

Clinical Research

The Evaluation of the Known and/or Applied Traditional Methods in Mother Care During Postpartum Period Among Married Women Living in Kızıltepe, Mardin Province

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ABSTRACT

Objective: The traditional applications of mother care during the postpartum period are important problems of public health. This research has been carried out to evaluate the traditional methods known and/or applied in mother care in the postpartum period by married women in Kızıltepe, Mardin Province.

Material and Method: The samples of the sectional research include 549 married women living in the town center and of the mentioned number 527 women were reached. The data of the research has been collected by sociodemographic characteristics, obstetric history and a questionnaire involving evaluation of traditional applications in mother care in the postpartum period administered face to face. The data has been evaluated using statistical package program by percentages, average and χ^2 (chi-square) analysis.

Results: The average age of the women involved in the research is 36.77 ± 12.39 . 46.7% of whom informed that they had applied one of the traditional methods to themselves. As the women get older, as their and their husbands' education levels go down and as the average income of the families decrease, correspondingly, the rate of applied or to be applied traditional methods increases ($p < 0.05$). The proportion of application of traditional methods rises among those who regard their socio-economic conditions as bad and among those who think their health is getting worse ($p < 0.05$). The proportion of women self-applying traditional methods was found high among those who had many children, who had given birth not at hospital and among those who sought other ways of treatment when they were ill rather than go to hospital ($p < 0.05$).

Conclusion: As a result it has been determined that the attitude towards applying traditional methods in postpartum period is at a high proportion.

Keywords: Mardin-Kızıltepe, Traditional Methods in Health, Postpartum Period, Married Women, Mother Care.

ÖZET

Mardin İli Kızıltepe İlçe Merkezinde Yaşayan Evli Kadınların Doğum Sonrası Dönemde Anne Bakımına Yönelik Bildikleri ve/veya Uyguladıkları Geleneksel Yöntemlerin Değerlendirilmesi

Amaç: Doğum sonu dönemde anne bakımına yönelik yapılan geleneksel uygulamalar önemli bir halk sağlığı problemidir. Bu araştırma, Mardin İli Kızıltepe ilçe merkezinde yaşayan evli kadınların doğum sonrası dönemde anne bakımına yönelik bildikleri ve/veya uyguladıkları geleneksel yöntemlerin değerlendirilmesi amacıyla yapılmıştır.

Gereç ve Yöntem: Kesitsel tipte olan araştırmanın örneklemini ilçe merkezinde yaşayan evli kadınlardan seçilen 549 kadın oluşturmuş, bunların 527'sine ulaşılmıştır. Araştırmanın verileri; sosyo-demografik özellikler, obstetrik öykü ve doğum sonu dönemde anne bakımına yönelik geleneksel uygulamaların değerlendirildiği soruların yer aldığı bir anketin yüz yüze görüşülerek uygulanması ile toplanmıştır. Veriler, istatistiksel paket programında yüzdelik, ortalama ve χ^2 (ki-kare) analizleri ile değerlendirilmiştir.

Bulgular: Araştırma kapsamına alınan kadınların yaş ortalaması 36.77 ± 12.39 'dur. %46.7'si doğum yaptıktan sonra geleneksel yöntemlerden herhangi birini kendisine uyguladığını/uygulayacağını bildirmiştir. Kadınların yaşları arttıkça, kendilerinin ve eşlerinin eğitim düzeyi düşüğe, ailelerinin aylık gelir düzeyleri azaldıkça kendilerine yönelik geleneksel yöntem uygulama/uygulayacak olma oranları artmaktadır ($p < 0.05$). Sosyo-ekonomik düzeyini kötü olarak algılayanlarda ve kendi sağlık durumunu kötüye doğru algılama dereceleri yükseldikçe geleneksel yöntem uygulama artmaktadır ($p < 0.05$). Yaşayan çocuk sayısı fazla olan, hastane dışında doğum yapan, herhangi bir sağlık problemi olduğunda doktora gitme dışında değişik yöntemlerle çözmeye çalışan kadınlarda kendilerine yönelik geleneksel yöntem uygulama/uygulayacak olma oranları yüksek bulunmuştur ($p < 0.05$).

Sonuç: Sonuç olarak; bölge kadınlarının doğum sonu dönemde kendilerine yönelik geleneksel yöntem uygulama/uygulayacak olma davranışlarının yüksek oranda olduğu saptanmıştır.

Anahtar Sözcükler: Mardin-Kızıltepe, Sağlıkta Geleneksel Yöntemler, Doğum Sonrası Dönem, Evli Kadınlar, Anne Bakımı.

The beliefs and applications of people about health are the parts of the society's culture in which they live (1). Traditions, beliefs and values are effective in the transmission of the culture from generation to generation (2, 3). Namely we can say that tradition is something that has arrived at our time from the past or any-

thing that has been handed down to us (4). According to Turkish Language Association's dictionary, tradition is being defined as cultural remains, habits, knowledge, customs, behaviors which have been treated as respectful as they are from old times and have been passed from generation to generation (5).

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The systems of beliefs, attitudes and applications about health and disease stemming from people's own culture have been named quite variously. Traditional medicine, popular medicines, folk medicine, primitive medicine are the most common names (2). While public medicine is known as "folk medicine" internationally, in Turkish "traditional medicine" is used instead. Traditional health practices are defined as medical applications related to the beliefs, traditions and value systems of societies and it is also being defined by some other anthropologists as home treatment (6, 7). According to another definition, traditional medicine is the applications of the mentality of people in a civilized nation in the field of health (8). According to the definition of WHO (World Health Organization) the traditional medicine is the total of knowledge, abilities and applications rooting from experiences, beliefs and theories of different local cultures (9, 10).

