

Original Research Article


# Mothers' Traditional Practices on 0-12 Month Old Baby Care: Turkey Sample

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## Abstract

**Background:** Around the world, child care is still being learned from the elders, where the recommendations and treatments of modern medicine are frequently overlooked. With this study, traditional care practices used by the mothers with 0-12 month old babies were evaluated.

**Materials and methods:** This study was a descriptive study executed in 5 family health centers of different villages of Beykoz district of Istanbul, Turkey; in order to define the traditional methods used by the mothers for care of their babies aged 0-12 months. A data collection tool, composed of 12 questions on socio-demographic features of participants and "Data Collection Form for 0-12-month-old Baby Care" form containing 31 items, was used.

**Results:** Most of the mothers (42.2%, n=43) were in the age of group of 26-30, were high school graduates (41.8%) and housewives (92.0%). The majority of the participants (46.2%) did not receive any education on baby care prior to this study, and 27.9% of them received knowledge from elders of family. A great fraction of mothers stated that they feed their babies only with breast milk for the first 6 months (95.2%), however 51% of them swaddle their babies.

**Conclusion:** Despite the rising trend of usage of modern methods, traditional practices of baby care are still in use. Knowing traditional practices on baby care is important for nurses and midwives in order to prevent harmful practices on baby care.

## Key words

Infant Care, Traditional Practices, Nurse.

## Introduction

Child health includes all necessary physical, social and mental measures taken for healthy

development of children. When the livings standards of the children are investigated, there are only 205 million children under 18 years of

age living in industrialized countries in contrast to nearly 2 billion living in developing countries. An important fraction of child population is living in the areas with insufficient institutional services and understructure for health protection and promotion [1].

Around the world, knowledge on child care is still being learned from the elders, where the recommendations and treatments of modern medicine frequently overlooked and traditional believes and methods are used for childcare [2, 3]. The numerous traditional believes and ways extending from birth to death. Individuals who cannot benefit from healthcare services are using these traditional methods frequently [4]. Though the traditional methods show regional and familial differences, the ratio for application of traditional methods on baby care ranging globally from 54% to 66%, compared to a ratio of 64% to 70% observed in our country.

The use of traditional methods on baby care does not always indicate a wrong application, however it is important for nurses and nursery student to distinguish right and wrong practices. With this knowledge, the nurses can give correct feedbacks to families, and update and improve their child care plans, which has crucial importance for protection and promotion of health. With this study, traditional methods used by the mothers on their babies ages 0-12 months were evaluated. This study will provide a systemic and holistic approach on planning of nursery care, and definition of needs in child care.

## **Materials and methods**

This study was a descriptive study executed in 5 family health centers of different villages in Beykoz province of Istanbul, Turkey in order to define the traditional methods used by the mothers for the care of babies aged 0-12 months. The study was done between August 2017 and January 2018 on n=108 mothers, who had babies aged 0 to 12 months. The mothers with babies under 12 months and/or children under 5 years of age, who accept to participate in the study, and

without any disability which disturbs their communication, were included to this study. The mothers without healthy children were excluded from this study.

Status on the use of traditional methods was the dependent variable of the study, where age, educational status, occupation, social security, marriage duration, family structure, education on baby care of the mothers and persons, those were consulted by mothers the most for baby care, were the independent variables.

The participant mothers were selected from 600 registered mothers from 5 villages, who applied to family health centers. Data was collected through face to face interview, method with a survey containing 12 questions on social and demographic features of participants and "Data Collection Form for 0-12-month-oldBaby Care" containing 31 items questioning traditional practices of mothers on babies after birth. This form was consulted to 4 academicians for its content and understandability.

The data analysis was performed with SPSS version 22.0 and, a p value less than 0.05 was considered statistically significant.

## **Results**

Most of the mothers (42.2%) were in the age of group of 26-30. Only 9.8% of the mothers were in the oldest age group ranging from 36 to 40. The young mothers aged between 21 to 25 constituted 18.6% of the participants. Of the participants, 41.8% were high school, 38.8% were middle school, 11.7% were university graduates. However, 1.9% of the participants were only literate, in terms of educational level (**Table - 1**).

