

Evaluation of Knowledge and Attitudes Related toTraditional Practices Regarding the Care of Pregnant, Postpartum Women and the Newborn^{*}

Gebe, Lohusa ve Yenidoğanın Bakımına Yönelik Yapılan Geleneksel Uygulamalara Dair Bilgi ve Tutumların Değerlendirilmesi

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ABSTRACT

Aim: The aim of this study is to determine the traditional practices of women for pregnancy, birth, puerperium and neonatal care.

Methods: This descriptive study was conducted in Amasya. The sample of the study consisted of 134 females who had at least one child, who lived in this region between 1 December 2013 and 15 January 2014 and who agreed to work. The written permission to conduct the study has gotten from Municipality and verbally permission from the people who join to the study. The participants were asked about their knowledge and practicewith a form prepared based on literature and consisting of 107 items containing traditional practices. The datas obtained in this study were analysed with the SPSS 20 packet program. Ki squared with frequency and percentage, Kruskal Wallis-H tests were used.

Results: The average age of women is 48.87 ± 15.92 and is between 19-80 years. All of the women stated that they have knowledge about traditional practices. When they are asked to say them that come to their minds, they have indicated the application of salting the baby, swaddling the baby, "höllük" (putting soil under the baby'ship) and "kırklama" (a special ceremony to bath when the baby is 40 days).

Conclusion: This study shows that although it changes over time, traditional practices still continue. Nowadays evidence-based practices have got a growing importance gradually. In that case useful traditional practices should be developed and related trainings should be given more importance.

Keywords: Childbirth, Postpartum, Maternal Health, Traditional Practices

ÖZ

Amaç: Bu çalışmanın amacı, kadınların gebelik, doğum, lohusa ve yenidoğan bakımına yönelik bildikleri ve yaptıkları geleneksel uygulamaları belirlemektir.

Yöntem: Tanımlayıcı tipte olan bu araştırma Amasya'da bir kasabada yapılmıştır. Araştırmanın örneklemi, 1 Aralık 2013 -15 Ocak 2014 tarihleri arasında bu bölgede oturan, en az bir doğum yapmış ve çalışmayı kabul eden 134 kadından oluşmuştur. Belediyeden yazılı olarak, katılımcılardan sözel olarak izin alınmıştır. Geleneksel uygulamaları içeren 107 maddeden oluşan formla bu uygulamaları bilme ve uygulama durumları sorulmuştur. Bu çalışmada elde edilen veriler SPSS 20 paket programı ile analiz edilmiştir. Frekans ve yüzde ile Ki kare, Kruskal Wallis-H testleri kullanılmıştır.

Bulgular: Kadınların yaş ortalaması 48,87±15,92'dir ve 19-80 yaşları arasındadır. Kadınların tamamı geleneksel uygulamalar hakkında bilgiye sahip olduklarını belirtmişlerdir. Akıllarına gelen geleneksel uygulamaları saymaları istendiğinde, bebeği tuzlama, bebeği kundaklama, höllük ve kırklama uygulamalarını belirtmişlerdir.

Sonuç: Bu çalışma, geleneksel uygulamaların, zaman içinde değişiklikler gösterse de hala devam ettiğini göstermektedir. Kanıta dayalı uygulamaların giderek öneminin arttığı günümüzde yararlı olan "geleneksel uygulamalar" geliştirilmeli ve konuyla ilgili eğitimlere daha çok önem verilmelidir.

Anahtar Kelimeler: Doğum, Lohusalık, Anne Sağlığı, Geleneksel Uygulamalar

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INTRODUCTION

Beliefs, traditions, public values and cultural approaches are reflected on practices by transferring from one society to another. Traditional practices in the field of health have been widely used among people throughout history and these practices are also found in the field of women's health.

It is important to know the community, to determine the service to be offered, and to know the reaction to the service, to meet their needs.¹ While some of the traditional practices may be useful, others may be harmful.^{2, 3} Therefore, it is important for health workers to follow the practices in the community closely so that they can take the right approaches. Attempts should be made to support the useful practices and to prevent harmful ones.⁴

Maternal and infant health indicators are important statistics in determining the development levels of countries. Especially when looking at the areas where maternal mortality rates are high, traditional practices are striving to close the shortcomings of the health systems. A designing and implementing effective health intervention for the elimination of the effects of harmful traditional practices has vital importance.

