






Traditional Practices Performed by Nurses During Postpartum Period

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ABSTRACT

Objective: In order to provide a quality health service, the awareness of traditional practices of healthcare providers, especially nurses, is as important as the understanding of the illnesses and health perception of those receiving care and their approaches to contemporary and traditional practices, because nurses' own cultural values and beliefs can affect their decisions and attitudes toward the patients. .

Methods: This descriptive study was performed with female nurses with children and working in a university hospital. The sample was not determined by using any special method of selection. The study was completed with the participation of 316 nurses who volunteered to participate in the study. The participation rate was 82%. Data were collected from October 2018 to April 2019 by using a survey form developed by the researchers based on the literature

Results: Of the nurses, 91.5% thought traditional practices were important but 8.5% thought that such practices were unimportant to prevent/resolve health-related problems. The most common first three practices that the nurses implemented to prevent puerperal fever included fortieth-day baths (44.3%), praying (37.3%), and not staying home alone (28.2%).

Conclusion: It is important for nurses to be aware of their viewpoints against traditional practices as to understanding transcultural care and providing service in this direction.

Keywords: Nurse, postpartum period, traditional practices.

1. INTRODUCTION

Culture is defined as "values, beliefs, manners and customs learned, shared, and passed down from generation to generation by a group of people" (1). It shapes attitudes towards health, health beliefs and behaviors. Today, health-related traditions that live and are kept live in Turkey are the product of a vibrant and rich cultural synthesis manifested by civilizations settled in Anatolia. Within this cultural heritage, postpartum practices occupy a very significant place (2, 3).

Postpartum period is a duration referring to various cultural beliefs and values in every country in the world. Perceptions and practices regarding this period vary from culture to culture, but are implemented to protect mother and her baby from all kinds of diseases and troubles. Turkey is a country where diverse civilizations have been established since ancient times. For this reason, it has a rich culture. This, in particular, has formed a multicultural populational structure, which has raised the issue of providing satisfactory care in cultural terms. Consequently, the meaning of the postpartum period in the society served by nurses has become more important in nursing care interventions as

well as the identification of cultural practices for this period, and cultural barriers to receiving healthcare during this period. For this reason, understanding cultural beliefs and values during the care period has an important role to play in making clinical nursing care decisions and developing care plans (4,5).

It is necessary for nurses to, first of all, comprehend their own attitudes towards traditions and practices in order for them to deliver transcultural care. Culture can influence people's opinions, decisions and actions in certain ways. For this reason, nurses' own cultural values and beliefs can consciously or unconsciously influence their decisions, attitudes and practices regarding patient care. Moreover, self-awareness can be a starting point for nurses to understand women culturally. Thus, they can identify sociocultural differences between patients and themselves, become attentive to such differences and take such characteristics into consideration when delivering care (4-6). Based on this premise, this study was carried out to identify traditional practices followed

by nurses for themselves, who are expected to provide transcultural care during the postpartum phase of patients.

2. METHODS

2.1 Research Model

This research is a descriptive type.

2.2. Study Universe and Group

The population of the study was comprised of female nurses who had children and served at a hospital of a Faculty of Medicine in Konya province, Turkey. Participation in this study was voluntary. The sample was not determined by using any special method of selection. The aim was to reach at least 80% of all nurses. The study was completed with the participation of 316 nurses who volunteered to participate in the study. The participation rate was 82%.

2.3. Data Collection and Data Collection Tools

Data were collected from October 2018 to April 2019 by using a survey form developed by the researchers based on the literature (7-9). The Survey Form included 15 questions inquiring sociodemographic characteristics and traditional practices. The survey forms were handed out to the nurses, and they were asked to fill the forms out. It took 10–15 minutes to fill the survey forms.

2.4. Ethical Approval

Ethics committee approval was obtained from the Noninvasive Clinic Ethical Committee of the Medical Faculty at Necmettin Erbakan University (Decision no.72/2018). Institution approval of the study was obtained from the institution in which the study is conducted and verbal consent was obtained from the nurses.

