

TRADITIONAL HEALTH PRACTICES IN MOUNTAIN, PLAIN AND SEASIDE REGIONS OF ADANA IN TURKEY: MATERNAL AND INFANT HEALTH

Traditional Health Practices about Maternal and Infant Health

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ÖZET

Amaç: Bu çalışma ile Adana ilinde dağ, ova ve deniz seviyesindeki yerleşim birimlerinde geleneksel tıp uygulamalarını belirlemek, bu konudaki bilgileri tespit edip derlemek ve gelecek kuşaklara taşımak amaçlanmıştır. **Metod:** Kalitatif bir çalışma olan araştırmanın evrenini Adana’da yerleşik olarak yaşayan kişiler oluşturmuştur. Örneklemeye ise Adana’nın dağ, ova ve deniz yerleşim birimlerinde doğan ve uzun süredir aynı yerde yaşayan, iletişim kurma sorunu olmayan, araştırmaya katılmayı kabul eden 10 kişi dahil edilmiştir. **Bulgular:** Araştırma sonucunda dağ, ova ve deniz kıyısı yerleşim birimlerinde yaşayan kişilerin ana çocuk sağlığına yönelik çeşitli geleneksel sağlık uygulamalarına başvurduğu görülmüştür. Bu uygulamalar; “doğum öncesi dönemde yapılan uygulamalar”, “doğum sırasında yapılan uygulamalar” ve “doğum sonrası dönemde yapılan uygulamalar” ana başlıkları altında toplanmıştır. Yapılan bu uygulamaların bir kısmının yararlı, bir kısmının ne yararlı ne zararlı bir kısmının ise zararlı uygulamalar olduğu görülmüştür. **Sonuç:** Sağlık profesyonelleri hizmet verdikleri grubu geleneksel uygulamaların sakıncaları ve çağdaş tıbbın getirileri hakkında bilgilendirmeli ve kadın sağlığı, gebe takibi, doğum yardımı postpartum bakım hizmetlerini verdikleri kişilerin geleneksel davranışlara yönelerek zarar görmesini engellemelidir. Bu bağlamda ilgili sağlık profesyonellerinin, geleneksel uygulamaları tanınması ve olumlu-olumsuz yönlerini bilmesi, bu bilgiyi işinde etkin olarak kullanması gerekmektedir.

Anahtar Kelimeler: Geleneksel uygulama, ana sağlığı, çocuk sağlığı, yenidoğan, antenatal dönem, intranatal dönem, postnatal dönem

ABSTRACT

Objectives: The purpose of this study is to identify the traditional medical practices about maternal and child health in mountain, plain, and seaside regions of Adana, and collect information regarding this issue to hand down the knowledge gathered to next generations. **Method:** Target population of the study which was designed as a qualitative one is the people who are settled in Adana. The study was conducted with 10 participants who were born and have been living in mountain, plain, and seaside regions of Adana, who did not have communication problems, and who volunteered to participate in the study. **Results:** It was found that people residing in mountains, seaside, and plains used various traditional health practices for maternal and child health. These practices were collected under three main headings: “practices in the prenatal period” “practices during delivery” and “practices in the postpartum period”. Some of these practices are useful, some of them are harmful, and some of them are neither harmful nor useful. **Conclusions:** Health professionals should inform people to whom they provide health care regarding women health, pregnancy check-ups, delivery help, and postpartum care services pertaining to the disadvantages of traditional practices and advantages of modern medicine. In this regard, it is essential for health professionals to have knowledge of the traditional practices as well as their advantages and disadvantages, and use this knowledge effectively in their profession.

Keywords: Traditional practice, maternal health, infant health, labours, newborn, antenatal period, intranatal period, postnatal period.

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INTRODUCTION

In all societies, whether primitive or developed, children are regarded as important and valuable creatures of the future. They have prominent roles in bringing happiness to families especially in traditional societies. Therefore, becoming pregnant, giving birth, and hence having a child are significant roles and responsibilities attached to women by society. In countries like Turkey where being a woman is put on par with fertility, mothers' gaining prestige and self-respect and fathers' gaining trust depend on childbearing. Parallel to the importance given to fertility and children, labour and postpartum period are confined with numerous traditions, beliefs, and magical and religious practices.¹

