

ORIGINAL RESEARCH ARTICLE

Traditional Practices of Mothers in the Postpartum Period: Evidence from Turkey

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Abstract

In various cultures, the postpartum period is a sensitive time and various traditional practices are applied to protect the health of the mother and the baby. The aim of this study was to determine traditional practices of mother care in the postpartum period in Konya City of Turkey. The research was a descriptive, cross-sectional study carried out among 291 women at the first 8 weeks of postpartum period who visited to family health centers from June 1 to December 1, 2015. The data were collected using questionnaires. Statistical analysis of the data was done with SPSS version 22.0. Descriptive statistics were used to analyze the data. Based on the results, 84.5% of women applied a traditional mother care practice during the postpartum period. The most popular, were practices for increasing of breast milk (97.9%), preventing incubus ‘*albasması*’ (81.8%), getting rid of incubus (74.9%), and preventing postpartum bleeding (14.1%). The findings of the study show that traditional practices towards mother care in the period after birth are common. In order to provide better health services, it is important for health professionals to understand the traditional beliefs and practices of the individuals, families, and society that they serve. (*Afr J Reprod Health* 2018; 22[1]: 94-102).

Keywords: Postpartum period, traditional practices, mother care, Turkey

Résumé

Dans diverses cultures, la période post-partum est une période sensible et diverses pratiques traditionnelles sont appliquées pour protéger la santé de la mère et du bébé. Le but de cette étude était de déterminer les pratiques traditionnelles des soins maternels pendant la période post-partum à Konya, en Turquie. La recherche était une étude descriptive et transversale menée auprès de 291 femmes au cours des huit premières semaines du post-partum qui se sont rendues dans les centres de santé familiale du 1er juin au 1er décembre 2015. Les données ont été recueillies à l'aide des questionnaires. L'analyse statistique des données a été faite avec SPSS version 22.0. Des statistiques descriptives ont été utilisées pour analyser les données. Sur la base des résultats, 84,5% des femmes ont appliqué une pratique traditionnelle de soins aux mères pendant la période post-partum. Les plus populaires étaient les pratiques d'augmentation du lait maternel (97,9%), la prévention de l'incubation (81,8%), l'élimination de l'incube (74,9%) et la prévention des hémorragies post-partum (14,1%). Les résultats de l'étude montrent que les pratiques traditionnelles en matière de soins aux mères dans la période suivant l'accouchement sont courantes. Pour offrir de meilleurs services de santé, il est important que les professionnels de la santé comprennent les croyances et les pratiques traditionnelles des individus, des familles et de la société auxquels ils rendent service. (*Afr J Reprod Health* 2018; 22[1]: 94-102).

Mots-clés: Période post-partum, pratiques traditionnelles, soins aux mères, Turquie

Introduction

Culture is defined as passed down values, beliefs, attitudes, and behaviors, including knowledge, art, traditions, customs, abilities, and similar skills and habits that human beings gain as a member of a society^{1,2}. Among the elements that shape the culture; morals, traditions, and customs are

important¹⁻³. Societies' values, attitudes, beliefs, and behaviors affect individuals' lifestyles. Health and sickness are also concepts that fall within the cultural structure and differ according to culture⁴. Cultural differences can also be seen in the birth and postpartum periods, where some traditional practices are performed for the protection of the mother and baby.

As well as being a physiological phenomenon in a woman's life, childbirth is also shaped by social and cultural features⁴. Cultural beliefs on nourishment, activity, resting, motherhood, and social relations during pregnancy and the postpartum period differ according to the society^{5,6}. The postpartum period lasts for approximately 6–8-weeks, starting from childbirth and ending with the restoration of the reproductive organs and other body systems to their pre-pregnancy state⁷. In this period, significant physiological, social, and emotional changes occur in the woman^{7,8}. Thus, in many cultures the postpartum period is considered as a sensitive period and various traditional practices are performed to protect the health of the mother and the baby⁹. For reasons such as insufficient care given in the postpartum period, economical insufficiencies, distance from health centers, a lack of trust in medical personnel, considering postpartum problems as a normal phenomenon, not having health insurance, and perceiving birth as a private event; individuals try to solve their health problems using traditional practices learnt from their families^{10,11}.

