

Traditional infant care practices of mothers with 6-12 month-old infants in Turkey

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The purpose of this study is to determine traditional methods applied by mothers, living in city centre of Kars, regarding infant care. Data of this descriptive study were collected from region of three family health centres located in city centre of Kars (Turkey). Sample group of the study is composed of 294 mothers. Two forms were used to collect the data. The average age of mothers is 28.10±6.20; and 49.32% received primary education. Frequently-used traditional infant care methods are 84.91%-practices for protecting from evil eye; 64.63%-swaddling practices; 54.54%-practices applied for jaundice; and 54.11%-practices for shedding of the umbilical cord. Practices for protection from evil eye, swaddling, practices applied for jaundice and practices for shedding of the umbilical cord are the most commonly used fields of traditional practices. Some of these practices can give harm to babies, and some do not provide any benefit for them.

Keywords: Infant care, Nursing, Midwifery, Traditional practices, Sociology, Primary care, Turkey

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Proportion of children's age group in total population varies according to the development level of countries¹. 27% of Turkish population are below age of 15 yrs and the Ministry of Health of Turkey provides the support via approximately 30 programs in order to preserve and improve maternal and infant health. Among such programs are newborn screening, newborn hearing screening and various programs such as control programs for diarrheal diseases^{2, 3}. In spite of such precautions, customs and traditions and cultural behaviours of social environment are effective on infant and child health. In Turkey, infant mortality rate was 11.7 per thousand in 2011⁴. Article 24 of Convention on the Rights of Child of UNICEF (2010)⁵ states both necessity of importance of basic healthcare services and requirement of precautions for the removal of traditional practices while providing infant care. Turks took their own cultural structures to the regions they settled throughout their nomadic lives, and created a rich folklore by blending their culture with new culture⁶. Turkey, having a social and cultural diversity, incorporates both modern and traditional life styles in society. View of life of those living in metropolitan areas shows resemblance with

those in western countries. Nevertheless, those living in suburbs and rural areas of metropolitans have a more conservative and traditional perspective². It is a known fact that traditional practices are frequently used in bringing up children, especially in Eastern Anatolia Region and its villages⁶.

Some specific ones among infant care practices applied in Turkey are as follows: swaddling (warping the body of baby tightly and supporting his/her head; it is applied to strengthen arms and legs of the baby); covering a yellow gauze on infant (a yellow gauze is covered over the face of baby while he/she is in bed, in order to protect the infant against jaundice)⁷. Salting (the salt is added to bathing water of baby and the salt is put to most sweating parts of the baby body, in order to prevent the baby from smelling bad); Wearing blue bead (affixing colourful, especially blue, beads or eye-shaped objects on the clothes of infant in order to protect him/her from evil eye and bad things)^{7,8}. Even though such traditional practices may show minor differences, they are generally applied for identical purposes. For instance, in a study conducted by Yalcin (2012)⁹ in Karaman (a city in Central Anatolia Region), she states that babies are salted in order to prevent stinking of sweat (58.9%), swaddled in order to straighten their legs (66.1%),

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and covered with a yellow gauze in order to prevent jaundice (55.3%). In Naldoken locality of Izmir (a city in Aegean Region) a cloth is burned and put on umbilical cord of baby for shedding and care; 79% of infants are swaddled and 52% are salted¹⁰. A study conducted in Erzurum (a city in Eastern Anatolia Region) asserts that 71.2% of babies are swaddled, 14.4% are bathed with salted water, 63.1% are not bathed before shedding of the umbilical cord, and 14.4% are not given the colostrum¹¹. In Cappadocia region of Nevsehir (a city in Central Anatolia Region), an amulet is affixed on infants' cloth in order to prevent evil eye (62.7%); they are swaddled (56.3%); cologne is poured on fontanel in order to protect it (4.9%), and lied over soil in order to prevent nappy rash (8.2%)¹². According to a study carried out in Manisa (a city in Aegean Region), it is indicated that the blue bead is affixed on the clothes of babies in order for them not to be affected by the evil eye (95%); 74.2% are salted in order to prevent stinking; and 60.4% are swaddled⁶. In Mersin (a city in Mediterranean Region), 86.5% of babies are salted, 51.9% are swaddled, and 46.1% are covered with a yellow gauze to prevent jaundice¹³. A study conducted in Ordu (a city in Black Sea Region) reveals that 53.2% of babies are swaddled, 6.9% are worn yellow clothes in order to prevent jaundice, and 42.4% are read prayers to protect them against evil eye¹⁴.

