



Traditional methods and related factors about postnatal baby care known and/or applied by married women living in Kiziltepe sub-province of Mardin province¹

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Abstract

Traditional practices are important health care problems performed by mothers during the postnatal period. This study performed with married women living in Kiziltepe sub-province of Mardin province. The aim of this study is to determine traditional medicine practices and factors related to baby care in the postnatal period which were used by married women living in Kiziltepe sub-province of Mardin province.

In this cross-sectional study, a face to face conversation survey was conducted with 549 married women and 527 participants could be reached. Socio-demographic characteristics, obstetric history and postnatal period infant care practices were recorded. Data were analyzed by using the SPSS package program, percentage average, chi-square analyses. The mean age of women was 36.77 ± 12.39 . The application rate of traditional practices increased when the educational levels of husbands were low, and as the mothers were getting old ($p < 0.05$). Furthermore, women who had high number of children, who did not give birth in the hospital, and who tried to solve health problems by applying traditional practices instead of visiting the physician commonly. Conclusively, it was detected that the application rate of traditional postnatal practices which were applied by women living in Kiziltepe sub-province of Mardin province was high. There should be further studies in order to interfere with these harmful traditional practices.

Keywords: Traditional methods; postnatal period; married women; mother and baby.

INTRODUCTION

Mother and child health has priorities in health services since it has different characteristics. Reasons of this priority can be explained as follows (Hacıoğlu, 2009);

1- Biological properties arising from pregnancy-growth-development processes increase the illness and death risk of mothers and children. Therefore, mothers and children should be considered as risk groups even though they are healthy.

2- Physical and mental health in the adulthood depends on the healthy growth and development in the childhood. Healthy babies are born by healthy mothers and healthy mothers can grow up health children. Besides, healthy children mean healthy societies.

3- Particularly in developing countries, more than half of the society is composed of mothers and children. In Turkey, 35% of the total population is composed of 0-14 year-old children and 26% of the population is composed of 15-49 year-old women.

¹ This study was orally presented in 14th National Public Health Congress (4-7, October, 2011, Trabzon, Turkey).

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According to TNSA 2013 reports, 26% of the total population is composed of 0-14 year-old children and 49.8% of the population is composed of 15-49 year-old women (TNSA 2013).

Traditional Medicine and Prevalence of its Use

Beliefs, attitudes and practice systems of societies related to diseases and health can be differently named. Names such as traditional medicine, society medicine, folk medicine, primitive medicine are the most common ones used in the literature (Egri 2006).

Public Health is known as 'folk medicine' according to international sources whereas it is used synonymously with traditional medicine. Traditional health applications are defined as medical practices related to belief, tradition and value systems of societies and some anthropologists express that it is 'home treatment' (Ozturk et al. 2005, Sevindik et al. 2007).

According to World Health Organization (WHO), traditional medicine can be defined as the entire knowledge, skills and applications of experiences, beliefs and theories of different cultures which can be used to maintain the health and to treat physical and mental diseases (Karatay 2009, WHO 2010).

Traditional treatments can be defined as therapies which have been used for ages, derived from traditions of societies and they cannot be explained with modern medicine. Traditional medicine has differences compared to modern medicine and it is transferred from ages to ages as a part of the culture (Ciftci et al. 2005, Ersin et al. 2004).

Individuals ask for help from reliable people, traditional healers or health professionals depending on their culture, educational status and beliefs related to their health. There has been various health cultures developed as a result of pursuits of people. In other words, individuals have used these treatments of modern medicine as well as practices which reflect their health cultures (Ozturk et al. 2005).

Even though it is believed that traditional medicine practices are applied only in rural areas, it has been understood that traditional medicine practices are also frequently use urban areas. Individuals use more frequently traditional medicine practices due to factors such as having faith, adopting and reaching quickly and easily, being tested, low socio-cultural level, and being economical. Furthermore, it is believed that tendency to use traditional practices is increased also due to negative experiences with hospitals and physicians (Ciftci et al. 2005, Karakoc et al. 2003, Kocatas et al. 2008, Senol et al. 2004).

Some treatments can arise from traditional practices and they can be named complementary/supportive practices (Karatay 2009).

In China, traditional herbal medicines constitute between 30% and 50% of the total medicine consumptions (Karatay 2009, Konak et al. 2009).

In Ghana, Mali, Nigeria and Zambia, the first treatment provided to children with high fever due to malaria is homemade herbal medicines and its rate is 60%. According to WHO reports, vast majority of births occur by traditional methods in rural areas in Africa. In San Francisco, London and South Africa, 75% of the population with HIV/AIDS use traditional medicine practices. In Canada, 70% of the population use complementary medicine applications at least once in their lives. In Germany, approximately 10.800 physicians were specially educated about natural-medical treatment between 1995 and 2000. In England, 230 million American Dollars are consumed annually for alternative medicine treatments (Konak et al. 2009).

Traditional medicine practices chance more towards from the developed societies and areas to underdeveloped societies and regions and they become more irrational. Furthermore, individuals are their own physicians in some places where they cannot reach health care services (Karatay 2009). Some of the practices can be accepted as harmless whereas some of them can further deteriorate the health of an individual (Karatay 2009, Kocatas et al. 2008, Senol et al. 2004). Traditional treatment practices which should be applied particularly in emergency cases can be life threatening. Furthermore, traditional applications performed in emergency cases can even negatively affect the modern medical practices (Karatay 2009).

Postnatal period is the six weeks period which starts with the formation of the fetus and placenta and lasts till the reproductive organs develop and body systems mature as before the pre-pregnancy status (Aliefendioğlu et al. 2009). Meanwhile, in the postnatal period, mother initiates to communicate with her baby, the new member of the family changes the family structure and it also try to adapt to the new life style by ensuring developmental and physical responsibilities. In this period, providing low levels of health care service to mother and the baby can lead to physical, psycho-social and emotional problems (Yildiz 2008). As it is well known, baby deaths are directly affected by biological factors and health care services. However, traditions, family income, ecological environment, socioeconomic and physical environment indirectly affect the baby and child deaths. Furthermore, traditional practices which are applied in the postnatal period and particularly detrimental for health can extend the healing period of the baby, prevent the efficient medical treatment, and lead to disability, illnesses and even death (Yildiz 2008, Bolukbas et al. 2009, Cetinkaya et al. 2008, Egri et al. 2007, Ozyazicioglu et al. 2004).

It has been detected that traditional medical practices are mostly related to women health, pregnancy, birth and child health (Kayihan et al. 2006).