Cultural values, attitudes, behaviours, and beliefs that are widely-esteemed in the society shape people's life styles and thereby can have effects on their health conditions. In this general framework, some of the traditional practices applied to women during pregnancy, delivery and postpartum period can threaten maternal and infant health. Acknowledging these threats is of importance in providing community health services, effective communication with individuals and by this means protecting and improving maternal and infant health.²

Background

Literature shows that traditional practices about maternal and infant health are common in developing and even developed countries.¹⁻¹⁵

Kaingu *et al's* (2011) study which aimed to document Traditional birth attendants (TBAs) practices as well as the indigenous herbal remedies they use to manage pre, intra and post partum complications in a rural Kenyan community. They were interviewed two hundreds TBAs and 20 clients, a total of 10 pregnancy related complications and symptoms including threatened abortion, labour complications, post partum haemorrhage and retained after birth were recorded. Fifty five plant species most of them belonging to Euphorbiaceae family were identified for the management of the complications.

The investigation of traditional knowledge, beliefs and practices relating to women's reproductive health, in order to understand and find explanations for them, is a starting point towards the search for more successful maternal-baby health strategies.¹² In their study which investigated the traditional midwifery practices in 20 rural area health care centres, Şenol *et al* (2004) found that a wide range of practices which are neither useful nor harmful as well as attitudes and behaviours which are harmful to health were found to be used. Dinç (2005) investigated "the traditional practices of mothers who have children aged between 0 and 1 regarding child care" and interviewed 200 mothers. The study revealed that the participants made use of traditional practices in relation to swaddling, salting, umbilical cord care, taking the baby out, and the first bath.

In developing countries, a lot of mothers or infants lose their lives due to the health problems experienced during pregnancy and in the prenatal and postpartum periods. This problem which is also referred as mother and infant health problems is still one of the primary concerns in our country. The main activities that can prevent this include health care services pertaining to prenatal period, delivery, and postpartum period.¹⁸

Studies at both national and international level show that the traditional practices start before contraception and continues in the postpartum period. Most of the studies especially at national level seem to be descriptive in nature; which indicates the need for qualitative research on the issue. Qualitative studies that investigate traditional health practices would not only provide a deeper understanding of the people's preferences but also guide healthcare professionals to offer the most effective support and service.

Aim

The purpose of this study is to identify the traditional health practices about maternal and infant health in mountain, plain, and seaside regions of Adana, and find out the differences resulting from geographical features.

METHOD

Study Area

Adana, located in the East Mediterranean part of the Mediterranean region in the South of Turkey, is a city with a square measure of 17.253 km² and a population of 2.085.225 (according to the results obtained from 2010 address-based population registration system). It has 15 towns, 37 municipalities and 469 villages. One of the cities experiencing the fastest urbanization process, Adana is the leading centre of Mediterranean Region in terms of trade, industry and capital market.¹⁹⁻²¹

Design and Participants

A descriptive, qualitative design was used to understand traditional health practices about maternal and infant health better. The participants are 10 people who were born and have been living in the mountain regions in Saimbeyli and Feke towns, seaside in Yumurtalık and Karatas towns, and plains in Seyhan, who did not have communication problems, and who volunteered to participate in the study. By taking into consideration all segments of the society, reference persons were identified among those who acknowledged the cultural values of the region and who were from various cultures and education levels. Field visits were conducted between June and September 2010. Interview dates were identified by contacting the reference persons, and then they were visited for interviews. The interview data were collected using tape recorders and camera. The participants were informed about the study beforehand. Verbal permission for interviewing and tape/video recording was obtained. All participants voluntarily agreed to the tape/video recording of the interviews. The participants spoke openly about their experiences of traditional health practices about maternal and infant health. Each interview took approximately 50–60 minutes.

Ethical Committee

The written ethical approval was obtained from the ethical review board of Çukurova University.

Data analysis

The data were collected through in-depth interviews and were analysed based on content analysis. The subjective interpretation of the content of transcriptions was carried out through a systematic classification process of coding and identifying themes. Significant statements and phrases pertaining to objectives of the study were identified. They were coded as to the content they represented, and coded materials were grouped based on shared concepts. The shared concepts were then organised into theme clusters.²²

Of total 10 interviews, the 8th interview indicated completeness and saturation of data with no evidence of new themes emerging. The analysis of three further interview transcripts supported our existing categories and revealed no new emerging themes, confirming that data saturation was reached.