The majority of participant mothers were housewives (92.0%). The remaining participants were either government officers (3.0%) or workers (2.0%) or private sector employees (2.0%) or working in other occupational areas (1.0%). When marriage durations of these

women were investigated, it is found that 63.4% had a of 1-5 years, 29.7% had 6-10 years, 3.9% had more than 16 years and 3% had 11-15 years of marriage duration. Most of these women had a monthly income of 3501 to 4000 Turkish liras (TL) (27.6%), closely followed by the women with monthly income of 4500 TL or above (27.5%). The lowest income group had 2500-3000 TL as monthly income and formed 18.4% of the group (**Table - 1**).

**Table - 1:** Socio-demographic features of participant mothers.

Feature	Categories	n	%
<b>Age</b>	21-25	19	18.6
	26-30	43	42.2
	31-35	30	29.4
	36-40	10	9.8
	<b>Total</b>	<b>102</b>	<b>100</b>
<b>Educational status</b>	Literate	2	1.9
	Primary school graduate	12	11.7
	Middle school graduate	40	38.8
	High school graduate	43	41.8
	University graduate	6	5.8
<b>Total</b>	<b>103</b>	<b>100</b>	
<b>Occupational status</b>	Housewife	93	92
	Worker	8	8
	<b>Total</b>	<b>101</b>	<b>100</b>
<b>Husband's Educational status</b>	Primary school graduate	10	9.8
	Middle school graduate	33	32.4
	High school graduate	53	52
	University graduate	6	5.9
	<b>Total</b>	<b>102</b>	<b>100.1</b>
<b>Husband's Occupational status</b>	Government officer	8	7.8
	Worker in Private sector	86	84.3
	Other	8	7.8
	<b>Total</b>	<b>102</b>	<b>99.9</b>
<b>Monthly Income</b>	2500-3500 TL	34	34.7
	3501 - 4500 TL	37	37.8
	4500 TL and above	27	27.6
	<b>Total</b>	<b>98</b>	<b>100.1</b>
<b>Social security status</b>	Present	57	55.3
	Absent	46	44.7
	<b>Total</b>	<b>103</b>	<b>100</b>
<b>Social security status of Husband</b>	Present	100	97.1
	Absent	3	2.9
	<b>Total</b>	<b>103</b>	<b>100</b>
<b>Duration of marriage (in years)</b>	1-5	64	63.4
	6-10	30	29.7
	11 and above	7	6.9
	<b>Total</b>	<b>101</b>	<b>100</b>
<b>Family structure</b>	Core family	85	82.5

	Extended family	18	17.5
	<b>Total</b>	<b>103</b>	<b>100</b>
<b>Status on prior information on baby care</b>	Received no information	48	46.2
	Family elders	29	27.9
	Midwife/ nurse	24	23.1
	Other	3	2.9
	<b>Total</b>	<b>104</b>	<b>100.1</b>

**Table - 2:** Effect of family structure on some important traditional baby care practices.

<b>Traditional Practice</b>											
<b>“Fortieth flying”</b>	<b>Babies kept at home for forty days</b>		<b>Do not follow the tradition</b>		<b>Wash with coin</b>		<b>Wash with rose leaves</b>		<b>Babies kept at home for forty days, no other practice</b>		
<b>Family</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>p</b>
Core Family	6	7.2	32	38.6	37	44.6	5	6	3	3.6	0.006
Extended Family	0	0	29.4	23.5	4	23.5	6	35.3	2	11.8	
<b>Interaction with child</b>	<b>Playtime 15 min.</b>		<b>Watching TV</b>		<b>Playing with elders</b>		<b>Spending no time with baby</b>				
<b>Family</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>p</b>
Core Family	72	87.8	7	8.5	0	0	3	3.7			0.036
Extended Family	14	87.5	0	0	2	12.5	0	0			

