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TRADITIONAL PRACTICES DURING PREGNANCY, DELIVERY, AND PUERPERIUM USED BY WOMEN IN POLAND AND TURKEY

Serap Ejder Apay[1 A,B,D-G]
• ORCID: 0000-0003-0978-1993

Małgorzata Nagórska[2 A,B,D-G]
• ORCID: 0000-0002-3229-1186

Tugce Sonmez[3 C-F]
• ORCID: 0000-0001-9495-526X

Elif Yagmur Gur[1 C-F]
• ORCID: 0000-0002-4949-3614

Filiz Yilmaz[4 B,F]
• ORCID: 0000-0002-8224-7300

Barbara Zych[5 E-G]
• ORCID: 0000-0002-6925-9905

Anna Lewandowska[6 E-G]
• ORCID: 0000-0001-7743-5035

Małgorzata Lesińska-Sawicka[7 B, E,F]
• ORCID: 0000-0003-4222-7978

[1] Midwifery Department, Health Science Faculty, Ataturk University Erzurum, Turkey

[2] Institute of Medical Sciences, Medical College of Rzeszow University, Poland

[3] Midwifery Department, Faculty of Health Science, Tarsus University, Turkey

[4] Erzurum Regional Training and Research Hospital, Erzurum, Turkey

[5] Institute of Health Sciences, Medical College of Rzeszow University, Poland

[6] Institute of Healthcare, State School of Technology and Economics, Jaroslaw, Poland

[7] Department of Nursing, Stanislaw Staszic State University of Applied Science in Pila, Poland

A – study design, **B** – data collection, **C** – statistical analysis, **D** – interpretation of data, **E** – manuscript preparation, **F** – literature review, **G** – sourcing of funding

ABSTRACT

Background: Many traditional practices related to pregnancy, birth, and the postnatal period are used around the world.

Aim of the study: The purpose of this study was to determine and compare traditional methods used by women of different cultures during pregnancy, delivery, and the postpartum period.

Material and methods: This descriptive study was conducted in a maternity hospital in Turkey and gynecology and obstetrics outpatient clinics in Poland. The study sample consisted of 235 women from Turkey and 230 women from Poland. A self-administrated questionnaire was used to collect the data.

Results: It was found that pregnancy-related traditional methods using an increase in skin changes were perceived by 40.3% of the women in Turkey as a pregnancy indicator and a predictor of gender of the infant by the shape of the abdomen in 90.8% of women. Delivery-related traditional methods of burying the umbilical cord were used by 80.1% of women, and postpartum-related traditional methods using depilatory agents for perineal care were endorsed by 42.1% of women. Praying for protection from the evil eye and other evil situations was reported by 62.3% of women. It was found that pregnancy-related traditional methods using intuition were reported by 43.8% of the women in Poland, and the prediction of the gender of an infant was also based on intuitions. Delivery-related traditional methods to prevent the retention of the placenta with massage were reported by 66.7% of women. Postpartum-related traditional methods of taking a shower for perineal care were practiced by 92.2% of women in addition to using red items for protection from the evil eye and other evil situations.

Conclusions: It was found that there are various traditional practices during pregnancy, delivery, and the postpartum period in both countries that are similar, but differences also exist between the two countries.

KEYWORDS: pregnancy, delivery, puerperium, traditional practices, midwifery

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Background

One's culture is determined by fully learned and socially transmitted behaviors that contain many different meanings and constantly evolve to include all values, principles, customs, and habits shared by society. Culture can affect many aspects of human life, from the shaping of one's personality to parental attitudes and from child-raising techniques to the language used in one's home [1]. People learn traditional beliefs and practices that develop as a reflection of a society's thoughts and life from previous generations to overcome material and spiritual difficulties. These beliefs are then transferred to the next generation. Thus, certain beliefs and practices can emerge that are difficult to change [2].

The traditional method of transmitting society's beliefs, traditions, values, and cultures is through oral teachings [3]. Every country has its own traditions and practices [4]. It has been observed that treatment methods become more irrational as one transitions from developed societies and regions towards undeveloped societies and regions in which people must become doctors of themselves where health care services are not sufficiently accessible. For example, the World Health Organization (WHO) reported that childbirths are mostly performed by traditional methods in African countries and that high fevers caused by malaria in Ghana, Mali, Nigeria, and Zambia are mostly (60%) treated with herbs at home [5].

