

TRADITIONAL METHODS KNOWN AND APPLIED BY WOMEN LIVING IN THE CITY CENTER OF BINGOL FOR MOTHER AND INFANT CARE



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Abstract

This study was conducted to determine the traditional methods known and applied by the women living in the city center of Bingöl for mother and infant care. The population of this study was composed of women aged 20 years old and over and the number of women meeting this definition is 88.265 according to 2018 data of Turkish Statistical Institute (TSI). The minimum number of people was determined as 596 that needed to be included in the sample with deviation of 4% $[(n=Nt^2pq/d^2(N-1)+t^2pq), (N=88,265, p=0,5, q=0,5, d=0,04), t=1,96]$ and the study was completed with 600 women. A questionnaire consisting of 48 questions prepared by the researchers as a result of the literature review about the subject was applied to the women meeting the inclusion criteria. It was found that those who had high educational level, were employed, had planned pregnancy, and had less than 3 pregnancies and live births considered traditional practices as insignificant. It is recommended to provide training to the women starting from the prenatal period about pregnancy, labor, puerperium and baby care, to inform them about wrong traditional practices and to conduct these trainings continuously and regularly.

Key words: Traditional practices, mothers, delivery, infant care, postnatal care.

BİNGÖL İL MERKEZİNDE YAŞAYAN KADINLARIN ANNE VE BEBEK BAKIMINA YÖNELİK BİLDİKLERİ VE UYGULADIKLARI GELENEKSEL YÖNTEMLER

Bu araştırma; Bingöl il merkezinde yaşayan kadınların anne ve bebek bakımına yönelik bildikleri ve uyguladıkları geleneksel yöntemleri saptamak amacıyla yapılmıştır. Tanımlayıcı kesitsel tipte olan araştırmanın evrenini 20 yaş üstü kadınlar oluşturmuş olup, 2018 yılı Türkiye İstatistik Kurumu (TÜİK) verilerine göre bu tanımlamaya giren kadın sayısı 88.265 kişidir. %4 sapma ile örnekleme alınması gereken minimum kişi sayısı 596 olarak tespit edilmiş $[(n=Nt^2pq/d^2(N-1)+t^2pq), (N=88.265, p=0,5, q=0,5, d=0,04, t=1,96)]$ araştırma 600 kadın ile tamamlanmıştır. Araştırmaya alınma ölçütlerini karşılayan kadınlar, araştırmacılar tarafından konu ile ilgili literatürün değerlendirilmesi sonucu hazırlanan, 48 sorudan oluşan anket formu uygulanmıştır. Eğitim düzeyi yüksek olanların, çalışanların, gebeliği planlı olanların, gebelik ve canlı doğum sayısı üçün altında olanların daha fazla oranlarda olacak şekilde geleneksel uygulamaları önemsiz olarak gördükleri tespit edilmiştir. Kadınlara doğum öncesi dönemden başlayarak gebelik, doğum, lohusalık, bebek bakımı konularında eğitim verilmesi, gebelerin daha sık takip edilerek yanlış geleneksel uygulamalar ve inanışlar konusunda bilgilendirilmesi, verilecek olan eğitimlerde genç, eğitim düzeyi düşük annelere öncelik verilmesi ve eğitimlerin sürekli ve düzenli yapılması önerilmektedir.

Anahtar kelimeler: Geleneksel uygulamalar, anne, doğum, bebek bakımı, doğum sonrası bakım.

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Introduction

The concept of health which has been defined in many ways so far is defined by the World Health Organization (WHO) as "not only disability and disease having no knowledge, art, tradition, customs, skills and habits, but also physical, mental and social well-being" (1,2).

One of the important factors affecting the social environment is the culture of that society. In other words, culture is the dynamic factor of health. Culture shapes the individual's thoughts, the language to speak, how to believe in what, death rituals and what to eat. According to Taylor's definition, "culture is a complex entity including knowledge, belief, tradition, artistic activity, law, ethical values and other abilities and habits gained by human beings as a member of society." The main character of culture consists of the value system, attitude, belief and behaviors of the society (1,3).

