



BEING ABLE TO BE MOTHER: TRADITIONAL PRACTICES OF WOMEN IN COPING WITH INFERTILITY IN MELEKLI TOWN OF İĞDIR

Anne Olabilme: İğdir'in Melekli Kasabasında Kadınların Kısırlıkla Baş Etmede Geleneksel Uygulamaları

Şahika ŞİMŞEK ÇETİNKAYA*
Kafiye EROĞLU*

ABSTRACT

Numerous traditional methods are used in the treatment of infertility around the world. The study of aim is to investigate the knowledge and experience of traditional methods by women to find solutions to infertility in Melekli Town in İğdir. The research is a descriptive and cross-sectional study. The minimum sample size of the study was determined according to the formula of the incidence of the event in cases with a known population. The research was carried out with 214 women using face-to-face interview method in a town in the easternmost part of Turkey. The data were collected with a pen and ended questions form during the home visits to determine the socio-demographic characteristics of the women and their knowledge and experiences about the methods. The interviews lasted between 30-45 minutes. Of the responding women, 85% had known traditional practice, and 9.3% had tried traditional methods. The traditional methods known by women to get pregnant were sitting on the vapor, intravaginal applications, vaginal application through the pad, applying heat in the abdominal area, drinking a mixture, wrapping the pelvic area. Having children is significantly affected the use of traditional practices ($P < 0.05$). Almost all the women participating in the study stated that they knew the traditional method to have children, and very few of them applied the traditional methods they knew to have children.

Keywords: woman, traditional method, İğdir, infertility, culture.

ÖZ

Dünyada infertilite tedavisinde çok sayıda geleneksel yöntem kullanılmaktadır. Bu çalışmanın amacı, İğdir Melekli kasabasında yaşayan kadınların infertiliteye çözüm bulmak için kadınların geleneksel yöntemlerle ilgili bilgi ve deneyimlerini araştır-

* Asst. Prof. Dr., Kastamonu University, Faculty of Health Science, Department of Midwifery, Kastamonu/Turkey. E-mail: scetinkaya@kastamonu.edu.tr. ORCID: 0000-0002-4518-5286.

* Prof. Dr., Koç University, School of Nursing, İstanbul/Turkey. E-mail: kafiye.eroğlu@gmail.com ORCID: 0000-0002-8177-7211.

maktır. Araştırma tanımlayıcı ve kesitsel bir çalışmadır. Araştırmanın minimum örneklem büyüklüğü, popülasyonu bilinen olgularda olayın görülme sıklığı formülüne göre belirlenmiştir. Araştırma Türkiye'nin en doğusundaki yer alan Iğdır'ın Melekli kasabasında yüz yüze görüşme yöntemi kullanılarak 214 kadınla gerçekleştirilmiştir. Veriler, ev ziyaretleri sırasında kadınların sosyo-demografik özellikleri ve yöntemlere ilişkin bilgi ve deneyimlerini belirlemek için açık ve kapalı uçlu sorulardan oluşan form ile toplanmıştır. Görüşmeler 30-45 dakika arasında sürmüştür. Yanıt veren kadınların %85'i çocuk sahibi olabilmek için geleneksel yöntemleri bildiklerini ve %9,3'ü ise gebe kalmak için geleneksel yöntemleri denediğini belirtmiştir. Kadınların gebe kalmak için sıklıkla bildikleri geleneksel yöntemler; buhar üzerine oturma, doğrudan vajen içine yapılan uygulamalar, ped aracılığıyla yapılan vajinal uygulamalar, karın bölgesine ısı uygulama, karışım içme, pelvik bölgeyi sarma şeklindedir. Çocuk sahibi olmak için geleneksel uygulamaların kullanımını önemli ölçüde etkilemektedir ($P<0.05$). Çalışmaya katılan kadınların neredeyse tamamı çocuk sahibi olabilmek için geleneksel yöntemleri bildiğini ve çok az kısmı ise çocuk sahibi olmak için bildikleri geleneksel yöntemleri uyguladığını belirtmiştir.

Anahtar Sözcükler: kadın, geleneksel yöntem, Iğdır, kısırlık, kültür.