**Table - 3:** Effect of mother's educations on some important traditional baby care practices.

<b>Traditional practice</b>													
<b>Salting</b>	<b>Yes</b>					<b>No</b>					<b>p</b>		
<b>Mother's education</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
Literate	2	100	0	0	0	0	0	0	0	0	0	0	0.024
Primary school	6	50	6	50	6	50	6	50	6	50	6	50	
Middle school	19	47.5	21	52.5	21	52.5	21	52.5	21	52.5	21	52.5	
High school	10	23.3	33	76.7	33	76.7	33	76.7	33	76.7	33	76.7	
University	1	16.7	5	83.3	5	83.3	5	83.3	5	83.3	5	83.3	
<b>Constipation practices</b>	<b>Suppository</b>		<b>Oral olive oil</b>		<b>Breast-feeding</b>		<b>Cumin seed/ Almond</b>		<b>Anal olive oil</b>		<b>Other</b>		<b>p</b>
<b>Mother's educational</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>p</b>
Literate	0	0	0	0	1	50	0	0	1	50	0	0	0.037
Primary school	5	41.7	4	33.3	2	16.7	0	0	1	8.3	0	0	
Middle	4	10	10	25	5	12.5	1	2.5	17	42.5	3	7.5	

school														
High school	1	2.3	9	20.9	6	14	2	4.7	25	58.1	0	0		
University	0	0	2	40	1	20	0	0	2	40	0	0		
<b>Sleep Practices</b>	<b>Sleeping in same bed</b>				<b>Put in sleep by shaking</b>				<b>Sleep in his/her own bed</b>				<b>p</b>	
<b>Mother's education</b>	<b>n</b>		<b>%</b>		<b>n</b>		<b>%</b>		<b>n</b>		<b>%</b>		0.004	
Literate	1		50		0		0		1		50			
Primary school	1		8.3		6		50		5		41.7			
Middle school	24		60		13		32.5		3		7.5			
High school	22		51.2		19		44.7		2		4.7			
University	4		66.7		2		33.3		0		0			
<b>Sleeping habits</b>	<b>Tight swaddling</b>				<b>Pacifier</b>		<b>Carrying on lap</b>		<b>Loosely packed</b>		<b>Other</b>		<b>p</b>	
<b>Mother's education</b>	<b>n</b>	<b>%</b>		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	0.008
Literate	1	50		0	0	0	50	0	0	0	0	0	0	
Primary school	1	8.3		3	25	7	58.3	1	8.3	0	0	0	0	
Middle school	0	0		23	57.5	16	40	1	2.5	0	0	0	0	
High school	0	0		16	37.2	26	60.5	1	2.3	0	0	0	0	
University	0	0		1	16.7	4	66.7	0	0	1	16.7	1	16.7	
<b>Discipline</b>	<b>Physical punishment</b>				<b>Verbal critic</b>		<b>Non-verbal critic</b>		<b>Positive focus</b>				<b>p</b>	
<b>Mother's education</b>	<b>n</b>	<b>%</b>		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>		<b>%</b>		0.027	
Literate	0	0		0	0	1	100	0	0		0			
Primary school	1	9.1		6	54.5	3	27.3	1	9.1		9.1			
Middle school	4	10		15	37.5	11	27.5	10	25		25			
High school	0	0		7	18.4	13	34.2	18	47.4		47.4			
University	0	0		0	0	3	60	2	40		40			

The majority of the participants (46.2%) did not receive any education on baby care prior to this study, where 27.9% and 23.1% of the participants received knowledge from family elders and healthcare workers, respectively. The remaining participants (2.9%) stated, that they received education from other sources (**Table - 1**).

Only 36.6% of participants did not follow the tradition of “forty flying” (“kırk uçurma” in Turkish), where the babies were washed with water containing a coin (applied by 40.6% of

mothers) or rose or other plant leaves (applied by 11.9% of mothers) in the fortieth day or the babies were kept at home for forty days, which was applied by 10.9% of mothers. The applications of forty flying tradition varies by family type, where core families tend to wash their babies more with coin on wash water in contrast to extended families using rose leaves on wash water in fortieth day ( $p= 0.006$ ) (**Table - 2**).