As in many cultures, traditional maternal care practices are observed in the postpartum period in Turkish culture^{2,8,10}. It is believed that women are vulnerable to evil forces in this period. Many women have superstitious beliefs, such as *Alkarısı*. *Alkarısı* is defined as demons seen by puerperants that frighten them and cause them to become sick or even die^{1,2,6}. The disturbance caused by *Alkarısı* is called *Albasması*. *Albasması* actually occurs as a result of women's increased physical and mental sensitivity after giving birth in combination with a fever¹¹. These beliefs have led to the use of precautionary practices to protect puerperant women^{2,6,11}. These practices include not leaving puerperants alone at home, placing the Quran, onions, garlic, a charm, or a broom near the puerperants, and having a bath of forty (in which the mother bathes in water containing 40 pebbles)^{2,6,8}.

The effects of traditional practices on health can sometimes reach negative levels that threaten life, and they may even result in death^{12,13}. For this reason, health professionals have significant responsibilities to protect and improve women's health. Particularly with regards to the prevention of problems related to fertility, the care given by health professionals during pregnancy, birth, and the postpartum period is important. In order to provide better health services, it is important for health

professionals to understand the traditional beliefs and practices of the individuals, families, and society that they serve¹⁴⁻¹⁷. This study was conducted to determine the traditional practices performed towards the mother care in postpartum period.

Methods

Study design

This was a descriptive, cross-sectional study conducted to determine the traditional practices performed for the mother's care in the postpartum period.

Settings and participants

Konya, a province in Turkey, consists of three central districts. By negotiating with the Provincial Health Department of Konya, one health care center from each of the three central districts was selected to constitute a heterogeneous socio-demographic group and to provide data that was representative of Konya. The family health centers were selected by simple random sampling. Information obtained from Konya local health authority indicated that a total of 1017 pregnant woman registered in the three health centers selected for the study from January 1 to December 31, 2014. A total of 1017 woman constituted the scope of the research. While estimating the sample size for the study, a table from a paper entitled "Estimate of a ratio in a society with a certain precision" was utilized¹⁸. The ratio (34.7%) used for the study was related to the prevalence of traditional practices towards mother care in a society¹⁹. The ratio was evaluated as approximately 35%. Accordingly, 6% relative accuracy at the 95% reliability level was taken into consideration and it was found that the extent of the sample stated in the table was 243. A sample group of 291 women was used for the study. In addition, the number of women participating from each health care center was determined using the proportional selection method of 135 for the health center in Meram district, 65 for the health care center in Karatay district, and 91 for the health care center in Selcuklu district.

Participant selection criteria

Selection of participants was based on: (i). Age between 18 and 49 years old (ii). Being able to read

and write (iii). Women in the first 8 weeks of the postpartum period, and (iv). Giving informed consent.

Measurements

Data were collected using a questionnaire that was prepared based on literature^{2,6,15-17,19,20}. The questionnaire form included a total of 47 questions, eight related to socio-demographic features (there was a question related to women's first action upon discovering any health problem and a question to determine the importance of traditional practices to them, with 1 = not important, 2 = somewhat important, 3 = very important), three regarding obstetrics features, and 36 questions to determine traditional practices of women towards mother care in the postpartum period.

Data collecting

A random sampling method was used. The data were collected via face-to-face interviews with women who agreed to participate in the study between June 1 and December 1, 2015.

Data analysis

Statistical analysis of the data was made with SSPS version 22.0. Descriptive statistics were used to analyze the data.

Results

The socio-demographic and obstetric characteristics of the women showed that 42.6% were aged between 27 and 36, 60.8% of them were literate/primary school graduates, and 82.1% of them were unemployed. It was determined that the average age at marriage was 20.84 ± 3.44 years and the average years of marriage was 7.56 ± 5.81 , 72.9% of them lived in a nuclear family, and 66.3% lived in a city. Regarding the obstetric characteristics of the women, it was established that the average number of pregnancies was 2.49 ± 1.41 . Of the respondents, 66.3% had two or fewer living children and 97.9% of them stated that they attended antenatal care.

