

A Critical Review: Traditional Practices Surrounding Postpartum Period Impact on Breastfeeding in Turkey and the UK

Eleştirel Bir İnceleme: Türkiye ve Birleşik Krallık'ta Doğum Sonrası Dönemi Çevreleyen Geleneksel Uygulamaların Emzirmeye Etkisi

Güldane Damla KAYA 

Department of Health Sciences,
University of Surrey, Faculty of
Health & Medical Sciences, Surrey,
United Kingdom



ABSTRACT

For many years, many studies have been conducted to understand the highly controversial nature of many cultural practices. Viewing the wider collective rituals of the postpartum period is helpful to understand cultural breastfeeding practices. Despite breastfeeding rates being lower in Western societies, traditional breastfeeding practices are quite common in underdeveloped and developing countries. Although the social and cultural structure in the UK does not seem similar to that of Turkey, great differences in terms of traditional postpartum practice effect on breastfeeding may not be seen between the two countries. The critical review aimed to identify a search for the recent practice from 2007 to 2021. Five key search words are used in various combinations including the following: breastfeeding, cultural practices, postpartum breastfeeding practices, infant feeding, and postpartum traditional practices. The major databases searched for this review include PubMed, MEDLINE, Google Scholar, MIDIRS, Cochrane, DergiPark, and Turkish equivalent of the International Scientific Citation Index (Higher Education Council National Thesis Centre). The findings of this critical review provided positive contributions to clinical practices and future studies. Breastfeeding is beneficial both physiologically and psychosocially for both mother and baby, and traditional cultural practices play a critical and fundamental role in postnatal care in many societies. In addition, it is necessary and important to carry out more studies in the literature related to traditional breastfeeding practices, revealing the fact that different practices can be done in postnatal care.

Keywords: Breastfeeding, cultural practices, postpartum breastfeeding practices, traditional breastfeeding practices

ÖZ

Uzun yıllar boyunca, birçok kültürel uygulamanın oldukça tartışmalı doğasını anlamak için birçok çalışma yapılmıştır. Doğum sonrası dönemin daha geniş kolektif ritüellerini incelemek, kültürel emzirme uygulamalarını anlamak için yararlıdır. Batı toplumlarında emzirme oranları daha düşük olmasına rağmen, gelişmemiş ve gelişmekte olan ülkelerde geleneksel emzirme uygulamaları oldukça yaygındır. Birleşik Krallık'taki sosyal ve kültürel yapı Türkiye'ye benzemese de, iki ülke arasında geleneksel doğum sonrası uygulamaların emzirmeye etkisi açısından büyük farklılıklar görülebilmektedir. Bu Eleştirel derleme, son uygulamaları tanımlamak için 2007'den 2021'e kadar olan araştırmaları belirlemeyi amaçladı. Bunun için, çeşitli kombinasyonlarda beş anahtar arama kelimesi kullanılmıştır: emzirme, kültürel uygulamalar, doğum sonrası emzirme uygulamaları, bebek beslemesi, doğum sonrası geleneksel uygulamalar. Bu inceleme için aranan başlıca veritabanları arasında PubMed, MEDLINE, Google Scholar, MIDIRS, Cochrane, DergiPark ve Ulusal Tez Merkezi bulunmaktadır. Bu eleştirel incelemenin bulguları, klinik uygulamalara ve gelecekteki çalışmalara olumlu katkılar sağlayabilir. Anne sütü ve emzirmenin hem anne hem de bebek için fizyolojik ve psikososyal açıdan faydalı olduğu ve pek çok toplumda kültürel uygulamalar doğum sonrası bakımda kritik ve temel bir rol oynadığı ortaya çıkmaktadır. Ayrıca doğum sonrası bakımda farklı geleneksel uygulamaların var olabileceğini ortaya koyan geleneksel doğum sonu uygulamalar ile ilgili literatürde daha fazla çalışma yapılması gerekli ve önemlidir.

Anahtar Kelimeler: Emzirme, kültürel uygulamalar, doğum sonrası emzirme uygulamaları, geleneksel emzirme uygulamaları

Geliş Tarihi/Received: 01.05.2021

Kabul Tarihi/Accepted: 21.07.2022

Yayın Tarihi/Publication Date: 30.12.2022

Sorumlu Yazar/Correspondence:

Güldane Damla KAYA

E-mail: g.kaya@surrey.ac.uk

Cite this article as: Kaya, G. D. (2022). A critical review: Traditional practices surrounding postpartum period impact on breastfeeding in Turkey and the UK. *Journal of Midwifery and Health Sciences*, 5(3), 131-138.



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License

Introduction

In general, the definition of culture is associated with values, symbols, practices, and beliefs. Culture is also characterized by a particular group, a system of socially transmitted behavioral patterns, and as a context of health and illness, including the experience of sickness. In many cultures around the world, pregnancy, childbirth, and the immediate postpartum period are significant life events that observe specific and special rituals and customs (Dennis, 2017; Kaewsarn et al., 2013).

The puerperium or postpartum period is 6 weeks long, starting approximately 1 hour after placental birth. The postpartum period is a time to take on new roles for a woman and her family and is an important issue of maternal and child health (Dhakal, 2007; Sharma, 2016). Among the reasons for the postpartum period being an important aspect of maternal and child health is that throughout this 6-week process, many changes occur in the woman's body. The woman's body has resolved to heal many of the changes of pregnancy, labor, and delivery, and the body has returned from the pregnancy position (Sharma, 2016; WHO, 1989). These changes begin with the start of lactation, and this process is strongly connected to culture.