2.5. Data Analysis

The analyses of the data obtained in the study were conducted using SPSS 20 statistical analysis program (Chicago, IL, USA). Number, percentage, mean and standard deviation were used to analyze the data. The significance level was accepted as $p < .05$

2.6. Limitations and Generalizability of the Study

The findings of our study are limited to the hospital where the study was conducted and so cannot be generalized to the other regions of Turkey. The study was conducted on nurses who were all from the same culture, which was a limitation of the study. It was another limitation of the study that the nurses responded to the questions by recalling past knowledge.

3. RESULTS

The average age of the 316 nurses (82%) who participated in the study was 35.9 ± 7.05 of these nurses, 94.9% were married, 57.6% were four-year college graduates, and 83.9% lived in the Central Anatolia region for the most part of their lives. The mean number of the pregnancies of the nurses was 2.06 ± 1.13 , and 59.2% had two or more living children (Table 1).

Table 1. Sociodemographic and obstetric characteristics of nurses (n: 316)

Characteristics	Median (Min.– Max.)	$\bar{x} \pm SS$
Age	36.0 (22-49)	35.9 ± 7.05
Marriage age	23.5 (17-37)	23.7 ± 3.34
Duration of marriage	10.0 (1-35)	11.8 ± 7.53
Number of pregnancy		2.06 ± 1.13
	n	%
Marital Status		
Married	300	94.9
Single	16	5.1
Educational status		
High School	42	13.3
Two-year college	58	18.4
Four-year college	182	57.6
Post graduate	34	10.8
Evaluating monthly income		
Good	115	36.4
Middle	191	60.4
Bad	10	3.2
Family type		
Nuclear family	301	95.3
Extended family	15	4.7
Number of Children Living		
<2	129	40.8
≥ 2	187	59.2
The longest lived place		
City	271	85.8
Village/Town	46	14.2
The longest lived geographical region		
Aegean Region	20	6.3
Mediterranean Region	22	7.0
Black Sea Region	7	2.2
Marmara Region	2	0.6
Central Anatolia Region	265	83.9

Of the nurses, 91.5% thought traditional practices were important but 8.5% thought that such practices were unimportant to prevent/resolve health-related problems. The most common first three practices that the nurses implemented to prevent puerperal fever included fortieth-day baths (44.3%), praying (37.3%), and not staying home alone (28.2%). In order to increase breast milk supply, their practices involved consuming molasses/halva/sweet food items (42.4%), consuming crashed wheat pilaf/kisir (traditional

crashed wheat salad)/lentils (38.6%) and consuming onions (29.4%), in the order of frequency (Table 2).

Table 2. Traditional practices that nurses implemented for themselves during their own postpartum period. (n:316)

Traditional practices	Yes		No	
	n	%	n	%
Practices to prevent puerperal fever				
Taking a fortieth-day bath	140	44.3	176	55.7
Praying	118	37.3	198	62.7
Not staying home alone	89	28.2	227	71.8
Placing a copy of Koran in puerperal women's room	73	23.1	243	76.9
Tying a red scarf or ribbon on the head of the woman	71	22.5	245	77.5
Avoiding attending a funeral	47	14.9	269	85.1
Not allowing two puerperal women to visit each other	41	13	275	87
A menstruating woman's avoiding visiting a puerperal woman	34	10.8	282	89.2
Leaving a sharp tool like a sickle or a knife in puerperal women's room	26	8.2	290	91.8
Practices to increase breast milk supply				
Consuming molasses, halva, and sweet food items	134	42.4	182	57.6
Consuming crashed wheat pilaf/kısır (traditional crashed wheat salad)/lentil	122	38.6	194	61.4
Consuming onion	93	29.4	223	70.6
Drinking puerperal woman sherbet (a type of sweet drink prepared specifically for the sake of a puerperal woman)	86	27.2	230	72.8
Consuming quince compote	68	21.5	248	78.5
Other traditional practices				
Puerperal women's avoiding having sex for 40 days	245	77.5	71	22.5
Puerperant women's celebrating the 40th day of delivery	148	46.8	168	53.2
Wrapping puerperant women's abdomen	126	39.9	190	60.1
Avoiding doing housework	61	19.3	255	80.7
Avoiding leaving the house for 40 days	59	18.7	257	81.3
Traditional practices implemented to prevent/resolve health-related problems	289	91.5	27	8.5

When the nurses were asked about what they would initially do in any health-related problem, 67.7% stated that they presented to a health institution, 27.8% stated that they tried

to solve it using certain traditional practices that they knew, and 4.4% stated that they tried to cure it on their own.