Traditional treatments are the treatment approaches which are applied nearly everywhere in the world with different frequencies. Although it is assumed that traditional treatments are only applied in rural areas, it is understood from the research that they are also applied frequently in urban areas too. The individuals apply to the traditional methods more than they admit because of factors such as beliefs and adoptions, quick and easy access, their being tested, the low socio-economic level, and their being economical. It is thought that the negative experiences with doctors and hospitals increase this predisposition (11-14). Moreover, we can face some complementary/supportive applications derived from traditional applications (9).

As you move from developed societies and regions towards undeveloped societies and regions, it is observed that these treatment methods are changing forms and getting an irrational state and that in regions where health services are not accessed sufficiently, people doctor themselves (8). While some of traditional applications applied in the cases when health is deteriorated can be regarded as harmless, some other can turn into applications that can deteriorate the health more (9, 13, 14). Traditional therapeutic applications, particularly in emergency situations can be crucial for the person who is in need. Moreover traditional applications applied in emergency cases can affect the success of the medical intervention (9).

Pregnancy periods are critical life periods when traditional beliefs and applications are applied (15). During the pregnancy, birth and postpartum phases so many various traditional applications are applied to the baby and mother that some of these applications can threaten the health of mother and baby (16). Especially in rural areas ethnic traditions which are strong in cultural life affects receiving the mother-baby's care services properly (17).

Traditional applications for mother care form an important public health problem primarily in undeveloped and developing countries (18).

It is important to know the traditional applications and the exercise of these applications in childbearing as they give direction to the studies about planning the services to be given about women health traditional applications (19).

Today the traditional methods continue their existence and the proportion of using them is still high (20, 21). Therefore the need to generalize and improve the quality of health services is still valid (21).

More than half of the societies in the countries like Germany and Canada are stated to have applied to supportive treatments at least once. In China expenditures on herbal traditional medicine form a sum of between 30-50% of all medical spendings (9, 22, 23). In Ghana, Mali, Nigeria and Zambia against malaria which causes high fever the first remedy to apply is home-made herbal medicines for a rate of 60%. WHO estimates that the births happening in rural Africa are mostly carried out by traditional methods (23).

This research has been carried out to evaluate the traditional methods for mother care which the married women know and/or apply during the postpartum period in the center of town of Kızıltepe, Mardin province. Knowing the traditional applications in postpartum period will be very enlightening to define the prior and effective health services for the families. Solutions and studies how to intervene can be planned considering the socio-demographic and environmental factors of the society.

MATERIAL and METHOD

This research is the "mother care" part of the thesis titled "the traditional methods known and/or applied for mother care during the postpartum period by married women in Kızıltepe, Mardin Province". The married women living in Kızıltepe, Mardin Province form the universe of the study (29269 people). At 95% of confidence interval with 4% deviation the number of people will be taken as samples has been calculated as 549 with the help of formula $n = Nt^2pq/d^2(N-1) + t^2pq$ (24). In this cross-sectional study the people taken sampling has been chosen by systematic sampling by listing from the reports of six health centers which keep the records of the whole town. Each health center region has been represented in accordance with its population around. 527 of the women included in the study (the rate of answering is 96.0%) were reached. Reasons for not reaching the rest are as follow: Change of address (15 women), not available at home despite trying 3 times (3 women), refusing to interview (4 women). Women who met the study inclusion criteria were applied a questionnaire which had been prepared properly according to its literature (2, 25). Before starting the questionnaire the participants were informed about the questionnaire and that the data wouldn't be used out of scientific platforms. The participants' names were not written on the questionnaire in order to secure right information. The questionnaire consists of three parts. In the first part the participants' socio demographic information, in the second part their obstet-

ric history and in the third part there is a part to define the traditional applications for mother care in the postpartum period.

The questionnaires were filled by the face to face method with the participants by the researcher. The questions were asked to each loudly and understandably and the replies were recorded.

The field study was completed in 4 months covering October, November, December 2010 and January 2011 after getting the necessary permissions from University of Firat Commission of Ethics Assessment and from Directorate of Health in Kızıltepe.

The data obtained was recorded in statistical package program and evaluated in statistical analysis percentage average chi-square test were applied in accordance with the variables. The averages were given with the standard deviation and the relevance was accepted as $P < 0.05$.

RESULTS

The average of the age of the women included in the study ($n=527$) is 36.77 ± 12.39 (minimum 18, maximum 90) and 43.1% of these women are illiterate, 5.1% work for income and 91.1% have social security. The average income of the families of the women included in the study is 960.06 ± 884.21 TL (min: 100 Turkish Liras, max: 8000 Turkish Liras) and per capita income is 174.39 ± 168.27 TL (min: 6 Turkish Liras, max: 1333 Turkish Liras).

78.2% of the women have nuclear family ($n=412$). 68.9% ($n=363$) of them think that their socio-economic level is medium, 26.4% ($n=139$) of them think it is bad. The age of marriage of 45% ($n=237$) of the women is below 18.

