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Traditional Practices Used by Women in the Preconception Period to Conceive and Determine the Sex of the Baby: An Investigation of Regional Differences in Turkey

Kadınların Prekonsepsiyonel Dönemde Gebe Kalmak ve Bebeğin Cinsiyetini Belirlemek İçin Kullandıkları Geleneksel Uygulamalar: Türkiye’de Bölgesel Farklılıkların İncelenmesi

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Öz

Giriş ve Amaç: Geleneksel inanç ve uygulamalar gebelik öncesi dönemle başlar ve başta kadınlar olmak üzere tüm aile bireylerini etkiler. Kültürel inanışlar ve geleneksel uygulamalar doğru bir şekilde tanımlanmazsa sağlık hizmeti sunumunda bazı sorunlar ortaya çıkabilir. Bu çalışma, kadınların gebelik öncesi dönemde gebe kalmak ve bebeğin cinsiyetini belirlemek için kullandıkları geleneksel inanç ve uygulamalardaki bölgesel farklılıkları belirlemek amacıyla yapılmıştır.

Gereç ve Yöntemler: Çalışma kesitsel ve tanımlayıcı olup, 15.11.2022-15.12.2022 tarihleri arasında Türkiye'nin yedi bölgesinde yaşayan 695 kadından oluşmaktadır. Anket, annelerin sosyo-demografik ve obstetrik özellikleri ile gebe kalma ve cinsiyet belirleme için kullanılan yöntemler hakkında toplam 51 sorudan oluşmuştur.

Bulgular: Gebe kalmak için herhangi bir geleneksel yöntem kullanımı ile eğitim durumu, çalışma durumu, gelir durumu, evlilik yılı, gebelik sayısı, çocuk sayısı ve düşük sayısı arasında anlamlı bir ilişki bulunmuştur ($p<0.05$). Cinsiyet belirlemek için herhangi bir geleneksel yöntem kullanma durumu ile eğitim durumu, çalışma durumu, gelir durumu, evlilik yılı, gebelik sayısı ve çocuk sayısı arasında anlamlı bir ilişki bulunmuştur ($p<0.05$).

Sonuç: Çalışma, ikamet edilen bölge ile kadınların geleneksel gebe kalma ve cinsiyet belirleme yöntemleri arasında bir fark olduğunu göstermiştir.

Anahtar kelimeler: Prekonsepsiyonel Dönem, Cinsiyet Seçimi, Geleneksel Uygulamalar

Abstract

Introduction and Aim: Traditional beliefs and practices begin with the preconceptional period and affect all family members, especially women. If cultural beliefs and traditional practices are not properly identified, some problems may arise in health service delivery. This study was conducted to determine the regional differences in traditional beliefs and practices that women use to conceive and determine the sex of the baby in the preconception period.

Materials and Methods: The study was cross-sectional and descriptive and consisted of 695 women living in seven regions of Turkey between 15.11.2022-15.12.2022. The questionnaire consisted of a total of 51 questions about the socio-demographic and obstetric characteristics of the mothers and the methods used for conception and sex determination.

Results: A significant correlation was found between the use of any traditional method for conception and educational status, employment status, income status, years of marriage, number of pregnancies, number of children and number of miscarriages ($p < 0.05$). A significant relationship was found between the use of any traditional method to determine gender and educational status, employment status, income status, years of marriage, number of pregnancies and number of children ($p < 0.05$).

Conclusion: The study showed a difference between region of residence and women's traditional methods of conception and sex determination.

Keywords: Preconceptional Period, Gender Selection, Traditional Practices

1. Introduction

With the preconception period, traditional beliefs and practices begin and affect all family members, especially women. Due to our cultural characteristics, married couples are expected to conceive immediately [1]. Therefore, the woman and her family, who cannot conceive in the short term, start to resort to traditional methods and beliefs. According to the World Health Organization (WHO), "traditional medicine" is a set of practices that can be explained or unexplained based on theories, beliefs, skills, and experiences specific to different cultures used to maintain physical and mental health, prevention, diagnosis, treatment, or rehabilitation of diseases. Traditional practices are often applied worldwide in underdeveloped or undeveloped countries [2, 3].