In literature, it has been reported that information on child care is mostly learnt from older generations, children are primarily tried to be treated with traditional medical practices and the child is admitted to the hospital if the child was still sick (Dinc 2005).

Traditional practices which are applied for the mother and her baby are important problems of underdeveloped or developing societies (Polat 1995). Recently, there are still traditional practices and the utilization rate of them are still very high (Biltekin et al. 2004, Dinc 2005).

This study was performed in order to determine traditional medicine practices and factors related to baby care in the postnatal period which were used by married women living in Kiziltepe sub-province of Mardin province. Being aware of traditional medicine practices will direct the determination of efficient and primary health care services in the postnatal period. In this way, solutions and intervention studies can be planned by considering socio-demographic and environmental factors.

MATERIALS AND METHODS

The universe of the study was composed of married women (n=29269) living in Kiziltepe sub-province of Mardin province. The number of individuals who were included in the study was calculated with 95% confidence interval and 4% deviation by using the formula $(n = Nt^2pq / d^2(N-1) + t^2pq)$ (n=549) (Sumbuloglu et al. 1998).

In this cross-sectional study, systematical sampling method was used and samples were selected among married women who were registered in 6 primary health care centers located in Kiziltepe sub-province of Mardin province. Within the sample, each primary health care center was represented in accordance with their rate to the total population.

Of all women, 527 of them could be reached (the response rate: 96%). Other women could not be reached because of address changes (n=15), since no one was at home even though we visited them three times (n=3) and others did not accept the interview (n=4). Women who accepted to participate in the study were applied a survey which was prepared in line with the literature (Egri 2006, Kahriman 2007). Before we initiated the study, the survey and the entire study were explained to participants and it was also guaranteed that these data were used only for scientific purposes. Names and surnames of the participants were not recorded in order to obtain correct answers. The surveys were composed of three parts. In the first part, socio-demographic features of participants were recorded. In the second part, obstetric histories of participants were noted. In the third part of the survey, there was a form which was composed of traditional applications related to postnatal baby care.

Surveys were applied to participants by using face-to-face interview method and surveys were filled by researchers. Questions were read clearly and loudly to each participant and their answers were recorded.

Permissions and consents were obtained from Firat University, Medical Faculty, Ethical Committee and Kiziltepe Health Group Head. Then, the field study was performed for four months in October, November, and December 2010 and in January 2011.

Data were recorded and analyzed by percentage, mean, chi-square tests depending on the nature of the variables. Mean values were represented together with standard deviation (SD). When p value was lower than 0.05 ($p < 0.05$), it was accepted as statistically significant.

RESULTS

The mean age of women ($n=527$) was 36.77 ± 12.39 (min:18, max:90). Demographic characteristics of women can be seen in Table 1.

Table 1. Distribution of Demographic Characteristics of Women

Demographic features	Number	%
Age Groups (n=527)		
18–29 years old	163	30.9
30–39 years old	180	34.2
40–49 years old	95	18.0
50–59 years old	49	9.3
60 and older	40	7.6
Education Status (n=527)		
Illiterate	227	43.1
Primary school or less	213	40.4
Secondary school or more	87	16.5
Education Status of the Spouse (n=527)		
Illiterate	46	8.7
Primary school or lower	256	48.6
Secondary school or higher	225	42.7
Working Status (n=527)		
Working	27	5.1
Not working	500	94.9
Education Status of the Spouse (n=527)		
Working	478	90.7
Not working	49	9.3
Social security status (n=527)		
Present	480	91.1
Absent	47	8.9
Monthly income status (n=523)*		
650 Turkish Lira or less	244	46.7
651–1500 Turkish Lira	220	42.0
More than 1500 TL Turkish Lira	59	11.3

* Those who did not report the monthly income were taken into consideration.

Of all women ($n=527$), 78.2% of them had nucleated family, 68.9% of them stated that their socio-economic status was at moderate level, 26.4% of them specified that their socio-economic status was bad, 45% of them were younger than the marriage age which is officially

accepted as 18 years old. Besides, 99.8% of women (n=526) had a pregnancy history, 0.2% of them (n=1) did not have pregnancy experience, mean live birth number was 4.59 ± 2.99 and mean number of living children was 4.40 ± 2.75 . The mean number of total pregnancy was 5.53 ± 3.66 and 56.6% of the women had more than 3 living children (n=297).

Of all women who gave birth, 57.3% of them (n=301) gave birth in hospital, 5.5% of them (n=29) gave birth at home with the help of the health professional and 37.2% of them (n=195) gave birth at home with the help of midwife.

Besides, 77.0% of the women (n=406) stated that they visited doctor when they had a health problem, 20.8% of them (n=110) stated that tried to apply the traditional practices and 2.22% of them (n=11) stated that they waited for the spontaneous healing.

Furthermore, 67.9% of the women (n=358) specified that they applied or they will apply one of the traditional practices to their infant in the postnatal period, 32.1% of them (n=169) replied as 'No' to this question.

In Table 2, it can be seen that the status of women who applied traditional postnatal practices which can be used to solve or prevent health problems were important for them in varying degrees.

Table 2. The status of women who applied traditional postnatal practices which can be used to solve or prevent health problems were important for them in varying degrees

Importance Level (n=527)	Number	%
Not important	122	23.1
Less important	106	20.2
Moderate important	41	7.8
Important	240	45.5
Very important	18	3.4

Traditional practices applied by women during the postnatal baby care can be seen in Table 3.

Table 3. Distribution of Traditional Practices Applied by Women during the Postnatal Baby Care

Applications for post-natal baby care	Number	%
Primarily breastfeeding their babies	238	45.2
Reporting any traditional practice after cutting the umbilical cord	473	89.8
Reporting any traditional practice which can be applied for quick fall off the umbilical cord	257	48.8
Reporting any traditional practice for the umbilical cord which fell off.	449	85.2
Reporting traditional practices about caring the baby's genitals and bottom such as using a dry earth ('höllük' in Turkish) instead of diapers under a baby's swaddling clothes.	81	15.4
Reporting traditional practices related to placenta	214	40.6
Reporting about rubbing a newborn with salt	33	6.3
Reporting about swaddling of the baby	464	88.0
Reporting practices which can be applied to baby with gas pains	332	63.0
Reporting any practice which can be used in order to prevent the baby jaundice	435	82.5

Reporting any practice which can be used in order to heal the baby jaundice	328	62.2
Reporting any practice which can be used in order to protect from the evil eye	402	76.3
Reporting any practice which can be used for baby with canker sores	175	33.2
Reporting any practice which can be used for baby with skin rashes	302	57.3
Reporting any practice which can be used in order to have a beautiful baby	464	88.0

*** There was more than one answer to questions. Percentages were calculated by considering "n".**

Regarding the question 'When should be the first breastfeeding?', 50.5% of the women (n=266) answered that it should be right after the birth and 49.5% of them (n=261) answered that it should be 1, 2 or 3 days after the birth. Besides, 45.2% of the women (n=238) primarily fed their infants with breast milk, 52.0% of them (n=274) primarily gave water with sugar to their babies and 2.8% of them (n=15) primarily gave molasses to infants.