The distribution of the first actions for the women upon encountering a health problem is reported in Table 2. A high proportion (84.2%) of the women went to a medical institution upon discovering a health problem and it was noteworthy that 15.8% of them tried to solve the problem with

some traditional practices. For 10.0% of the women, traditional practices were not important at all, and the remaining 90.0% of them cared about traditional practices to varying degrees.

Practices done by women to ensure the mother's health in the postpartum period are given in Table 3. As many as 84.5% of the women stated that they performed a traditional practice to ensure the mother's health in the postpartum period. Among the practices were carrying out a ritual called "kırkınıcıkarma" (puerperant women's celebrating the 40th day of delivery) (70.1%), covering the belly of puerperants (50.5%), carrying out a ritual called "yirmikırkıcıkarmak" (puerperant women's celebrating the 20th day of delivery) for puerperants (44.7%), and not leaving puerperants at home alone (38.8%). A high proportion of the women (97.9%) reported performing a traditional practice to increase their breast milk supply in the postpartum period. Among the widely performed practices were: consuming

Table 1: Women's Socio-demographic and Obstetric Characteristics in Konya, Turkey (n = 291)

Descriptive Characteristics	Average (standard deviation)	(standard deviation)
Marriage age	20.84(3.44)	
Duration of marriage	7.56(5.81)	
Number of pregnancy	2.49(1.41)	
	Number(percentage)	
Age		
18-26 years	123(42.3)	
27-36 years	124(42.6)	
>36 years	44(15.1)	
Educational status		
Literacy-primary	177(60.8)	
High school	55(18.9)	
University/post graduate	59(20.3)	
Employment status		
Employed	52(17.9)	
Unemployed	239(82.1)	
Family type		
Nuclear family	212(72.9)	
Extended family	79(27.1)	
Place of residence		
City	193(66.3)	
District	58(19.9)	
Village/Town	40(13.7)	
Number of children		
≤ 2	193(66.3)	
3≥	98(33.7)	
Antenatal status		
Yes	285(97.9)	
No	6(2.1)	

juicy foods (92.4%), consuming sweet foods (molasses, halva, mulberry juice, quince; 87.3%),

Table 2: Opinion about the Importance of Traditional Practices of Women in Konya, Turkey (n=291)

Opinions Related with Traditional Practice	Number (%)
Priority applications of women who have any health problems	
Apply to medical institution	245 (84.2)
Apply to traditional practices	46 (15.8)
Importance attached to women's traditional practices	
Not important	29 (10.0)
Somewhat important	192 (66.0)
Very important	70 (24.0)

Table 3: Practices of Women towards the Mother's Health in Postpartum Period in Konya, Turkey (n=291)

Practices	Number (%)
Practices done towards mother health	246 (84.5)
Wrapping puerperant women's abdomen	147 (50.5)
Exchanging needles when two puerperant women met each other	30 (10.3)
Not leaving puerperant women alone at home	113 (38.8)
Puerperant women's celebrating the 40 th day of delivery (<i>kırkını çıkarma</i>)	204 (70.1)
Puerperant women's celebrating the 20 th day of delivery (<i>yirmi kırkı çıkarmak</i>)	130 (44.7)
Puerperant women's using practices to increase breast milk supply	285 (97.9)
Consume legume family products (white beans, chickpea, bulgur pilaf, bulgur salad)	246 (84.5)
Consume foods rich in protein (liver, meat, milk)	246 (84.5)
Consume juicy foods (soup etc.)	269 (92.4)
Consume sweet foods (molasses, halva, mulberry juice, quince)	254 (87.3)
Consume herbal tea (fennel, lime)	82 (28.1)
Consume plenty of water	48 (16.5)
Practices used by puerperant women or families to prevent incubus	238 (81.8)
Putting Quran, onion, garlic, charm, broom near the puerperant	41 (14.1)
Putting bread crumbs, sewing needle, packing needle, knife or sickle wedge under the pillows of the puerperant and baby	26 (9.0)
Putting black, green, red goods in the room of puerperant	11 (3.8)
Not extinguishing the light in the puerperant's room	32 (11.0)
Not allowing two puerperants to visit each other	68 (23.4)
Tying a red scarf or ribbon on the head of the woman	61 (21.0)
Avoiding meat at home	15 (5.2)
Avoiding salt at home	9 (3.1)
Not letting animals enter the house	14 (4.8)
Not leaving puerperant woman alone in dark	56 (19.2)
Not allowing a new bride visit the puerperant	32 (11.0)
Not allowing puerperants look at the mirror	17 (5.8)
Keeping men at home	16 (5.5)
Not leaving puerperant women alone at home	100 (34.4)
Not allowing women in their periods to visit puerperant,	89 (30.6)
Not allowing puerperant to go to unsafe places (woodhouse, basement floors etc.)	91 (31.3)
Practices used by puerperant women or families to heal incubus	218 (74.9)
Making a hodja, say prayers (having a hodja read prayers over a cup of water and making the baby drink water brought from the tombs of Saint)	28 (9.6)
Pouring lead	11 (3.8)
Exchanging needles	28 (9.6)
Having bath of forty (washing the mother with water containing 40 pebbles)	211 (72.5)
Saying prayers	136 (46.7)
Practices used by puerperant women or families to reduce postpartum bleeding	41 (14.1)
Suppression of the puerperant's belly	17 (5.8)
Raising the feet	12 (4.1)
Making a hodja say prayers	11 (3.8)
Applying a heat source (heating a tile and putting it on the belly, putting a blister on the belly)	20 (6.9)