Nowadays, in developing countries, many women lose their lives from complications experienced during pregnancy, birth, and the postnatal period. The most important required activities performed to reduce maternal mortality are the services provided during the prenatal, birth, and postnatal periods [6]. Thus, as a requirement of their profession, midwives must have knowledge about the cultural characteristics in the areas they serve. Also, they must know the needs, knowledge level, and practices of their communities in order to be able to provide adequate service, health care, and education [7]. A society cannot develop a health service model that excludes cultural features. Before planning the care services for a community, it is essential for the effectiveness of the services that health care professionals who engage in one-to-one communication with the community recognize the practices of the community to whom the care services will be given. It is important to know the individuals' socio-cultural characteristics that affect their health behaviors and allow them to use cultural practices that will not adversely affect their health together with more traditional medical treatments [8]. The physical, mental, and social damages caused by certain cultural practices are rooted in tradition and developed as a result of ignorance and misinformation. These practices are transmitted from generation to generation and present an opportunity for midwives to attain the desired result in each individual's own life [9]. In order to develop health-related behaviors in the community, midwives should know which cultural factors are behind these behaviors [2].

According to our literature review, Turkey has many traditional practices related to pregnancy, birth, and the postnatal period but different cultures were not addressed [2, 4, 7]. According to Eğri, women living in rural areas of Zambia do not want to give birth in the hospital due to the belief that traditional practices will not be performed on the placenta in the hospital [2]. It has been observed that Chinese women carry out both medical and traditional practices during the postnatal period [2, 10]. In the study carried out by Lee, Chinese women living in Hong Kong indicated that symptoms of postnatal depression were observed more frequently in women who did not perform traditional practices during the postnatal period [10]. Özsoy and Katabi reported that there are common beliefs and practices in Turkish and Iranian societies for protecting the mother and the infant from evil eyes [11].

In Poland, people have believed in the power of prayer for centuries as it is supposed to ensure prosperity during pregnancy and puerperium, similar to the baptism of a child during the sacrament of admission into the Christian community. Additionally, practices not associated with religion have also been observed, for instance, the attachment of a red ribbon to a pram. This practice is derived from the old belief that the color red protects against the "evil eye" [12].

Midwives have substantial responsibilities in the protection and development of a women's health plan. Especially in preventing problems related to fertility, the care given by midwives during pregnancy, birth, and the postnatal period is critical. In order for the care provided by midwives during these periods to be effective and appropriate to their patient's needs, they must address the woman as a whole with the characteristics of the environment in which she lives. In the philosophy of care, called "holistic care" in many primary patient care sources, knowing and using cultural factors can be influential [4, 8]. Based on the assumptions that pregnant and puerperal women who use traditional practices do not have an understanding of contemporary health and sufficient knowledge of the potentials of medicine, midwives have a duty to these women. The first duty is to inform the public about the drawbacks of conventional practices and the benefits of newer opportunities. The second duty involves ensuring the individuals to whom they provide pregnancy follow-ups, birth support, and puerperal-neonatal follow-up services are not harmed by the use of traditional behaviors. In this context, relevant healthcare professionals must

recognize traditional practices, know their positive and negative aspects of them, and use this information effectively in the region where they serve [8].

Aim of the study

This study is carried out to determine and compare the traditional methods used by women during pregnancy, delivery, and puerperium in different cultures.

Material and methods

Study design

The research was a descriptive cross-sectional comparative study. Data collection was carried out from June 1st to July 7th, 2015, in the Erzurum Nenehatun Maternity Hospital in Turkey and two outpatient clinics in Rzeszów and Koszalin in Poland.

Participants

The study sample consisted of 465 participants (230 from Poland and 235 from Turkey) who met the following inclusion criteria: age >18 years, patients who gave birth in the last 6 months, voluntarily agreed to participate in the study and had no communication difficulties. The exclusion criteria included: age <18 years, women who had difficulties with understanding the language, and those who did not agree to participate in the study.