99.8% ($n=526$) of the women included in the study had experienced pregnancy while 0.2% ($n=1$) of them hadn't had pregnancy. The average number of live birth is 4.59 ± 2.99 ; the average number of the living children is 4.40 ± 2.75 . The average total number of pregnancies has been determined as 5.53 ± 3.66 . 18.8% ($n=99$) of the women included in the research felt their state of health as bad and 24.9% ($n=131$) of them reported that they had a chronic disease.

77% of the women included in the study ($n=406$) stated that when they had a health problem they went to the doctor, 20.8% ($n=110$) stated that they tried to solve their health problems by traditional applications they already knew or they had learnt from their family or environment, 2.2% ($n=11$) stated that the health problem passed spontaneously in time. 46.7% of the women ($n=246$) reported that they had applied or would apply to themselves traditional applications they had learnt from their older people, neighbors or environments.

The opinion of women of study group about to what degree the traditional applications are important in solving and preventing from health problems is shown in Table 1.

Table 1. The distribution of the importance level the women attribute to the traditional applications being applied to overcome and prevent the health problems.

Level of importance (n=527)	Number	%
Not important at all	122	23.1
A little bit important	106	20.2
Of medium importance	41	7.8
Important	240	45.5
Very important	18	3.4

The distribution of the traditional applications the women applied for mother care in postpartum period is presented in Table 2.

Table 2. The distribution of the traditional applications the women applied for mother care in postpartum period ($n=527$)*

The postpartum applications for mother care	Number	%
The report of any of traditional application for mother care in postpartum period	497	94.3
The report of any traditional application to increase breast milk	494	93.7
The report of any traditional application in case of breast milk cessation	105	19.9
Stating that some certain kinds of food not be given to the woman in the postpartum period	199	37.8
The report of any application to prevent the mother from hot flushes	500	94.9
The report of any application to pass the hot flush.	279	52.9
The report of any traditional application against bleeding problem in postpartum period	53	10.1
The report of any ceremonial application to have been held to greet the 40 th day after the birth.	190	36.1

*There are more than replies for the questions. The percentages were calculated by "n"

The first of the most applied traditional applications is avoiding sexual intercourse for 40 days following the birth (85.3%), secondly comes the wrapping of the belly of the postpartum mother (48.1%) and thirdly comes not leaving the postpartum woman alone at home (42.3%).

93.7% of women ($n=494$) have reported to have applied any of the traditional applications to increase the breast milk and the most common application among these is having egg with grape molasses (84.0%). Feeding the postpartum woman with liver and meat comes in the second place (82.2%), and thirdly comes feeding the postpartum woman with desserts (81.6%).

While 96.7% ($n=510$) of the women covered in the study answered the question "Have you heard about hot flush?" yes, 45.0% ($n=237$) of them said that they believed in hot flush and 55.0% ($n=290$) said that they did not believe in it. 94.9% ($n=500$) of the women answered the question "will you do something to protect the mother from hot flush?" With yes. Hanging Holy Quran in the postpartum woman's room is the leading application to prevent the hot flush (96.8%). Other following applications are, putting needle under the pillow of postpartum woman and the baby (54.6%), not letting the postpartum woman go to spooky places (50.0), putting knife under the pillow of the postpartum mother and the baby (49.4%). 52.9% ($n=279$) of the women reported to have a traditional application to pass the hot flush.

The most common traditional applications are, having the women to have bath on the 40th day of the birth (49.1%), pouring lead (48.0%), chanting prayers (47.7%) and getting a preacher to read prayers to the face of the postpartum woman (33.7%).

The distribution of traditional applications having been applied/to be applied in postpartum period according to the ages and education level of the women included in the study is shown in Tables 3 and 4.

Table 3. The distribution of states of traditional applications having been applied or to be applied by women in post-partum period regarding their ages.

Age groups (n=527)	Have applied/will apply traditional method			
	Yes		No	
	Number	%	Number	%
Age 18-29	59	36.2	104	63.8
Age 30-39	80	44.4	100	55.6
Age 40-49	45	47.4	50	52.6
Age 50-59	29	59.2	20	40.8
Age 60 or over	33	82.5	7	17.5
Total	246	46.7	281	53.3

$\chi^2=31.275$, Sd=4, p=0.0001

Table 4. The distribution of states of traditional applications having been applied or to be applied by women in post-partum period regarding their level of education.

Age groups (n=527)	Have applied/will apply traditional method			
	Yes		No	
	Number	%	Number	%
Illiterate	127	55.9	100	44.1
Primary school or lower	95	44.6	118	55.4
Secondary school or over	24	27.6	63	72.4
Total	246	46.7	281	53.3

$\chi^2=20.946$, Sd=2, p=0.0001

While 53.6% (n=127) of the women got married under 18 reported to have applied or to apply the traditional method in postpartum period, this rate is 47.1% (n=119) (p=0.004) among the women aged 18 or over. 47.1% (n=226) of women who has social security, 42.6% (n=20) of women who doesn't have any social security reported to have used or to use a traditional method (p=0.552).

The state of applying the traditional applications in postpartum period in accordance with the place of birth, the way of solving and preventing health problems when encountered, the level of importance attributed to traditional applications while solving or preventing a health problem is presented in the Tables 5, 6 and 7.

Table 5. The distribution of states of traditional applications having been applied or to be applied by women in post-partum period regarding the place of birth.

The Place Of Delivery (n=525)	Traditional method applied or to be applied			
	Yes		No	
	Number	%	Number	%
At hospital	105	34.9	196	65.1
At home with the help of health staff	14	48.3	15	51.7
At home with the help of midwives	126	64.6	69	35.4
Total	245	46.7	280	53.3

$\chi^2=42.061$, Sd=2, p=0.0001

Table 6. The distribution of states of traditional applications having been applied or to be applied by women in post-partum period regarding the ways they try to overcome a health problem they encounter.