consuming leguminous products and foods rich in protein (white beans, chickpea, bulgur pilaf, lentil, bulgur salad; 84.5%). As many as 81.8% of the women stated that they used a traditional practice to prevent an incubus. These included not leaving the puerperant home alone (34.4%), not allowing puerperant to go to unsafe places (wood house, basement floors, etc.; 31.3%), not allowing women with periods to visit the puerperant (30.6%), not allowing two puerperants to visit each other (23.4%) and wearing a red ribbon (21.0%). Many (74.9%) of the women stated that they use a traditional practice to get rid of an incubus: 72.5% stated that they make bath of forty (washing the mother with water containing 40 pebbles), 46.7% of them say prayers, and 9.6% of them get a hodja to pray (having a hodjaread prayers over a cup of water and making the baby drink water brought from the tombs of Saints). A minority of the women (14.1%) used a traditional practice to address postpartum bleeding. According to the table, the most common practice for curing postpartum bleeding is applying a heat source (putting a hot blister on the belly or heating a tile and putting it on) 6.9%.

Discussion

Among the study participants, 15.8% of the women stated that they tried to solve health problems with traditional practices that they know or that are suggested by their relatives, and 90.0% of them reported that they valued traditional practice to varying degrees. It has been reported that 34.7% of women first try to solve health problems with traditional methods¹⁹; another study reported that 70.0% of women consider traditional practices to varying degrees²². In this study, the value given to traditional practices is quite high. The reason that the women attach various levels of importance to the traditional practices may be that these practices mentally relieve them.

The importance of the puerperium is significant in all cultures. In Turkey at the 40th day of the puerperium, to celebrate the mother and baby getting through this risky period, a small ceremony is observed^{11,23}. In this study, 70.1% of the women perform the ritual *kirknicikarma*. *Kirkcikarma*, which involves the puerperant having a bath, is a harmless practice to the puerperant and helps women to relieve themselves psychologically. The practice of *kirkcikarma* still continues in different regions of Turkey²³. Studies conducted in Turkey

reported that *kirkcikarma* is practiced by from 35.0% to 91.5% of women, depending on the region^{17,19,21,24,25}. Our findings show that this practice is common in Konya. Comparing with studies conducted in other countries, there are similar practices. Kaewsarnet *al.*²⁶ conducted a study in Taiwan that showed that women are encouraged to have a hot bath in the postpartum period. Lamadah's²⁷ study conducted in Saudi Arabia indicated that 53.3% of the women have a hot herbal bath in postpartum period; and Hishamshahet *al.*²⁸ showed that in Malaysia 57.0% of women have a bath in the same way. Similar practices are reported to be performed in Vietnam and Malaysia^{5,29}.