Each society has beliefs, traditions, and customs in its own culture. These factors, also known as cultural elements, are not only effective in the fields of education, technology, economy, politics, art, and law as well as the health system. Various names have been given to beliefs, attitudes and practice systems related to the disease and health caused by people's own culture. Traditional medicine, folk medicine, folk medicine, and primitive medicine are the most commonly encountered names (1, 2, 4).

Cultural differences are formed in centuries by being affected from many elements such as lifestyles of the societies, the climatic conditions of the geography they live in, religious beliefs,

demographic characteristics and etc. Societies living in close geographies have less cultural differences. In other words, the more distant and isolated the relations between societies, the more the cultural differences between them.

This study was conducted to determine the traditional methods known and applied by the women living in the city center of Bingol for mother and infant care.

Methods

The population of this descriptive cross-sectional study was composed of women aged 20 years old and over and residing in the city center of Bingol and the number of women meeting this definition is 88.265 according to 2018 data of Turkish Statistical Institute (TSI). The minimum number of people was determined as 596 that needed to be included in the sample with deviation of 4% $[(n=Nt^2pq / d^2(N-1) + t^2pq), (N=88.265, p=0.5, q=0.5, d=0.04), t=1.96)]$ and the study was completed with 600 women.

Data Collection Tools

A questionnaire consisting of 48 questions prepared by the researchers as a result of the literature review about the subject was applied to the women meeting the inclusion criteria. The questionnaire consists of three parts. There are questions about socio-demographic information of the people (age, marriage age, marriage duration, educational level, social security status, family type etc.) in the first part, there are questions about obstetric histories (pregnancy, birth, number of living children, place and time of last birth, etc.) in the second part, and

questions for determining the traditional practices for mother and infant care in the postnatal period in the third part.

Data Collection

The protocol of the study was approved by the Bingol University Local Ethics Committee. The study was conducted between 20 April and 20 June 2019 in accordance with the principles of the Declaration of Helsinki. Prior to the application, the individuals were informed about the purpose and importance of the study. The data collection tools were distributed to the individuals who agreed to participate in the study and the data of the study were collected by the researcher with face-to-face interview method. The participants were informed about the matters they wonder in the questionnaire within the scope of preventive health counseling.

Data Evaluation

Statistical analysis of the data was conducted by using the Statistical Package for the Social Sciences-22 (SPSS-22) statistical packaged software. By evaluating the obtained data with statistical packaged software, error checks, tables and statistical analysis were made. In statistical evaluations, percentage and mean were given and chi-square test was applied. Means were given with standard deviation and the value of $p<0.05$ was determined as significance level.

Results

The mean age of the participants was 40.32 ± 11.32 (18-68) and 27.0% were illiterate. The rate of housewives was 83.3%. Table 1 shows some socio-demographic and obstetric characteristics of the participants (Table 1).

Table 1: Some socio-demographic and obstetric characteristics of the participants (n=600).

Characteristics		$\bar{X}\pm Sd$ (min-max)	
Age		40.32 ± 11.32 (18-68)	
Age of menarche		14.12 ± 1.34 (10-18)	
Age of marriage		19.08 ± 3.22 (12-30)	
Gravidity		4.61 ± 3.03 (1-15)	
Number of abortions		1.40 ± 0.55 (0-3)	
Number of miscarriages		0.69 ± 1.25 (0-10)	
Number of live births		3.75 ± 2.53 (1-15)	
Category		n	%
Educational level	Illiterate	162	27.0
	Only literate, not finishing any school	172	28.7
	Primary school graduate	116	19.3
	Secondary higher	150	25.0
Profession	Housewife	500	83.3
	Worker	40	6.7
	Officer	48	8.0
	Self-employed	12	2.0
Pregnancy type	Planned	366	61.0
	Unplanned	176	29.3
	With assisted reproductive techniques	48	8.0
	Other	10	1.7
Place of labor	Home	312	52.0
	Health institution	288	48.0