The state of solving a health problem (n=527)	Traditional method applied or to be applied			
	Yes		No	
	Number	%	Number	%
Going to the doctor	166	40.9	240	59.1
Trying to solve by another way	80	66.1	41	33.9
Total	246	46.7	281	53.3

$\chi^2=23.839$, Sd=1, p=0.00

Table 7. The distribution of states of traditional applications having been applied or to be applied by women in post-partum period regarding the importance level they attribute to the application of traditional methods while preventing or overcoming a health problem of women.

The state of solving the health problem traditionally (n=527)	Traditional method applied or to be applied			
	Yes		No	
	Number	%	Number	%
Not important	12	9.8	110	90.2
Important to various degrees	234	57.8	171	42.2
Total	246	46.7	281	53.3

$\chi^2=86.579$, Sd=1, p=0.0001

DISCUSSION

The ethnic traditions which are strong in rural socio-cultural life affect the mother and baby care (17, 26). The harmful traditional applications about health in postpartum period can affect the recovering process of the mother and the baby, can hinder receiving effective treatment, can result in disability, disease even death (27).

43.1% of women included in the study are illiterate. According to the results of Demographic and Health Survey of Turkey (DHST) in 2013, the illiteracy rate in the south east of Turkey for ages between 15- 49 is 22.6% (28). The results of our study corresponding with DHST show that the education problem of women living in the region is continuing.

The average income of the women included in the study was reported to be 960.06±884.21 TL (Turkish Liras). In the result part of a report by Turkish Statistical Institute (TSI) in 2009 the poverty threshold for a family of four was estimated to be 825 TL (29), and for 2013 it was 1144 TL (30). In November 2010 the threshold of poverty announced by unions was 2807,36 TL (31) for a family of four, according to Confederation of Turkish Trade Unions (TURK-IS) the poverty threshold for a family of four in May 2015 was 4.394,87 TL (32). According to the statements of women included in our study the average income of the families are lower than the ones defined by TSI and the trade unions. Considering the fact that the field study was carried out in 2010-2011 it can be said that the incomes of the families of the women are low.

It has been defined that 99.8% of the women covered by the study had pregnancy and the average of live children is 4.40 ± 2.75 . According to 2013 data of Turkish Demographic and Health Survey Report (TDHS), it has been reported that the average of live birth number of married women is 2.32 and the average of living children is 2.23 (28). The facts determined in our study are over the average numbers of Turkey.

57.3% of the women included in the research stated that they had birth at hospital. According to the 2008 results of TDHS the middle east, southeast and northeast Anatolia were reported to have the lowest percentage of birth deliveries at hospital with the results respectively by 65%, 75%, 76% (33). In the 2013 data of TDHS the rates were reported to be respectively 91%, 92% and 89% (28). It is seen that in this study the rate of giving birth at health centers is lower than the two declarations.

5.5% of the women in our research reported that they had given birth at home with the help of health staff and 37.2% of them said they had given birth at home with the help of a traditional midwife. According to data of 2013 by TDHS very little doctor help was got during the births that took place away from health centers (1%) and in only 16% of them nurses or midwives served (28). In a similar study by Dinç (21), it was stated that 48.3% of women gave birth at home got help from the district traditional midwives. Statistics show that 53% of the births are carried out at home in Zambia and it was stated that only during a few of them (5.4%) help was available from midwives (Mbusas) with traditional experiences (34). Getting help from experienced health staff during the birth is of great important to prevent mother and neonatal deaths. The probability of getting help from educated health staff in births happening away from health services decreases and traditional methods can be used more.

77% of the women included in the research said that when they had a health problem they applied to a doctor while 20.8% of them said that they tried to solve the health problem by traditional methods they had learnt from their family or environment. In the research by Eğri called "The Traditional Applications for mother care in postpartum period for married women between 15-49" it is reported that the rate of seeing a doctor in case of a health problem is 47.2%, the rate of solving the problem by traditional methods they already know is 45.5% (2). Although compared to Eğri's work the rate of seeing a doctor in case of a health problem is higher in our study, in Kocataş and his friends' study (13) there are high rates of using traditional methods for overcoming different health problems. It can be interpreted that the using of traditional applications to overcome health problems is at a rate that the issue must be dealt with and precautions should be taken.

46.7% of the women covered by the study reported that they had applied and/or would apply a traditional method learnt from elder family members, neighbors or

environments in postpartum period. It is seen that in the studies carried out on the subject about the applications of traditional methods vary in Gölbaşı and Eğri's research (35) between 11.3% and 91.5%, in Geçgil and his friends' research (36) between 1.1% and 82.8%, in Şenol and his friends' research (14) between 9.1% and 56.8%.

While 23.1% of the women included in the study stated that the traditional applications were of no importance at all in solving health problems or preventing them, 76.9% of the women said that using traditional applications was important for them to various extents (Table 1). In the study Eğri carried out in Tokat province (2), 27.5% of women stated that the traditional applications were of no importance at all in solving health problems or preventing them and 72.5% of the women said that using traditional applications was important for them to various extents. Compared to Eğri's study the height of the rate of our study can be interpreted as the efficiency of the traditional structure in the region.