Of all women, 89.8% of them (n=473) reported traditional practices which can be applied after cutting the umbilical cord whereas 10.2% of them (n=54) did not report any traditional practice after cutting the umbilical cord of the baby.

Furthermore, 48.8% of the women (n=257) stated that there was a traditional practice which can be used for the quick fall off the umbilical cord whereas 51.2% of them (n=270) did not specify any traditional practice regarding this application. The first traditional practice for the quick fall off the umbilical cord of the baby was to tightly tie the belly of the baby with the umbilical cord (71.6% of them (n=184)). Other practices were respectively applying the olive oil (19.8% (n=51)), applying ointment (17.8% (n=46)) and applying baby powder on the belly of the infant (10.5% (n=27)).

Regarding the question 'Do you know any traditional practice about the umbilical cord which fell off?', 85.2% of them (n=449) responded as 'Yes' and 14.8% of them (n=78) did not know any traditional practice. These traditional applications were burying the umbilical cord in a garden of a school (62.1%), burying the umbilical cord in the courtyard of the mosque (39.9%) and hiding the umbilical cord at home (14.9%).

Regarding the care of the baby's genitals and bottom, 15.4% of them (n=81) applied a dry earth ('höllük' in Turkish) instead of diapers under a baby's swaddling clothes, and 84.6% of them (n=446) stated that they did not know this traditional practice. Women were using 'höllük' in order to prevent the skin rashes (98.8%), to prevent the gas pains (43.2%), to provide power from the soil (40.7%) and to easily clean the genitals and bottom of the baby (39.5%).

Of all women, 6.3% of them (n=33) rubbed their babies with salt and 93.7% of them (n=494) did not apply this traditional practice. Women were rubbing their babies with salt in order to prevent skin rashes (75.8%) and to prevent the odor (51.5%).

Besides, 88.0% of the women (n=464) swaddled their babies and 12.0% of them did not apply this traditional practice. Women were swaddled their babies in order to provide them to sleep well (84.5%), to have legs in a good shape (77.8%), to keep babies warm (71.3%) and to ensure that babies will be hard as steel (70.7%).

Of all women, 63.0% of them (n=332) reported traditional practices for gas pains and 37.0% of them (n=195) did not report any traditional practice. Regarding these practices, women made their babies drink anise, linden tea or various herbal teas (69.9%, 12.7% and 12.0%; respectively).

Besides, 82.5% of the women (n=435) reported traditional practices to prevent the baby jaundice whereas 17.5% of them (n=92) did not know any of these traditional practices. For instance; 89.9% of them covered the baby's face with yellow blanket, 34.3% of them pinned gold on baby's clothes, and 7.4% of them pinned amber beads on baby's dress.

Similarly, 62.2% of the women (n=328) reported traditional practices in order to heal the baby jaundice whereas 37.8% of them (n=199) did not know any traditional practice. Women tried to heal the baby jaundice via tying yellow cloth (89.6%), pinning amber beads to the baby's clothes (4.6%) and bleeding the ear cartilage and putting the blood on the eyes of the baby (2.4%).

Regarding the question 'Do you know any traditional practice in order to protect the baby from the evil eye?', 76.3% of the women responded as 'Yes' and 23.7% of them responded as 'No'. For instance, 67.2% of them specified the praying and reading Quran, 62.9% and 48.0% of them believed in written charm and amulet.

Furthermore, 33.2% of the women (n=175) reported traditional practices which can be applied to baby with canker sores and 66.8% of them (n=352) did not report any traditional practice. Women reported some practices such as applying soda water, sugar or breast milk on the mouth of the baby (30.3%, 17.1% and 16.0%; respectively).

Of all women, 57.3% of them (n=302) reported traditional practices which can be applied to babies with skin rashes whereas 43.7% of them (n=225) did not report any traditional practices. Applying baby powder, olive oil and placing the baby in the 'höllük' are the most commonly applied traditional practices (59.3%, 31.1% and 24.5%; respectively). The utilization rate of a local plant 'hınnetik in Turkish' was 11.6%.

Furthermore, 88.0% (n=464) of the women reported some traditional application in order to have beautiful babies and 12.0% of them (n=63) were not aware of these traditional practices. For instance, most common traditional practices which were performed to ensure the beauty of babies were applying breast milk on the face of the baby (82.1%), pressing on the cheek and chin of baby (69.9%), squeezing the nose of the baby (67.7%), and tying the head of the baby (64.0%). In Table 4, traditional postnatal methods that have been applied/will be applied to babies by mothers according to their age groups are summarized.

Table 4. Distribution of traditional postnatal methods that have been applied/will be applied to babies by women according to their age groups

Age Groups (n=527)	Traditional methods have been applied/will be applied			
	Yes		No	
	Number	%	Number	%
18–29 years old	95	58.3	68	41.7
30–39 years old	112	62.2	68	37.8
40–49 years old	71	74.7	24	25.3
50–59 years old	42	85.7	7	14.3
60 and older	38	95.0	2	5.0
Total	358	67.9	169	32.1

$\chi^2=32.246$, $Sd=4$, $p=0.0001$

In Table 5, traditional postnatal methods that have been applied/will be applied to babies by mothers according to their educational status are summarized.

Table 5. Distribution of traditional postnatal methods that have been applied/will be applied to babies by mothers according to their educational status

Educational Status (n=527)	Traditional methods have been applied/will be applied			
	Yes		Yes	
	Number	Number	Number	Number
Illiterate	182	80.2	45	19.8
Primary school or lower	142	66.7	71	33.3
Secondary school or higher	34	39.1	53	60.9
Total	358	67.9	169	32.1

$X^2=49.022$, $Sd=2$, $p=0.0001$

In Table 6, distribution of educational status of mothers according to their age groups can be seen.