An understanding of traditional postpartum practices' impact on breastfeeding is therefore essential if effective behavior change strategies are to be developed for future policies aimed at increasing breastfeeding rates. Policymakers and healthcare providers should find out how to affect traditional breastfeeding practices in the postpartum period in order to fully understand this important issue. However, there are a great number of studies conducted on postpartum traditional practices, but there is a gap in the literature regarding these two distinct cultures and the combination of a theoretical framework (Joseph & Earland, 2019; Maria et al., 2018; Zhou et al., 2020). This critical review filled the gap by assembling the traditional postpartum practices that affect breastfeeding uniquely in Turkey and the UK.

Practice is always a good source for a review topic or problem. Another useful idea can be gleaned from reading the literature (Coughlan, 2017). According to my personal experiences, there is a high cultural distance between the UK and Turkey. This multicultural structure and other causes are among the reasons for determining countries and this subject. For this reason, this critical review aims to assemble calculations of the impact on a variety of traditional breastfeeding practices related to the postpartum period across cultures using a theoretical framework. The objectives are to identify commonalities and differences in traditional postpartum practices and consider the implications of these traditional postpartum practices for the provision of maternal healthcare. This critical review identified traditional postpartum practices which support or prevent an effect on breastfeeding and guided to implementation of future policies and studies to prevent harmful traditional postpartum behaviour. Research question of this study is: How do traditional postpartum practices in Turkey and the UK impact breastfeeding?

Why is the Effect of Postpartum Traditional Practices on Breastfeeding an Important Issue?

For many years, the best-known food for all babies who are less than 6 months of age has been breast milk (Lawson, 1995; Ozkan Pehlivanoglu & Unlüoglu, 2019) because it is associated with the health and nutritional benefits (WHO, 2003). According to the medical and public health literature, which is widely recognized,

the benefits that breastfeeding provides to babies and mothers are quite numerous. Breastfeeding promotes behavioral, immunological, economical, environmental, and neurological benefits and are indisputable and overwhelming (Joseph & Earland, 2019; Paine et al., 1999; WHO, 1998). Many international studies on the health benefits of breastfeeding have found a direct correlation between breastfeeding's duration and the benefits of breastfeeding and they have shown that it may protect children who are at risk from type 1 diabetes (Gerstein, 1994; Mayer et al., 1988; McKinney et al., 1999; Ozkan Pehlivanoglu & Unlüoglu, 2019), certain cancers (Davis, 1998; Smulevich et al., 1999; Wagner et al., 2019), and Crohn's disease (Beauregard et al., 2015; Koletzko et al., 1989). As stated by World Health Organization (WHO)/United Nations Children's Fund (UNICEF) (1990, 2003, 2010), the additional benefits of breastfeeding to maternal health are that it reduces the risk of ovarian cancer, type 2 diabetes mellitus, and breast cancer.

World Health Organization and UNICEF (1989) declared that health policies must include promoting and protecting only breastfeeding during infancy (at least 6 months) in all countries. Despite this recommendation published by WHO and UNICEF, the rates of breastfeeding duration and initiation of breastfeeding besides cultural and social groups vary slightly from country to within-country due to traditional postpartum practices (Demirtas, 2012; Joseph & Earland, 2019). For example, although the breastfeeding rate in the United States is about 70%, breastfeeding did not continue until the recommended period (Breastfeeding Report Card, 2014). Studies conducted in the WHO European Region (2019) demonstrated that between 2006 and 2012, only 25% of infants were fed only breastmilk during the first 6 months and an average of 13% of babies were breastfed without taking any formula-fed for only the first 6 months.

The breastfeeding rate in the UK was 73.8%. Although most countries have high rates of initiation; however, the breastfeeding prevalence rate at 6–8 months was only 45.2% in England (NHS, Quarter 1 2018/19). Breastfeeding is very common in Turkey; 96% of all children were breastfed for a while. In Turkey, 58% of 6-month-old infants are fed especially with breast milk without supplementary food (Turkey Demographic and Health Survey (TDHS), 2013).

The medical and public health literature on the topic of traditional postpartum practices indicates that it is also related to the impact on mother and infant mortality. The reasons for maternal and infant mortality are associated with inadequate care in the postpartum period (Kisa, 2018; WHO, 2015c). According to WHO, rates of infant and maternal mortality increase in the majority of developed and developing countries (Say et al., 2014; WHO, 2015a). In 2015, while in developing countries, the maternal mortality rate (MMR) was 239 per 100,000 live births and the infant mortality rate was 48 per 100,000 live births, MMR in developed countries was only 12 and the infant mortality rate was 32 (WHO, 2015c). In 2015, MMR was 3.9 per 100,000 live births and the infant mortality rate was 8.8 per 1000 live births in England versus 20 in Turkey in 2013 and the infant mortality rate was 11.7 (Kisa, 2018; WHO, 2015d). World Health Organization suggested that maternal health services must identify and address all of the impediments, for example, poverty, inadequate services, and traditional practices to prevent maternal and infant deaths (WHO, 2015b). The majority of maternal and infant mortality may be connected to traditional postpartum practices which contain influences from religious

and other sociocultural factors (Kisa, 2018; Shamaki & Buang, 2014).

In the UK and Turkey, traditional postpartum practices' impact on breastfeeding necessitates various approaches to quality maternity health care to reach national targets on breastfeeding. When the benefits of breastfeeding to the mother and the baby are taken into account, the critical analysis of established traditional postpartum practices that support or prevent these benefits can be used to provide quality maternity care and to prevent maternal and infant deaths.