The literature has determined that women prefer traditional practices the most. It is reported that women living in rural areas mostly turn to traditional practices for reasons such as financial insufficiency and lack of technological opportunities [3, 4]. Although traditional practices are widely practiced all over the world, it is a known fact that they are more common in developing and underdeveloped countries [5]. There are many traditional practices (such as visiting religious leaders, visiting tombs, using amulets, consuming multivitamins and herbal teas) for conception around the World [1]. In our country, there are many traditional practices (eating/drinking various foods, making offerings/sacrificing sacrifices, visiting religious places, going to a bathhouse/SPA, sitting on a hot object, having blood drawn, applying substances such as medicines and herbs to the uterus/cervix, vagina, waist and abdomen). It is observed that especially infertile women prefer herbal medicines and religious practices. In a study conducted in the Central Anatolia Region, it was found that 66.4% of women believed in the effect of complementary/supportive care practices and 65% of them used these practices [6]. In another study conducted in the Central Anatolia Region, it was found that 71.3% of women knew at least one traditional practice for conception and 13.8% used at least one traditional practice for conception [7].

The cultural values and beliefs of the society also affect their lifestyles and, therefore, their health conditions. If cultural beliefs and traditional practices are not defined appropriately, some

problems may arise in health care delivery. For this reason, it is essential for the effectiveness of the service that the health personnel working in the primary health care services know the traditional practices adopted by the individuals they serve and the regions they live in, and their reflections on health [8, 9]. It is crucial for the health service provided to society that midwives and nurses, primarily responsible for health services, are sensitive to this issue, support beneficial traditional practices, and prevent harmful practices. This is only possible with the recognition of the socio-cultural structure of the society to which the service is provided.

2. Material Method:

2.1. Purpose and Type of The Research

This research was conducted to determine the differences between regions of traditional beliefs and practices that women apply to get pregnant during the preconception period and determine the gender of the baby.

2.2. Place, Time, and Sample of the Research to be Conducted

Women who met the inclusion criteria for the general population of the study between 15.11.2022-15.12.2022 were sampled. The study was completed with a total of 695 women on the specified dates.

In this study, the effect width limits found in the G*Power 3.1.9.7 program were taken into consideration [10]. In the G Power analysis, a one-group t test was applied, and the power of the test was determined as Power ($1 - \beta$ err prob) = 0.90, confidence interval 95%, and margin of error 5% according to the effect size ($d = 0.13$) and two-tailed hypothesis method. The sample size was found to be at least 624 people in the calculation, but 695 women were included in the study due to possible data losses.

In the post hoc analysis for the sample size after the research, the power of the test was determined as Power ($1 - \beta$ err prob) = 0.825 with an effect size ($d = 0.13$) and a margin of error of 5%. According to these results, the power obtained was calculated as 0.928 (approximately 92%). It can be stated that the study has a high power.

2.3. Data Collection Tools

The researchers prepared a questionnaire following the literature to collect data for the research [8, 9]. The questionnaire consisted of a total of 51

questions, including 8 questions about the socio-demographic characteristics of mothers, 9 questions about obstetric characteristics, and 34 about the methods she has heard and applied to determine conception and gender. After their consent had been received, the survey questions were sent to the participants via the online link, and they were asked to fill in.

2.4. Inclusion Criteria for Research

Fertile women over 18 who live in Turkey and agreed to participate were included in the study.

2.5. Collection of Data

The study data were collected from the participants via an online connection between 15.11.2022 and 15.12.2022 after the ethics committee's approval.

2.6. Ethical Dimension of the Research

In order to conduct the research, the permission of the ethics committee (Decision No:14-26, Decision Date: 17.10.2022) was obtained from the Social and Humanities Ethics Committee of a University. In the research process, the principles of research and publication ethics were acted upon, and the Helsinki Declaration of Human Rights was adhered to since using the human phenomenon requires the protection of individual rights.

2.7. Analysis of The Data

The analysis of the data was carried out with SPSS 23.0 package program. Categorical variables were analyzed using number (n), percentage (%), mean, and standard deviation calculations, and numerical variables were analyzed using the chi-square test.

3. Results and Discussion

3.1. Results

The research was conducted with 695 women from seven regions of Turkey. The mean age of the women included in the study was 37.77 ± 11.36 (min 18 – max 75), and the duration of marriage was 15.92 ± 11.77 (min 1 – max 57). 33.5% of the women are undergraduate graduates, 61.4% do not work in any job, 56% have an income equal to their expenses, 93.4% are married, and 89.5% have a nuclear family structure. Women live mostly in the Southeastern Anatolia Region (30.9%) and least in the Aegean Region (2%) (Table 1)

It was determined that 52.7% of the women in the study had a girl, It was determined that 95.4% gave birth in the hospital, and 44.7% had 2 or 3 pregnancies. It was stated that 79.7% had never had a miscarriage, and 49.9% had 2 or 3 children. 27.5% stated that they used a traditional method to get pregnant, and 25.8% stated that they used a traditional method to determine gender before pregnancy (Table 1).