Examining some studies in various countries; it is observed in a study conducted by Fikree, Ali, Durocher & Rahbar (2005)¹⁵ in Malaysia that babies (24.7%) are fed with cow's milk or Formula as first food; 82.1% are bathed as soon as they are born; and a mixture of mustard oil-onion-salt is applied on the umbilical of 51.3%. In a study conducted in Iran, it is stated that 12.5% of the participants believe that the colostrum is a dirty kind of breast milk; 27.5% believe that attaching coins to umbilical cord is beneficial; and 50% consider that salt application strengthens the muscles of the newborn¹⁶. A study carried out in Iran reveals that 27% of mothers stop feeding their babies with coloured foods in case of jaundice¹⁷. According to a qualitative study conducted in Pemba island (Tanzania), it is common to believe that breast milk is important and necessary; however, mothers generally make their babies taste honey at first in order to emphasise that the life is sweet¹⁸.

Every society has its own distinctive disease symptoms, signs, definitions, and treatment patterns¹⁹.

Studies conducted until today demonstrate that cultural values and barriers that affect healthcare services are different in every society²⁰. For instance, in case of diarrhoea, ORS is usually given to children in Iran; on the other hand, in Turkey and India they are taken to local clinics. At home environment, while the children are made to drink soup in Iran and India in case of diarrhoea, foods such as banana, potato and yoghurt are given in Turkey^{14,20,21}.

People prefer traditional practices, since they are generally fast and easy to access, generally have negative experiences with health facilities or due to low treatment costs⁶. The fact that nurses and midwives recognise traditional practices in their regions enables mother to support beneficial practices and not to apply some harmful practices. Moreover, knowing such practices can enable the examination of change in traditional behaviours in time and their comparison with other cultures. Mothers' aware of traditional practices in infant care and applying them are different cases. The purpose of this study is to determine the traditional infant care practices of mothers with 6-12 month-old infants.

Material and methods

Data of this descriptive study were collected between April-June 2012 from the region of three family health centres located in city centre of Kars. Kars province is located in Eastern Anatolia Region of Turkey. This region is the least developed region of Turkey. It has mountainous territory, short summer season, and hard climate conditions². Family health centres are the first unit of basic healthcare services in Turkey. No sampling method was applied in data collection and all of 335 mothers living in the region of three family health centres were tried to be reached. 12 did not want to participate in the study; 29 could not be reached due to various reasons such as absence at home, moving, and temporary moving to a village house. The study was completed with 294 mothers (87.76%). Data were collected by means of two methods; home visits and interviews with women at family health centres.

Inclusion and exclusion criteria

Criteria of inclusion for mothers: having a 6-12 month-old infant without a chronic/congenital health problem. The reason behind why mothers with at least 6 month-old infants were included is to provide a sufficient time for the application of some traditional practices to infants.

Data collection instruments

The forms used in the study were created as a result of related literature review^{9,10,11,14}. Titles in literature were examined and turned into questions. In this way, matters in which traditional practices are applied, such as evil eye, jaundice, and gender determination, were determined and asked to participants. Form of traditional practices involves 15 questions related to traditional practices applied by mothers personally. Demographic information form has 12 questions regarding the age of mother, number of children, social security, etc.

Data analysis

Data were analysed in frequency distribution and percentage by using SPSS 17 software program.

Ethics

Before commencing the study, official permits of Kars Health Directorate and Kars Health High School Directorate were taken and the women were informed orally about the study. In this way, the data were collected from mothers accepting to participate in the study.

Results

Demographic characteristics of participants

Average age of mothers is 28.10 ± 6.20 and varies between 16 and 47. Average age of their husbands is 33.07 ± 6.79 . Nearly all of the mothers are married; 49.32% of them received 8-year basic education; 84.69% are housewife and 68.71% live in a nuclear family (Table 1). The mothers got married at the age of 20.06 ± 3.36 in average and became pregnant for the first time at the age of 20.86 ± 3.37 in average. Total number of pregnancies is 2.68 ± 1.59 in average; number of live births is 2.28 ± 1.30 in average; number of stillbirths is 0.14 ± 0.39 in average; number of miscarriages is 0.24 ± 0.55 , and number of abortions is 0.04 ± 0.20 in average.