In a survey conducted in Madagascar in Southeast Asia to explore pregnancy, childbirth and postnatal practices, beliefs and traditions, it is stated that there are several traditional health practices and beliefs in the region that affect women's health seeking behaviours and that these behaviours confirm high local mortality rates and morbidity.⁵

Many traditional practices related to birth, pregnancy and baby are performed in our country. Many factors such as the inadequacy of postpartum care, the pressure of family elders, economic inadequacies, the women status in the society and not trusting the health personnel cause people to turn to traditional practices.⁶

This study aims to identify women's awareness on traditional practices for pregnancy, birth, puerperium and new-born care, and their implementations about them.

METHODOLOGY

This descriptive study was conducted in Town of Amasya Province. 198 women are the universe of the research. Sample size 95% confidence interval, unknown prevalence rate of 50% and error margin of 0.03 calculated as 131.⁷ The sample of the study consisted of 134 women who lived in this region between December 1, 2013 and January 15, 2014, who had at least one birth and accepted to work. Written permission from Municipality and verbal permission from the participants were taken. The region was chosen because it is both an elderly population and a region where traditional practices are still thought to have continued.

In our study, a questionnaire consisting 18 questions for socio-demographic characteristics, 4 open-ended questions for traditional applications and 107 items which can be answered as "I did not hear", "I heard" and "I practiced" including traditional practice expressions was used. These 107 questions were based on literature research and interviews with women living in this region regarding traditional practices in the Amasya region.^{2,8,9,10,11}

The data obtained in this study were analyzed with the SPSS 20 packet program. Shapiro Wilk's has been utilised due to the unit numbers while investigating the normal distribution of variables. While the results were being interpreted, significance level was taken as 0.05, and it was interpreted that when the significance level was p <0.05, the variables did not come from the normal distribution and when p> 0.05 the variables came from the normal distribution.

When the differences between the groups were examined, the Kruskal Wallis-H test was used because the variables did not come from the normal distribution. In the case of significant differences in the Kruskal Wallis-H test, the groups that differed were identified by the Post-Hoc Multiple Comparison TestChi-square analysis was applied when relations between groups of nominal variables were examined. Fisher's Exact Test was used when the expected values in the eyes in the 2x2 tables didn't have enough volume, and Pearson Chi-square analysis was applied to RxC tables with Monte Carlo Simulation.

While the results were being interpreted, significance level was taken as 0.05; p < 0.05 meaning a significant relation, p > 0.05 meaning no significant relation.

RESULTS

The average age of participants is 48.87 ± 15.925 , and they are between the ages of 19-80. As seen in **Table 1**, 26.9% are between 30-40 years of age, 64.9% are married longer than 21 years, 31.3% are illiterate and 51.5% are only primary school graduate. Only 6.7% have no health insurance. 61.9% rated their income situation as moderate.

Personal Characteristics		n	%
Age Groups	19-29	16	11,9
	30-40	36	26,9
	41-50	15	11,2
	51-60	31	23,1
	61-70	23	17,2
	71 and above	13	9,7
Marriage Span	1-10 Years	24	17,9
	11-20 Years	23	17,2
	21 Years and above	87	64,9
Educational Status	Illiterate	42	31,3
	Literate	1	0,7
	Primary School	69	51,6
	Secondary School	17	12,7
	High School	5	3,7
Income	Well	44	32,9
	Moderate	83	61,9
	Bad	7	5,2
Family Type	Elementary Family	69	51,5
	Extended Family	65	48,5
TOTAL		134	100

Table 1. Personal characteristics

The age of first conception ranges from 13 to 31 years, with a mean of 18.34 ± 2.81 . The mean number of pregnancies is 4.22 ± 1.8 . When the last baby's gender was asked, 36.6% were girls and 63.4% were boys. They stated that 50% of the participants gave birth at home, 43.3% at the hospital and 6.7% at home and in the hospital. They stated that 79.9% of them did not receive information about infant care during pregnancy, 15.7% received information from healthcare personnel, and 3% of them from their surroundings and 1.5% received information from books.

When they were asked whether they knew the traditional practices, it was seen that they all answered yes. Women have stated the cases of "salting, swaddling, höllük (using a kind of soil into a diaper made of cotton) and kırklama (a kind of bath ceremony made when the baby is fourty days old)" which initially came to their minds from traditional practices of the region. 107 items have been read about whether women have heard about, or applied traditional practices of pregnancy, childbirth, puerperium and babies.