General Information About Turkey

Turkey has a heterogeneous population and cultural structure which includes 65% in urban areas and 35% in rural communities, and the total population is 71 million. Women in the 15–49 age group constitute a fourth of the population of the country (TDHS, 2013; Yilmaz, 2013). Although health services in Turkey have been nationalized after 1961, the use of traditional practices is still widespread. Traditional postpartum practices in the East of Turkey are more widespread than in the West (Ozsoy & Katabi, 2008; TDHS, 2013).

According to the new socialized health services, as recommended by the WHO, mothers and infants receive postpartum care for the first 24 hours after vaginal childbirth and for the cesarean section, it is 3 days. However, if the woman gives birth at home and she does not go to a hospital after childbirth or she does not give information to a midwife, the mother and newborn will not receive care (Kisa, 2018; Ozsoy & Katabi, 2008).

General Information About The United Kingdom

The UK includes four countries: England, Scotland, Wales, and Northern Ireland. The United Kingdom's population is 65 million (ONS, 2015). The Census Analysis (2011) showed that almost half (46%) of the foreign-born population, is identified as a White ethnic group, a third identified as Asian/Asian British (33%, 2.4 million), and 13% (992,000) identified as Black/African/Caribbean/Black British.

The research indicated that the UK has become more ethnically diverse. There may be some factors, which contain changing social and cultural attitudes, and these factors influence how people analyze their religious, ethnic, and traditional identity (Census Analysis, 2011).

Although the social and cultural structure in the UK does not seem similar to that of Turkey, great differences in terms of traditional postpartum practices' effect on breastfeeding may not be seen between the two countries (Kisa, 2018; Ozsoy & Katabi, 2008).

Methods

This critical review is a summary of the results and a critical evaluation of a series of research on the identified topic (Baker, 2016; Coughlan, 2021). Furthermore, a critical review can demonstrate where the subject may be heading, and it can also indicate how the subject of interest has been researched and used before (Schneider, 2007). A critical weakness of many studies investigating the effects of breastfeeding is the lack of clarity as to whether traditional practices in the postpartum period are effective in breastfeeding. Using a critical analytical approach, the review filled a lack of clarity in the literature regarding this issue

(Popay, Rogers & Williams, 1998). Holloway and Wheeler (2010) describe ethnography as a “way of looking at human behavior in a cultural context to gain knowledge of cultural rules, norms, and practices.” However, as the research question seeks the effects of traditional practices on breastfeeding, ethnography is suitable for the research question.

Research Design

Using studies that include systematic reviews of cross-cultural research on postpartum from around the world with particular reference to the effect of traditional practices on breastfeeding (e.g., Dennis, 2017; Huang, 2010), the theoretical framework used would be developed. The critical review aimed to identify searches from 2007 to 2021 in order to define the recent practice. Five key search words are used in various combinations including the following: breastfeeding, cultural practices, postpartum breastfeeding practices, infant feeding, and postpartum traditional practices. The major databases searched for this review include PubMed, MEDLINE, Google Scholar, MIDIRS, Cochrane, DergiPark, and Turkish equivalent of the International Scientific Citation Index (Higher Education Council National Thesis Centre).

Key search terms to ensure sources accessed are included in all search combinations are adopted (Appendix B). Electronic databases have wide-reaching access to healthcare and midwifery research (Rees, 2012). Electronic search strategies are complemented by careful checking of reference lists of manual searches and related searches. Links to related articles in electronic databases are also searched.

Inclusion/Exclusion Criteria

The critical review examined all peer-reviewed publications from 2007 to 2021 in the literature that focused on traditional breastfeeding practices surrounding the postpartum period in Turkey and the UK and within the first year following childbirth using qualitative or quantitative methodology. The studies are searched in English and Turkish languages so that there are no problems with the translation (because the reviewer knows both languages).

If studies did not contain a description of postpartum traditional practices or did not include newborn traditional practices, these studies could not be accepted. In addition, articles only on maternal care as well as studies associated with Turkish and English cultures were excluded. Masters theses were excluded. Relevance documents should focus on breastfeeding in the postpartum period according to traditional practices. Some critical barriers to accessing maternal and newborn health care services such as perceived quality of infant/maternal care, factors related to baby's gender, women's lack of status as decision-making, economic situation, they excluded from this article. The review has adopted “academic” publications; therefore, it excluded grey literature sources.

All identified studies are evaluated in terms of eligibility based on the information provided in the title, abstract, and descriptive/MeHS (Medical Subject Heading) conditions; a report is prepared for all studies that meet the inclusion criteria.

Study Selection and Data Analysis

The aim is rather to gather information from studies that can provide inside knowledge on specific kinds of traditional postpartum practices' impact on breastfeeding and aims to demonstrate that critically evaluated its quality (Coughlan, 2017).

In a critical review, one of the first areas to consider is the extent to which the inclusion and exclusion criteria may reduce or increase bias (Rees, 2012; Bryman, 2012). In the health-related literature, there are numerous studies on postpartum traditional practices, however, only studies that are focused on the traditional breastfeeding practices surrounding postpartum are included in the literature review. Articles focusing on the prevalence of postpartum practices in a culture, for example, without indication of the impact of the culture on breastfeeding, were excluded from the literature review. Furthermore, the term “postpartum or postnatal practices” should be specified as the dependent variable examined by the researchers for the studies to be included in the study sample. In the abstract, if the variables are ambiguous, the whole study is examined.

Throughout the search and retrieval of literature, it is fundamental that all decisions are carefully recorded, in particular, when studies are excluded (Coughlan, 2017). Therefore, a flow chart is created for how studies are selected, to reduce the risk of reasonable disposal of relevant papers.

Once the researcher defined the articles for the final data pool, each study was analyzed and categorized according to its research strategy. Using thematic analysis methods by Braun and Clarke framework (Braun & Clarke, 2006), the articles were separated into codes and broad categories via open coding in the first round and were further classified into themes according to the traditional practices and their effect on breastfeeding discussed in the article.