A significant relationship was found between the participants' ability to use any traditional method to conceive and their educational status, work status, income status, year of marriage, number of pregnancies, number of children, and number of miscarriages ($p < 0.05$) (Table 2).

A significant relationship was found between the participants' ability to use any traditional method to determine gender and their educational status, work status, income status, years of marriage, number of pregnancies, and number of children ($p < 0.05$) (Table 2).

According to the methods used by the participants to conceive, a significant difference was determined when looking by region with practices such as frequent consumption of foods that help to conceive, sitting on substances such as herbs and plants that are believed to be medicinal, going to the SPA, applying substances such as medicine/oil or cutting sugar to the uterus, boiling and drinking onion peel, sitting on steam, bathing with blessed water ($p < 0.05$) (Table 3). It has been observed that the traditional methods of conception are applied most often in the Mediterranean Region and least in the Aegean Region.

One of the methods used by participants to determine gender was making amulets-visiting the shrine, bathing with cold or hot water after the sex, naming the last child Yeter (Enough), Döne (Turn), Döndü (Turned), Songül (last rose), eating sweet or sour foods before or during pregnancy, eating foods rumored to determine gender, staring at babies of the desired gender, holding a prayer paper and wishing for gender. A significant difference was determined between regions regarding these mentioned practices. ($p < 0.05$) (Table 3).

3.2. Discussion

Individuals use traditional methods that they have heard/seen from relatives or their surroundings for reasons such as insufficient health service opportunities, financial impossibility, or not going to a health institution [11, 12, 13]. Women, especially in our country, apply traditional practices to have children and determine gender [14]. The findings obtained from the study examining women's traditional practices for getting pregnant and determining gender are discussed in this section.

Women in the world and in our country resort to traditional practices to conceive for various reasons[1]. In our study, 27.5% of women said they used the traditional method to get pregnant. In a study conducted by James et al. (2018) in Sierra Leone, 36.5% of women reported using herbal treatment to conceive [11]. In a study conducted in Lebanon, 82.9% of infertile men and 56.5% of infertile women used complementary medicine methods to conceive [12]. Pasinoglu & Engin (2002) stated in their study is at a low rate with the literature, and it is thought that this rate has decreased with the development and progress of health services over time [7].

When we look at the practices for getting pregnant in our study, it has been seen that there are many methods such as "Frequently consuming foods that

Table 1. Sociodemographic and Obstetric Characteristics of The Participants

Personal Information		Frequency (F)	Percentage (%)
Mean Age (Mean ± SD)	37,77±11,36 (Min 18 – Max 75)		
Duration of Marriage (Mean ± SD)	15,92±11,77 (Min 1 – Max 57)		
Education status	Literate	57	8,2
	Primary education	187	26,9
	High school	200	28,8
	Licence	233	33,5
	Graduate	18	2,6
Working status	Working	268	38,6
	Not Working	427	61,4
Income status	Income more than expenses	142	20,4
	Income equal to expense	389	56,0
	Income less than expenses	164	23,6
Family type	Nuclear family	622	89,5
	Extended family	73	10,5
Marital status	Married	649	93,4
	Single	46	6,6
The place you live (region)	Central Anatolia	88	12,7
	Eastern Anatolia	27	3,9
	Southeast Anatolia	75	10,8
	Black Sea	215	30,9
	The Mediterranean	192	27,6
	Aegean	20	2,9
	Marmara	78	11,2
Gender of the last born baby	Girl	366	52,7
	Boy	329	47,3
Where she was born last	Hospital	663	95,4
	House	32	4,6
Number of pregnancy	None	52	7,5
	1	165	23,7
	2-3	311	44,7
	4 and above	167	24,0
Number of miscarriage	None	554	79,7
	1	94	13,5
	2-3	42	6,0
	4 and above	5	0,7
Number of living children	None	58	8,3
	1	189	27,2
	2-3	347	49,9
	4 and above	101	14,5
Did you use a traditional method to conceive?	Yes	191	27,5
	No	504	72,5
Is there a method you use for gender selection during pregnancy?	Yes	179	25,8
	No	516	74,2