Table 6. Distribution of educational status of mothers according to their age groups

Age Groups (n=527)	Education Status (n=527)					
	Illiterate		Primary school or lower		Secondary school or higher	
	Number	%	Number	%	Number	%
18–29 years old	26	16.0	85	52.1	52	31.9
30–39 years old	61	33.9	88	48.9	31	17.2
40–49 years old	60	63.2	32	33.7	3	3.2
50–59 years old	43	87.8	5	10.2	1	2.0
60 and older	37	92.5	3	7.5	-	-
Total	227	43.1	213	40.4	87	16.5

$X^2=163.783$, $Sd=8$, $p=0.0001$

According to our results, we found that as the educational levels of the spouses increased, the application rate of traditional postnatal practices that have been applied/will be applied to babies by mothers decreased ($p<0.05$).

Of all married women, 78.5% of them who were married younger than 18 years old ($n=186$) reported their status of applying the traditional postnatal practices and this rate was 59.3% ($n=172$) for the women who were married when they were 18 years old or older ($p=0.0001$).

It was observed that as the duration of the marriage increased, the rate of traditional postnatal practices applied by mothers also increased ($p<0.05$).

According to our findings, as the monthly income level of the family increased, the rate of traditional postnatal practices applied by mothers decreased ($p<0.05$).

In our study, 68.1% of the women ($n=327$) who had a social security reported traditional postnatal practices and this rate was 66.0% ($n=31$) for the ones without social security ($p=0.761$). In this study, there was no relationship between the presence of social security and the application rate of traditional postnatal practices ($p<0.05$).

According to our results, it can be concluded that as the perceptions of women towards their socio-economical levels increases, the application rate of traditional postnatal practices decreases ($p<0.05$).

There was no relationship between the family structure of women and the status of applying the traditional postnatal practices ($p>0.05$).

Furthermore, there was no association between the status of living with extended families with family elders and the status of women who applied traditional postnatal practices to their babies and themselves ($p>0.05$).

It was observed that as the number of children increased, the application rate of traditional postnatal practices also increased ($p < 0.05$).

In Table 7, the status of women who applied traditional postnatal practices according to the place where they gave birth can be seen.

Table 7. The status of women who applied traditional postnatal practices according to the place where they gave birth

Place of giving birth (n=525)	Traditional methods have been applied/will be applied			
	Yes		Yes	
	Number	Number	Number	Number
Hospital	171	56.8	130	43.2
At home with the help of health professional	24	82.8	5	17.2
At home with the help of midwife	162	83.1	33	16.9
Total	357	68.0	168	32.0

$X^2=40.592$, $Sd=2$, $p=0.0001$

The status of women who applied traditional postnatal practices according to their attitudes intended for solving health problems can be seen in Table 8.

Table 8. The status of women who applied traditional postnatal practices according to their attitudes intended for solving health problems

The status of solving the health problem (n=527)	Traditional methods have been applied/will be applied			
	Yes		Yes	
	Number	Number	Number	Number
Visiting the doctor	255	62.8	151	37.2
Solving the problem with other methods	103	85.1	18	14.9
Total	358	67.9	169	32.1

$X^2=21.310$ $Sd=1$ $p=0.0001$

In table 9, one can see the status of women who applied traditional postnatal practices according to the importance level of these applications which can be used to solve or prevent the health problems.

Table 9. The status of women who applied traditional postnatal practices according to the importance level of these applications which can be used to solve or prevent the health problems

The status of solving the health problem by using traditional methods (n=527)	Traditional methods have been applied/will be applied			
	Yes		Yes	
	Number	Number	Number	Number
Not important	26	21.3	96	78.7
Important in different degrees	332	82.0	73	18.0
Total	358	67.9	169	32.1

$X^2=158.386$, $Sd=1$, $p=0.0001$

DISCUSSION

The mean age of women who accepted to participate in our study was 36.77 ± 12.39 (min: 18, max: 90), 34.2% of them were in a group of 30-39 age group, and 43.1% of them were illiterate (Table 1).

According to results of TNSA 2008, the illiterate rate was 37.2% in Eastern Anatolia Region and this rate was 37.7% in Southeast Anatolia Region (TNSA 2008). Our results were in line with TNSA results and it was shown that the education issues of women who were living in the region continued. When NUTS 1 regions in 2013 were evaluated, the lowest illiterate rates were detected for Southeast Anatolia Region and Middle East Anatolian Region (77% and 84%; respectively) (TNSA 2013).

Of all women, 5.1% of them were working (Table1). According to TNSA 2008 results, the employment rate of women was 19.9% in Eastern Anatolia Region and this rate was 21.0% in Southeast Anatolia Region (TNSA 2008). Employment is as important as education for empowerment of women. The employment rates of women shown in our study were lower compared to the rates reported for Southeast Anatolia Region. Employment rate of women in the East part of Turkey is 20% according to TNSA 2013 data (TNSA 2013).

Of all women, 99.8% of the women experienced pregnancy, mean of live birth number was 4.59 ± 2.99 , and mean number of living children was 4.40 ± 2.75 . According to data of TNSA (2008), mean number of living birth of married women was 2.49 and mean number of living children was 2.33 (TNSA, 2008). Our findings are above the mean of Turkey. In TNSA 2013, it was reported that the mean number of live birth was 1.67 and mean number of living children was 1.60 (TNSA 2013).

In our study, 57.3% of them women stated that their delivery took place in the hospital. According to TNSA 2008 Turkey Statistical Classification of Territorial Units (NUTS), Middle East, Southeast and Northeast Anatolia Regions had the lowest rates of births delivered in health care institutions (65%, 75% and 76%; respectively). It was also detected that as the educational level increased, the rate of giving birth in a health care institution also increased (TNSA 2008). According to our findings, it is possible to conclude that low educational levels can be associated with low rates of giving birth in health care institutions. In TNSA 2013, it was reported that the rate of births take place in health care facilities throughout Turkey was 97% whereas North East, Middle East and Southeast Anatolia Regions had the lowest rates of births delivered in a health care institutions (89%, 91% and 92%; respectively) (TNSA 2013).