RESULTS

It was found that people residing in mountains, seaside, and plains used various traditional health practices for maternal and infant health. These practices were collected under three main headings: “practices in the prenatal period” “practices during delivery” and “practices in the postpartum period”.

Practices in the Prenatal Period

The practices applied in the prenatal period were collected under “cyst, infection”, “eliminating infertility”, and “determining gender” sub-headings.

Cyst, Infection

“Stinging nettle and blackberry are boiled and drunk” (Reference Person (RP) 8, Mountain).

Eliminating Infertility

“The god gives the baby; I do not have any practices for infertility” “(RP1, Mountain).

“The woman lies on her back and her pubic is pulled” (RP14, Sea).

“Whether the woman is fertile is determined by palpation. The woman’s pubic and abdomen are massaged” (RP8, Mountain). The participant states that the problem is solved after the massage practice.

“Wild blackberry root and apple tree bark are boiled together and drunk” (RP7, Mountain).

“Grapes are crushed and wrapped around the abdomen. Its warming effect helps fertility” (RP10, Sea).

Determining Gender

“Since it is believed that the god decides on the gender of the baby, nothing special is suggested to determine the gender” (RP1, Mountain).

Practices during Labour

Practices during labour are collected under “birth and cutting the umbilical cord” and “salting/washing/putting on diaper” subheadings.

With the general understanding about the importance of having birth with the help of health professionals and the increase in the access to health services, there has become a dramatic decrease in the deliveries carried out with traditional midwives (TM).

During the field visits, 4 TM, three of whom lived in the mountain region and one in seaside, were interviewed about their experience of delivering babies. It was found that traditional midwives no longer performed the delivery of babies but went on carrying out their other traditional roles except for delivery.

Birth and Cutting the Umbilical Cord

The role of the midwife starts with the beginning of pains and goes on with the visits made 3-4 days after delivery. When the family calls the midwife for delivery, she examines the mother and determines whether the pain is really labour pain or not. The midwives interviewed were found to support women during the birth, perform the delivery of the baby and placenta, apply massage to reduce pain and prevent perineal laceration, help in hard births, and deal with the care of mother and baby after delivery (RP1, RP2, RP3, RP5 Mountain; RP6, Sea).

Practices during Labour were explained in Detail by one of the Traditional Midwives

“The kind of pain before birth and straining pain is called “*yayan* pain” and these pains are the initiator signal pains. Duration of the initiator pains changes from person to person. Some last four to five hours while some others may last even 10 hours. When these stronger pains start, the mother’s vessels and stomach become hard. Even if the pregnant woman may fail to understand that the pain is starting, a midwife can detect it by palpating the abdomen with her skilful hands. The examination is certainly done by palpating the abdomen; vaginal examination is not performed until the moment of birth due to the risk of catching an infection. I stay with the mother to help her during an emergency as well as to manage pain. No vaginal examination is performed due to the risk of harming the baby; at this stage only the situation is observed and the mother is inspired that she would have an easy birth. If anything unusual happens, the mother is suggested to see a doctor. Sometimes I apply olive oil (indigo, sunflower) on the abdomen in circular movements, massage from fundus to pubis, and make the mother walk with a view to helping her to manage the pain. I do not allow the mother to take any food, beverages or medicine (herbal or medical) since they may reduce or stop pain. As for the birth position, I use pulling a rope tied up in the corner of the room, squatting, or lying on a bed on the floor which is covered with nylon. The pregnant women is not forced to strain, she should strain when labour pains begin. When birth approaches, the mother’s abdomen, pubic, and perineum area are applied olive oil, indigo or sunflower oil using clean cotton. The purpose of this practice is to enhance the slipperiness and flexibility of the area. The oil applied especially on the perineal region can help to prevent laceration. If laceration occurs, it is treated using “salty çorak” water which is prepared by adding some salt to boiled and warm water. The newly delivered mother applies this mixture on her perineal area for three or four days.