The study includes 12 items on traditional practices in pregnancy. **Table 2** shows the percentages and frequencies of findings of items that are more frequently heard and objectionable to apply among these substances. 90.3% of the participants said that they had heard the expression "One should not go to shrine during pregnancy" and pay attention to not to go to shrine during the pregnancy period. It seems that there are many traditional expressions about baby's gender. The belief that nutrition is important in determining the baby's sex is among the most common traditional practices. According to this, 80.6% of them stated that they heard, but not applied the expression that "if one would like to eat sweet, then she will have son, and if she would like something sour, she will have daughter".

	Expressions over Traditional Practices about Pregnancy	l heard		l heard but didn't apply		I applied or taken into consideratior	
		n	%	n	%	n	%
3	Pregnant don't go to shrine	6	4,5	7	5,2	121	90,3
4	Pregnant don't have haircut	93	69,4	16	11,9	25	18,7
5	Pregnant don't eat rabbit meat or ship's head and foot soup	91	67,9	14	10,4	29	21,7
6	Pregnant don't look at corpse	35	26,1	36	26,9	63	47,0
7	Pregnant don't eat something secretly	111	82,8	13	9,7	10	7,5
8	Pregnant don't look at disabled	67	50,0	38	28,4	29	21,6
9	If a pregnant becomes more beautiful, she will have son and if not so, she will have a daughter	31	23,2	103	76,8	0	0
10	If the womb is pointy, she will have son, and if it is flat, she will have daughter	19	14,2	115	85,8	0	0
12	If a pregnant would like to eat sweet, she will have son and if she would like something sour, she will have daughter	22	16,4	108	80,6	4	3,0
13	If she is mobile, she will have son, and if she is slow, she will have daughter	89	66,4	45	33,6	0	0
14	If her face becomes speckled, she will have daughter	40	29,9	94	70,1	0	0
15	If the baby moves in the right-side of the womb, the baby will be a boy, and if left side, the baby will be a girl	62	46,3	72	53,7	0	0

Table 2. Traditional practices about pregnancy

There are 8 statements about birth. According to the statements, 29.9% of women had heard and practiced the phrase "locked places and women's hair ties are solved at birth". They stated that pregnant women should be kept in arms by two other women in order to start the labour pain and 47% of them heard and applied the practice in which the pregnant be shaken by putting her in a blanket. Labour and birth expressions are given in **Table 3**.

	Expressions on traditional practices about labour and birth		ard	l heard but didn't apply		I applied or taken into consideration	
		n	%	n	%	n	%
1	There is not too much labour pain during delivery if it's a boy	52	38,8	82	61,2	0	0
2	At the time of delivery, verses from the Quran) are written inside a white case and the pregnant is given water to drink from that case, or some water onto which verses are read-voiced is given to her to drink	102	76,1	15	11,2	17	12,7
3	When the baby is delivered, if the plasenta is turned from its edge, the gender of the baby also turns to opposite sex	117	87,3	14	10,4	3	2,3
5	If the baby is girl, her umbilical cord is laid up to guarantee the next baby to be a boy	118	88,1	15	11,2	1	0,7
6	The last delivered girl babies are given the names as "Döne, Döndü, Songül" (meaning "the last one" in Turkish, symbolising a wish to have a boy next time	114	85,1	16	11,9	4	3,0
7	The locked places are opened and the hair tie of the pregnant is solved during delivery	82	61,1	12	9,0	40	29,9
8	The pregnant is kept in arms by two other women in order for the labour pain to start. Then she is shaken by putting her in a blanket	51	38,1	20	14,9	63	47,0

Table 3. Traditional practices about labour and birth

There are 15 statements about breastfeeding in the study. The most repetitive and affecting expressions among these expressions are given in Graphic 1. 73.1% of the respondents stated that if their baby has aphtha, they have applied carbonated water to baby's mouth, 10.4% did not give the first milk after birth and 41.8% gave sugary water, voicing azan into ear for the first breastfeeding was found as 28.4%, spreading olive oil for the nipple crack as 31.3%.



There are 13 items related to babies. 17.9% of them stated that they heard and applied the statement that "placental blood is spread over baby's cheeks and lips in order them to be red". 86.6% of them stated that they swaddled the baby, 61.2% said that baby would not be washed before the umbilical cord falls and 82.8% stated that they had washed the baby with saltwater. The statement that "The umbilical cord is left-buried into the school garden in order for him to study, into the stable to be cattle dealer, next to the mosque wall (into the garden) to be hafiz (a Muslim prayer who knows Quran by heart, who has deeper religious knowledge), next to the mansion wall to be hospitable" was among most applied traditional practices (*Table 4*).