Table 2. Comparison of Participants' Sociodemographic and Obstetric Characteristics and Traditional Methods Used to Conceive and Determine Gender

Sociodemographic and Obstetric Characteristics		The Traditional Method of Conceiving		
		Yes N (%)	No N (%)	Test (X ²) P
Education status	Literate	32 (56,1)	25 (43,9)	0,000
	Primary education	67 (35,8)	120 (64,2)	
	High school	50 (25,0)	150 (64,2)	
	License	37 (15,9)	196 (84,1)	
	Graduate	5 (27,8)	13 (72,2)	
Work status	Working	59 (22,0)	209 (78,0)	0,011
	Not Working	132 (30,9)	295 (69,1)	
Income status	Income more than expenses	38 (26,8)	104 (73,2)	0,011
	Income equals expense	122 (31,4)	267 (68,6)	
	Income less than expenses	31 (18,9)	133 (81,1)	
Years of marriage	1-3 year	110 (25,7)	318 (74,3)	0,005
	3-6 year	62 (31,3)	136 (68,7)	
	6 years and above	14 (53,8)	12 (46,2)	
Number of pregnancies	0	9 (17,3)	43 (82,7)	0,000
	1	89 (53,9)	76 (46,1)	
	2-3	133 (42,8)	178 (57,2)	
	4 and above	89 (53,3)	78 (46,7)	
Number of children	0	17 (29,3)	41 (70,7)	0,000
	1	97 (51,3)	92 (48,7)	
	2-3	146 (42,1)	201 (57,9)	
	4 and above	60 (59,4)	41 (40,6)	
Number of miscarriage	0	140 (25,3)	414 (74,7)	0,024
	1	38 (40,4)	56 (59,6)	
	2-3	12 (28,6)	30 (71,4)	
	4 and above	1 (20,0)	4 (80,0)	
The Traditional Method Applied to Determine Gender				
Education status	Literate	33 (57,9)	24 (42,1)	0,000
	Primary education	61 (32,6)	126 (67,4)	
	High school	47 (23,5)	153 (76,5)	
	License	37 (15,9)	196 (84,1)	
	Graduate	1 (5,6)	17 (94,4)	
Work status	Working	53 (19,8)	215 (80,2)	0,004
	Not Working	126 (29,5)	301 (70,5)	
Income status	Income more than expenses	31 (21,8)	111 (78,2)	0,002
	Income equals expense	120 (30,8)	269 (69,2)	
	Income less than expenses	28 (17,1)	136 (82,9)	
Years of marriage	1-3 year	100 (23,4)	328 (76,6)	0,003
	3-6 year	61 (30,8)	137 (69,2)	
	6 years and above	13 (50,0)	13 (50,0)	
Number of pregnancies	0	3 (5,8)	49 (94,2)	0,000
	1	41 (24,8)	124 (75,2)	
	2-3	70 (22,5)	241 (77,5)	
	4 and above	65 (38,9)	102 (61,1)	
Number of children	0	7 (12,1)	51 (87,9)	0,000
	1	41 (21,7)	148 (78,3)	
	2-3	82 (23,6)	265 (76,4)	
	4 and above	49 (48,5)	52 (51,5)	

*X²: Ki-kare Testi

help conception," "Going to the SPA," "Application of drugs/oil or sugar cubes to the uterus," "Boiling the onion peel," "Keep to steaming," "Bathing with prayed water." In the literature, it is observed that women often use methods such as pulling the waist, solid-liquid nutrient consumption, massage, praying, and placing herbal mixtures into the vagina [13-16]. Traditional practices used for conception in our country include eating/drinking various foods, making a vow/sacrifice, visiting religious places,

going to the bath/spa, sitting on a hot object, and having bloodletting. Various applications are made in the uterus/cervix, vagina, waist, and abdomen [17]. Çakırer & Çalışkan (2010) stated practices used for conception such as "Waist pulling," "Boiling grass and sitting in steam," "Sitting in a chicken mess," "Collecting cloth from 7 houses with the name Mehmet and making and wearing shirts" [7]. In some studies, it is also stated that herbal products such as onion juice, Virgin Mary's hand

herb, clove, carob, fig, parsley juice, and yarrow
Acar et al. (2021) stated in their studies that hibiscus,
nettle, lingonberry, conducted in different regions.
and differences of applications result from studies

traditional methods [1]. It is thought that the variety
onion juice, parsley juice, fig, and carob are used as
provide conception [18-22].