Discussion and Conclusion

While several authors have emphasized that traditional postpartum practices surrounding breastfeeding are inhibited by modernization and urbanization (Crichton & Thorley, 1996; Fok, 1996; Erci, 2003; Kisa, 2018), many international researchers suggest that in Western or “modern” cultures, where rates of maternal and infant mortality are falling, breastfeeding benefits for baby health (Chee & Horstmanshof, 1996; Kaewsarn, 2013; Yilmaz, 2019).

Cultural practices in many societies play a critical and fundamental role in postnatal care. Nevertheless, during this process, the general purpose in a series of traditional postpartum practices is to protect the mother–infant and well-being. One of the critical aspects of postnatal care is that most communities view the mother and the newborn as vulnerable in all respects, and many traditional practices have also been shaped for this aim. For this reason, if postpartum care is not adequate, it can cause complications for the mother and the baby. Traditional postpartum practices may have harmful, neutral, and beneficial effects (Sein, 2013).

The most important traditional practices which can refer to as inadequate postnatal care are those related to breastfeeding. Inadequate postpartum care is widespread all over the world (WHO, 2010). For instance, for South Asian women in the UK, breastfeeding is delayed because of traditional practices surrounding colostrum. They are perceived that newborns cannot digest colostrum. So, it may be common practice to withhold the colostrum and not give it to the baby (Dennis, 2017). Hindu families in the UK wait 2 days (after Chhatti's celebration) before they start breastfeeding because the ancient Indian holy scripture “Sushruta” defended the start of breastfeeding on the fifth or sixth day of birth (Dennis, 2017; Gatrad et al., 2004).

In England, if women who believed in Christianity had vaginal discharge (lochia), they could not be “churched” until the vaginal discharge had stopped. Additionally, women could not rejoin the community. During vaginal discharge, it was thought by society that women should not breastfeed, although this traditional practice was not always observed (Fildes, 1989). In orthodox Jewish women (in the UK), on the Sabbath (holy Saturday for Jews and as this is seen as work), they might not use mechanical breast pumps even if their use becomes compulsory. However, breastfeeding is allowed, and women can use their hands for expressing milk. When the mother uses her hand to express the milk, she has to use it in a salt-laden container or over the sink (Chertok, 1999; Thwala, Holroyd & Jones, 2012). Researchers reported that Turkish women cover the baby's face with a piece of cloth that must be yellow to prevent newborn jaundice, generally when they breastfeed (Kisa, 2018; Yilmaz et al., 2013).

While some traditional practices cause more harm than benefits to the mother and baby, the benefits of breastfeeding in some applications are indisputable. Thai women in the UK prefer to massage their breasts if they need to encourage the production of milk (Kaewsarn et al., 2013). In certain Hindu traditions, before new mothers begin breastfeeding, the mother's breasts are washed symbolically by the members of the female family (Gatrad et al., 2004). The duration of breastfeeding varies depending on society and culture. While Arabic mothers in the UK breastfeed their babies for about 2 years (Dennis, 2017), following the Annaprasana ceremony (at approximately 6 months), Hindu mothers prefer to wean because of baby mobility (Gatrad et al., 2004). The women in the UK thought that emotions might influence their newborns so they tried to keep calm and relaxed during breastfeeding. They believed that this was the best for their baby and that it helped increase milk production (Mathers & Yu-Chu, 2010). Ozsoy and Katabi (2006) in their studies (77.4% of 300 women participants) stated that they consumed products such as black-eyed peas, onions, potatoes, or tarhana (a kind of soup) to increase the amount of breast milk.

Many published studies examine the broader collective practices of postpartum (Maria & Priebe, 2018; Ozkan Pehlivanoglu & Unluoglu, 2019; Zhou et al., 2020). However, traditional postpartum practices of interest are usually quite an extensive topic and need to be refined so that the purpose of the review becomes both clearer to the reader and more manageable for the reviewer. For example, a search on Google Scholar for the term “traditional postpartum practices” yielded 56,300 results. A review of the sub-categories can help refine this topic and offer insight into how much literature is available on the topic. Some significant reviews (Dennis, 2017; Grigoriadis, 2009) described traditional postpartum practices in different cultures. The sub-categories were determined in light of these studies (Appendix A). Specific themes informed the framework of common postpartum practices' impact on breastfeeding.

Breastfeeding is beneficial both physiologically and psychosocially for both mother and baby, and traditional cultural practices play a critical and fundamental role in postnatal care in many societies. In addition, it is necessary and important to carry out more studies in the literature related to traditional breastfeeding practices, revealing the fact that different practices can be used in postnatal care. Although the general purpose of traditional postnatal practice is to protect the mother–baby and welfare,

traditional practices regarding breastfeeding should be evaluated considering the differences between societies. On the other hand, it is important to focus on social culture for the education of midwives and nurses on the importance of breast milk and traditional cultural practices with harmful, neutral, and beneficial effects and to gain positive social support.

Limitations and Directions for Future Research

There are limitations to this critical review. Not two cultural groups are equally represented because of the unavailability of studies, so it may reflect the need for additional studies. The limitations of the study are that traditional postpartum practices are assessed only for the impact on breastfeeding and are restricted to Turkish and English, peer-reviewed literature, and health-related. As in anthropological studies, there may be relevant research published in other non-health studies or other language-related publications. In the literature, studies that include the perceptions of cultural practices provide rich data to explain the effect of breastfeeding (Bina, 2008).

The aim of the analysis was to define the differences and similarities between countries. Therefore, the results may not be representative of the Turkish population and the UK population.