Since a newly delivered mother catches a cold after birth, her abdomen is filled with blood. This problem is treated by crushing dried black grapes and wrapping it on a wet piece of cloth. This mixture is put on the ash of fire and then the cloth is wrapped on the women's abdomen to kill pain. As for bleeding, olive oil and egg is cooked together and put on the mother's perineal area when it gets warm. Delivery of the placenta change from person to person. If the placenta holds on the mother's belly, its delivery becomes difficult. In easily-delivered placenta, the delivery is performed by pressing the mother's abdomen from both sides. When the delivery of placenta is detected to be hard as a result of the examination, salt is warmed up and put on the mother's abdomen. After waiting for some time (usually less than one hour) the placenta is delivered by pressing the abdomen from both sides. Whether the delivery of the placenta is easy or hard, no vaginal intervention is performed. There is no certain place to bury the placenta; it is usually removed by burying it in a field. The placenta is never used for any other purposes. After the delivery of the baby, the umbilical cord is measured three fingers on the top and three fingers at the bottom, it is then cut by tying a rope in the middle. The cord is shed between 3-7 days. If the baby's cord is thick, it is shed later and these kinds of children are dirty children who wet their beds. Those who have thin cords are clean children who do not wet their beds" (RP1, Mountain).

Depending on the financial situation of the family, the midwife might be given some presents (money, fabric, scarf, headscarf, prayer rug, etc.), but this is not obligatory. Prayers are believed to be adequate for the help provided. "The midwife is given soap and henna as present. She washes her hand with the soap given and applies henna on her hand so as to have lights in her ten fingers hereafter and to be protected from bloody-minded people" (RP1, RP9, Mountain).

Salting/Washing/Putting on Diaper

"The newborn is salted before being washed with a view to preventing smell of sweat and diaper rash" (RP1, RP2, RP5, Mountain; RP6, RP8, Sea; P10, Plain).

"The baby is applied honey or sugar in her mouth so that she will be a sweet-talker when she grows up. If the baby feels restless during the salting practice, she is given to her mother for breastfeeding. If not, the mother breastfeeds the baby after the salting practice (RP1, Mountain).

"*Höllük*, a mixture of soil, is used while putting on diaper. The soil chosen for this application is sifted well, burnt to make it clean, and put like diaper under the baby's body. The baby likes this hot soil application; and then she is put on her cradle" (RP1, Mountain).

Practices in the Postpartum Period

Practices in the postpartum period are collected under "puerperal care/visits to the woman after childbirth", "first milk/colostrum", and "*albasması*" subheadings.

Puerperal Care /Visits to the Woman after Infantbirth

"The mother's abdomen is lifted up and wrapped with a thin piece of cloth with a view to preventing it from sagging. This wrapping is kept for 15-20 days" (RP1, Mountain).

First Milk/ Colostrum

"*Yakı*, a mixture which includes sugar, honey and molasses, is prepared for the newly delivered mother (RP1, RP2, Mountain). Besides, butter is fried and used for the purpose of relieving pain. The mother is suggested to eat sweet food and bread, and drink boiled quince seeds to increase the milk produced. Additionally, she may wear an amulet. Some kinds of food might be harmful for newly delivered mothers and should be avoided. The mother herself should identify them" (RP1, Mountain).

Al Basmasi

An ethereal creation throws beads on water which is not covered with anything and causes the newly delivered mother to have fever and get sick, which is called “*albasmasi*”. To prevent this, all the water jars at home should be kept closed. Alternatively, putting scissors, onion, or Koran under the newly delivered mother’s pillow can prevent this. They say “only the nasal septum of a delivered mother remains nonlacerated and the mother is threatened so as to make her take care of herself. She is also warned that she should not catch a cold” (RP1, Mountain).

DISCUSSION

In developing countries, a lot of mothers or infants lose their lives due to the health problems experienced during pregnancy and in the prenatal and postpartum periods. This problem which is also referred as mother and infant health problems, is still one of the primary concerns in our country. The main activities that can prevent this include health care services pertaining to prenatal period, delivery, and postpartum period.¹⁸

Cultural values, attitudes, behaviours and beliefs of a society shape people’s life styles and thereby their health conditions. Some of these traditions are harmful (e.g. not breastfeeding the baby during the three call to prayer times, not giving the colostrum to the baby, etc) while some others are useful (e.g. practices to protect the mother and the baby for 40 days, not leaving the mother alone, taking care of her nutrition, etc), and some others are neither useful nor harmful (e.g. using a yellow piece of cloth to protect the baby from hepatitis).^{3,23,24}

Medical point of view focuses on the harming potential of the traditions. This potential can occur in two different ways: some practices may cause irritation or infection and some practices may delay the help of the opportunities of modern medicine and hence decrease the success of modern practices.²

The present study has revealed that traditional practices regarding maternal and infant health are still popular.

The practices applied in the prenatal period were collected under “cyst, infection”, “eliminating infertility”, and “determining gender” sub-headings.