Table 3. Distribution of Traditional Practices Used by Participants to Conceive and Determine Gender by Regions

The Traditional Method of Conceiving	Central Anatolia n (%)	Southeastern Anatolian n (%)	Eastern Anatolian n (%)	Marmara n(%)	Black Sea n (%)	Mediterranean n(%)	Aegean n (%)	Test p*
Frequent consumption of foods that help to conceive								
Yes	18 (16,4)	5 (4,5)	2 (1,8)	12 (10,9)	29 (26,4)	41 (37,3)	3 (2,7)	0,045
No	70 (12,0)	70 (12,0)	25 (4,3)	66 (11,3)	186 (31,8)	151 (25,8)	17 (3,0)	
Sitting on substances such as herbs and plants that are believed to be medicinal								
Yes	7 (11,7)	3 (5,0)	3 (5,0)	5 (8,3)	10 (16,7)	30 (50,0)	2 (3,3)	0,004
No	81 (12,8)	72 (11,3)	24 (3,8)	73 (11,5)	205 (32,3)	162 (25,5)	18 (2,7)	
Going to the SPA								
Yes	19 (29,2)	1 (1,5)	3 (4,6)	6 (9,2)	14 (21,5)	20 (30,8)	2 (3,1)	0,001
No	69 (11,0)	74 (11,7)	24 (3,8)	72 (11,4)	201 (31,9)	172 (27,3)	18 (2,9)	
Applying substances such as medicine/oil or cutting sugar to the uterus								
Yes	3 (7,9)	2 (5,3)	2 (5,3)	3 (7,9)	5 (13,2)	23 (60,5)	0 (0)	0,001
No	85 (12,9)	73 (11,1)	25 (3,8)	75 (11,4)	210 (32,0)	169 (25,7)	20 (3,1)	
Boiling and drinking onion peel								
Yes	11 (14,7)	8 (10,7)	1 (1,3)	6 (8,0)	14 (18,7)	32 (42,7)	3 (4,0)	0,032
No	77 (12,4)	67 (10,8)	26 (4,2)	72 (11,6)	201 (32,4)	160 (25,8)	17 (2,8)	
Sitting on steam								
Yes	10 (20,8)	3 (6,3)	1 (2,1)	3 (6,3)	6 (12,5)	24 (50,0)	1 (2,1)	0,002
No	78 (12,1)	72 (11,1)	26 (4,0)	75 (11,6)	209 (32,3)	168 (26,0)	19 (3,0)	
Bathing with blessed water								
Yes	7 (15,9)	2 (4,5)	0 (0)	4 (9,1)	8 (18,2)	22 (50,0)	1 (2,3)	0,019
No	81 (12,4)	73 (11,2)	27 (4,1)	74 (11,4)	207 (31,8)	170 (26,1)	19 (3,0)	
Traditional Method Of Determining Gender								
Making amulets-visiting the shrine								
Yes	6 (6,7)	5 (5,6)	3 (3,4)	7 (7,9)	25 (28,1)	40 (44,9)	3 (3,4)	0,007
No	82 (13,5)	70 (11,6)	24 (4,0)	71 (11,7)	190 (31,4)	152 (25,1)	17 (2,8)	
Bathing with cold or hot water after the sex								
Yes	10 (14,9)	7 (10,4)	2 (3,0)	3 (4,5)	9 (13,4)	30 (44,8)	6 (9,0)	0,000
No	78 (12,4)	68 (10,8)	25 (4,0)	75 (11,9)	206 (32,8)	162 (25,8)	14 (2,2)	
Naming the last child Yeter (Enough), Döne (Turn), Döndü (Turned), Songül (Last Rose)								
Yes	6 (18,8)	1 (3,1)	0 (0)	1 (3,1)	9 (28,1)	11 (34,4)	4 (12,5)	0,008
No	82 (12,4)	74 (11,2)	27 (4,1)	77 (11,6)	206 (31,1)	181 (27,3)	77 (11,6)	
Eating sweet or sour foods before or during pregnancy								
Yes	18 (11,1)	21 (13,0)	4 (2,5)	23 (14,2)	30 (18,5)	55 (34,0)	11 (6,8)	0,000
No	70 (13,1)	54 (10,1)	23 (4,3)	55 (10,3)	185 (34,7)	137 (25,7)	9 (1,7)	
Eating foods rumored to determine gender								
Yes	1 (3,4)	1 (3,4)	0 (0)	2 (6,9)	9 (31,0)	16 (55,2)	0 (0)	0,025
No	87 (13,1)	74 (11,1)	27 (4,1)	76 (11,4)	206 (30,9)	176 (26,4)	20 (3,0)	
Staring at babies of the desired gender								
Yes	12 (13,8)	14 (16,1)	3 (3,4)	9 (10,3)	10 (11,5)	37 (42,5)	2 (2,3)	0,001
No	76 (12,5)	61 (10,0)	24 (3,9)	69 (11,3)	205 (33,7)	155 (25,5)	18 (3,0)	
Holding a prayer paper and wishing for gender								
Yes	4 (13,8)	2 (6,9)	1 (3,4)	2 (6,9)	4 (13,8)	16 (55,2)	0 (0)	0,043
No	84 (12,6)	73 (11,0)	26 (3,9)	76 (11,4)	211 (31,7)	176 (26,4)	20 (3,0)	