Of all women who experienced pregnancy, 5.5% of them gave birth at home with the help of the health professionals and 37.2% of them had home birth with the help of midwife. According to data of TNSA 2008, almost none of the births which took place in health care facility were performed by doctors and only 16% of them were facilitated by nurse/midwife (TNSA 2008). In TNSA 2013, it is reported that there is a close relationship between the medical support during the birth and the place where the birth takes place. Few numbers of births (1%) which took place in health care institutions were facilitated by doctors and only 16% of them were facilitated by nurse/midwife (TNSA 2013). In a similar study performed by Dinc, it was shown that 48.3% of the mothers gave birth at home with the help of the local midwife (Dinc 2005). In a study which was conducted in Zambia, it was reported that 53% of births took place at home and only some of them (5.4%) were performed by individuals who received traditional birth education (Maimbolwa 2003). Supported by educated health professionals during the delivery is very important in order to prevent the mother and neonatal deaths. The possibility to be supported by physicians or educated health care professionals decrease during births outside the health care facility and thus traditional practices are more commonly used.

In the study, it was found that 77.0% of the women visited the doctor in case they had a health care problem, and 20.8% of them stated that they tried to solve the health problems by traditional practices that they learned from their families. According to results of study in which

Egri examined the attitudes of married women in terms of postnatal mother and baby care, it was shown that the rate of visiting the doctor was 47.2%, and the rate of using traditional practices was 45.5% (Egri 2006). The rate of visiting the doctor in case of the health problem was found higher in the study performed by Egri compared to the study conducted by Kocatas et al. Furthermore, the rate of using traditional practices was also high according to results of Kocatas et al. (Kocatas et al. 2008). Conclusively, the application rates of traditional practices are high and attention should be paid on this issue.

Of all women, 67.9% of them stated that they used or will use traditional postnatal applications that they learned from their neighbors or families. The utilization rates of traditional practices for babies changes from 9.5% and 97.8% in the study of Egri and Golbasi, 0.3% and 75.8% in the study of Cetinkaya, and 11.5% and 74.0% in the study of Dinc (Egri et al. 2007, Cetinkaya et al. 2008, Dinc 2005).

Besides, 23.1% of the women stated that traditional practices were not important for them and 76.9% of them paid attention to these traditional applications at different levels (Table 2). Egri performed a study in Tokat province and found that 27.5% of the women did not apply traditional practices and 72.5% of them considered them important at varying degrees (Egri 2006). The difference between our findings and results of the study performed by Egri can be due to the regional traditional structure.

Of all women 50.5% of them women stated that babies should be breastfed right after the birth and 49.5% of them breastfed their babies in different times. It was shown by various studies that some women support the idea that babies can be primarily breastfed after the Azan is recited three times (Islamic call for prayers) and these rates found by Egri and Golbasi (2007), Senses and Yildizoglu (2002), Aliefendioglu et al. (2009), Senol et al. (2004) (in a study performed in Kayseri province) and Ozyazicioglu and Polat (2005) were respectively 20.8%, 38.8%, 2.8%, 23.4% and 64%. According to the study conducted by Ayaz et al. (2008), 29% of them stated that the first breastfeeding should be done after the Azan and 17% of them applied this tradition. Gecgil et al. (2009) reported that the rate of waiting the Azan for the first breastfeeding was 9.9%, and Biltekin et al. (2004) reported that the rate of breastfeeding the baby a few hours later than Azan was 69%. According to TNSA 2008 reports, the rate of breastfeeding the baby a few hours later than the birth was 32.2% in Southeast Anatolia Region and this rate was 39% throughout Turkey (TNSA 2008). According to our findings, the rate of breastfeeding the infant after the Azan is recited three times is 4.0% and this rate is prominently lower compared to other studies. Besides, the rate of breastfeeding the baby right after the birth is higher than the rates of South East Anatolia and Turkey. However, almost half of the participants applied unhealthy traditional practices to newborns.

In our study, 45.2% of the women gave breast milk to their infants (Table 3), 52.0% of them gave water with sugar and 2.8% of them gave molasses. In a study performed in India, the most commonly used nutrient was honey for newborns and it was also written in Sushruta (an antique Indian tablet) indicated that honey or ghee should be given in order to clean and evacuate the meconium (Choudhry 1997). Gecgil et al. (2009) found that the rate of feeding the newborn with water with sugar was 45.5% and the rate of giving honey and butter to the infant was 11.7%. Senol et al. (2004) showed that the rate of giving water with sugar to the baby was 62.5%. Besides, it was detected that the rate of feeding the infant with something else than breast milk was found as 25% (Ayaz et al. (2008)) and the rate of feeding the infant by water with sugar which was prayed and giving the mixture of tea and biscuit (named as 'dadak' in Turkish) was 7.8% (Ozyazicioglu and Polat (2005)). In Turkey, it was reported that 89.0% (Senses and Yildizoglu 2002) and 88.7% of the mothers (Bolukbasi et al. 2009) fed their infants with breast milk. According to TNSA 2008 reports, the rate of feeding infants with something else than breast milk was 21.7% for South East Region of Turkey (TNSA 2008). In our study, this rate was found as 54.8% (water with sugar and molasses) and it was above the mean values of the region. It can be concluded that socio-cultural

and traditional structures of regions can affect the habits such as feeding the infant with breast milk for the first time after the birth.

In Table 3, it can be seen that 48.8% of the women specified a traditional practice for the quick fall off the umbilical cord of the baby. According to our study, tying the belly of the baby tightly with the umbilical cord was the most common traditional practice (71.6%). Other practices were applying olive oil (19.8%), cream (17.8%), and the baby powder on the belly of the baby (10.5%). Senol et al. (2004) performed a study in Kayseri province and they showed that 53.8% of the participants applied crumbled soil and 32.6% of them applied penicillin powder on the belly of the baby. According to the study performed by Dinc (2005) in Sanliurfa province, 36% of the women applied baby powder on the belly of the baby and 21.5% of them applied coffee, salt and olive oil on the belly of the baby. Yalcın (2010) conducted a study in Karaman and it was indicated that 10% of the participants explained that traditional practices in which the coffee, baby powder, black cumin or pine tar can be applied in order to ensure the quick fall off the umbilical cord. According to results of the study performed by Biltekin et al. (2004) in Bornova sub-district of Izmir province, it was shown that 31.0% of the mothers specified traditional practices which can be applied for the quick fall off the umbilical cord of the baby and they most commonly explained the application of coffee or placing the burned cloth on the belly of the baby (40.0%). Egri and Golbasi (2007) performed a study in Tokat province and they showed that 37.3% of the women stated that they applied traditional practices for the quick removal of the umbilical cord and 28.8% of them tied the belly of the baby tightly with the umbilical cord and 20.8% of them applied olive oil on the belly of the newborn. In the same study, the rate of applying cream and baby powder on the belly was 12.7% and 7.3%; respectively. It can be concluded that our results are in line with findings of other studies and differences can be observed for different regions of Turkey. Scientifically recommended practice is to apply only antiseptics on the belly for the quick removal of the umbilical cord of the baby in case it is needed (Isik et al. 2010).