One of the participants indicated that women drink boiled stinging nettle and blackberry for cyst and infection. As for infertility, it was found that women used plants and massaged pubic and abdomen areas. In their study which investigated the traditional beliefs and practices of the infertile women in Erzurum and its neighbourhood, Engin and Pasinoglu (2002) found that 80.7 % of the women first consulted to health institution/health personnel; however, in time they asked for help from sheiks/entombed saints and traditional midwives. The traditional practices were grouped into three categories as “those sat on their water, steam or pulp” “those inserted in the vagina” and “those eaten/drank”. In their study which aimed to identify the traditional practices regarding public midwifery in Kayseri, Senol *et al.* (2004) found that a cream composed of a mixture of various ingredients is placed in infertile women’s womb. The traditional practices applied due to infertility are harmful practices for women’s health. Dealing with these kinds of practices causes loss of time, which is prominent in infertility treatment, and delays the diagnosis and treatment of infertility.

Midwifery education used to be given by people who did not receive any training but saw the implementations and learnt this profession from their ancestors (traditional midwives). During the field visits, four traditional midwives, three from mountains and one from seaside, were interviewed and their knowledge regarding the birth practice was gathered together. It was found that traditional midwives no longer performed the delivery but went on applying their other roles apart from delivery. The midwives interviewed were found to support women during the birth, perform the delivery of the baby and placenta, apply massage to reduce pain and prevent perineal laceration, help in hard births, and deal with the care of mother and baby after delivery. It was found that role of the traditional midwives start with the beginning of the labour pain and continue till the third-fourth days after delivery. Midwives were also found to use various herbal oils in massaging abdomen and perineum region with a view to easing the birth and preventing perineal laceration. In a similar vein, in their study aiming to identify and compare the traditional practices in prenatal and postpartum period in Iran and Turkey, Ozsoy and Katabi (2008) found that midwives massaged abdomen and

perineum with oil. Touching the person and caring for her can transmit positive messages such as giving confidence and love. Massage, which is defined as the conscious and systematic manipulation of the soft tissues to improve health and help healing, is used in the postpartum period with a view to relaxing the mother and reducing pain.⁹ Scientific studies recommend using perineum massage during pregnancy and delivery so as to prevent and reduce perineum trauma.²⁴

The present study indicates that the pregnant woman is asked to walk so as to make delivery easier. Studies show that some practices that aim to make delivery easier are walking the woman, making her lie down in a bed linen and swinging her^{2,7,25-27}; praying in the name of God, ablution and bathing, making the ritual call for prayer, massaging the waist, a hot sitz bath, jumping from a high place, drinking oil, putting hair in the mouth, drinking water from the husband's hands, drinking boiled cumin, drinking water from the hand of a woman who delivered a baby easily and untying knots.¹³

The traditional midwives interviewed in this study stated that they pressed the mother's abdomen from both sides and pulled the umbilical cord so as to deliver the placenta. It was found that they used hot application and used their hands when the delivery of the placenta is hard. Senol *et al.* (2004) found that the mother is asked to stand up and jump, her abdomen is pressed using a sweeper and massaged, she is made to blow in a bottle, she is put hair in her mouth and made to vomit, and the placenta is taken out by hand. The traditional practices to deliver the placenta threaten women health and life.

In Turkey, almost one-quarter of maternal deaths occurred due to bleedings short before, during or after delivery. 15.7 % of all maternal deaths were due to postpartum deaths. One third of these occurred during the first 12 hours after delivery. Atonic uterus and retained placenta were main causes.²⁸ Assistance by medically trained birth attendants during delivery is considered to be essential in the reduction of maternal and neonatal mortality. According to Turkey Demographic and Health Survey (TDHS) 2008, 8 % of the births were performed by traditional midwives or friends-relatives.²⁹ With the general understanding about the importance of having birth with the help of health professionals and the increase in the access to the health services, there has become a dramatic decrease in the deliveries carried out with traditional midwives.