*X²: Ki-kare Testi

In our study, 25.8% of women used a traditional application to determine gender. Erbil and Sağlam (2010) stated that 34% of women used traditional methods to determine gender in their study investigating traditional methods for determining gender during pregnancy [23]. In another study, it was determined that 23.7% of women use the traditional method to determine the gender of the baby [24]. Our study has a similar ratio to the literature.

In our study, it was determined that traditional practices were performed more, such as "Making amulets /Visiting shrines," "Bathing with cold or hot water after the union," "Naming last child as Yeter (Enough), Döne, Döndü, Songül," "Eating sweet or sour foods before or during pregnancy," "Feeding foods rumored to determine gender," "Looking at the babies with the desired gender," "Wishing gender by holding a prayer paper to the mother's womb" (Table 3). There are many traditional applications for determining gender in the literature [9, 25]. Göl (2008) stated in his study conducted in Gaziantep that there are beliefs and practices such as "if a woman keeps her feet up during sexual intercourse, lies to the right after intercourse, she will have a boy," "if she prays within 4-10 days when understands that the menstrual day has passed and she is pregnant, the baby's gender will be male" [26].

Çakırer and Caliskan (2010) stated that traditional practices are often used, such as "Putting a knife under one cushion and scissors under the other cushion and believing that if the pregnant woman sits on the cushion above the blade, she will give birth to a boy, and if she sits on the cushion above the scissors, she will give birth to a girl," "Belief that the pregnant woman will give birth to a girl if she wants sourness, or a boy if she wants sweets" Erbil and Sağlam (2010) stated that the followings are more common among traditional methods: "When salt is poured on the head of a pregnant woman if her head itches, she becomes a girl, if her nose itches, she becomes a boy," "When breast milk is squeezed into a glass full of water if the milk disperses above

Limitations: The limitation of our study is that the sample numbers are not equal in terms of regions.

5. Referanslar

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the water, it will give birth to a girl; if the milk goes to the bottom, it will give birth to a boy," "The wedding ring of the pregnant woman is taken and tied with a rope and held motionlessly on her wrist [13, 27]. If the wedding ring rotates in a circle, it becomes a girl; if it moves horizontally, it becomes a boy" Çakırer Çalbayram et al. (2019) stated that the followings are more common among traditional methods: "If the pregnant woman's hips expand, the baby's gender will be a girl; "If the baby's movements start early in the mother's womb, the baby's gender will be a girl, if it starts late, it will be a boy," "If the vein on the previous girl's forehead is purple, the baby's gender will be a boy, if the boy's forehead is purple, the baby's gender will be a girl" Although our study has similar aspects with the literature, it has been found that it was carried out in a more diverse traditional application with regional differences. It is thought that different practices exist due to the difference in women's educational status and residential areas.

According to Celasin et al. (2022) determined in their studies that some traditional practices related to infant care are different according to the living in the Eastern and Western regions and are statistically significant [3]. In the studies of Uysal et al. (2019) and Inci et al. (2019), it was determined that the salting rates of infants were higher in Western regions than in Eastern regions [27, 28]. In our study, it was determined that traditional methods for conception and sex determination were mostly practiced in the Mediterranean region and least in the Aegean region, and some traditional practices showed significant differences between regions. This difference is due to the high level of migration in the Mediterranean region. In addition, the fact that there are fewer participants from the Aegean region also affects the result. There is no regional study on preconception period and gender determination in the literature. Therefore, our results were discussed with studies showing regional differences in infant care. Our study supports that there are regionally different practices.

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