	Expressions on traditional practices about baby		l heard		l heard but didn't apply		d or nto ation
		n	%	n	%	n	%
1	The child is expected to give voice or the placenta to deliver in order to cut the umbilical cord. In some places it's cut longer in order for the baby to have a beautiful voice	77	57,4	32	23,9	25	18,7
2	Placental blood is spread over baby's cheeks and lips in order them to be red	88	65,7	22	16,4	24	17,9
3	When the umbilical cord falls, salt or coffee is put on the belly button, it is cauterised, ash from kindle is sprinkled onto belly button after filtering it in a cheesecloth, a piece of cloth dipped in olive oil is put on the scar	122	91	1	0,7	11	8,3
5	The fallen umbilical cord is tied to the baby's cradle for 1-2 years in order for him not to be a traveller, a rolling stone. If it belongs to a girl, it is put onto tandoori oven's wall in order for her to be domestic	66	49,3	9	6,7	59	44
6	The umbilical cord is left-buried into the school garden in order for him to study, into the stable to be cattle dealer, next to the mosque (garden) wall to be hafiz (a Muslim prayer who knows Quran by heart, who has deeper religious knowledge), next to the mansion wall to be hospitable	6	4,5	18	13,4	110	82,1
7	The placenta of the baby who doesn't give voice is thrown onto cinder, dipped into hot water, or buried into ash	98	73,1	25	18,7	11	8,2
9	Baby is swaddled	6	4,5	12	8,9	116	86,6
10	Baby isn't showered before his umbilical cord falls	82	61,2	18	13,4	34	25,4
12	Baby is showered with salty water	16	11,9	7	5,3	111	82,8
13	Baby's nose is squeezed in order for it to be smaller.	94	70,5	8	6,0	31	23,5

Table 4. Traditional practices about baby

There 44 items in total related to puerperancy, including incubus and bleeding. They stated that they applied various methods to prevent incubus. The mostly practiced applications according to the statements for preventing incubus are; not leaving the puerperant alone, having a male member of the family consistently at home and leaving the lights on every time. The data about incubus are presented at **Table 5**.

Table 5. Traditional practices to prevent incubus of puerperants									
Expressions on traditional practices to prevent incubus of puerperants		I heard		I didn't heard		ed			
	n	%	n	%	n	%			
Getting imam pray	52	38,8	70	52,2	12	9,0			
Pouring lead heating it, melting and pouring it into a cup filled with water to repel evil eye	39	29,1	75	56,0	20	14,9			
Leaving the lights in the puerperant's room open	7	5,2	53	39,6	74	55,2			
Having a male member of family consistently at home	6	4,5	38	28,3	90	67,2			
Putting onion, black sesame (love-in-a-mist), or garlic to baby's cradle, or hanging harmal onto it	18	13,4	75	56,0	41	30,6			
Not leaving the puerperant alone	7	5,2	31	23,2	96	71,6			

12.7% of them stated that they practiced the item "The bleeding puerperant's feet are kept higher while lying". 15.7% of them stated that they put heated tile under the feet of the bleeding puerperant, 6.7% stated that they heated höllük (using a kind of soil into a diaper made of cotton) and put onto her womb, and 67.9% stated that they had her have a warm shower.

It was found that, of the 107 traditional practices, some had significant difference with educational status and age groups. As the educational status decreases, rate of hearing and applying traditional practices increases. There is statistically significant difference between the educational status and the statements of "Pregnant doesn't look at corpse", "the pregnant is kept in arms by two other women in order for the labour pain to start. She is shaken by putting her in a blanket", "baby is swaddled", "höllük is put onto puerperant's womb", "onion, black sesame (love-in-a-mist) or garlic are put onto baby's cradle, or harmal is hung onto it" (p<0.05). In case of the age increases, it is also observed that, among the cases of hearing and applying traditional practices, there is significant difference between some of the items. Within this regard, statistically significant difference among the items of "azan (call for prayer for Muslims) is voiced into baby's ears before breastfeeding for the first time", "sugared water is given to the puerperant", "milky rice is eaten towards evening", "egg cooked in plenty of oil with black pepper is eaten", "nevse soup (kind of soup with rice, tomato paste and oil) is drunk", "honey melted into butter is eaten", butter with black pepper is eaten", "rice soup with black pepper is drunk", "puerperant lies on höllük", "the lights are left open to prevent incubus" "a male family member is consistently left at home to prevent incubus" were observed (p<0.05). Statistically significant items are given in **Table 6** when evaluating the relationship between getting information about baby care in pregnancy and the items related to the baby.