Introduction

In many cultures, children play an important role in the lives of women, families and society (Taşçı and others, 2008). Although infertility affects both genders, women are influenced more than men (Chachamovich and others, 2009; El Kissi and others, 2013). In many societies there were negative perceptions towards childless women and women meeting challenge problems including blame, social stigma, being culturally rejected, being the other, marital instability, economic burden and emotional distress (Fledderjohann, 2012; Naab and others, 2013). Motherhood is considered as gaining a social status and the key of existing in society for women (Nahar & Richters, 2011). In many cultures, motherhood carries a "symbol of power" and childlessness is considered as abnormal situation and women classified "the others" (Nahar & van der Geest, 2014). Having children bring recognition to women female identities and improved their acceptance into the husband's family (Liamputtong & Benza, 2019). Otherwise, infertile woman is "half women", and to them women with children are more respected (Ried & Alfred, 2013). In Turkish culture having children is highly valued; the social status of a woman is linked with motherhood. Womanhood is equivalent to motherhood. Marriage is not considered successful until the couple bears a child and childbirth is insurance of the marriage (Onat & Kızılkaya Beji, 2012; Taşçı and others, 2008; Yıldızhan and others,

2009). The procreative value of women completes their gender identity and gives woman a social status. It would be unthinkable that infertility could be the husband's problem. Women who failed to have children have a higher risk of marital violence than fertile women (Akyüz and others, 2013). Having a child is one of the basic building blocks of marriage. If a man who is unable to have a child by his wife may divorce or marry a second woman (fellow wife) (Ayaz & Efe, 2010). So, women who cannot have children after 1 year of marriage can use traditional practices for hope to increase their chances of conception and to increase the success rate in treatment and to reduce emotional stress (Sis Çelik & Kırca, 2018). In addition, medical methods which are used to have children are invasive, expensive, time-consuming, and emotionally corrosive (Nazik and others, 2015).

Nurses have an important impact on revealing the traditional cultures used by women. In many healthcare settings, nurses as providers of health care should know about the needs of women who have not a child and be sensitive to them. In Turkey, nursing services are provided sufficiently in private clinics. They cannot provide culture-sensitive care and cannot provide proper counseling and training services in community. This situation can lead people to turn towards traditional practices. Adequate information and consultation lead to a decrease in the use of traditional practices.

This study aimed to investigate knowledge and experiences of women about traditional practices to able to bear a child. Research questions were followed: 1. Do women know traditional practices? 2. What do women know about traditional practices to able to bear a child? 3. Do socio-demographic features of women's affect the knowledge?

Methods

This study aims to provide an in-depth investigation of women's experiences about traditional methods to get pregnant. This was a descriptive and cross-sectional study. The study was conducted in the Melekli town located in Iğdır, Turkey. Iğdır is in the easternmost part of Turkey and has a traditionally patriarchal society. It is difficult to access medical facilities because it is a small city. The nearest infertility polyclinic is 300 km away. It has a variety of vegetables, and these plants are frequently referred when access to medical therapy is limited, or medicine fails. The study population comprised 1069 married women. Women who are willing to participate to study were included in the sample. Inclusion criteria were willingness of the

women to participate in the study, to be married and the lack of any physical or mental disease or disability.

The minimum sample size of the study was determined according to the formula of the frequency of the event in cases with a known population (Alpar, 2010). As a result, this study aimed to include a minimum sample size of 214 women for a deviation of 0.05 and a confidence interval of 95% ($\alpha = 0.05$). A stratified sampling method was used to decide the minimum number of women to be included in the sample for each street where women lived. The data was collected through semi-structured interview forms that contained information about participants' demographic data as well as open-ended questions that examine their knowledge of traditional methods and their experiences about traditional methods to get pregnant. Interviews were conducted by the research by face-to-face method at home visit. Individual interviews lasted 30-45 minutes on average.

Measurement

Semi structured form was developed based on the researchers' review of the literature (Nazik and others, 2015; Ayaz and Efe, 2010; Timur Taşhan & Aksoy Derya, 2013). Semi structured form included multiple choices questions related to sociodemographic characteristics (age, education level, health insurance, economic status) pregnancy and fertility characteristics (year of marriage, number of children, pregnancy at any time) to determine their knowledge about traditional methods (traditional methods used by women to conceive, where they learned). Questions to determine the experiences of women regarding traditional methods (traditional methods used, duration of traditional methods used, problematic situation, what kind of problem was experienced, what was done for the health problem experienced, advising the traditional method used, having children with traditional methods used, the way they apply when they don't have children with traditional methods), questions to determine women's knowledge about traditional methods for their husbands (traditional methods for their husbands, using of traditional methods by their husbands). Semi structured form was evaluated to content validity by five experts' opinion and necessary corrections were made in the form according to their suggestions.