In line with the findings in present study, midwives in different regions of the country were found to salt the newborn baby. Salting practice is performed either by putting salt in the bath water of the baby or by applying salt on the most sweating areas of its body.^{2,4,6,9,16-18,30-33} Considering the sensitivity of a newborn baby skin, salting practice is harmful because it may cause pain, rash, and loss of integrity of the skin as well as dehydration. Therefore, starting from the prenatal period, mothers should be trained about the harmful effects of this practice.⁶

It is well known that the most traditional method of swaddling the neonates is laying them onto the heated soil entitled as "*höllük*" in Anatolia for centuries. With its feature of keeping the baby at same heat for a long time and with its high absorbing capacity, *höllük* is widely used especially in winter. On account the fact that *höllük* soil is used for newly delivered mothers as well, it is the primary cause of both neonatal and puerperal tetanus.²⁵ Similar to the findings in our study, *höllük* was found to be used in different regions of our country.^{2,9,16-18,30-33}

It is important for the newly delivered woman to have balanced nutrition during the lactation period. Adequate and balanced nutrition is a key point for the mother to produce adequate milk.³⁴ The present study found that the participants mentioned a mixture called "*yakı*" and told that the newly delivered mother is given this mixture with a view to helping the production of milk and strengthening her body. This mixture includes butter, sugar (molasses/honey) and water. Besides, the mother is advised to drink plenty of water. In their study aiming to identify the traditional practices regarding the maternal care in the postpartum period, Golbası and Egri (2010) found that of all to 400 women participating in the study, 89 % did special practices to increase milk production, 71.3 % ate liquid food, 63.7 % drank weak tea, and 62.4 % ate dessert. In their study which aimed to identify the traditional practices for women and babies and which was conducted with 273 women, Geckil *et al.* (2009) identified the most popular nutritional practices among newly delivered mothers as eating "*Bulamac*" (82.8%) and drinking a mixture of grape molasses and butter (69.6%). Ozsoy and Katabi (2008) also found that majority of the women used traditional practices to increase the

amount of milk produced. Chen's (2010) qualitative study which aimed to identify the perceptions of Chinese mothers in Canada about breastfeeding and baby health emphasized that breastfeeding is natural and important. Besides, the newly delivered mothers were recommended to follow a special diet (Tonic soup/Chinese herb soup) and relax well. It is seen that both in our country and in other countries, newly delivered mothers' diet is considered to have great importance.

The bad spirit which is believed to bring illness or death to the newly delivered mother and newborn baby is called "alkarası, alanası, alkızı" and the negative situation brought by this spirit is called "albasması".^{3,7} Similar to the findings of the present study, research conducted in different regions of the country indicates that people believed in the existence of this bad spirit and tried to take some precautions to be protected.^{2-4,7,9,18,32,35} *Albasması* belief is shaped with the fears related to the health problems of the postpartum period, especially puerperal infection and postpartum depression tables draw attention.³⁶ In the existence of serious clinical tables, traditional and ritual practices can delay the mother's applying to health institutions which may cause maternal death. In this regard, it is essential for health professionals to acknowledge these practices and enlighten women about the general postpartum problems, and risk factor that might be caused by the traditional-ritual practices.²

Health professionals should inform people to whom they provide health care regarding women health, pregnancy check-ups, delivery help, and postpartum care services pertaining to the disadvantages of traditional practices and advantages of modern medicine. In this regard, it is essential for health professionals to have knowledge of the traditional practices as well as their advantages and disadvantages, and use this knowledge effectively in their profession.

CONCLUSION

The present study indicates that traditional practices pertaining to maternal and infant health are still popular. Some of these practices are harmful, some of them are useful, and some of them are neither harmful nor useful. Traditional medical practices about maternal and infant health were found to be more common in mountain villages (maybe) due to the hard living conditions in the area. In addition, development level of the people in the mountain village is lower since the young people migrate to the city, which leads to a more common usage of traditional health practices in the society.

Declaration of Conflicting Interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

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Appendix: List of Reference Persons (RP)

Date of birth, occupations, educational background and residing places of the reference persons are as follows:

- RP1. 1940, traditional midwife, illiterate, Saimbeyli.
- RP2. 1945, traditional midwife, illiterate, Saimbeyli.
- RP3. 1933, horse doctor, literate, Saimbeyli.
- RP4. 1955, housewife, primary school, Saimbeyli.
- RP5. 1923, traditional midwife, illiterate, Feke.
- RP6. 1935, traditional midwife, illiterate, Yumurtalık.
- RP7. 1928, farm worker, literate, Karatas.
- RP8. 1940, housewife, literate, Karatas.
- RP9. 1926, housewife, illiterate, Kozan.
- RP10. 1952, housewife, secondary school, Seyhan.