The responses of the participants in the study about how they realized their pregnancies were as follows; menstrual delay (73.3%), nausea and vomiting (12.7%), pregnancy test (8.7%), the growth of the belly (4.7%), and food craving (0.6%). 88.7% of the participants stated that they experienced nausea and vomiting during their pregnancy. While the rate of those who stated that they did not do anything to overcome these problems was 64.5%, 20.3% stated that they would go to a health institution, and 15.2% said that they did things they knew at home. Another question in the study is "can the pregnant woman understand the gender of the infant with traditional method?". The rate of those who said "yes" was 48.8% (292 people). Out of 172 people, 94 (54.7%) said that it can be understood from the shape of belly, 68 (39.5%) of them pointed the food craving, 2 (1.2%) said that it can be understood by secretly spilling salt on the head of the pregnant woman, 8 (4.7%) said that it can be understood from the mother's beauty. The response to the question of "Will a woman who has a daughter be oppressed to have a son?" was "yes" with the rate of 9.4%. Things made for the woman to have a boy were listed as (58 people responded); inculcating the woman to love her husband less (37.9%), having blessed by a mosque imam (44.8%), applying Chinese calendar

(6.9%), and changing the diet type (10.3%). To the question of "what could be the reason of bleeding of a woman during pregnancy?", the participants responded as follows; the baby settled in the mother's uterus (18.3%), the mother had miscarriage (64.0%), her uterus started to enlarge (0.7%), and other reasons (17.0%). To the question of "What is the reason of the delay of delivery time of a women?", 9.4% of the participants responded as follows; the smart child is born late, 13.9% stated that a boy is born late, 76.7% pointed out the response of other reasons.

To the question of "What do you do if the baby's placenta does not come out on time in a birth outside hospital?" (374 people), 59.9% responded as "we apply pressure on the belly", 20.3% said "we have the pregnant woman to blow air in a hose", and 19.8% said "pregnant woman drink water from her husband's shoes". They answered to the question of "What do you do with the placenta of the baby born outside the hospital" (372 people) as we burry it in the ground (96.8%) and throw it into the water (3.2%). To the question of "how important are the traditional methods for you?", the participants responded as "not important" at the rate of 7.3%, "somewhat important" at the rate of 68.0%, and "very important" at the rate of 24.7%.

Table 2: Traditional practices of the participants for mother care (n=600).

Characteristics		Number	%
Practices for postpartum woman	Laying postpartum woman on the heated soil (holluk) Wrapping the belly of postpartum woman Changing needle when two postpartum women meet Not leaving postpartum women alone at home Postpartum woman does not have sexual intercourse for 40 days.	2 174 210 4 210	0.3 29.0 35.0 0.7 35.0
Practices for increasing milk of postpartum women (n=598)	Making them eat cooked rice with lentils Making them eat liver and meat Making them eat molasses and halva Making them eat cracked wheat pilaf Making them drink mulberry juice Making them eat quince compote Making them eat onions Making them drink sherbet Making them eat soup Making them eat salad Making them eat juicy foods	4 8 18 78 44 208 200 30 2 2 4	0.7 1.3 3.0 13.0 7.4 34.8 33.4 5.0 0.3 0.3 0.7
Traditional practices for dried up breast milk (n=107)	Flapping, stabbing the breast Blessed with a Mosque Imam Making the mother eat the food she is craving Making steam	10 34 50 14	9.3 31.8 45.8 13.1
Practices applied to the women with postpartum bleeding (n=93)	Pouring cold water on the belly of postpartum woman Heating a holluk (a type of soil) and putting it on the belly of postpartum woman Heating a tile and putting it under her Pressing the belly of the postpartum woman Raising her feet Blessed with a Mosque Imam	10 16 50 10 8 2	10.8 17.2 50.5 10.8 8.6 2.2

As seen in Table 2, the first practice made to protect the postpartum woman was to change needle when two postpartum women meet (35%). The most frequent traditional practice made to increase the breast milk was the make her drink quince compote (34.8%). The most common traditional method used in preventing postpartum bleeding was to sit the mother on a heated tile (50.5%) (Table 2).