Of all women, 85.2% of them stated traditional practices for the umbilical cord which already fell off (Table 3). These traditional applications were as follows; burying the umbilical cord in a school garden (62.1%), burying the umbilical cord in a courtyard of the mosque (39.9%) and hiding the umbilical cord at home (14.9%). Bolukbas et al. (2009) showed that 58.6% of the mothers hid the umbilical cords of their babies, 17.7% of them buried umbilical cords in either a school garden or in the courtyard of the mosque. Besides, Egri and Golbasi, (2007) indicated that 48.2% of the mothers hid the umbilical cords at home, 18.2%, 14.2%, 8.9%, 8.1% of them buried umbilical cords respectively in a place where no one was passing by, school garden, garden, courtyard of the mosque. Furthermore, 10% of the mothers threw umbilical cords to the garbage. Isik et al. (2010) reported that 38.4% of the participants hide the umbilical cords of their babies. Traditional applications such as hiding the umbilical cord and burying it to various places are not harmful for the health of the baby and these applications relieved families psychologically. These practices are associated with the future dreams of families in terms of the future life of their children and they are related to the socio-cultural structure of families.

In this study, 15.4% of the women explained about a traditional practice which was performed by using a dry earth ('höllük' in Turkish) instead of diapers under a baby's swaddling clothes in order to care the baby's genitals and bottom. (Table 3). Women used 'höllük' for their babies in order to prevent the skin rashes (98.8%), to prevent the gas pains (4.2%), to ensure that the baby took the power of the soil (40.7%), and to easily clean the bottom of the baby (39.5%). Ayaz et al. (2008) showed that almost all women were aware of the 'höllük' application and 35% of them stated that they already applied this practice to their babies when they were born. Egri and Golbasi (2007) showed that 29.8% of the mothers, Gecgil et al. (2009) found that 11.0% of the mothers and Aliefendioglu et al. (2009) reported that 0.2% of the mothers applied the 'höllük' practice for their infants. According to studies, the reasons for applying the 'höllük' practice were as follows; preventing the skin rashes (67.2%), cleaning the bottom of the baby easily (45.3%),

preventing the gas pains (30.2%) and ensuring that the baby had his/her power from the soil (26.3%) (Egri and Golbasi (2007)) and preventing the skin rashes (35%) and preventing the gas pain and ensuring the healthy growth (15.0%) (Senol et al. (2004)). Even though the rates are low, this 'höllük' application is still used in Turkey and it means that babies are directly exposed to soil-borne infections.

Of all women, 40.6% of them stated traditional practices related to placenta (Table 3). Burying the placenta (85.5%), throwing it to the toilet (13.5%) or to the garbage (11.6%) were the most common applications. Cakirer and Caliskan (2010) reported traditional practices such as burying the placenta to the soil (84.0%), throwing it to the garbage (6.1%), and throwing it to the stream (5.3%). Burying the placenta in the soil does not threaten the health of the baby and the mother and it is applied since individuals believe that placenta is a thing which should be removed.

Of all women, 63% of them stated that they rubbed their babies with salt (Table 3). These mothers explained that they applied this practice in order to prevent the skin rashes (75.8%) and prevent the odor (51.5%). In the study of Egri and Golbasi (2007), it was stated that women rubbed their babies with salt (64%) to prevent the baby smell in following years (81.6%), to prevent the skin rashes (53.9%). According to the study of Dinc (2005), 39.0% of the mothers were rubbing their babies with salt and the reasons were as follows; to prevent the smell of baby's sweat (32.5%), and to decrease the redness or skin rashes on baby's skin (23.4%). Biltekin et al. (2004) showed that 52 of the 60 mothers gave the answer of 'The baby is rubbed with salt to prevent the bad smell'. Isik et al. (2010) conducted a study in Mersin province and they found that the rate of rubbing the baby with salt which was performed to prevent the bad smell was 86.5%. Gecgil et al. (2009) detected the rate of rubbing the babies with salt as 43.6%, Ayaz et al. (2008) detected this rate as 40.0%. Furthermore, Senol et al. (2004) found the rate of rubbing the baby with salt as 45.8% which has been used to prevent the smell of child's sweat in elder ages. The rates of rubbing babies with salt in different regions of Turkey changes and the rate was low in our study. However, the reasons for rubbing the babies with salt were similar to each other.

In this study, 88.0% of the women swaddled their babies (Table 3) and the reasons of swaddling of the baby were as follows; ensuring the baby to sleep well (84.5%), ensuring the legs of the baby to be well shaped (77.8%), keeping the baby warm (71.3%) and ensuring that the baby to be hard as steel (70.7%). In similar studies, Biltekin et al. (2004) stated that 79% of the mothers swaddled their babies to ensure that the legs of their baby to be well shaped. Besides, Dinc (2005) specified that 74% of the mothers swaddled their babies, 62.8% of them were not aware of the reason of swaddling, and 24.3% of the mothers stated that they swaddled their babies to ensure that the legs and arms to be in a good shape. Ayaz et al. (2008) detected the swaddling rate as 81%, and this rate was found as 86.8% in the study of Gecgil et al. (2009), 27.2% in the study of Aliefendioglu et al. (2009) and 51.9% in the study of Isik et al. (2010). The swaddling of the baby is the most common tradition in our culture. These findings of studies show this reality. Even though the rates of reasons for swaddling are different, they are almost similar.

In our study, 63.0% of the women stated traditional practices which they applied to their babies for the gas pains (Table 3). These practices were as follows; make baby drink anise (69.9%), make baby drink linden tea (12.7%) or other herbal teas (12.0%). There is not much study related to this topic in the literature. However, it is important to address the therapeutic use of herbal teas. Bulbul et al. (2009) showed that the second most common alternative treatment among all nonmedical methods was to make the children drink herbal teas (21.2%). It was also stated that the utilization rate of these teas by families who had younger children (23.9%) was higher compared to others who had older children (16.1%). Traditional practices which can be applied to children increases and thus the rate of adverse effects of these alternative treatments also increases. It was reported that multiple organ failure was detected in two infants and encephalopathy in one child upon making the babies drink herbal teas, and infantile botulism was also observed due to the

camomile tea (Bulbul et al. 2009). In this study, the high utilization rates of herbal teas for gas pains in babies can show that these herbal products may not be harmful.