More specifically, it is important to undertake the present study that highlights the need for further research studies of this nature to establish the nature of cultural practices' impact on breastfeeding, particularly in the context of widespread social and health policy change.

Peer-review: Externally peer-reviewed.

Declaration of Interests: The author declares that they have no competing interest.

Funding: The author declares that this study had received no financial support.

Hakem Değerlendirmesi: Dış bağımsız.

Çıkar Çatışması: Yazar, çıkar çatışması olmadığını beyan etmiştir.

Finansal Destek: Yazar, bu çalışma için finansal destek almadığını beyan etmiştir.

References

- Baker, J. D. (2016). The purpose, process and methods of writing a literature review. *AORN Journal*, 103(3), 265–269. [CrossRef]
- Beauregard, J. L., Hamner, H. C., Chen, J., Avila-Rodriguez, W., Elam-Evans, L. D., & Perrine, C. G. (2019). Racial disparities in breastfeeding initiation and duration among US infants born in 2015. *MMWR. Morbidity and Mortality Weekly Report*, 68(34), 745–748. [CrossRef]
- Bina, R. (2008). The impact of cultural factors upon postpartum depression: A literature review. *Health Care for Women International*, 29(6), 568–592. [CrossRef]
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. [CrossRef]
- Breastfeeding Report Card. (2014). *National Immunization Surveys: The United States*. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Bryman, A. (2012). *Social research methods* (4th ed, pp. 36–57). Oxford University Press.
- Census Analysis. (2011). Ethnicity and religion of the non-UK born population in England and Wales. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/2011censusanalysisethnicityandreligionofthenonukbornpopulationinenglandandwales/2015-06-18>
- Chee, O. Y., & Horstmannshof, L. (1996). A review of breastfeeding practices in Hong-Kong-1994/1995. *Breastfeeding Review*, 4(1), 7–12.
- Chertok, I. (1999). Relief of breast engorgement for the sabbath-observant Jewish woman. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 28(4), 365–369. [CrossRef]
- Coughlan, M., & Cronin, P. (2021). *Doing a literature review in nursing health and social care, 2.nd* (pp.102–145). Sage.
- Crichton, L., & Thorley, V. (1996). Breastfeeding in Australia. *Birth Issues*, 5(1), 17–20.
- Davis, M. K. (1998). Review of the evidence for an association between infant feeding and childhood cancer. *International Journal of Cancer*, 11(Suppl.), 29–33.
- Demirtas, B. (2012). Strategies to support breastfeeding: A review. *International Nursing Review*, 3(1), 35–39.
- Dennis, C. L., Fung, K., Grigoriadis, S., Robinson, G. E., Romans, S., & Ross, L. (2007). Traditional postpartum practices and rituals: A qualitative systematic review. *Women's Health*, 3(4), 487–502. [CrossRef]
- Dhakar, S., Chapman, G. N., Simkhada, P. P., van Teijlingen, E. R., Stephens, J., & Raja, A. E. (2007). Utilisation of postnatal care among rural women in Nepal. *BMC Pregnancy and Childbirth*, 7(1), 19. [CrossRef]
- Erci, B. (2003). Barriers to utilization of prenatal care services in Turkey. *Journal of Nursing Scholarship*, 35(3), 269–273. [CrossRef]
- Fildes, V. (1986). *Breasts, bottles and babies. A history of infant feeding* (p. 85). Edinburgh University Press.
- Fok, D. (1997). Breastfeeding in Singapore. *Breastfeeding Review*, 5(2), 25–28.
- Gatrad, A. R., Ray, M., & Sheikh, A. (2004). Hindu birth customs. *Archives of Disease in Childhood*, 89(12), 1094–1097. [CrossRef]
- Gerstein, H. C. (1994). Cow's milk exposure and type 1 diabetes mellitus. A critical overview of the clinical literature. *Diabetes Care*, 17(1), 13–19. [CrossRef]
- Grigoriadis, S., Erlick Robinson, G. E., Fung, K., Ross, L. E., Chee, C. Y., Dennis, C. L., & Romans, S. (2009). Traditional postpartum practices and rituals: Clinical implications. *Canadian Journal of Psychiatry: Revue Canadienne de Psychiatrie*, 54(12), 834–840. [CrossRef]
- Holloway, I., & Wheeler, S. (2010). *Qualitative research for nurses* (3rd ed, p. 35). Wiley-Blackwell.
- Johnson, M., & Long, T. (2010). Research ethics. In K. Gerrish & A. Lackey (Eds.), *The research Process in Nursing* (6th ed, pp. 356–367). Wiley-Blackwell.
- Joseph, F. I., & Earland, J. (2019). A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, North West Nigeria. *International Breastfeeding Journal*, 14, 38. [CrossRef]
- Kaewsarn, P., Moyle, W., & Creedy, D. (2003). Traditional postpartum practices among Thaiwomen. *Journal of Advanced Nursing*, 41(4), 358–366. [CrossRef]
- Kaewsarn, P., Moyle, W., & Creedy, D. (2003). Thai nurses' beliefs about breastfeeding and postpartum practices. *Journal of Clinical Nursing*, 12(4), 467–475. [CrossRef]
- Koletzko, S., Sherman, P., Corey, M., Griffiths, A., & Smith, C. (1989). Role of infant feeding practices in development of Crohn's disease in childhood. *BMJ*, 298(6688), 1617–1618. [CrossRef]
- Lawson, K., & Tulloch, M. I. (1995). Breastfeeding duration: Prenatal intentions and postnatal practices. *Journal of Advanced Nursing*, 22(5), 841–849. [CrossRef]
- Maria, L. B., & Priebe, J. (2018). Revisiting the socioeconomic determinants of exclusive breastfeeding practices: Evidence from Eastern Indonesia. *Oxford Development Studies*, 46(3), 398–410. [CrossRef]
- Mathers, N. J., & Huang, Y. (2010). A comparative study of traditional postpartum practices and rituals in the UK and Taiwan. *Diversity in Health and Care*, 7, 239–247.
- Mayer, E. J., Hamman, R. F., Gay, E. C., Lezotte, D. C., Savitz, D. A., & Klingensmith, G. J. (1988). Reduced risk of IDDM among breast-fed children. The Colorado IDDM registry. *Diabetes*, 37(12), 1625–1632. [CrossRef]