92.20% of mothers giving normal delivery breast-fed their infants in the first half hour, 82% of mothers having caesarean delivery breast-fed their babies in the first two hours. 53.06% of babies were male, 82.99% was born by normal delivery, and 88.10% was born in a maternity hospital. 71.43% of births were made by midwives (Table 1).

Traditional infant care practices

Mostly used traditional infant care practices are swaddling practice (64.63%), practices for protection against jaundice (54.54%), and practices for shedding

Table 1—Socio-demographic characteristics of mothers

	n	%
Education Level		
Illiterate	33	11.22
Literate	27	9.18
Primary (Basic 8-year)	145	49.32
High School	53	18.03
University +	36	12.24
Occupation	n	%
Housewife	249	84.69
Public servant	33	11.22
Self-employment	12	4.08
Social Security	n	%
Yes	237	80.61
No	57	19.39
Income Level	n	%
Low	67	22.79
Medium	206	70.07
High	21	7.14
Family Type		
Nuclear	202	68.71
Extended	92	31.29
Gender of Infant		
Female	138	46.94
Male	156	53.06
Birth Method		
Normal	244	82.99
Caesarean	50	17.01
Birth Place		
Maternity Hospital	259	88.10
Hospital	27	9.18
Ambulance	3	1.02
House	5	1.70
Who delivered		
Doctor	68	23.13
Midwife	210	71.43
Nurse	11	3.74
Local midwife	5	1.70

of the umbilical cord (54.11%). Such practices are followed by nappy rash practices - 28.23%, by moniliasis practices -15.46%, by practices for elimination of infantile colic-10.99%, and by practices making the baby not drink the colostrum - 9.52%. The fields in which traditional practices are applied at least are; fever (n=0), helping crawling/walking (n=2), diarrhoea (n=3), constipation (n=7), and giving the sugared water as first nutriment (n=12). These rates and numbers do not include non-traditional practices such as taking to doctor or giving medicine. Table 2 illustrates all of practices.

Table 2—Traditional infant care practices applied by mothers (*contd.*)

	n	%
Swaddling		
No	104	35.37
*Yes	190	64.63
Practices applied on suspicion of jaundice**	n	%
Doing nothing	106	41.90
Taking to doctor	9	3.56
*Pinning gold or bathing in water with gold	51	20.16
*Wearing yellow clothes, covering with yellow gauze or exposing to sunlight	39	15.42
*Other, Protecting from cold (n=15), Frequent breast-feeding (n=10), Drinking sugared water (n=5), Not feeding with egg (n=3), Putting nail into bathing water (n=3), Drinking urine (n=1)	48	18.97
Practices applied for umbilical cord care**	n	%
Doing nothing	68	23.29
Keeping clean and dry	66	22.60
*Medical dressing (with spray/cream/baticon)	95	32.53
*Applying powder	22	7.53
*Applying olive oil	24	8.22
*Other – Bathing or not bathing (n=5), applying ash (n=4), attaching coin (n=3), applying breast milk (n=3), slewing by finger (n=1), putting black cumin (n=1)	17	5.82
Practices for nappy rash**	n	%
No nappy rash	108	29.03
Applying rash cream	133	35.75
Keeping clean	26	6.99
*Applying powder	66	17.74
*Applying olive oil	29	7.80
*Other, dropping breast milk (n=5), sitting in a washtub filled with water (n=3), using wet wipes (n=1), covering with roasted soil (n=1)	10	2.69
Practices applied for moniliasis**	n	%
Not developed moniliasis	145	49.83
Taking to doctor/applying medicine	30	10.31
Cleaning with carbonated water	71	24.40
*Cleaning with salty water	28	9.62
*Other, cleaning with wet fabric (n=6), applying garlic-sugar mixture (n=4), cleaning with water-sugar mixture (n=2), applying ink (n=2), applying pressure on lesion (n=2), trampling small insects and applying them on the area and rubbing until it bleeds (n=1)	17	5.84
Practices applied for infantile colic**	n	%
Giving drop or medicine	96	50.26
Hitting back or hips or rubbing, stomach massage, pushing legs towards stomach	74	38.74
*Other, giving cumin (n=14), drinking herbal tea (n=5), feeding with walnut (n=2)	21	10.99
Giving colostrum to infant	n	%
I gave it	266	90.48
*I did not give it because it is dirty. It provides fertility for soil.	28	9.52
Practices applied for fever**	n	%
Using antifebrile syrup/suppository	132	67.01
Bathing in warm water	26	13.20
Cold applications	19	9.64
Taking to doctor	13	6.60
Taking off clothes	7	3.55
Practices applied for helping crawling/walking**	n	%
Doing nothing	179	63.03