Of all women, 82.5% of them stated traditional practices in order to prevent the baby jaundice (Table 3) and 89.9% of them covered the face of their babies with a yellow cloth, 34.3% of them pinned gold, and 7.4% of them pinned amber beads on the clothes of their babies. Cetinkaya et al. (2008) detected that the rate of covering the face of the baby with a yellow cloth as 70.7%. Gecgil et al. (2009) performed a study in Adiyaman and they showed that 89% of the mothers covered the face of their babies with yellow cloth, and 31.5% of the mothers brought their babies to the religious man. Besides, Biltekin et al. (2004) found that 67% of the mothers tied their babies with a yellow cloth. Ozyagcioglu and Polat (2004) and Aliefendioglu et al. (2009) showed that respectively 41.8% and 14.4% of the mothers dressed their babies with yellow clothes. Furthermore, Egri and Golbasi (2007) reported that 73.6% of the mothers covered the faces of their babies with a yellow cloth. Even though there were cultural, structural and numerical differences between the traditional practices applied to prevent the baby jaundice, these applications are commonly performed in Turkey.

Of all women, 62.2% of them stated traditional practices which they applied to their babies in order to treat the baby jaundice (Table 3). These practices were as follows; tying yellow cloth (89.6%), pinning amber beads to the baby's clothes (4.6%) and bleeding the ear cartilage and putting the blood on the eyes of the baby (2.4%). Senol et al. (2004) reported that 24.4% of individuals made an area between the eyebrows bleed by using razor, and 8.9% of them made the place between fingers bleed by using razor. Dinc (2005) stated that mothers visited the religious man, made the babies' back of the ears cut and applied the blood onto the eyes of babies (47.3%). Acik et al. (2007) observed that 64.4% of the mothers covered their babies with yellow blanket, 43.8% of them put gold in the bath water and 7.4% of them cut the area between eyebrows, back parts of ears, palates and ears and applied the blood onto the eyes of their babies. Even though the application rate of harmful traditional practices is low, it is worrying since they are still applied in some regions of Turkey. In our study, the rates of these practices were detected as low and it is promising. Furthermore, it should not be ignored that applying traditional practices can lead to time loss when the treatment should be done in cases with jaundice.

In Table 3, it can be seen that 76.3% of the women stated traditional practices in order to protect their babies from the evil eye. In order to do that, mothers were praying and reading Quran (67.2%), and 62.9% and 48.0% of them believed in respectively written charm and amulet. In the study of Isik et al. (2010), the application rate of traditional practices to protect the baby from evil eye was detected as 23.0%. Cetinkaya et al. (2008) observed that mothers pinned amulet onto a baby's clothes (75.8%), Dinc (2005) stated the applications such as praying and reading Quran (38.8%), pinning amulet onto a baby's clothes (20.4%). Biltekin et al. (2004) and Egri and Golbasi (2007) detected that respectively 16.0% and 56.0% of the mothers pinned amulet onto baby's clothes (16.0%). Furthermore, Egri and Golbasi stated that the rate of praying and reading Quran in order to protect the baby from evil eye was 84.7%. In studies, even though there were numerical differences between the traditional practices, reading Quran and pinning amulet onto the baby's clothes are the two most common practices. Religious beliefs of Turkish women are important in the high application rates of traditional practices such as riding Quran and pinning amulet onto the baby's clothes. These practices do not harm the baby. However, it should not be forgotten that the needle can sink into the skin of the baby or the baby can swallow the bead (amulet).

In this study, 33.2% of the women specified traditional practices for canker of the baby and 30.3% of them applied soda, 17.1% of them applied sugar and 16.0% of them applied breast milk on the mouths of their babies. According to the study of Bolukbas et al. (2009), the application rate of traditional applications for cankers of babies was 24.6%, the most common practice was cleaning the mouth of the baby with a carbonated water (25.1%). Besides, Ozyagcioglu and Polat (2004) stated that the utilization rate of practices for cankers of babies was 33.3% and they showed that

the most common practice was the cleaning the mouth of the baby with a carbonated water (35.9%). In the study conducted by Biltekin et al. (2004), the application rate of practices for canker was detected as 52.0% and they also observed that mothers most commonly applied soda on the mouths of their babies. According to the study of Egri and Golbasi (2007), the most common practices were as follows; applying soda (61.6%), and applying sugar (17.2%) on the mouth of the baby. When we compare the findings of studies, it can be concluded that the percentages and the agents which were used for preventing the cankers of babies were similar to each other. It should not be ignored that these traditional practices can lead to skin rashes in the mouth of the baby and the nipple of the mother.

Of all women, 57.3 of them stated traditional practices which they used for preventing the skin rashes of their babies (Table 3) and the most commonly applied practices were as follows; applying baby powder (59.3%), olive oil (31.3%) and dry earth ('höllük' in Turkish) (24.5%). The utilization rate of a traditional herb (named as hinnetik in Turkish) was detected as 11.6%. Biltekin et al. (2004) reported the application rate of traditional practices which can be applied to prevent the skin rashes of babies was 76.0% and the most common practice was applying olive oil to the skin of the baby (56.0%). On the other hand, Egri and Golbasi (2007) detected this rate as 73.8% and the applications which were determined by them were as follows; applying baby powder on the place where there was a skin rash (43.3%), olive oil (41.6%), cream (40.3%) and 'höllük' (14.9%). Our findings show that more than half of the women apply traditional practices in order to prevent the skin rashes. It should be considered that these traditional applications can even increase the skin rashes and prolong the treatment process.

In our study, 88.0% of the women stated traditional practices for ensuring their babies were beautiful and the most common applications were as follows; applying breast milk on the face of the baby (82.1%), pressing on the cheeks and the jaw of the baby (69.6%), squeezing the nose of the baby (67.7%) and covering the head of the baby (64.0%) (Table 3). In the study of Biltekin et al. (2004), the application rate of traditional practices for the baby's beauty was found as 24.0%, and according to their findings the most common practice was applying kajal (surma or black makeup) to the baby's eyes. Egri and Golbasi (2007) reported the frequency of traditional practices applied for the baby's beauty as 56.8% and they stated the most common applications as follows; covering the head of the baby with a cloth (58.1%), tying the forehead of the baby tightly (56.8%) and squeezing the nose of the baby (42.7%). Cetinkaya et al. (2008) specified that tying the forehead of the baby with a cloth (27.7%) was the most common application; Bolukbas et al. (2009) observed that the rates of applying the breast milk to the face of the baby and applying kajal to the baby's eyes were respectively 33.0% and 32.6%. Besides, Ayaz et al. (2008) also observed the practice of applying kajal on baby's eyes for maintaining the beauty of the baby. In our study, the frequency of traditional practices applied for the beauty of the baby was higher compared to rates detected in other studies. This can be explained by the fact that Turkish women give importance to the beauty and they generally ensure the beauty with traditional practices.