In this study, 77.9% of the participants stated that they salted the baby and 95.0% stated that they

swaddled him/her. Table 3 shows traditional practices about the infant care and the first food given to the baby was sugary water at the rate of 71.1%. Top reason for salting the baby was the wish of eliminating the development of rash in the baby (67.7%) and the main reason for swaddling the infant is to make him/her comfortable (78.6%). The most common practice to protect him/her from evil eye (61.4%) was to wear an amulet. For the moniliasis in his/her mouth, the most frequent practice was to clean his/her mouth with carbonated water (78.9%).

Table 3: Traditional practices of the participants for infant care (n=600).

Characteristics		Number	%
Practices for the first feeding (n=470)	Waiting for three azans to feed the infant Not giving first milk (colostrum) to the infant Giving sugary water to the infant as the first food	26 110 334	5.5 23.4 71.1
The tool used to cut the cord of the baby at home birth (n=530)	Knife Razor blade Scissors	42 268 220	7.9 50.6 41.5
Traditional practices applied to the belly after cutting the cord (n=542)	Not contacting anything to the belly Pouring umbilical cord powder Burning a piece of cloth and rubbing its ashes Applying oily dough Applying salty water-oil	210 32 282 10 8	38.7 5.9 52.0 1.8 1.6
Practices for quick fall off of the umbilical cord of the baby (n=302)	Making and putting a rag-cloth over the belly Applying olive oil Tightly tying with umbilical cord Applying umbilical cord powder over the belly Applying salt over the belly Applying cream Pouring baby powder Applying tincture of iodine	108 62 10 4 2 40 30 46	35.8 20.5 3.3 1.3 0.7 13.2 9.9 15.3
Practices applied when the umbilical cord falls off (n=536)	Burying the umbilical cord in the courtyard of a mosque Burying the umbilical cord in the schoolyard Burying the umbilical cord in the garden Keeping the umbilical cord at home Throwing the umbilical cord into the water Burying it in a place where no one would walk Throwing it into the house for a girl and out of the house for a boy	206 106 84 96 18 22 4	38.4 19.8 15.7 17.9 3.4 4.1 0.7
Practices applied for the placenta (n=598)	Leaving it in the hospital Throwing it into the toilet Burying it Disposing it Throwing into the water	188 4 374 24 8	31.4 0.7 62.5 4.0 1.4
Reason for salting the infant (n=470)	Prevent the baby to smell To avoid rash	152 318	32.3 67.7
Reason for swaddling infant (n=570)	To make the baby's legs smooth To make the baby tough as steel To keep the child warm To help the baby sleep comfortably To prevent low back pain	40 16 54 448 12	7.0 2.8 9.5 78.6 2.1

Traditional practices for children with gas pains (n=516)	To make the infant drink anise To make the infant drink fennel To make the infant drink linden To make the infant drinkcoconut Giving barley powder (flour)	128 160 26 64 138	24.8 31.0 5.0 12.5 26.7
Practices to protect the infant from evil eye (n=580)	Carrying an amulet Wearing blue beads Putting a piece of blue fabric Attaching a sea shell Carrying an evil eye bead Praying Having the person with evil eye read prays	356 6 2 2 2 210 2	61.5 1.0 0.3 0.3 0.3 36.3 0.3
What to do when the infant is affected by the evil eye (n=484)	Pour lead to repel evil eye Having an elderly or Imam read prays Censing Making amulets	84 292 8 100	17.4 60.3 1.7 20.6
Practices for the infant with moniliasis (n=126)	Rubbing with the hair of an elderly woman or a woman with twins Applying mineral water in the mouth of the infant Mixing and applying breastmilk, flour, garlic Applying sugar Applying starch	52 374 10 32 6	11.0 78.9 2.1 6.8 1.2
Practices for the infant with rash (n=590)	Not applying anything Applying fat Applying olive oil Applying baby powder Putting the infant in a holluk	34 108 154 292 2	5.8 18.3 26.1 49.5 0.3