Compliance with Ethical Standards

This study was performed in line with the principles of the Declaration of Helsinki. To assess the suitability of the research from an ethical per-

spective, ethical permission was granted by Noninterventional Clinical Trials Ethics Committee of Hacettepe University (decision number, GO 212/514) in Turkey. Participants were informed of the purpose of the research and written consents were received from the women who participated in the study.

Results

The Characteristics of the Participants: 42.1% of the women were in the 31-50 age groups; 72.4% were housewives; 26.6% were secondary-school graduates; 9.4% of them were married between 1-10 years. 55.1% of the women stated that their economic status was medium. 97.7% of the women had children, and 58.4% of the women who had children had 1-3 children (Table 1).

Knowledge and Experiences about Traditional Methods being able to Bear Children: 85% of women stated that they knew traditional methods for women, while 9.3% stated that they used traditional methods for women to be able to bear a child. 26.1% of the women stated that they know traditional methods for their husband but stated that their husbands never used these methods.

Traditional Methods being able to Bear Children: The traditional methods known by women to get pregnant were Sitting on the vapor (75.2%), intravaginal applications (46.1%), vaginal application through the pad (16.4%), applying heat in the abdominal area (27,4%); drinking a mixture (25.2%); wrapping the pelvic area (9.3%).

80% of the women who used traditional methods stated that they sat on the vapor 45% of them stated that they used intravaginal applications; 45% of them stated that they drank a mixture; 15% of them stated that they used vaginal application through the pad as a pad (Table 3).

The Substances Used for Getting Pregnant: Among the traditional methods that were specific for women, the mixtures whose vapor the women sat on were hibiscus (84.6%), white-man's foot (59.8%), daisy (28.4%), milk (26.2%), parsley (26.2%), nettle (20.4%) and escarole (18.9%). The first 5 substances that were directly applied to the vagina were lard (48.4%), hibiscus (46.4%), honey (22.6%), white-man's foot (20.2%) and curry powder (17.9%). The first 3 substances that were used on a pad were egg yolk (60.0%), hibiscus (36.7%) and white-man's foot (36.7%). The first 5 substances used in drinks were, onion (50.0%), white-man's foot (19.6%), hibiscus (17.4%), daisy (15.2%) and stinging nettle (15.2%). The applica-

tions used as applying heat were in the form of, going to spa/public bath (37.8%), bathing in fresh animal manure up to the waist (27.0%), bathing in hot sand up to the waist (24.3%), and applying glass with hot vacuum to the groin (21.6%), respectively. The substances used for wrapping the pelvic area were animal skin (76.5%), warm dough mixed with various herbs (41.2%) (Table 4).

Women's Use of Traditional Practices According to Socio-demographic Characteristics: It was found that the women's socio-demographic features such as age, education level, income level average year of marriage, status of to have children did not influence use of traditional methods ($p > 0.05$). The features of status of having baby when they want were found to influence using traditional methods ($p < 0,05$).

Discussion

In many cultures, childless women suffer discrimination, stigma, and ostracism. Motherhood has predominantly been perceived as natural for women, the desire for it inevitable, unquestioned, and central to the constructions of normal femininity. Because motherhood is constructed as natural and highly desirable, women who do not have children or have difficulties being mother tend to use traditional methods. In our study it is determined that the majority of the women know any type of traditional methods to get pregnant and one in tenth women used traditional methods. In most of the studies carried out in Turkey, the rate of using traditional practices varied between 27.3% and 66.6% (Günay and others, 2005; Albayrak & Günay, 2007; Ayaz & Efe, 2010). In our study, proportion of married women who stated that they had been used traditional method was found to be lower. This result can be explained other studies had been performed with infertile women. Result show that all of the women know traditional methods for their husband, but their husbands never used the traditional method. This result can be explained traditional methods encompass to males should be in a dominant social position that gives them privilege and power over women.