4. DISCUSSION

Every culture has their own beliefs and practices. A nursing care practice that ostracizes cultural characteristics negatively influences patients' sense of trust in and cooperation with nurses. Nurses should be mindful of cultural differences, so that people who have influenced their lives according to cultural values and spiritual beliefs can be supported with high quality and professional nursing care. In order to do that, first of all, nurses should be aware of their own cultural values and beliefs. Otherwise, they will tend to ignore cultural characteristics and orientations of people receiving care by making decisions according to the values and norms of their (the nurses') own culture in their decisions when providing care.

The average age of the 316 nurses involved in the study was 35.9 ± 7.05. It can be said that the nurses were in their mid-adulthood. The most important function of the idea of self in mid-adulthood, according to Erikson's theory of Stages of Psychosocial Development, is productivity and creativity, especially in technical and artistic fields (10). Accordingly, given their ages, it can be said that the nurses had matured in terms of professional knowledge and experience and were at a stage where they could transfer such knowledge and experience to patient care.

The nurses' opinions about traditional practices implemented to prevent/resolve health-related problems showed that 91.5% thought such practices were important and 8.5% thought that they were unimportant. Similarly, Kaewsarn, Moyle, and Creedy (8) reported that almost half of nurses (48.92%) cared about traditional practices implemented during the postpartum period. In another study, Karakuş, Babadağ, Abay, Akyar, and Çelik (11) reported that nurses were aware of the importance of cultural differences in health care. Similarly, Yalçınır and Çam (12) reported that 43.1% of nurses considered non-harmful traditional practices favorably. It can be said that nurses were mindful of traditional practices.

Culture influences every aspect of human life. Such practices can be implemented even in the most important parts of women's lives and when they are very sensitive, like in the postpartum period. It has been reported in many studies that mothers carry out different practices during the postpartum period and attach great importance to such practices to protect their health and the health of their babies (13, 14, 15). Particularly important for transcultural treatment in this context is customs, beliefs and values of nurses themselves. In this study, the nurses reported their own traditional practices that they performed during the postpartum period. Among them, the most common first three implemented by the nurses to prevent puerperal fever included fortieth-day baths (44.3%), praying (37.3%), and not staying home alone (28.2%). Among the practices that were carried out

to increase breast milk supply, consuming molasses/halva/sweet food items (42.4%), consuming crashed wheat pilaf/kisir (traditional crashed wheat salad)/lentils (38.6%) and consuming onions (29.4%) were prominent. Similarly, the idea that “the baby and woman who have not completed forty days after childbirth are not left alone and not taken out of the house for forty days” (64.1%) were among the practices aimed at preventing women’s puerperal fever in a study conducted in Karaman, Turkey (16). In the study of Kaewsarn et al. (8), nurses stated that there should be a balanced diet to maintain milk supply during the postpartum period. In that study, the nurses stated that people should consume fish (98.9%), eggs (98.7%), buffalo meat (20%), vegetables (97.6%), red pepper (chili pepper, 54.9%), and durian (a tropical fruit, 62.9%). In the study by Tien (17), nurses and mothers stated that they believed postpartum traditional practices are a universal phenomenon, and traditional practices are effective in regaining physical health.

5. CONCLUSION

It was found that there were nurses who thought that traditional practices during the postpartum period were important, and they implemented such practices personally. Nurses need to be conscious of their own attitudes towards traditional practices, appreciate transcultural care and deliver services in this way. In this context, it is recommended to incorporate transcultural nursing courses into undergraduate education. In addition to raising nurses’ awareness of transcultural care, their cultural competence should be supported by in-service training programs after graduation.

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