In this study, the educational status, occupation, type of pregnancy, the gravidity and number of live birth of the participants were determined as the variables making a difference in terms of the approach to traditional practices. It

was found that those who had high educational level, were employed, had planned pregnancy, and had less than 3 pregnancies and live births considered traditional practices as insignificant (Table 4).

Table 4: Distribution of the participants' approaches to traditional practice in terms of some socio-demographic-obstetric characteristics (n=600).

Some Socio-Demographic-Obstetric Characteristics		Approaches to traditional practice			Test Value
		Not important n (%)	A bit important n (%)	Very important n (%)	
Age	35 years and under 36 years and above	2 (12.5) 0 (0.0)	10 (62.5) 14 (77.8)	4 (25.0) 2 (22.2)	$\chi^2=2.55$ $p=0.27$
Educational level	Illiterate	4 (2.5)	108 (66.7)	50 (30.8)	$\chi^2=58.92$ $p=0.001$
	Literate but not finishing any school	4 (2.3)	132 (76.8)	36 (20.9)	
	Primary school graduate	18 (15.5)	54 (46.6)	44 (37.9)	
	Secondary school and higher school graduate	18 (12.0)	114 (76.0)	18 (12.0)	
Occupation	Housewife	30 (6.0)	332 (66.4)	138 (27.6)	$\chi^2=38.39$ $p=0.001$
	Worker	2 (5.0)	30 (75.0)	8 (20.0)	
	Officer	12 (25.0)	34 (70.8)	2 (4.2)	
	Self-employed	0 (0.0)	12 (100.0)	0 (0.0)	
Pregnancy type	Planned	34 (9.3)	246 (67.2)	86 (23.5)	$\chi^2=23.52$ $p=0.001$
	Unplanned	6 (3.4)	130 (73.9)	40 (22.7)	
	Reproduction techniques	2 (20.0)	8 (80.0)	0 (0.0)	
	Other	2 (4.2)	24 (50.0)	22 (45.8)	
Marriage age	25 years and under	6 (18.8)	20 (62.5)	6 (18.7)	$\chi^2=2.99$ $p=0.224$
	26 years and above	4 (33.3)	4 (33.3)	4 (33.3)	
Gravidity number	3 and less	29 (10.9)	184 (69.5)	52 (19.6)	$\chi^2=15.82$ $p=0.003$
	Between 4-7	13 (5.4)	162 (67.8)	64 (26.8)	
	8 and more	2 (2.1)	62 (64.6)	32 (33.3)	
The number of miscarriages	5 and less	44 (7.4)	404 (68.0)	146 (24.6)	$\chi^2=0.63$ $p=0.73$
	6 and more	0 (0.0)	4 (66.7)	2 (33.3)	
The number of live births	3 and less	35 (10.2)	232 (67.6)	76 (22.2)	$\chi^2=13.38$ $p=0.01$
	Between 4-7	8 (3.8)	138 (66.3)	62 (29.9)	
	8 and more	1 (2.0)	38 (77.6)	10 (20.4)	

Discussion

Human life has three major transition periods: "birth, marriage, and death". Many beliefs, customs, rituals, ceremonies, and religious and magical practices are clustered around these three stages in folk culture and guide the mentioned transitions in accordance with the expectations and patterns of the culture they belong to. The aim of each of

these practices is to determine, bless, celebrate the new situation of the person during this transition period, and also to protect the person from the dangers and harmful effects that are believed to be concentrated in these stages. It is believed that people are vulnerable and weak against the harmful effects in these transitions (4).