The traditional methods used by women to get pregnant might diversity depending on the culture they live in, the geographical area, and time. In our study that the traditional methods used by women include sitting on a specific mixture, applying a mixture to the vagina, applying a mixture wrapped with a pad to vagina; drinking a mixture; applying heat to the stomach; wrapping the pelvic area, respectively. In turkey also the other

study results are similar to our study (Yakut İpekoğlu & Oral, 2019; Sis Çelik & Kırca, 2018). Because in the same geographical area people has similar cultural feature. The frequency and types of traditional practices may vary from one community to another. In Jordan women used spiritual healers mostly and drank various herbs after boiling them to get pregnant (Bardaweel and others, 2013). In Northern Ghana women drank various herbs after boiling them, went to churches and washed their genital areas with holy water and anoint oil to get pregnant (Tabong & Adongo, 2013). In Australia women use herbal medicine and herbal healer for their infertility (Ried & Alfred, 2013). In Kuwaiti especially illiterate women go to Faith and traditional healers for their infertility because they believe supernatural causes such as evil spirits, witchcraft and God's retribution are the reasons of infertility (Fido & Zahid, 2004).

The plants that are used to boil and then sit on the vapor of are hibiscus, white-man's foot, daisy, milk, parsley, nettle, and escarole, respectively. In previous studies performed in Turkey are also similar to our study. In the study of Yakut İpekoğlu and Oral (2019), women mostly sit in the steam of milk or water obtained from various plants such as parsley, hibiscus (*malva sylvestris*), watercress (*nasturtium officinale*). The strength of traditional medicine and the wide varieties of medicinal recipes utilized diversity of the flora their side effects being less and being easily available and cheap might be influential in these practices.

The first 5 substances applied directly to the vagina by women are lard, hibiscus, honey, white-man's foot and curry powder. In literature reported similar results with our study in terms of women using substances directly applied to the vagina (Yalçın & Koçak, 2013).

The first 3 substances used by women by placing on a pad to get pregnant were determined as egg yolk, hibiscus and white-man's foot. Coşkun (2011) and Öncül (2011) reported that the substances used by women by placing on a pad were like those found in our study. The first 5 plants used by women to get pregnant after boiling were, onion, white-man's foot, hibiscus, daisy, and stinging nettle. Studies performed in Turkey also demonstrated that people drink a mixture with infertility problems. In the study of Sis Çelik and Kırca (2018), women stated that 37.9% of them consumed onion cure/juice, 17.1% carob molasses, 8.3% fig cure/juice and 7.1% lion's mantle cure/juice. In Cameroon women boiled the leaves or roots of certain plants (1-7 types) and drank 2 glasses a day within 30 days in average (Telefo and others, 2011). It is reported in the literature that the Echinacea,

ginseng, garlic black snake root, (Shannon and others, 2010; Günay and others, 2005) wild angelica, evening primrose oil, stinging nettle, tuts an, Chinese foxglove are used by women to get pregnant and in problems related with infertility (Sela and others, 2011). However, there are no data hazards of the usage of these plants.

Among applying heat to the stomach method used by women to get pregnant are, going to spa/public bath, bathing in fresh animal manure up to the waist, bathing in hot sand up to the waist, and applying glass with hot vacuum to the groin. In previous studies performed in Turkey reported that the results used by women to get pregnant were similar to our study (Yalçın & Koçak, 2013). It might be claimed that it is believed by women that applying heat would enlarge the blood vessels and remove the inflammation better.

Among the methods used by women to get pregnant there are the method as wrapping the pelvic area with animal skin and warm dough mixed with various herbs. While the substances used by women to wrap the pelvic area to get pregnant showed similarity with the study conducted by Öncül (2011) it was reported in the study of Coşkun (2011) that women used solid fat and milk to wrap the pelvic area. It is observed that although the substances used by women vary, the usage method is the same. It might be claimed that the reason in these applications is the belief that these substances might remove the inflammation in pelvic area. In our study it was found that the features of status of having baby when women want were found to influence using traditional methods ($p < 0,05$). These results should be interpreted that to have children is the common decision of both couples, woman takes the first step in this regard although the woman does not know whether the problem is caused by her. The current study addressed the gap of gender role attitudes between woman and man toward being able to a mother.