94.3% of the women reported that in postpartum they had used any of the traditional applications for maternity care (Table 2). It has been stated that among these applications, postpartum women's avoiding sexual intercourse for 40 days is the most common application (85.3%). Beliefs and applications experienced in postpartum period have brought out significant stereotypical differences between western and non-western women. But some similar characteristics about women's avoiding sexual intercourse for a certain time in postpartum period is significant. In the far-east, according to Chinese Zou Yue Zi traditions, women should avoid sexual intercourse for a month after the delivery (37). In Kaewsarn's study (38) covering 500 women in Taiwan all of the women (100%) reported that sexual intercourse should be avoided between 7-450 days corresponding an average of 63 days. In Gölbaşı and Eğri's study (35), the rate has been found 90.8%. In Geçgil and his friends' (36) research carried out in Adıyaman, the rate of women avoided sexual intercourse for 40 days following the birth is 57.9%. It is scientifically suggested that women should not have sexual intercourse for six weeks because of infection susceptibility in postpartum period (39). The length of this period varies related to social, religious, traditional and intercultural agents.

It has been reported that among common traditional applications for women in postpartum period, wrapping the postpartum woman's belly comes in the second place with 48.1% in this research. In Geçgil's study (36), the rate of the mentioned application has been detected as 64.5%. In Gölbaşı and Eğri's study (35), this rate is 64.8%. In Öztürk and Katabi's study (40), comparing Turkish and Persian women it has been defined that 92% of Turkish women and 99.3% of Iranian women apply traditional application such as tying something on the belly button to help the uterine involution. It can be accepted as a moderate application

to put a corset on in order not to let their abdomen remain swollen and not have a big belly. But wrapping the abdomen tightly can cause the muscles recover late and can make the involution process may extend (35).

93.7% of the women covered in the study reported that they had used any of the traditional applications to enhance the breast milk in the postpartum period (Table 2). Among these applications feeding the mother with egg and boiled grape juice takes the first place (84.0%). The other applications are as follows: feeding the mother with liver and meat (82.8%), with deserts (81.6%). Gölbaşı and Eğri (35) have fixed in their study that 89% of the women applied special applications to enhance the breast milk. Among these applications are consuming juicy meals 71.3%, drinking weak tea 63.7%. 68% of the women covered in the study of Işık et al in Mersin reported applications to enhance the breast milk. Drinking maternity syrup (boiled), grape syrup, having food like liver are included in these applications (36). In the study Geçgil and his friends (36) made in Adıyaman, the most common application to produce milk is eating a kind of dessert called Bulamach made of flour, sugar, butter and nuts. Drinking grape syrup and butter mixture follows this application (69.6%). In the study Dinç (21) carried out in Şanlıurfa, plenty of breastfeeding takes the first place among the applications to enhance the breastmilk with a percentage of 43%. Besides breastfeeding is very important in the new born's development, protecting and maintenance of the health, it is also important for the mother's health to have adequate and balanced nutrition in lactation period (41). That the mothers don't feed the babies in the first six months just with breastfeeding and their shifting to additional nutrient at an early phase is because of the opinion that they think their breast milk is not enough (25). The fact that the statements about the theme in Turkey doesn't have differences regionally and that there being an application in nearly every region can be evaluated as the mothers' fear that their breast milk is not enough stemming from the mothers' emotional approach to their babies.

37.8% of the women covered in the study stated that in the postpartum period some certain food shouldn't be given to the postpartum woman (Table 2). Among these dry legumes takes the first place (90.5%). In Işık and his friends' (42) similar research, it has been fixed that the rate of not eating food such as peas, chickpeas, grapes and milk thinking they are inconvenient is 19.1%, the rate of not drinking water is 23.4%. In a study conducted in India, it has been expressed that the mother shouldn't have cold food and water in postpartum period (43). Though the food restriction may vary regionally, the rate of restriction of legumes is quite high as fixed in our research. Actually dry legumes which are the source of protein and among thought to be inconvenient food, is an important nutrient supply with their rich fibers and when taken with sufficient liquid it enhance the breastmilk. Yet tradi-

tions and beliefs as behavior can get ahead of scientific truths.

In Turkey for the feverish state of women after the birth, traditionally the term 'Albasması' (flush) is used. 96.7% of the women involved in the study said that they had heard about the concept "Albasması" (flush). 45.0% of the women expressed that they believed in the flush, 94.9% of them said that they applied an application to protect women from the flush. Among the applications applied by the women covered in the study, hanging the Holy Quran in the room of the postpartum women to prevent the flush takes the first place with 96.8%. This application is followed by putting needles under the postpartum woman's and baby's pillow (54.6%), postpartum woman's not entering the scoopish places (50.0%). In Eğri and Gölbaşı's study (35), it has been reported that among the applications to prevent the flush, putting bread, the Holy Quran, scissors, broom in the room the postpartum woman sleeps (89.4%) and putting needles under the postpartum woman's pillow (71.8%) are the most common applications. Biltekin and his friends (20) pointed out that in their studies rate of applications protecting the mother against the flush is 72.3% the most common application is tying a red cloth with a rate of 64.7%. For the applications to prevent the flush, Çakırer and Çalışkan (44) reported that 55.4% of the women should cover themselves with a red cover, Işık and his friends (42) reported that staying indoor for 40 days at most (48.50%), Geçgil and his friends (36) reported that not leaving the mother alone for 40 days with a rate of 62.6% and putting garlic, bread, the Holy Quran under the mother and baby's pillows. The results of the researches and our studies are corresponding and it can be regarded as an indicator that this belief is still being kept alive in various parts of Anatolia.