This study was conducted to determine the traditional methods

applied and known by the women living in the city center of Bingol for mother and infant care. The mean age of the participants was 40.32 ± 11.32 (18-68) and 27.0% were illiterate. The rate of housewives was 83.3%. According to TDHS data for 2013, 63.5% of the women in the age group of 20-24 years were unemployed in the last 12 months. Compared to the results of the study, the findings of the women were found to be similar to each other and studies should be conducted to bring women into employment (5).

The responses to the question of "how important are the traditional methods for you?" were given as "not important" by 7.3%, "somewhat important" by 68.0%, and "very important" by 24.7%. In the study conducted by Egri in the city center of Tokat, it was reported that 27.5% of the women said that the traditional practices were not important to solve and prevent health problems and 72.5% stated that they gave varying levels of importance to traditional practices (6). Compared with the study of Egri, the high rate in the present study can be interpreted as the effectiveness of the regional traditional structure.

One of the questions asked to the participants in this study is can the pregnant woman understand the gender of the infant with traditional method?". The rate of those who said "yes" was 48.8% (292 people). 94 (54.7%) out of the 172 respondents referred to the type of belly, 68 (39.5%) of them referred to food craving, 2 (1.2%) pointed secretly spilling salt on the head of the pregnant woman and 8 (4.7%) said that it can be understood from the beauty of the mother. In the study conducted by Isik et al. (7) in Mersin province they stated that 53.40% of the reference people

mentioned about the beliefs and practices in determining the gender of an infant. According to the people's beliefs, those who had groin aches, were eating sour foods, were eating fig in their dream and had a pointy belly would have daughter while those who had back pain, were eating sweet stuff, were eating pepper in their dreams, and had big buttocks and a lowered belly would have son. Another test is to secretly spill salt on the head of the pregnant woman. Scratching the nose as a reaction to salt is considered a sign for a boy while scratching the hair refers to a baby girl. A different use of salt for the same purpose is to secretly throw the salt to the back of pregnant woman and look where it is held. The concentration of salt in the hair means a boy and the distribution of the salt around the other parts means a baby girl.

The response to the question of "will a woman who has a daughter be oppressed to have a son?" was "yes" at the rate of 9.4%. Things applied for the woman to have a son (58 people responded) were determined as inculcating the women to love her husband less (37.9%), having a mosque imam to read pray for the woman (44.8%), applying Chinese calendar (6.9%), and changing diet type (10.3%). In the study conducted by Erbil and Saglam (8) in Ordu province, it was determined that the gender of the infant was not important for 73.6% of the women and their husbands, 16.1% had a traditional belief in determining and estimating the gender of the infant during pregnancy, and 34.0% applied/requested to apply a traditional method.

Difficulty of the postpartum period and the lack of healthcare services cause women to use traditional methods they learned from their families to solve or

prevent health problems in this period. As in some other societies of the world, Turkish society has a lot of traditional practices in the postpartum period (9). In the present study, the top practice made to protect postpartum woman is the needle exchanging when two postpartum women meet (35%). The most common traditional method applied to prevent postpartum bleeding was to have the mother to sit on a heated tile (50.5%). When the literature is reviewed, İsik et al. (7) found in their study conducted in Mersin province that 12.70% of the women roasted the soil within the framework of holluk application in order to stop postpartum bleeding, postpartum women crouched or sit on the soil and thus the vapor of the soil is believed to stop bleeding. It was determined in the study conducted by Golbasi and Egri (10) in Tokat province that 9.3% of postpartum women were laid on holluk.

Breastfeeding is very important for the development of the newborn and protecting and maintaining his/her health and it is also very important for the women to have adequate and balanced diet during lactation in terms of mother health (11). In the traditional practices made to increase the breastmilk, the most common one was to make her drink quince compote (34.8%). In the study conducted by Gecgil et al. in Adiyaman, eating a kind of dessert called Slurry (Bulamaç) was the most common practice among the nutrition practices for milk production. This practice was followed by drinking a mixture of grape molasses and butter (69.6%) (12). In the study conducted by Gokduman in Kutahya, the practice status for increasing breastmilk was found to be 80.1%. Water, milk and dessert consumption were the top three among these practices (13). In the study

conducted by İsik in Mersin province, 68% of the women reported practices for abundant milk. These practices included drinking hot spiced sherbet (boiling), molasses and eating foods like liver (7).