- McKinney, P. A., Parslow, R., Gurney, K. A., Law, G. R., Bodansky, H. J., & Williams, R. (1999). Perinatal and neonatal determinants of childhood type 1 diabetes: A case-control study in Yorkshire, UK. *Diabetes Care*, 22(6), 928–932. [\[CrossRef\]](#)
- NHS England. (2018/19). Statistical Release Breastfeeding Initiation & Breastfeeding Prevalence 6-8 weeks. Quarter 1 2018/19. <https://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>
- Office for National Statistics (ONS). (2015). The countries of the UK [Online]. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/latest>
- Ozkan Pehlivanoglu, E. F., & Unluoglu, I. (2019). Historical of breastfeeding. *Turkiye Klinikleri Family Medicine-Special Topics*, 10(1), 21–25.
- Ozsoy, S. A., & Katabi, V. (2008). A comparison of traditional practices used in pregnancy, labour and the postpartum period among women in Turkey and Iran. *Midwifery*, 24(3), 291–300. [\[CrossRef\]](#)
- Paine, B. J., Makrides, M., & Gibson, R. A. (1999). Duration of breastfeeding and Bayley's Mental Development Index at 1 year of age. *Journal of Paediatrics and Child Health*, 3, 82–85.
- Polit, D., & Beck, C. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed, pp. 345–367). Lippincott Williams and Wilkins.
- Popay, J., Rogers, A., & Williams, G. (1998). Rationale and standards for the systematic review of qualitative literature in health services research. *Qualitative Health Research*, 8(3), 341–351. [\[CrossRef\]](#)
- Rees, C. (2012). *Introduction to research for midwives* (3rd ed, pp. 34–69). Churchill Livingstone.
- Say, L., Chou, D., Gemmill, A., Tunçalp, Ö, Moller, A. B., Daniels, J., Gülmezoğlu, A. M., Temmerman, M., & Alkema, L. (2014). Global causes of maternal death: A WHO systematic analysis. *Lancet. Global Health*, 2(6), e323–e333. [\[CrossRef\]](#)
- Sein, K. K. (2013). Beliefs and practices surrounding postpartum period among Myanmar women. *Midwifery*, 29(11), 1257–1263. [\[CrossRef\]](#)
- Shamaki, M. A., & Buang, A. (2014). Sociocultural practices in maternal health among women in a less developed economy: An overview of Sokoto State, Nigeria. *Malaysian Journal of Society and Space*, 10(6), 1–14.
- Sharma, S., van Teijlingen, E., Hundley, V., Angell, C., & Simkhada, P. (2016). Dirty and 40 days in the wilderness: Eliciting childbirth and postnatal cultural practices and beliefs in Nepal. *BMC Pregnancy and Childbirth*, 16(1), 147. [\[CrossRef\]](#)
- Smulevich, V. B., Solionova, L. G., & Belyakova, S. V. (1999). Parental occupation and other factors and cancer risk in children: I. Study methodology and non-occupational factors. *International Journal of Cancer*, 83(6), 718–722. [\[CrossRef\]](#)
- Thwala, S. B. P., Holroyd, E., & Jones, L. K. (2012). Health belief dualism in the postnatal practices of rural Swazi women: An ethnographic account. *Women and Birth*, 25(4), e68–e74. [\[CrossRef\]](#)
- Wagner, S., Kersuzan, C., Gojard, S., Tichit, C., Nicklaus, S., Thierry, X., Charles, M. A., Lioret, S., & de Lauzon-Guillain, B. (2019). Breastfeeding initiation and duration in France: The importance of intergenerational and previous maternal breastfeeding experiences—Results from the nationwide ELFE study. *Midwifery*, 69, 67–75. [\[CrossRef\]](#)
- Turkish Demographic and Health Survey Main Report (TDHS). (2013). http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_
- WHO. (2003). *Global strategy for infant and young child feeding*. WHO. <https://www.who.int/publications/i/item/9241562218>
- WHO. (2010). *WHO Technical consultation on postpartum and postnatal care. Department of making pregnancy safer*. WHO/MPS/10. <https://apps.who.int/iris/handle/10665/70432>
- WHO. (2015a). Global Health Observatory (GHO) data. Infant mortality. Situation and trends [Online]. http://www.who.int/gho/child_health/mortality/neonatal_infant_text/en/
- WHO. (2015b). Maternal mortality. Fact sheet No. 348 [Online]. <http://www.who.int/mediacentre/factsheets/fs348/en>
- WHO. (2015c). Trends in maternal mortality: 1990 to 2015, Genera [Online]. <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>
- WHO. (2015d). World health statistics. http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1
- WHO EUROPE. (2015e). WHO European Region has lowest global breastfeeding rates [Online]. <http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/2015/08/who-european-region-has-lowest-global-breastfeeding-rates>
- World Health Organization & Maternal and Newborn Health/Safe Motherhood Unit. (1998). *Postpartum care of the mother and newborn: A practical guide: Report of a technical working group*. <https://apps.who.int/iris/handle/10665/66439>
- World Health Organization, & United Nations Children's Fund. (1999). *Protecting, promoting and supporting breastfeeding. The special role of maternity services. A Joint WHO/UNICEF Statement, Geneva, Switzerland 1989*. WHO/United Nations Children's Fund. <https://apps.who.int/iris/handle/10665/39679>
- Yılmaz, D., Kisa, S., Zeyneloğlu, S., & Güner, T. (2013). Determination of the use of traditional practices to ease labour among Turkish women. *International Journal of Nursing Practice*, 19(1), 65–73. [\[CrossRef\]](#)
- Zeyneloğlu, S., & Kisa, S. (2018). Traditional practices for maternal and newborn care among Turkish postpartum women. *Applied Nursing Research*, 39, 148–153. [\[CrossRef\]](#)
- Zhou, Q., Younger, K. M., Cassidy, T. M., Wang, W., & Kearney, J. M. (2020). Breastfeeding practices 2008–2009 among Chinese mothers living in Ireland: A mixed methods study. *BMC Pregnancy and Childbirth*, 20(1), 51. [\[CrossRef\]](#)