The majority of the mothers (85%) stated, that they would take their children to hospital when they are sick. However, only a tiny fraction of

mothers (1%) said, that they apply what they learn from their elders, e.g. boiling of plants to give to baby. The remaining participants (14%) stated, that they would wait for 1-2 days before taking their child to hospital. The majority of mothers (80.6%) stated they would immediately bring their child with fever to doctor. However, 11.7% of the participants stated that they would give antipyretics obtained from neighbors or relatives to babies, and 1.9% of the participants stated, that they would apply vinegar on the body of their baby. These behaviors were stated more frequently by the mothers living in extended families ( $p > 0.05$ ). Although a major fraction of mothers (94.2%) stated that they would bring their child with cough to doctor, the other mothers stated that they will give apple oil, boiled syrup or butter or antitussive drugs to their children. Of the mothers, 33% stated that they will use carbonate water when their baby would have oral thrush. A tiny fraction of mothers said (1.9%) that they would put sugar on the mouth of their babies in the case of thrush. Of the mothers, 5.8% mentioned they are using tea or soap or make up material for eye care of their babies. The remaining mothers were using either boiled and cooled water (89.3%) or breast milk (4.9%). In the case of heat rash, most mothers (84.6%)

use clean water for care. However, 2.9% of mothers stated that they use salted water against heat rash.

Only one mother said that she gave formula to her baby after birth, in contrast to other mothers ( $n=103$ ) who said that they've began breastfeeding immediately after birth. A great fraction of mothers stated, they will feed their babies only with breast milk for the first 6 months (95.2%). An important fraction of mothers (27.9%) mentioned that they've waited for the first bath until the umbilical cord residue of the baby falls. Although the majority of mothers do not practice salting, the remaining mothers use salting with various motivations including prevention of foul smell (33.7%), decreasing or prevention of heat rash (1% and 1%, respectively), and prevention of sweating (1.8%). As the education level of the mothers increase, the salting practice frequency decreases ( $p=0.024$ ). The frequency of salting in mothers graduated from university was found as low as 16.7% in contrast to mother who are only literate (100%) or primary school graduates (50%). A similar association is also seen in husband's education and mother's salting behavior. ( $p=0.031$ ) (Table – 3, 4).

**Table - 4:** Effect of husband's education or occupation on some important traditional baby care practices.

Traditional practice							
Salting	Yes		No		p		
Husband's education	n	%	n	%	0.031		
Primary school	6	60	4	40			
Middle school	16	48.5	17	51.5			
High school	16	30.2	37	69.8			
University	0	0	6	100			
Sleep Practices	Sleeping in same bed		Put in sleep by shaking		Sleep in his/her own bed		p
Husband's education	n	%	n	%	n	%	0.001
Primary school	1	10	3	30	6	60	
Middle school	17	51.5	13	39.4	3	9.1	
High school	28	52.8	23	43.4	2	3.8	
University	5	83.3	1	16.7	0	0	

Baby is healthy when he/she	Cry		Sleep		Don't know		Other		p
	n	%	n	%	n	%	n	%	
Husband's occupation									0.011
Government officer	4	50	3	37.5	0	0	1	12.5	
Worker	10	28.6	23	65.7	0	0	2	5.7	
Private sector	27	52.9	22	43.1	1	2	1	2	
Other	4	50	1	12.5	1	12.5	2	25	