In this study, it was found that 50.5% of the women cover their belly. The literature indicated that the rate of belly covering in the postpartum period ranges from 39.1% to 92.0%^{6,17,19,21,25}. There is no need to support the belly wall during pregnancy or in the postpartum period. If the belly of the mother is droopy in this period, it is suggested to wear a light corset. However, tying the belly tightly may cause the belly muscles to build up late and the process of involution to extend¹⁶. Alternatively, postpartum exercises can be used to prevent droops and dispersing.

During the lactation period, in terms of both the baby's and the mother's health, it is important for puerperant to have a sufficient and balanced diet^{30,31}. In Turkey, in the postpartum period traditional practices performed to increase breast milk supply are very common^{15-17,19,21,22}. In our study, it was found that 97.9% of the women performed a special practice to increase their breast milk supply in the postpartum period. Among these practices, 84.5% of the women consumed foods from the legume family (white beans, chickpea, bulgur pilaf, lentil, bulgur salad), 84.5% of them consumed foods rich in protein, 92.4% of them consumed juicy foods, 87.3% of them consumed sweet foods, 16.5% of them drank lots of water, and 28.1% of them consumed herbal tea (fennel, linden). The studies in the literature indicate that the use of traditional practices to increase the breast milk postpartum period varies from 47.9% to 90.2%^{6,16,17,21,32}. One study indicated that the most frequent traditional practices are related to maternal nutrition¹⁵. When it is considered that for sufficient milk production puerperant woman should consume 2500–3000 ml of liquid and add 600–700 calories more to their daily required amount, it can be said that these practices are beneficial; however, it

should also be taken into consideration that excess consumption of sweets may cause fat gain³¹. Studies conducted in other countries show that traditional practices towards feeding include mothers staying away from certain foods, consuming certain foods, or increasing their liquid consumption^{4,5,9,11,29,33-36}. For instance, in cultures such as those in India, China, Thailand, Guatemala, Myanmar, Vietnam, and Taiwan, the aim of the diet for women in the postpartum period is to maintain a ying-yang balance. In these cultures, it is believed that women lose heat in the postpartum period and they therefore need to consume hot foods. Being hot or cold for foods is not determined by cooking or consuming raw: it differs even inter-culturally. Although a food is hot in one culture, it may be considered as cold in another culture. In Indian culture, meat, egg, and fish are hot foods, while wheat and vegetables with dark-green leaves are considered as cold foods. There is a belief that consuming cold foods during the puerperium may cause sickness in the woman and the baby. For this reason, the woman is given foods that are considered as hot^{26,29,34,35,37,38}. Contrary to these practices Shakya³³, in a study conducted in Nepal, found that women consume drinks like tongba (millet-based alcoholic drink) or chhang (rice alcohol) to increase breast milk and to quickly build up the uterus in the postpartum period. Okeke *et al.*³⁶, in a study conducted in Nigeria, confirmed that women consume liquor to start lactation. Evaluating the various practices performed around the world, there are different traditional practices in different countries, and even in the same culture there are regional differences.

The belief that a djinn, fairy, or demon, colloquially known as “*albasması*”, “*alkarısı*”, or “*kırkbasması*”, affects the mother and the baby within the 40-day period after birth still exists today²³. In this study, 81.8% of the women took steps to prevent “*albasması*” and 74.9% of them performed practices to get rid of “*albasması*” when it occurs. The common practices towards “*albasması*” were; not leaving the puerperant home alone (34.4%), not allowing the puerperant to go to unsafe places (wood house, basement floors etc.)(31.3%), not allowing women with periods to visit the puerperant (30.6%), not allowing two puerperants to visit each other (23.4%) and wearing a red ribbon (21.0%). The practices used to get rid of an *albasması* were; having a bath of forty (72.5%), saying prayers (46.7%), making a hodja say prayers (9.6%), and exchanging needles (9.6%).

