Competencies of Midwifery Graduates in Kenya, Slovakia, Hungary and Czech Republic: Do We Want to Replace Obstetrics? (Short communication)

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Source: Clinical Social Work and Health Intervention
Volume: 9
Issue: 4
Pages: 78 – 80
Cited references: 3

Reviewers:
Vitalis Okoth
MPC, Nairobi, Kenya

Keywords:
OGB. Midwifery.

Publisher:
International Society of Applied Preventive Medicine i-gap


Abstract:
The EU and USA and some SEA countries having enough physicians, do not need to share doctor’s duties/competencies, however, countries with lack of qualified doctors such as Sub-Saharan Africa (apart of
Introduction

Several papers have been published in recent years of the competencies of various paramedic occupations including midwifery and nursing. The EU and USA and some SEA countries are currently having enough physicians, so they do not need to divide doctor’s duties and competences, however, countries with lack of qualified doctors such as Sub-Saharan Africa (apart of RSA) and some places in rural Latin America need, for example, midwives to assist with complicated births including caesarean section. The aim of this short communication is to present competences in various parts of the world where the Tropic team runs their health care projects.

Methods

Forty-one (41) Kenyan students of community health, 30 students in nursing program from Czech Republic, 31 from Slovakia and 20 from Hungary have participated on this research on competences of nurses and midwifery aid statistically compared with $\chi^2$ test and Fisher’s exact test. $P < 0.05$ were considered as significant.

Results and Discussion

As seen in Table 1, Kenyan students of community health/social work program have been significantly better informed/ showed better knowledge on competencies of midwiferies and nurses in comparison to Slovak ($p < 0.02$) and Czech nursing students ($p < 0.01$), or Hungarian social work students ($p < 0.01$).

These results are indicating conservatism and misknowledge of the role of nurses worldwide. (1) WHO Guidelines for paramedic treatments are for the majority of residents unknown (Tab 1.); what has been already published on CEE/V4 health students and doctors. (2)

Table 1: Knowledge of competencies of midwives and nurses according to WHO guidelines.

<table>
<thead>
<tr>
<th>Countries:</th>
<th>HU</th>
<th>CZ</th>
<th>SK</th>
<th>Kenya</th>
<th>P</th>
</tr>
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<tr>
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<td>30</td>
<td>31</td>
<td>41</td>
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<td>Nursing</td>
<td>Nursing</td>
<td>Community Health</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>- Birth alone</td>
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<td>6*</td>
<td>6*</td>
<td>*41</td>
<td>*0.02</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>40</td>
<td>0.01</td>
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<tr>
<td>Nursing competencies</td>
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<td></td>
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<tr>
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<td>*1</td>
<td>2</td>
<td>*41</td>
<td>*0.01</td>
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</table>
Conclusion

The level of education and global thinking as well as orientation in international health in students of health and social sciences in Slovakia, Czech Republic and Hungary is weak and needs improvement as well as better education in health sciences.

Reference