(contd.)

Table 2—Traditional infant care practices applied by mothers

Supporting the feet and hands	54	19.01
Lying facedown	19	6.69
Making them crawl towards the toys	18	6.34
Using a walker	12	4.23
*Tying a ribbon to the feet and cutting it	2	0.70
Practices applied for diarrhoea**	n	%
Taking to doctor	56	31.46
Plenty of breast milk	47	26.40
Plenty of liquid/water	46	25.84
Banana (n=8), potato (n=7), yoghurt (n=2)	17	9.55
ORS	9	5.06
*Mixture of coffee and yoghurt	3	1.69
Practices applied for constipation**	n	%
Taking to doctor	30	15.15
Using suppository	76	38.38
Giving plenty of liquid	13	6.57
Giving olive oil	56	28.28
Breast feeding (n=9), giving compote (n=2), giving apricot juice (n=5)	16	8.08
*Other, applying soap in anus (n=7)	7	3.54
The first food given to infants	n	%
Breast milk	266	90.48
Formula	6	3.18
*Water with juice	12	6.34
*It was accepted as traditional/unadvisable practice		
**given more than one answer.		

Table 3—Other infant care practices

Practices applied against evil eye*	n	%
Doing nothing	43	15.09
Praying	121	42.46
Affixing blue bead	74	25.96
Applying fume to face of baby (n=11), saying <i>masallah</i> (n=praise be!) (n=10), not showing the baby anybody (n=8), pinning gold (n=3), affixing amulet (n=3), smoking harmal (n=3), applying mud to face of baby (n=2), making a hodja see the baby (n=2), casting lead (n=2), pasting gum to hair (n=1), putting a knife under the bed (n=1), sacrificing an animal (n=1)	47	16.49
Practices applied for determining the gender of infant*	n	%
Doing nothing	249	84.69
Eating sweet foods (for male)	20	6.80
Praying	9	3.06
Eating sour food (for female)	4	1.36
Other (having sexual intercourse 3 days after menstruation (n=2), lying towards right after intercourse (n=8), lying towards left after intercourse (n=2)	12	4.08
*It was accepted as traditional/unadvisable practice		

Table 3 illustrates other practices related to infant care. 84.91% of mothers apply at least one practice in order to protect their babies from evil eyes. The most common practices applied against evil eye are praying (42.46%), and wearing blue bead (25.96%). In order to determine the gender of baby, 15.31% of mothers apply at least one practice.

Discussion

This study was conducted in Kars province, located in Eastern Anatolia Region of Turkey. In spite of showing differences from region to region, it is known that traditional behavioural characteristics in raising children are common in Eastern Anatolia Region and its villages⁵. In the study, practices

applied by mothers for child care at home environment are included.

Diarrhoea, constipation, crawling, fever

As seen in Table 2, practices related to diarrhoea, constipation, helping crawling/walking and fever generally include taking to doctor or behaviours easing the problem (such as increasing liquid intake in case of diarrhoea). Only 2 mothers tie ribbon to feet of their babies and cut it in order to enable them to walk. Examining studies conducted in other regions of Turkey, it is observed that similar behaviours are common^{12,14}. A study conducted in Michigan states that nearly all the participants use medicine or perform cold bathing practice in case of fever²². In this study, practices applied for diarrhoea, constipation, helping crawling/walking and fever are far from traditional ones, as well. However, there are 7 women who apply soap in anus for constipation. Presence of other cases, which are not stated in the study but exist in reality, should be examined and mothers should be informed that such practices could be harmful.