**Table - 5:** Effect of mother's age group on some important traditional baby care practices.

Constipation practices	Suppository		Oral olive oil		Breast-feeding		Cumin seed/ Almond		Anal olive oil		Other		p
	n	%	n	%	n	%	n	%	n	%	n	%	
Mother's age group (years)													0.001
21-25	1	5.3	6	31.6	7	36.8	0	0	5	26.3	0	0	
26-30	3	7.1	12	28.6	3	7.1	2	4.8	19	45.2	3	7.1	
31-35	4	13.3	7	23.3	0	0	0	0	19	63.3	0	0	
36-40	2	20	0	0	4	40	1	10	3	30	0	0	
Infantile colic practices	Droplet		Anise tea		Olive oil		Vinegar cabbage		Do nothing		Other		p
	n	%	n	%	n	%	n	%	n	%	n	%	
Mother's age group (years)													0.044
21-25	8	42.1	0	0	2	10.5	0	0	9	47.4	0	0	
26-30	14	33.3	1	24	2	48	1	2.4	21	50	3	7.1	
31-35	11	36.7	0	0	0	0	0	0	19	63.3	0	0	
36-40	5	50	0	0	2	20	0	0	1	10	2	20	
Sleep Practices	Sleeping in same bed				Put in sleep by shaking				Sleep in his/her own bed				p
	n		%		n		%		n		%		
Mother's age group (years)													0.012
21-25	11		57.9		5		26.3		3		15.8		
26-30	20		46.5		20		46.5		3		7		
31-35	16		53.3		14		46.7		0		0		
36-40	5		50		1		10		4		40		

**Table - 6:** Effect of regional differences on some important traditional baby care practices.

Baby is healthy when he/she	Cry		Sleep		Don't know		Other		p
	n	%	n	%	n	%	n	%	
Region									0.001
Cumhuriyet	10	38.5	16	61.5	0	0	0	0	
Gorele	11	64.7	6	35.3	0	0	0	0	
Mahmut Sevket	0	0	1	20	1	20	3	60	
Riva	7	58.3	2	16.7	1	8.3	2	16.7	
Ornekkoy	19	43.2	24	54.5	0	0	1	2.3	
Interaction with	Playtime	15	Watching TV		Playing		Spending no time		p



child	min.				with elders		with baby				
Region	n	%	n	%	n	%	n	%	0.015		
Cumhuriyet	20	76.9	3	11.5	1	3.8	2	7.7			
Gorele	16	94.1	1	5.9	0	0	0	0			
Mahmut Sevket	3	60	2	4.0	0	0	0	0			
Riva	7	77.8	1	11.1	1	11.1	0	0			
Ornekkoy	41	97.6	0	0	0	0	1	2.4			
<b>Sleep Practices</b>	<b>Sleeping in same bed</b>		<b>Put in sleep by shaking</b>		<b>Sleep in his/her own bed</b>				<b>p</b>		
<b>Region</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>		<b>%</b>		0.013		
Cumhuriyet	10	38.5	14	53.8	2		7.7				
Gorele	10	58.8	6	35.3	1		5.9				
Mahmut Sevket	0	0	5	100	0		0				
Riva	4	33.3	5	41.7	3		25				
Ornekkoy	29	65.9	10	22.7	5		11.4				
<b>Response to crying</b>	<b>Praying</b>		<b>Letting he/she cry</b>		<b>Giving water with sugar</b>		<b>Shaking</b>		<b>Other</b>	<b>p</b>	
<b>Region</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<0.001
Cumhuriyet	11	42.3	2	7.7	0	0	12	46.2	1	3.8	
Gorele	5	29.4	2	11.8	0	0	9	52.9	1	5.9	
Mahmut Sevket	2	40	0	0	1	20	0	0	2	40	
Riva	3	25	1	8.3	0	0	4	33.3	4	33.3	
Ornekkoy	25	58.1	0	0	0	0	18	41.9	0	0	

While the majority of mothers do not use any method to accelerate the fall of umbilical cord residue (59.8%), the remaining participants apply alcohol (%12.7, n=13), tincture of iodine (22.5%, n=23), coffee/salt or olive oil (%1, n=1), powder (n=1) or breast milk (n=3). Largest fraction of mothers (51.9%) were using pacifiers on their babies when they cry. In addition, 22.1% of participants stated, that they will use pacifier until their baby grow. This behavior did not show any association with socio-demographic features (p>0.05).