Genişletilmiş Özet

Genel olarak kültürün tanımı değerler, semboller, uygulamalar ve inançlarla ilişkilendirilir. Kültür ayrıca belirli bir grupta, sosyal olarak iletilen davranış kalıpları sistemi ve sağlık ve hastalık deneyimi bağlamında karakterize edilir. Dünya çapında birçok kültürde hamilelik, doğum ve doğum sonrası dönem, belirli ve özel ritüelleri ve gelenekleri gözlemleyen önemli yaşam döngüleridir.

Lohusalık veya doğum sonrası dönem, plasentanın doğumundan yaklaşık bir saat sonra başlayarak altı haftaya kadar geçen süreyi kapsar. Doğum sonrası dönem, kadın ve ailesi için yeni roller üstlenme zamanıdır ve anne ve çocuk sağlığının önemli bir konusudur. Doğum sonrası dönemin anne ve çocuk sağlığının önemli bir parçası olmasının sebeplerinden biri de bu altı haftalık süreç boyunca kadın vücudunda birçok fizyolojik ve psikolojik değişikliklerin gerçekleşmesidir. Kadının vücudunda hamilelik, doğum ve doğumla ilgili birçok oluşan fiziksel değişiklikler doğumdan sonra doğum öncesi döneme dönme eğilimindedir. Bu değişiklikler genellikle laktasyonun başlamasıyla başlar ve bu süreç kadının ve yer aldığı toplumun kültürüyle güçlü bir şekilde bağlantılıdır. Bu nedenle, emzirme oranlarını artırmayı amaçlayan gelecekteki politikalar için etkili davranış değişikliği stratejileri geliştirilecekse, geleneksel doğum sonrası uygulamaların emzirme üzerindeki etkisinin anlaşılması çok önemlidir. Bu kritik konuyu anlamak için, politika yapıcılar ve sağlık hizmeti sağlayıcıları, doğum sonrası dönemde geleneksel emzirme uygulamalarını nasıl etkileyeceğini kavramalıdır. Bununla birlikte, doğum sonrası geleneksel uygulamalar hakkında çok sayıda çalışma yapılmıştır, ancak bu iki farklı kültür ve teorik bir çerçevenin birleşimi ile ilgili literatürde bir boşluk bulunmaktadır. Bu eleştirel inceleme, geleneksel doğum sonrası uygulamaların emzirme üzerindeki etkisini Türkiye ve Birleşik Krallık'a özgü bir şekilde bir araya getirerek literatürdeki bu boşluğu doldurmaya amaçlamaktadır.

6 aylıktan küçük tüm bebekler için en iyi bilinen besin anne sütü olmuştur, çünkü anne sütü ile beslenmenin sağlık açısından faydaları ile paralel bir bağlantısı vardır. Yaygın olarak kabul edilen tıp ve halk sağlığı literatüründe de, emzirmenin bebeklere ve annelere sağladığı fizyolojik ve psikolojik faydaları vurgulanmaktadır. Emzirme davranışsal, immünolojik, ekonomik, çevresel ve nörolojik olarak iyiliğe teşvik eder ve emzirmenin faydaları bu bağlamlarda tartışılmazdır. Emzirmenin sağlığa yararları üzerine birçok uluslararası ve ulusal araştırmalar, emzirmenin süresi ile emzirmenin faydalarının kapsamı arasında doğrudan bir ilişki bulmuştur ve bu çalışmalar bazı kanserler, Crohn hastalığı da dahil, Tip 1 diyabet riski altındaki çocukları koruyabileceğini göstermiştir. Ayrıca, DSÖ ve UNICEF'in 1990, 2003 ve 2010 yıllarındaki raporlarında emzirmenin, yumurtalık kanseri, Tip 2 diabetes mellitus ve meme kanseri görülme risklerini azaltarak anne sağlığına ek faydalar sağladığı belirtilmektedir.

DSÖ ve UNICEF, sağlık politikalarının tüm ülkeler için bebeklik döneminde (en az 6 ay) sadece emzirmeyi teşvik etmeyi ve korumayı içermesi gerektiğini bildirmiştir. DSÖ ve UNICEF tarafından yayınlanan bu tavsiyeye rağmen kültürel ve sosyal grupların yanı sıra emzirme süresi ve emzirmeye başlama oranları da geleneksel doğum sonrası uygulamalar nedeniyle ülkeden ülkeye farklılık gösterebilmektedir. Örneğin Amerika Birleşik Devletleri'nde emzirme oranı %70 civarında olmasına rağmen emzirme tavsiye edilen süreye (ilk 6 ay) kadar devam oranları farklılık gösterir. DSÖ Avrupa Bölgesinde 2019 da yapılan araştırmalar, 2006 ile 2012 yılları arasında bebeklerin sadece %25'inin ilk 6 ayda sadece anne sütü ile beslendiğini ve bebeklerin ortalama %13'ünün ise ek gıda almadan sadece anne sütü ile beslendiğini göstermiştir.