In our study, as the age of the women increased, the application rate of traditional practices also increased ($p < 0.05$, Table 4). Cetinkaya et al. (2008) detected that the application rate of traditional practices applied for baby jaundice by mothers who gave birth after the age of 31 was 3 times more compared to the rate of mothers who gave birth before the age of 31. Dinc (2005) reported that mothers who were at the age of 40 or older were under the influence of traditional practices and this rate was higher compared to rate of younger mothers. These findings can show that as the ages of the mothers increase, the application rate of the traditional practices for their babies also increases and it can be associated with their experiences and knowledge.

In our study, it was stated that as the educational levels of mothers increased, the application rate of traditional practices decreased ($p < 0.05$, Table 5). Karakoc et al. (2003) specified that lower educational level of the family can be one of the reasons for the increased use of traditional practices. Dinc (2005) conducted a study in Sanliurfa in which the educational levels of

mothers and the use of traditional practices for child care were compared and it was shown that there was no significant relationship between the educational levels of mothers and the swaddling of the baby. Besides, it was detected that the application rate of various applications (such as rubbing the baby with salt, applying wrong agents on the belly of the baby, do not visit the physician when the baby was sick, and the traditional applications used for the baby jaundice) decreased as the educational levels of mothers increased. The effect of the increase in educational levels of mothers on the right attitudes for the baby health care should not be ignored.

It was found that as the educational level of husbands increased, the application rate of traditional postnatal practices decreased ($p < 0.05$). These findings show that the educational levels of fathers are as important as the educational levels of mothers in the mother and child health care.

In our study, it was detected that the application rate of traditional practices was significantly higher for women who were married at the age of 18 or younger compared to women who were married when they were older than 18 years old ($p < 0.05$). Aliefendioğlu et al. (2009) performed a study in Kirikkale province and they stated that women who gave birth when they were younger than 18 years old were more likely to use traditional methods. These findings can indicate that mothers who got married at younger ages tried to complete their missing knowledge and experiences related to baby care by performing traditional practices. Besides, young mothers can be more affected by older family members compared to older mothers.

It was detected in our study that as the women marriage duration increased, the application rate of traditional practices also increased ($p < 0.05$). One may think of the fact that traditional practices are associated with the age of women who had longer marriage durations. In contrast, those of women who had shorter marriage durations are observed to exhibit traditional practices to a lesser extent.

It was found in our study that as the annual income of families increased, the application rate of traditional practices decreased ($p < 0.05$). Cetinkaya et al. (2008) performed a study in Manisa province and they showed that women who stated that their income was lower than their expenses had 4.3 times higher application rate of traditional practices compared to women who stated that their income was higher than their expenses or their income level was moderate. It is possible that lower income levels can negatively affect the access to health services. This can increase the use of traditional practices.

In this study, the presence of social security for women did not change the status of women who applied traditional postnatal practices ($p > 0.05$). Unlike our findings, it was showed in a study performed by Dinc (2005) in Sanliurfa that women who did not have a social security, performed the traditional practices more compared to others. Besides, there was a statistically significant relationship between the presence of social security and the use of traditional practices.

According to our results, as the positive perceptions of women towards their socio-economical levels increased, the application rates of traditional practices decreased ($p < 0.05$). Egri performed a study in Tokat province and it was shown that women who perceived their economical status as bad applied traditional health practices more compared to women who perceived their economical status as moderate or good. There was a statistical relationship between the economical status of women and the traditional practices that they applied. Egri (2006) interpreted the results of the study performed by Karakoc et al. and specified that the socioeconomical level and low educational status of families were the reasons for the increase in traditional practice application (2003). It was shown that poor societies used and adopted traditional practices more compared to rich ones and thus socioeconomical factors affected the use of homemade drugs (Senol et al. 2004, Cetinkaya et al. 2008). Accordingly, our findings are in line with the literature and our results are logical according to the income levels of families.

In this study, there was no relationship between the family type of women and the applications of traditional practices to their babies right after the birth ($p > 0.05$). However, Egri (2006) stated that women who were living in extended families performed these traditional

practices more commonly compared to women who were living in nucleated families. The reason why our results are different from others can be that traditional health care practices are still important in Kiziltepe sub-province of Mardin province and the society try to preserve their traditions.

It was shown that as the number of children increased, the application rates of traditional practices also increased ($p < 0.05$). This can be explained as that mothers do not have sufficient time to deal with many children and thus they tend to apply traditional practices.

In this study, it was shown that positive attitudes such as giving birth in the hospital, visiting the physician in case of health problems decreased the utilization rate of traditional health practices ($p < 0.05$, Table 7,8,9). Positive health attitudes and thoughts and translate these ideas into action can lead individuals to avoid performing traditional health practices.

Conclusively, it was detected that there was a high rate of married women living in Kiziltepe sub-province of Mardin province who applied traditional postnatal practices. Majority of the women (76.9%) stated that traditional practices which can be used to solve or prevent health problems were important for them in varying degrees.

In line with these results;

- There are beneficial or harmful traditional practices for baby health. These practices can show intercultural differences.
- Particularly health professional providing primary health services should know the culture of the society, they should be aware of the sensitivity of the society to traditional practices, and should change the traditional practices which can harm the health of the individuals.
- They should enhance the educational levels of women and their spouses in order to teach avoiding the harmful traditional practices and improving the health of the baby.
- A required importance should be given to antenatal monitoring and primary health care services, trainings should be provided to mothers during the postnatal period about their and their babies, and non-medical habits of mothers should be decreased.
- Trainings related to baby health and diseases should also be provided to fathers in addition to mothers.
- Educations about feeding the infants primarily with breast milk should continue and mothers should be trained about this issue.
- Various common applications such as swaddling the baby and other potential harmful traditional practices should be avoided and this understanding should be imposed primarily to families and society.

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