52.9% of the women involved in the study have reported that they had any of the traditional applications to pass the flush (Table 2). Applications such as getting women have bath on the 40th day after the birth (49.1%), pouring lead (48.0%), saying their prayers (47.7%), getting an imam saying prayers for the woman (33.7%) have been fixed as among the most commonly used ones. In Gölbaşı and Eğri's studies (35), women declared that 81% of them say prayers, 48.2% of them have bath at the 40th day after the birth, 35.1% of them go to imam to get prayers for them to pass the flush. The case believed to be Albastı (flush) among people is indeed the fever related to infections after the birth. In this case instead of applying to the health centers the women turn towards traditional applications, as a result because of the delayed treatment maternal mortalities may occur (2).

36.1% of the women included in the research reported any of ceremonial application to pass the 40th day (Table 2). In Eğri and Gölbaşı's study (35), they fixed the rate of the application which the postpartum woman passes the 40th day of the birth ceremonially is 91.5%. The 40 days after the birth is very important

both for the mother and for the baby. The baby and the mother are tried to be saved by traditions and beliefs as being susceptible to all kinds of harmful effects. And at the end of the 40 days to celebrate the finish of this period, the mother and baby are greeted for the 40 days ceremonially. In some regions ceremonies are done on the 3rd, the 7th day and after the 20th day under the name of half 40th (45). These 40th day celebrations can be thought as harmless ones, besides it can also be regarded an application to give psychological relief to the family.

It has been fixed that the older the women are the more the rate of applying / to apply traditional methods after the birth ($p<0.05$, Table 3). In Eğri's study (2) about the theme, a reasonable correlation between the age and applying traditional methods has not been fixed. The findings of our result suggest that the elderly women stand by their traditions and culture firmer.

The higher the level of education among the women involved in the research is, the less the rate of applying and/or to apply traditional methods to themselves after the birth is ($p<0.05$, Table 4). In their study conducted in Elazığ, Açık and his friends (46) stated that the higher the education level of women gets the less the rate of the traditional methods they know and apply gets. According to the research findings of Tortumoğlu and his friends (47), the traditional applications rates have been fixed high with those with low education level. Kaewsarn and his friends (38) report that the mothers applying to traditional applications in postpartum period are those with low education level and those living in the rural areas. Compatible with the general literature, it can be stated that the height of education level makes mothers push the traditional applications for their health away from themselves.

According to the study, the more the women's monthly income is, the less the rate of applying traditional methods to themselves in postpartum period becomes ($p<0.05$). The low income level may affect reaching health services negatively. It can be thought that this situation increases the tendency to the use and adoption of the traditional treatment methods.

It has been fixed that the rate of applying a traditional method to themselves among women married at an age under 18 is higher than those married at or over 18 ($p<0.05$). Aliefendioğlu and his friends (48) stated in a study they conducted in Kırıkkale that mothers gave birth less than 18 years old are more inclined to use traditional methods for themselves. These findings maybe an indicator showing that mothers married at early ages complete their lack of knowledge and experience, their insufficiency, their deficiency for themselves by applying traditional methods or they may be affected more easily by the older people at home who form the traditional structure.

Women's having social security doesn't change the fact that they applied or are going to apply a traditional methods to themselves in this study ($p>0.05$). Contrary to our study findings, in Dinç's research (21) conduct-

ed in Şanlıurfa, it has been stated that mothers without a social security apply to traditional applications more and the difference between the existence of a social security and using a traditional method is statistically reasonable.

A relationship between the family type and the rate of women's applying the postpartum traditional methods hasn't been fixed in this study ($p>0.05$). But in Eğri's research (2), it has been reported that women living in large families apply more traditional applications than the women in nuclear families. It can be thought that the reason of the differences in our research findings is that the traditional methods' remain important regardless of the family being large or nuclear.

The more the number of the children of the women involved in the study is, the higher the rate of application of the traditional methods becomes ($p<0.05$). This case can be explained as the lack of time and value to be given to the large number of children cause the inclination towards the traditional methods.

It has been fixed in this study that affirmative health attitudes such as giving birth at the hospital seeing a doctor in case of a health problem and not giving importance to the traditional methods reduce the application of traditional methods ($p<0.05$, Tables 5-7). It has been thought that putting into practice the affirmative health opinions and attitudes cast out people from traditional methods.

As a result, in this research the attitude of the married women living in the center of Kızıltepe, Mardin province, towards the traditional methods being applied or to be applied to themselves in postpartum period has been fixed to be at a high rate. A significant proportion of women (76.9%) expressed that in solving the health problem or preventing them the traditional methods are important for them to various extent.

According to these results;

- It's seen that harmful or harmless traditional methods for mother care continue surviving in the society despite varying interculturally.
- Especially the health care staffs providing the primary health service should know the culture of the society they serve, should know their sensitivity to the traditional applications and must absolutely emphasize the harmful applications the must be changed.
- That the women's and their husbands' education level should be elevated in relation with avoiding from harmful traditional applications should be considered important
- Health services in both prenatal and postpartum periods should be considered as important and during this monitoring mother should be educated how to look after themselves in postpartum period and non-medical applications should be reduced.
- Considering that the traditional applications are more in poor societies, the efforts to elevate the so-

cioeconomic level of the region should be given weight to.