Infantile colic

In order to heal infantile colic, nearly 11% of mothers give cumin, herbal teas, and walnut to their babies. Advantages and disadvantages of such practices may be analysed in another study. Unlike this study, Isik, Akcinar and Kadioglu (2010)¹³ state that some mothers burn a piece of cloth and cover the abdomen of baby with the ashes in order to heal infantile colic.

Swaddling

Traditional practices functionally integrate with the life style and culture of people and maintain their permanence²³. Swaddling is a practice applied by warping the body of baby tightly and supporting his/her head in order to straighten arms and legs of the baby⁷. This study asserts that 64.63% of mothers swaddle their babies. Results of many studies conducted in Turkey are similar with this result^{10,11,13,14}. Swaddling babies after birth and tightly tying their feet may result in hip dislocation; swaddling is an important risk factor for developmental dislocation of the hip²⁴. Swaddling can also cause extreme increase in body temperature²⁵.

Jaundice

As seen in Table 2, 45.46% of mothers do nothing or take their infant for doctor examination on suspicion of jaundice. The remaining 54.54% apply

some traditional practices. Majority of the practices include pinning gold onto baby or bathing him/her in water with gold (20.16%) or wearing him/her yellow clothes, covering a yellow gauze on him/her and exposing him/her to yellow light (15.42%). Some mothers do not make their babies eat eggs, they keep them warm, drink urine and putting nail in bathing water (n=7). The study of Celik, Capik and Engin (2012)¹¹ reveals that 62.1% of mothers pin gold onto their babies, bath them in water with gold or cover them with yellow gauze. In Turkey, similar practices are applied on suspicion of jaundice, even though their rates change^{7,12,14}. In a study conducted in Iran, it is stated that 27% of mothers stop feeding their babies with coloured foods¹⁴. In this study, 54.54% of mothers apply at least one practice when they are on suspicion of jaundice. A few of such practices directly give harm to infants; however, applying traditional practices at a rate of 54.54%, instead of taking the infant to doctor, may be accepted as harmful as they can prevent children to take medical treatment.

Umbilical cord care

Knowing traditions is important in terms of benefiting from positive contributions of them, replacing the negative contributions with correct and new ones, eliminating or minimising the harmful effects²⁶. 45.89% of mothers do nothing for umbilical cord care; they keep it clean and dry (Table 2). On the other hand, 54.11% of mothers apply spray, cream, baticon, powder to umbilical area or attach metal coin, apply ashes, put black cumin. There are similar studies including such practices^{12,13}. Bolukbas, Erbil, Altunbas & Arslan (2009)¹⁴ state that 28.8% of mothers use umbilical cord in umbilical cord care. Biltekin, Boran, Denkli & Yalcinkaya (2004)¹⁰ state that 40% of mothers burn a piece of cloth and apply the ashes on umbilical area or apply coffee. It is seen in a study conducted in Malaysia that a mustard oil-onion-salt mixture is applied to umbilical area of infants (51.3%)¹⁵. In this study, a slight more than half of the mothers exhibit harmful or unnecessary practice.

Nappy rash and moniliasis

For aphthae, 15.46% of mothers clean the lesion with salty water or wet fabric, and apply a garlic-sugar mixture or ink. For nappy rash, 28.23% of mothers use powder, apply olive oil or breast milk, make their babies sit in a washtub filled with water or cover them with roasted soil. Both practices include

some risky behaviors. For instance, in terms of aphthae, trampling a small insect, applying it onto the area, and rubbing it until bleeding and applying a garlic-sugar mixture are harmful; in terms of nappy rash, covering infant with roasted soil is harmful (Table 2). Using powder for nappy rash is considered as a wrong practice because it may result in aspiration and lung diseases¹². In other studies related to moniliasis, it is stated that some mothers clean the lesions with the hair of an old woman and then throw off this hair far away or apply breast milk, flour, garlic or sugar to the lesion area^{5,8,12}. However, in this study, such practices were not determined.