In this study, 77.9% of the participants stated that they salted the infant and 95.0% stated that they swaddled the infant. There are also traditional practices for infant care and the first food given to the infant was the sugary water with the rate of 71.1%. The first reason of salting is the hope of preventing rash development in the infant (67.7%) and the top reason for swaddling is to comfort the baby (78.6%). Senol et al. (14) determined in their similar study conducted in Kayseri province that 44.4% of the women salted their infants to prevent rash development and to ensure that their babies would not have offensive body odor when they grow up. In the study by Dinc (15), 39.0% of the mothers stated that they salted their infants, 74.0% stated that they swaddled their infants, 62.8% of those who swaddled their infants expressed that they did not know why they swaddled their infant. It is stated in the study by Biltekin et al. (16) that 79% of the mothers swaddled their infants and 86% of them salted the infants. When the results found from the present study are compared with the literature, salting and swaddling are seen to be still applied a lot in our culture.

The most common practice to protect the baby from evil eye is to put an amulet (61.4%). In a similar study by Caliskan and Bayat (17), it was determined that 62.7% of the women put lucky charm and amulet on their baby's clothes to prevent evil eye effect. Dinc (15) determined in his similar study that while 38.8% of the women prayed to protect their babies from evil eye, 20.4%

put a lucky charm for that. In a similar study conducted by Yalcin (18) in Karaman province, it was determined that 67.6% of the women believed that people with blue or green eyes have the evil eye effect and thus the baby should not be shown to those people.

The most common practice applied for the moniliasis in the infant's mouth was determined as cleaning the infant's mouth with carbonated water (78.9%). In their study, Egri and Golbasi reported that the most common practice was to apply mineral water to the mouth of the infant (61.6%) and to apply sugar with the rate of 17.2% (19). Bolukbas et al. Reported in their study that the frequency of traditional practice for the moniliasis was 24.6% and the most frequent practice was wiping the baby's mouth with carbonated water at the rate of 25.1% (20). The results of the study are compatible with the literature.

In the present study, the participants' educational status, occupation, pregnancy type, gravidity, and the number of live births were determined to be the variables causing differences in terms of approaching traditional practices. It was determined that those who had high educational level, were employed, and had planned pregnancy and less than three pregnancy and live births considered the traditional practices unimportant with higher rates.

In conclusion, this study was conducted to reveal the traditional methods known and practiced by the women living in the city center of Bingöl for the mother and infant care. According to the results obtained from the study, it is recommended to provide training to the women starting from the prenatal period about pregnancy, labor, puerperium and baby care, to inform them about wrong traditional practices and beliefs by

conducting more frequent follow-ups, to give priority to young mothers with low education levels in the trainings, and to conduct these trainings continuously and regularly.

Finally, if it is desired for the society to accept modern health services, traditional treatment methods and working rules should be examined scientifically. It is necessary to have adequate knowledge about traditional beliefs and practices in order to raise health level of the society. Without taking an attitude against the cultural structure of the people, a moderate approach should be used and a good communication should be established. Health services should be provided in accordance not only with the understanding of modern medicine but also with the cultures. In order to improve community health, training programs aiming at correcting negative practices and gaining positive behaviors towards mother and child should be organized. Mass media should also be benefited in these programs. When planning health services, the effect of all family members, especially elderly individuals, on women should not be ignored.

Ethics

Ethics Committee Approval: The ethical approvals were taken from Bingöl University Scientific Research Publications Ethics Committee (dated: 12.02.2019 and numbered 10).

Informed Consent: All participants gave written and verbal permission to participate in this study.

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