REFERENCES

1. Tortumluoğlu G, Okanlı A, Özer N. Hemşirelik bakımında kültürel yaklaşım ve önemi. *Uluslararası İnsan Bilimleri Dergisi*, 2004; 1: 1-12.
2. Eğri G. Tokat İli Bir Sağlık Ocağı Bölgesindeki 15–49 Yaş Grubu Evli Kadınların Doğum Sonu Dönemde Anne ve Bebek Bakımına Yönelik Geleneksel Uygulamaları. Cumhuriyet Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Programı. Yüksek Lisans Tezi; 2006.
3. Bekar M. Kültürlerarası (Transkültürel) hemşirelik. *Toplum ve Hekim* 2001; 16: 136-41.
4. Shils E. Gelenek. Doğu-batı, modernliğin gölgesinde gelenek. *Düşünce Dergisi* 2003; 7: 110.
5. Türk Dil Kurumu. “Gelenek nedir”. <http://www.tdk.gov>. 10.06.2015.
6. Öztürk M, Uskun E, Özdemir R, Çınar M, Alptekin F, Doğan M. Isparta ilinde halkın geleneksel tedavi tercihi. *Türkiye Klinikleri J Med Ethics* 2005; 13: 179-86.
7. Sevindik F, Açıık Y, Gülbayrak C, Akgün D. Elazığ İl Merkezinde yaşayan evli kadınların istemli düşük yapmak amacıyla uyguladıkları ve bildikleri geleneksel yöntemler. *TSK Koruyucu Hekimlik Bülteni* 2007; 6: 321-4.
8. Altan S. Manisa Tıp Folkloru. 1.Baskı, İzmir: Akademi Kitabevi, 2000: 3.
9. Karatay G. Kars İli 1 No’lu Sağlık Ocağı bölgesinde yaşayan kadınların sağlıkla ilgili bazı acil durumlarda başvurdukları uygulamaların belirlenmesi. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi* 2009; 1: 3-16.
10. WHO (World Health Organization). “Traditional Medicine”. <http://www.who.int/mediacentre/factsheets/fs134/en/>. 28.12.2010.
11. Çiftçi H, Çevik E, Aksoy Ş. Şanlıurfa yöresinde uygulandığı şekli ile dağlama. *Türkiye Klinikleri J Med Ethics* 2005; 13: 110-4.
12. Karakoç Kaya Ö, Dayı FF, Oto R. Çocuk hastalıklarının tedavisinde geleneksel tedaviler. *Sendrom* 2003; 7: 774-8.
13. Kocataş S, Güler G, Güler N. Sivas ili Alibaba mahallesindeki kadınların sağlık sorunlarında başvurdukları geleneksel uygulamalar. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi* 2008; 1: 83-95.
14. Şenol V, Ünal D, Çetinkaya F, Öztürk Y. Kayseri ilinde halk ebeliği ile ilgili geleneksel uygulamalar. *Klinik Gelişim* 2004; 17: 47-55.
15. Erbil N, Sağlam G. Gebelikte bebeğin cinsiyetini belirleme ve tahmin etmeye ilişkin geleneksel inanç, uygulamalar ve bazı sosyo-demografik özelliklerle ilişkisi. *Uluslararası İnsan Bilimleri Dergisi* 2010; 7: 347-59.
16. Artun E. Doğum. Türk Halk Bilimi. Genişletilmiş 2. Baskı, İstanbul: Karahan Kitabevi 2007: 125-41.
17. Özen M, Özgör B. Höllük; Bir Anadolu gerçeği. *İnönü Üniversitesi Tıp Fakültesi Dergisi* 2006; 13: 131-3.
18. Polat H. Sivas-Ulaş’ta Halk Hekimliği Uygulamaları. 1. Basım, Ankara: Ürün Yayınları 1995: 1.
19. Kayıhan S, Güzlek ŞC, Özdemir G, İpsalalı E, Tortumluoğlu G. Çanakkale ilinde kadınların doğurganlığı ve gebe kalmaya, gebelikten korunmaya, gebeliği sonlandırmaya ve doğumu kolaylaştırmaya ilişkin geleneksel uygulamaları bilme ve uygulama durumları. *Jinekoloji ve Obstetrik Dergisi* 2006; 20: 217-25.
20. Biltekin Ö, Boran ÖD, Denkli MD, Yaçınkaya S. Naldöken Sağlık Ocağı bölgesinde 0-11 aylık bebeği olan annelerin doğum öncesi dönem ve bebek bakımında geleneksel uygulamaları. *TTB Sürekli Tıp Eğitimi Dergisi* 2004; 13: 166-8.
21. Dinç S. Şanlıurfa merkezde bulunan 4 numaralı sağlık ocağına kayıtlı 0–1 yaşında çocuğa sahip olan annelerin çocukların bakımında uyguladıkları geleneksel uygulamalar. *Hemşirelikte Araştırma Geliştirme Dergisi* 2005; 7: 53-63.
22. Ernst E. The role of complementary medicine. *BMJ* 2000; 321: 1133-5.
23. Konak A, Aktar O. Medikal Antropoloji çerçevesinde Tunceli/Ovacık’ta geleneksel sağaltma yöntemleri. *Cumhuriyet Üniversitesi Sosyal Bilimler Dergisi* 2009; 35: 156-87.
24. Sümbüloğlu K, Sümbüloğlu V. Biyoistatistik. 8. Baskı, Ankara: Hatiboğlu Yayınevi, 1998: 264-5.
25. Kahrıman İ. Trabzon il merkezinde 6–12 aylık çocuğu olan annelerin bebek bakımına ilişkin geleneksel uygulamaları. *Karadeniz Teknik Üniversitesi Sağlık Bilimleri Enstitüsü Halk Sağlığı Anabilim Dalı. Yüksek Lisans Tezi*; 2007.