		Have you been informed about baby care during pregnancy?							Chi Square	
		una	unanswered Yes		No		Total		Test	
		n	%	n	%	n	%	n	%	р
The child is expected to give voice or the	l heard but didn't apply	3	75	3	10,3	26	25,7	32	23,8	
placenta to fall out in order to cut the	I didn't hear	1	25	26	89,7	50	49,5	77	57,5	0,001
umbilical cord. In some places it's cut longer in order for the baby to have a beautiful voice	I heard applied and paid attention	0	0	0	0	25	24,8	25	18,7	0,001
	Total	4	100	29	100	101	100	134	100	
Placenta blood is spread over baby's cheeks and lips in order them to be red.	I heard but didn't apply	2	50	2	6,9	18	17,8	22	16,4	_
	I didn't hear	1	25	26	89,7	61	60,4	88	65,7	0,013
	I heard applied and paid attention	1	25	1	3,4	22	21,8	24	17,9	
	Total	4	100	29	100	101	100	134	100	
The fallen umbilical cord is tied to the baby's cradle for 1-2 years in order for him not to be a traveller, a rolling stone. If it belongs to a girl, it is put onto tandoori oven's wall in order for her to be domestic.	I heard but didn't apply	0	0	3	10,3	6	5,9	9	6,7	
	I didn't hear	1	25	21	72,5	44	43,6	66	49,3	0,033
	I heard applied and paid attention	3	75	5	17,2	51	50,5	59	44	_
TOTAL		4	100	29	100	101	100	134	100	

DISCUSSION

Within the scope of the study, there are expressions such as "Pregnant don't eat rabbit meat or ship's head and foot soup", "taking and eating something hidden, going to the funeral, looking at people with disabilities, haircut" among the answers given by pregnant women about practices that should not be done during pregnancy. In addition to these, Koyun and his colleagues' study (2010) also included expressions such as "looking at animals, eating raspberries, strawberries, liver".¹

In study of the Research Team of Minzu University of China by the United Nations Population Fund in Tibet (Gyamda region) it is stated that the pregnant women don't consume the meat of the animals that are bitten and dying and also the meat of male yaks, as a taboo, if the rule is violated, it is believed that the new-born will become deaf, mindless, and transsexual.¹²

There are many traditional practices on selection of baby's sex as well. Within the scope of this study, there are expressions related to the baby's sex such as; "If a woman becomes beautiful, she will have son, if she becomes ugly, she will have daughter", "If her womb becomes pointy, she will have son, if it becomes flat, she will have daughter", "If she desires sweet she will have son, if desires sour, she will have daughter "," if baby moves on the right-side, he will be a boy, if she moves on the left-side, she will be a girl ". In a study conducted by Işık and et.al. (2010) in Mersin, 53.4% of beliefs and practices related to determining the sex of the baby were mentioned. Among these beliefs, there are the ones as; a pregnant woman who has inguinal pain, eats sour things, eats fig in her dream, looks like having a sharp womb delivers a girl, and a pregnant woman who has belly aches, eats sweet, eats pepper in her dreams, has big hips and whose belly seems downward delivers a boy.¹³ In a study conducted by Bolçay (2011) in Erzurum, it is reported that, if the pregnant abdomen is pointed up, her face has been beautified, strolls much, her body seems tight, she sits close to the side of the knife when a knife and scissors put on a place, then she delivers a boy, and if her body gets larger and uglier, sleeps more and sits close to the side of the scissors then she delivers a girl.¹⁴ In a study conducted by Yalçın (2012) in Karaman, it is reported that if the mother candidate has become uglier, the baby is a boy, if she has become flourish, it's a girl, if she sits on the side of scissors, the baby is a girl, and if she sits on the side of the knife, it's a boy, and if she scratches her nose when she is thrown salt over the head, then it's a boy, but if she scratches her head upon this, it's a girl.⁸ It is seen that there are common points in the studies, showing that woman have made sex determination with what the pregnant eat and the position of the baby.