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Appendix

	n	%
The average age		
30 years old and under	58	27.1
Between 31-50 years old	90	42.1
51 years old and above	66	30.8
profession		
Farmer	59	27.6
Housewife	155	72.4
Education		
Not literate	48	22.4
Primary school	52	24.4
Middle School	57	26.6
High school	57	26.6
Social security		
Yes	197	92.1
No	17	7.9
Income status		
Low	34	15.9
Moderate	118	55.1
High	62	29.0
Marriage Year		
1-10	63	29.4
11-20	40	18.7
21-30	44	20.6
31 and above	67	31.3
Having children		
Yes	209	97.7
No	5	2.3

Number of Children (n = 209)		
1-3	122	58.4
4-7	68	32.5
8-11	19	9.1

Table 1. Descriptive characteristics of the women

Knowing traditional methods for women	n	%
Yes	182	85.0
No	32	15.0
Knowing traditional methods for their husband		
Yes	56	26.1
No	158	73.9
Use of traditional practices by women		
Yes	20	9.3
No	194	90.7
Use of traditional methods by their husband		
Yes	-	-
No	214	100.0

Table 2. Knowledge and experiences about traditional methods being able to bear children

Types of Traditional Methods	Knowing n=182		Used n=20	
	n	%	n	%
Sitting on the vapor	137	75.2	16	80.0
Intravaginal applications	84	46.1	9	45.0
Applying heat in the abdominal area	50	27,4	-	-
Drink herbal mixture	46	25,2	9	45.0
Vaginal application through the pad	30	16,4	3	15.0
Wrapping the Pelvic Area	17	9,3	-	-
Religious practices	2	1,0	-	-

Table 3. Traditional methods being able to bear children

Sitting on the vapor (n=137)	n	%	Intravaginal applications (n=84)	n	%	Vaginal application through the pad (n=30)	n	%	Drink Herbal Mixture (n=46)	n	%	Hot application (n=37)	n	%	Wrapping the pelvic area (n=17)	n	%
Hibiscus	116	84.6	Lard	41	48.8	Egg Yolk	18	60.0	Onion	23	50.0	Going to spa/public bath	14	37.8	Animal Skin	13	76.5
White-man's foot	82	59.8	Hibiscus	39	46.4	Hibiscus	11	36.7	Figs	9	19.6	Having a bath in Fresh manure up to the waist	10	27.0			
Daisy	39	28.4	Honey	19	22.6	White man's foot	11	36.7	Hibiscus	8	17.4	Having a bath in Warm sand up to the waist	9	24.3			
Milk	36	26.2	White-man's foot	17	20.2	Nettle	4	13.3	Daisy	7	15.2	Applying hot Glass with vacuum to the grains	8	21.6	Warm dough mixed with various herbs	7	41.2
Parsley	36	26.2	Turmeric	15	17.9	Daisy	4	13.3	Stinging nettle	7	15.2	Sitting over pigeon manure's smoke	2	5.4			
Stinging nettle	28	20.4	Boiled Egg	13	15.5	Wild mint	3	10.0	White man's foot	6	13.0	Sitting over weed's smoke	1	2.7			
Escarole	26	18.9	Terminalia Chebula	9	10.7	Thorny weed seed	2	6.7	Chickweed	4	8.7						
Willow leaves	11	8.0	Ginger	8	9.5	Harmal seed	1	3.3	Parsley	3	6.5						
Clover	11	8.0	Goat's hair	3	3.6				Stinging nettle	2	4.3						
Wild peppermint	11	8.0	Egg Yolk	3	3.6				Whiteman's foot	2	4.3						
Mixed herbs	10	7.3	Small woods	2	2.4				Chickweed	2	4.3						
Thyme	8	5.8															
Wheat	8	5.8															
Hibiscus Seed	8	5.8															
Pumpkin	7	5.1															
Olive oil	6	4.4															
Monster fruit	6	4.4															
Pigeon droppings	5	3.6															
Rumex crispus root	5	3.6															

Table 4. The substances used in traditional practices to get pregnant

The following statements are made in the framework of “COPE–Code of Conduct and Best Practices Guidelines for Journal Editors”:

Authors’ Note: This article was produced from the master’s thesis titled “Traditional Methods Known to Conceive by Women Living in Melekli Town of Iğdır” (2013) written and defended by Şahika Şimşek Çetinkaya under the supervision of Prof. Dr. Kafiye Erođlu. This study had several limitations. The findings are limited to the sample of the research; it is specific to the Melekli Town in Iğdır and cannot be generalized to Turkey.

Ethics Committee Approval: Ethics committee approval was given by Hacettepe University Non-Interventional Ethics Committee (05.06.2012, No: LUT12/31-23).

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