26. Babadağlı B, Şahin S. Sakarya Doğum ve Çocuk Bakımevi ile SSK İzmit Hastanesi'nde doğurganlık dönemi kadınların aile planlaması ve danışmanlığı konusunda bilgi ve tutumlarının karşılaştırılması. *Fırat Sağlık Hizmetleri Dergisi* 2006; 1: 51-64.
27. Özyazıcıoğlu N, Polat S. 12 aylık çocuğu olan annelerin bazı sağlık sorunlarında başvurdukları geleneksel uygulamalar. *Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi* 2004; 7: 30-8.
28. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, "2013 Türkiye Nüfus ve Sağlık Araştırması". Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, T.C. Kalkınma Bakanlığı ve TÜBİTAK. Ankara, Türkiye: Elma Teknik Basım Matbaacılık Ltd. Şti. 2014.
29. Yoksulluk 2009 Çalışması Sonuçları. T.C. Başbakanlık Türkiye İstatistik Kurumu. <http://www.tuik.gov.tr>. 06.04.2011.
30. Türkiye İstatistik Kurumu 2013 Yoksulluk Çalışması. <http://ilerihaber.org/tuikten-saka-gibi-calisma-aclik-siniri-286-tl/6152/>. 29.06.2015.
31. Yoksulluk Sınırı. <http://www.turkis.org.tr>. 12.04.2011.
32. TÜRK-İŞ Haber Bülteni, Açlık ve Yoksulluk Sınırı. <http://www.turkis.org.tr/dosya/XTWEm8KHx-Ula.pdf>. 29.06.2015.
33. Türkiye Nüfus ve Sağlık Araştırması Ana Rapor. http://www.hips.hacettepe.edu.tr/tnsa2008/data/TN-SA-2008_ana_Rapor-tr.pdf. 15.12.2010.
34. Maimbolwa MC. Cultural childbirth practices and beliefs in Zambia. *J Adv Nurs* 2003; 43: 263-74.
35. Gölbaşı Z, Eğri G. Doğum sonu dönemde anne bakımına yönelik yapılan geleneksel uygulamalar. *Cumhuriyet Üniversitesi Tıp Dergisi* 2010; 32: 276-82.
36. Geçkil E, Şahin T, Ege E. Traditional postpartum practices of women and infants and the factor influencing such practices in South Eastern Turkey. *Midwifery* 2009; 25: 62-71.
37. Kim-Godwin YS. Postpartum beliefs & practices. Among non-western cultures. *MCN* 2003; 28: 75-80.
38. Kaewsarn P, Moyle W, Creedy D. Tradional postpartum practices among Thai women. *J Adv Nurs* 2003; 41: 358-66.
39. Karaçam Z. Normal postpartum dönemin fizyolojisi ve bakımı. Şirin A (Editör). *Kadın Sağlığı*. 1. Baskı, İstanbul: Bedray Basın Yayıncılık, 2008: 708-59.
40. Özsoy SA, Katabi V. A comparison of traditional practices used in pregnancy, labour and the postpartum period among women in Turkey and İnan. *Midwifery* 2008; 24: 291-300.
41. United Nations Children's Fund. Dünya Emzirme Haftası. http://www.unicef.org/turkey/pc/_mc36.html-135. 14.04.2011.
42. Işık MT, Akçınar M, Kadioğlu S. Mersin ilinde gebelik, doğum ve loğusalık dönemlerinde anneye ve yeni doğana yönelik geleneksel uygulamalar. *Uluslararası İnsan Bilimleri Dergisi* 2010; 7: 63-84.
43. Choudhry UK. Traditional practices of women from India: pregnancy, childbirth and newborn. *JOGNN* 1997; 26: 533-9.
44. Çakırer N, Çalışkan ZI. Nevşehir ili Ağılı köyünde gebelik, doğum ve lohusalığa ilişkin geleneksel inanç ve uygulamalar. *TAF Prev Med Bull* 2010; 9: 343-8.
45. Başçetinçelik A. Adana Halk Kültüründe Doğum-Evlenme-Ölüm. 1.Baskı, Adana: Ulusoy Ofset 2009: 80-116.
46. Açık Y, Rahman S, Deveci SE, Sevindik F. Elazığ il merkezinde yaşayan doğum yapmış kadınların bebek bakımı konusunda bildikleri ve uyguladıkları geleneksel yöntemler. *Üreme Sağlığı ve Koruyucu Hekimlik Hizmetleri. Uluslararası Üreme Sağlığı ve Aile Planlaması Kongresi Kitapçığı* 2007: 359-60.
47. Tortumluoğlu G, Karahan E, Bakır B, Türk R. Kırsal alandaki yaşlıların yaygın sağlık problemlerinde başvurdukları geleneksel uygulamalar. *Uluslararası İnsan Bilimleri Dergisi* 2004; 1: 1-16.
48. Aliefendioğlu D, Hızıl S, Mısırlıoğlu ED, Şanlı C, Albayrak M, Oktay A. Traditional child care procedures in an Anatolian city. *Gazi Medical Journal* 2009; 20: 17-20.