İngiltere'de emzirme oranı ise %73,8 dir. Çoğu ülkede emzirmeye başlama oranları yüksek olmasına rağmen, 6-8 aylık bebeklerde emzirme yaygınlığı oranı düşüş eğilimindedir, bu oran İngiltere'de sadece %45,2 dir. Türkiye'de de emzirme çok yaygındır ve tüm yenidoğanların yüzde 96'sı doğumdan hemen sonra anne sütüyle beslenmektedir. Ayrıca, Türkiye'de altı aylık bebeklerin %58'i ek gıda olmadan sadece anne sütü ile beslenmektedir.

Geleneksel doğum sonrası uygulamalar konusundaki tıp ve halk sağlığı literatürü, bunun anne ve bebek ölümleri üzerindeki etkisi ile de ilişkili olduğunu göstermektedir. Anne ve bebek ölümlerinin nedenleri arasında doğum sonrası dönemde yetersiz bakım yer almaktadır. DSÖ'ye göre gelişmiş ve gelişmekte olan ülkelerin çoğunda bebek ve anne ölüm oranları artmaktadır. 2015 yılında gelişmekte olan ülkelerde Anne Ölüm Hızı (AÖH) 100.000 canlı doğumda 239 ve bebek ölüm hızı 100.000 canlı doğumda 48 dir, gelişmiş ülkelerde ise AÖH sadece 12 ve bebek ölüm hızı 32 dir. İngiltere'de 2015 yılında AÖH 100.000 canlı doğumda 3,9 ve bebek ölüm hızı 1.000 canlı doğumda 8,8 dir, 2013 yılında Türkiye'de ise AÖH 20 ve bebek ölüm hızı 11,7 dir. DSÖ, anne sağlığı hizmetlerinin tüm engelleri tanımlaması ve ele alması gerektiğini önermektedir; bu engeller arasında yoksulluk, yetersiz maternal hizmetler, anne ve bebek ölümlerini önlemeye yönelik geleneksel uygulamalar yer almaktadır. Bu sebeple, anne ve bebek ölümlerinin çoğunluğu, dini ve diğer sosyo-kültürel faktörlerin etkilerini içeren geleneksel doğum sonrası uygulamalara bağlı olabilir.

İngiltere ve Türkiye'de geleneksel doğum sonrası uygulamaların emzirme üzerindeki etkisi, emzirme konusunda ulusal hedeflere ulaşmak için kaliteli anne sağlığı bakımına yönelik çeşitli yaklaşımları zorunlu kılmaktadır. Emzirmenin anneye ve bebeğe faydaları dikkate alındığında, bu faydaları destekleyen veya engelleyen yerleşik geleneksel doğum sonrası uygulamaların eleştirel analizi, kaliteli anne bakımı sağlamak ve anne ve bebek ölümlerini önlemek için kullanılabilir.

Emzirmek hem anne hem bebek için fizyolojik ve psikososyal açıdan bir çok faydalar barındırır ve bu süreçlerdeki geleneksel kültürel uygulamalar birçok toplumda doğum sonrası bakımda kritik ve temel bir rol oynamaktadır. Ayrıca doğum sonrası bakımda farklı uygulamaların yapılabileceğini ortaya koyan geleneksel emzirme uygulamaları ile ilgili literatürde daha fazla çalışma yapılması gerekli ve önemlidir. Geleneksel doğum sonrası uygulamalarda genel ortak amaç anne-bebeği ve refahı korumak olsa da, emzirmeye ilişkin geleneksel uygulamalar toplumlar arasındaki farklılıklar göz önünde bulundurularak değerlendirilmelidir. Öte yandan, ebe ve hemşirelerin anne sütünün önemi ve geleneksel kültürel uygulamaların zararlı, nötr ve faydalı etkileri konusunda eğitimleri için sosyo-kültürel yapıya odaklanmak ve bu bağlamda sosyal destek sağlamak önemlidir.

APPENDIX A

Sub-categories for Traditional Postpartum Practices
Traditional practices for the lactation period,
Traditional practices for human nutrition,
Traditional practices for increasing milk release,
Traditional practices for treating postnatal nipple fissures,
Breastfeeding in the postpartum period (time to start breastfeeding, applications for excess of blood, time to cut the milk)
Traditional practices for the way and time of passing your baby through additional nutrients,
Traditional practices for postnatal breastfeeding problems.

APPENDIX B

Summary of search terms used in combination with keywords
Search terms used
“breastfeeding” OR “cultural practices”
AND
“infant feeding” or “postpartum traditional practices”
OR
“postpartum breastfeeding practices” or “cultural practices”

Three search strategies are accepted:

Search strategy 1: The major databases searched for this review include PubMed, MEDLINE, Google Scholar, MIDIRS, Cochrane, DergiPark, and Turkish equivalent of the International Scientific Citation Index (Higher Education Council National Thesis Center).

Search strategy 2: This review could not use Grey literature, because Grey literature is a study that generally includes results that are not significantly different among the groups involved in the studies. Since the study aims to determine the differences, grey literature is contrary to the purpose of working.

Search strategy 3: It aims to use access to up-to-date resources and a sufficiently broad and critical analytical approach.