Only one mother said that she would stop breastfeeding in case of diarrhea. Another mother expressed that she would not give any water to her baby in order to stop diarrhea. Nevertheless, the highest fraction of mothers (83.3%) said that they would continue breastfeeding in case of diarrhea. In contrast, only 14.6% of mothers expressed, that they would continue breastfeeding and give fluid nutrients appropriate

to their babies' age, in case of constipation. Application of olive oil to anus (44.7%), giving olive oil via oral way (25.2%), using rectal suppository (9.7%) and giving black cummin seed or almond oil (2.9%) were the tradition methods used in case of constipation. Suppository use was higher in older mothers aged 36 to 40, and primary school graduates (p=0.001 and p=0.037, respectively) (**Table – 3, 5**).

Mothers stated, that they've started toilet education to their babies before 1 year of age. The most common traditional practice in infantile colic was use of colic drops (37.9%) followed by addition of olive oil to the baby's food (5.8%). These practices showed differences among age groups of mothers (p=0.044). (Table 4) Most common traditional practices in case of heat rash were application of olive oil (35.6%), powder (26%) or cream (16.3%) to the diaper area of babies. A relatively small fraction (22.1%) said, they would do nothing for heat



rash in their babies. These practices differed geographically ( $p=0.005$ ) as per **Table - 5**.

A large fraction of mothers (51%) stated that they swaddle their babies, so that they have straight legs (13.5%), sleep in comfort (33.7%), stay warm (2.9%) or become tame (1%). The majority of mothers considered their babies health, when they are sleeping (47.1%) or not crying (45.2%). This believe showed regional differences and associated with their husband's occupation ( $p<0.001$  and  $p=0.011$ , respectively) (**Table - 4, 6**). Only a small fraction of mothers leaved their baby sleep in his/her own bed (10.6%), where the majority of mothers put their baby in sleep in their own beds (51%) or shake their baby to put them in sleep (38.5%). This behavior pattern was affected from the region they reside, their age, education level and the education level of their husbands. ( $p=0.013$ ,  $p=0.012$ ,  $p=0.004$ , and  $p=0.001$ , respectively) (**Table - 3, 4, 5, 6**). Of participant mothers, 52.9% were putting their babies in sleep by carrying them on lap and 41.3% of participants used pacifier or baby bottle for putting them in sleep and this behavior was affected by education ( $p=0.008$ ) (**Table - 3**). Only 33.3% of mothers expressed that they are focusing on the positive aspects for giving discipline to their babies. Of the participants, 5.2% stated that they punish their babies with beating. This behavior was associated with education level of mothers ( $p=0.027$ ) (**Table - 3**). The most participants (87.9) said that they share their time with their babies for a minimum of 15 minutes for playing games for the development of their baby. This behavior was affected from region, and family structure ( $p=0.015$  and  $p=0.036$ , respectively) (**Table - 2, 6**). The most of the mothers either pray (44.7%) or begin to shake their babies (41.7%) when they cry continuously and this behavior had regional differences ( $p<0.001$ ) (**Table - 6**). The most of the mothers (83%) respected the privacy of their babies by changing their clothes in his/her private room.

## **Discussion**

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The believes and values of a society affect the society's health practices and their attitudes on disease. Despite regional and socio-economical differences, traditional practices keep to exist within society [5]. Since the rural populations have stronger believes and higher adherence to their values, their adherence to their traditional practices is strong, which play an important role in care of babies.

A previous study conducted Egri, et al. (2007) showed that the mothers use "forty flying" ceremony with a higher fractions(63.4%) compared to our study, which can be explained with regional and age differences between two studies [2]. The breastfeeding rate after birth is found higher than a previous study conducted by Caliskan, et al. (2011), where this rate was found as 89.2% [6]. Previous studies conducted by Senses, et al. (2002) and Biltekin, et al. (2004) also showed that mothers waited call to prayer for their first breastfeeding after birth, with a fraction ranging from 58.5% to 69% [7, 8]. The increase of immediate breastfeeding after birth can be explained by increasing importance given to breastfeeding and baby friendly hospital program, which encourages nurses and midwives to support mothers for breastfeeding.