First breastfeeding

It is observed that the colostrum is not given to infants at a rate of 9.52%; the first food given to infants is breast milk with a rate of 90.48%. Similar practices are also observed in other studies^{12,14}. The rate of starting breast-feeding after delivery is 90.48%. Such rate was indicated as 19% by Shahjahan, Ahmed, Rahman & Afroz (2012)²⁷ in their study conducted in Bangladesh. According to a qualitative study conducted in Pemba island (Tanzania), believing the necessity and importance of breast milk is common; however, it is stated that mothers make their babies taste honey at first to emphasise that the life is sweet¹⁸. A study conducted by Fikree, Ali, Durocher & Rahbar (2005)¹⁵ in Malaysia reveals that babies are fed with cow's milk or formula as first food (24.7%). In this study, the reason behind why the colostrum is not given infant is mothers' belief that such milk is dirty and its fertility will increase when poured into soil.

The evil eye and gender of baby

Questioning was made for tradition with two different purposes except for traditional behaviours in well-known subjects. One of them is practices applied in order to protect from evil eye. As stated by Ciblak (2004)²⁸, believing in evil eye is observed in every society. It is believed that when a child is affected by evil eye, he/she cannot sleep, he/she yawns a lot, his/her eyes fill with tears, he/she experiences serenity or he/she dies²⁹. In order to protect their babies from evil eye, 84.91% of mothers apply at least one practice. The most common one of them is praying (42.46%). Affixing blue bead onto the clothes of babies is the second most common practice (25.96%). Related studies conducted demonstrate that similar practices are also applied in other regions^{7,12,13,14}.

Another practice including traditional behaviours is to detect/estimate the gender of baby. 45 of the mothers applied at least one practice in order to detect the gender of baby (Table 2). Not having a child is considered as a deficiency in Turkish culture; in addition, having a son is considered as a privilege. To keep such children healthy, who are so important, various traditional measures are taken³⁰. In this study, the most applied method is eating sweet food to have a son and eating sour foods to have a daughter. Another study determined that 4.2% of women are prayed by a hodja in order to have a baby with desired gender³¹.

Beliefs and practices of people regarding health are a part of the culture of their society. Babies constitute the group affected by traditional practices at the utmost. Especially the traditional practices that are harmful to health might extend the recovery period of the infant, disable her/him to receive an efficient treatment and may result in disability, disease and even death³².

Healthcare professionals are required to know which cultural activities stand behind such behaviors and conduct studies to correct the wrong practices in order to develop the behaviors of society regarding health. Considering the results of our study; more than half of mothers (64.63%) swaddle their infants in the sample group of the study. Healthcare professionals should state the harms of this practice, which are performed by majority of mothers. Almost all the traditional practices performed in health problems such as jaundice, rash and monilia are not harmful; however, mothers should be reminded that these practices are respected, but seeing a doctor without delay due to these practices is an important issue. Healthcare professionals should explain mothers that behaviors performed for the care of umbilical cord such as pressing ash or coin on the belly and twisting the finger around it have the risk of infection and physical harm in the area. The rate of keeping the infant away from drinking colostrum is 9.2%, which shows that almost 1 out of 10 mothers keeps her infant away from colostrum. This rate should be considered a serious problem and every mother should be informed about the benefits of colostrum for the infant by both maternity and primary care midwives and nurses during pregnancy and postpartum periods. In studies to be conducted by other researchers for traditional practices, it is recommended for them to primarily be

acquainted with the related society by conducting a descriptive study and then perform and evaluate interventions aimed at risky behaviors.

Due to the effects of cultural values, beliefs, practices and attitudes on health, midwives and nurses should absolutely consider these concepts while meeting the needs of individuals for whom they care. Midwives and nurses should especially be careful at the point where cultural beliefs and practices of individuals are reflected on health. This approach is also important since it involves individuals in their own care by supporting the useful practices and prevents the adverse effects of harmful practices on health.

Conclusion

Practices applied for diarrhoea, constipation, helping crawling/walking and fever are far from traditional ones. Traditional behaviours are generally applied as swaddling, protecting from evil eye and on suspicion of jaundice. One out of ten mothers does not give colostrum to her baby. Midwives and nurses, providing primary healthcare service, should be aware of traditional practices applied for baby and children whom they provide care; and should inform mothers about practices towards swaddling, protection against jaundice, umbilical cord care, nappy rash, moniliasis, infantile colic, and the importance of colostrum. If researches on traditional practices are carried out in rural areas, districts and villages, more results can be obtained.

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