In the studies conducted, traditional practices were applied by between 43.0% and 82.0% of women for prevention of *albasması* or to remove an *albasması*^{6,15-17,21,39}. Among the practices used against an incubus reported in the literature, placing items near to the puerperant, such as the holy Quran, a lucky charm, a broom, or bread and water, putting cutting and piercing tools under the pillow of the puerperant, keeping her inside the house for 40 days, wearing a red ribbon or a red night robe, non-acceptance of menstruating visitors, putting a knife or scissors under the pillow, hanging onions or garlic around the bed, or staying away from other puerperants, among others^{16,39}. In studies conducted in other countries, similar practices after birth can be seen. Sunanda and Paul⁴⁰, in their study conducted in Mangalore, stated that 65.0% of the women put a stick, a broomstick, or metal tools under their bed. Lamadah²⁷ conducted a study in Saudi Arabia and found that 92.5% of the women do not go out in the period after birth and 33.3% of them do not go out for fear of the evil eye. Shakya³³, in a study conducted in Nepal, confirmed that to protect the mother and the baby from evil eyes, tools like bamboo or a sickle are placed near the pillow. Furthermore, between the 7th and 15th day after the birth, the mother is made a bath with water containing ashes and her clothes are washed. Rao *et al.*⁴¹ indicated that 86.3% of the women do not go out for 40 days after the birth and 9.2% of them do not accept any visitors throughout the first 14 days after birth. In Mao *et al.*'s³⁸ study, similar practices can also be seen. In the Indian culture, similar practices, such as putting fire, water, and a sickle near the bed of the puerperant, are done¹¹. Symptoms that colloquially occur in cases defined as “*albasması*” include the sadness that many women experience post-birth, less commonly seen as an indication of postpartum depression. In both cases, indications like fear, panic, uneasiness, insomnia, and crying occur. On the other hand, symptoms like hallucinations and talking in sleep stated to be experienced in cases of “*albasması*” are like the indications of postpartum infection. Therefore, the case known as “*albasması*”, i.e. the sadness of motherhood, can be postpartum depression, and infection^{15,42}. When the performed traditional practices are taken into consideration, it can be said that not leaving the woman alone during the period after birth is quite significant in terms of facile management of the postpartum process.

The bleeding that occurs during the period after birth is among the top three causes of maternal death in Turkey³¹. In this study, we found that 14.1% of the women performed a traditional practice to prevent bleeding in the period after birth. It is remarkable that some of the practices have no effect on the bleeding (making a hodja say prayers etc.) and some practices even have a worsening effect on bleeding (hot application etc.). A study indicated that 11.3% of women use a traditional practice against bleeding during the post-delivery period¹⁷ and another study demonstrated that 42.7% of women place a hot tile on their abdomen to prevent bleeding¹⁹. In Iran, to prevent bleeding in the period of after birth, practices such as having a hodja write a “muska” (amulet), applying a heat source to the belly, and putting an “üzerlik” (a plant) above the bed of puerperant are performed⁶. A study in South East Nigeria reported that 80.2% of the women performed a hot application to reduce bleeding³⁶. The practices (heating a tile and putting it on the belly, putting a blister on the belly) that are performed to prevent bleeding by women in the postpartum period are actually hot applications, and these practices, instead of reducing the bleeding, can increase the bleeding even more. Hot applications cause vasodilation. Therefore, before the mother leaves the hospital after birth, the characteristics of “*losia*” (A type of flux that occurs generally during the whole puerperium) and fundus massage should be taught, and the woman should be reminded that the bleeding will increase during breastfeeding, and if abnormalities occur with the characteristics of “*losia*” she should visit a medical institution.

Ethical Considerations

The study was approved by the Necmettin Erbakan University Ethics Committee and written permission was received from the public health department of Konya as well as each of the family health centers that participated in this study. Prior to data collection, all study participants were given information on the study and oral consent was taken from all respondents before participation.

Conclusion

The findings from this study show that traditional practices towards mother care in the period after birth are common. Based on these results, the medical personnel who are responsible for caring for the woman and her family in the period after birth

should evaluate the individual holistically and inclusively. To ensure community participation, the importance of the social acceptability of developments in healthcare should be kept in mind and public awareness should be increased by means of public training programs. Additionally, medical personnel should be made aware of cultural changes that significantly affect health and the importance of knowledge on the traditional beliefs and practices of the society that they serve.

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Declaration of Conflicting Interests

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Contribution of Authors

YA and EE conceived and designed the study. YA and KA were involved in the data collection and analysis. All the authors were involved in the writing and review of the manuscript. All the authors approved the final version of this manuscript.

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