care, history of mental illness, history of mental illness in first-degree relatives and adverse life events were associated with postnatal depression. There is limited information on postnatal care research as well. Accordingly, intervention studies are necessary.

The conclusion, Turkey has some improvements in its health system especially to prevent early motherhoods, mother and infant deaths, to decrease the fertility rate, to increase literacy rate, to protect the families domestic violence, to promote small entrepreneurship and, to educate the health personnel about perinatal care. Women health practitioners are doing research to understand the problems in perinatal mental health. However, pregnancy and birth related mental disorders still require more attention. Depression prevention programs in perinatal period should become high priority issue. Implementing community-based programs to meet the care needs of new mothers, including at least two follow up visits, giving education on psychiatric disorders related to pregnancy and, establishing departments on women's mental health must be a concern of health authorities.

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