There are also some beliefs about supernatural beings and superstitions affecting birth. In a study in Liberia, it is believed that in case of women have been given pain in early grieving in early stage of birth, the witches come, and that these witches fasten a cloth called lappa to the pregnant, and because of that they are in pain and that they cannot give birth quickly, but these witches allow the woman to give birth by loosening the lappa when she is sad.¹⁵ In our study, it was also found that, opening locked places and hair braids are believed to facilitate the birth.

Incubus is the most popular topic among the traditional practices to be applied during the puerperium period. Among the methods used by the participants for the treatment of incubus in this study are to have the imam pray, melt and pour lead into a water cup, to leave the light open in the room of the puerperant, to keep a man consistently at home, to put black sesame, onion and garlic onto the baby's cradle, hang harmal onto it, and not leaving the puerperant alone. In Gölbaşı and Eğri's (2010) study in Tokat, in addition to the same statements, there are different applications such as changing needles, slapping the puerperant, pricking needle to her, preventing her from looking at mirrors and not giving salt away from the house.³

A study to identify traditional practices in the south-eastern Madagascar region suggests that women are squatting on burning charcoal to clean and tighten the postpartum uterus, using herbal drinks to accelerate healing and involution of the uterus.⁵ Similarities are seen when we compare these results with the study. In this study, practices such as raising puerperant's feet, to heat the tiles and put them under their feet, heating höllük and putting over the womb and having a warm bath against the bleeding were specified.

It is observed that mothers sustained traditional practices related to babies. The findings such as umbilical cord being tied to the baby's cradle for 1-2 years in order for him not to be a traveller, a rolling stone, being put onto tandoori oven's wall in order for her to be domestic if it belongs to a girl, being left-buried into the school garden in order for him to study, into the stable to be cattle dealer, next to the mosque (garden) wall to be hafiz (a Muslim prayer who knows Quran by heart, who has deeper religious knowledge), next to the mansion wall to be hospitable. The rates of participants with 86.6% swaddling the baby and 82.8% salting the baby were evaluated as high, and 8.1% using salt, coffee and oil for belly-button care was found as lesser. Dinc's work in Sanliurfa in 2005 shows that the rate of swaddling of the baby is 74% and that of the baby salting is 39%, and the rate of using salt, coffee and olive oil in the belly button care is 21.5%.¹⁶ Çetinkaya and his colleagues stated in their study in Manisa, that 91% of participants heard of salting baby while 74.2% applied it, and 87% heard swaddling and 60.4% applied it⁴. In another study conducted in 2005 in Erzurum, it was seen that mothers' swaddling rate of their babies was 73%.¹⁷ The rate of swaddling was 56.3% and salting was 22.4% in a study done by Çalışkan and Bayat in Nevşehir in 2011.¹⁸ In the Tibetan Leshian region it is reported that Miao people have covered the placenta with a cloth and bury it under the pole of the house after delivery, the split part of the umbilical cord is kept for drying, and the baby is wiped with clean cloth or paper, the umbilical cord is poured ash and baby covered with the father's clothes.⁷ In a study done in Zambia, for the drying of the umbilical cord, materials such as wood charcoal, baby powder, protective breast milk, chicken and cow flop (foeces), vaseline, edible oil, or worn engine oil are spread over.¹⁹ It appears that traditional practices continue in different countries or in different regions of the countries with more or less similarities and diversity.

In the study conducted in Erzurum, the traditional practices related to breastfeeding are as follows: "Waiting for the azan (call for prayers) for the first time of breastfeeding is 20.7%, not to give the first breast milk is 14.4%, applying the olive oil for nipple cracking is 9% and wiping with carbonated water for aphtha 9%.²⁰ In this study, voicing azan into ear for the first breastfeeding was found as 28.4%, the first breast milk being not given as 10.4%, spreading olive oil for the nipple crack as 31.3%, and pouring carbonated water for aphtha as 73.1%.

In this study, it was found that some of the 107 traditional practices differ significantly with the educational status and age groups. As expected, traditional practices are more common in advanced ages. As in the study of Arisoy et al., this study showed a decrease in the traditional practices as the level of education increased.²¹

CONCLUSION AND SUGGESTIONS

Research findings show that traditional practices are still continuing. In order to increase the effectiveness of the evidence-based interventions, there is a need for health policies that define the whole society, that are developed taking social and cultural beliefs into account and cultural-sensitive approaches in service provision.

Midwives and health care providers should take responsibility for evaluating and correcting the beliefs and traditional practices of the community. Training should be planned for raising awareness in order to support beneficial practices and prevent harmful ones.

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DİSCLOSURE

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