There are also improvements in terms of first bath timing. According to our study, a large fraction of the mothers (72.1%) wash their babies prior to fall of umbilical residue. In contrast, this ratio was reported between 46.5% and 66% according to the previous studies conducted by Dinc, et al. (2005) and Bolukbas, et al. (2009) [9, 10]. However, there are factors (including being a housewife, receiving no education on baby care and obtaining information on baby care from elders) which drive mothers to practice traditional methods for baby care. Nevertheless, the fraction of mothers who receive baby care knowledge from elders (27.9%) was found low, when it is compared to a study conducted by Dinc, et al. (2005), where this ratio is as high as 46.2%. Both our study and study by Dinc, et al. (2005) showed that uneducated women are more prone to salting their babies. Dinc et al. (2005)

has found that 37.2% of illiterate mothers salt their babies [10].

When the traditional methods for acceleration of the umbilical residue fall were compared, Caliskan, et al. (2011) has found that 22.4% mothers were using olive oil [6]. In contrast, Ozsoy, et al. (2008) has found that 66.7% of mothers use alcohol and tincture of iodine compared to 22.5% of mothers in our study who use this chemical [11]. These differences can be explained with regional and cultural differences. The use of carbonated water on oral thrush has been found lower in our study (33.0%) compared to the study conducted by Egri, et al.(61.6%) [2]. This showed an improvement of mothers' behavior on oral thrush management. Similar to our findings, Sivri, et al. (2012) showed that majority of mothers (72.2%)bring their child to the doctor in case of cough, which can be explained with increased knowledge of mothers on baby care, and higher use of healthcare services by the mothers [12]. Our study showed that 95.2% of mothers begin to give additional food only after 6 months, compared to 80.6% of mothers, according the study of Arabaci, et al. (2016) [13]. These findings show increasing knowledge on breastfeeding.

According to our study, the majority of participants (80.6%) bring their child to doctor in case of high fever. Nevertheless, previous studies executed by Arabaci, et al. (2016) and Ozyazicioglu, et al. (2004) demonstrated that mothers give their babies antipyretics with a ratio ranging from 54.1% to 72.8% [13, 14]. Considering our results, we recommend that any educational programs on fever management may include both mothers and elders. Ratios for application of olive oil on heat rash range between 41.6% and 56%, according to the studies done by Egri, et al. (2006) and Biltekin, et al. (2004), compared to the frequency of 35.6% found in our study [2, 8]. This decreasing trend can be explained by the increasing education of mothers.

According to a previous study, 48.4% of mothers use traditional methods (including giving dark tea or mint and lemon tea to the babies) in case of diarrhea [14]. However, our study showed a major fraction of mothers (83.3%) continue breastfeeding in diarrhea. This result can be explained with increased capability of mothers to obtain knowledge on neonatal care. According to our results, a fraction of mothers (25.7%) mothers give olive oil to their babies or apply it on the anal region (44.7%) against constipation, which is similar to the results of Kahriman, et al. (2007) that shows the use of olive oil in 20.5% of mothers [15].

In the previous literature, Deger, et al. (2011) showed that giving anise to babies against infantile colic is one of the most common traditional applications (69.9%), which contrasts with the findings of our study, where only 1% of mothers use anise tea for infantile colic [16]. This difference can be explained by the relative proximity of our study region to these industrial areas. Swaddling of babies is still a common traditional practice, according to both our study (51%) and a previous study done by Egri, et al. (89.8%) [2].

## **Conclusion**

This study showed that the traditional methods in care of babies are diverse and still in practice in Beykoz area. However, there is a transition to use modern methods. It is important to know the traditional practices in child care in order to distinguish the hazardous practices. It is recommended that nurses and midwives should offer a holistic approach and educate the women by knowing the cultural structure of the society. A good educative practice should be regular and continuously, and must include home visits, where elders of the families should be included. The education of families with low socioeconomic status from rural areas should be prioritized. Both regional educations and using mass media to give information on baby care may decrease the harmful traditional practices. The education of health care professionals may

include knowledge on traditional practices on baby care. This study sheds light on future scientific studies and contains sufficient content for educational programs on this topic.

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