Ethical consideration

The study was conducted in accordance with the Declaration of Helsinki for medical research. Before conducting the research, the necessary approval was obtained from the Ethics Committee Faculty of Health Sciences at Ataturk University (resolution no. 10/10/2013).

Data sources

A questionnaire prepared by the first author was used as the data collection tool. The choice to use standardized interviewing as the research technique was due to the desire to collect homogeneous and comparable data. The form was translated into English by linguists and assessed by the researchers. It was later translated into the Polish language. The questionnaire consisted of 17 questions accessing information about the socio-demographic characteristics, obstetric history, and traditional practices used during pregnancy, delivery, and the postpartum period of the women participating in the study. The researchers conducted a face-to-face interview with each woman at a time convenient for the respondent. The interviews took place in safe, quiet, and comfortable places and lasted between 10–15 minutes.

Statistical analysis

The data collected was analyzed using the SPSS 18.0 program. To verify the occurrence of differences between the groups of respondents, chi-square tests were used. The results were presented as descriptive statistics and frequencies within a table. The frequency distribution for each variable and the most common answer was defined with an assumed level of significance using a p-value of ≤0.05.

Results

Characteristics of the study group

Turkish respondents were most likely to be between the ages of 27–34 (47.2%), have a primary education (63.4%), be married (100.0%), not working (87.7%), live in an urban center (69.8%), have income equal to their expenses (75.7%), have their first marriage between the ages of 18–25 (76.2%), and have a nuclear family structure (81.3%) (Table 1).

It was observed that 54.8% of the women in Poland were 35 years of age and above, 72.6% were high school graduates, 82.6% were married, 96.1% worked, 83.5% were civil servants, 28.7% lived in a village, 56.5% had an income equal to their expenses, 58.7% had a nuclear family structure, and 82.2% had their first marriage between the ages of 18–25 (Table 1).

It was observed that 78.7% of women in Turkey had their first pregnancy between the ages of 18–25, 43.4% had 3–4 pregnancies, 70.7% had 1–2 living children, 92.8% had no history of stillbirth or abortion, 51.9% had a girl, 54.0% had a normal birth, and 51.5% of the babies were delivered by midwives. It is also observed that 66.0% did not receive information about pregnancy care, 74.9% did not receive information about birth care, and 68.9% did not receive information about postnatal care. When information was provided, 42.5% received information about pregnancy care from health workers, 44.1% received information about birth care from health workers, and 53.4% received information about postnatal care from midwives (Table 2).

Table 1. Distribution of the Descriptive Characteristics of Women by Country

Characteristics	Poland (n=230)		Turkey (n=235)	
	n	%	n	%
Age				
19–26 years	18	7.8	79	33.6
27–34 years	86	37.4	111	47.2
35 years and over	126	54.8	45	19.1
Educational status				
Literate	—	—	27	11.5
Primary education	3	1.1	149	63.4
High school	167	72.8	37	15.7
University	60	26.1	22	9.4
Marital status				
Married	190	82.6	235	100.0
Single	40	17.4	—	—
Employment status				
Employed	221	96.1	29	12.3
Unemployed	9	3.9	206	87.7
Profession				
Housewife	5	2.2	209	88.9
Civil servant	192	83.5	18	7.7
Worker	33	14.3	8	3.4
Place of residence				
City	74	32.2	164	69.8
District	34	14.8	29	12.3
Town	56	24.3	—	—
Village	66	28.7	42	17.9
Income status				
More than their expenses	37	16.1	25	10.6
Equal to their expenses	130	56.5	178	75.7
Less than their expenses	63	27.4	32	13.6
Social security				
There is social security	226	98.3	193	82.1
No social security	4	1.7	42	17.9
Family type				
Nuclear family	135	58.7	191	81.3
Extended family	60	26.1	44	18.7
Fragmented family	44	15.2	—	—
Age at first marriage				
Younger than 18	—	—	31	13.2
18–25	189	82.2	179	76.2
26–35	41	17.8	25	10.6

It was observed that 62.6% of the women in Poland had their first pregnancy within the age range of 18–25, 57.4% had 1–2 pregnancies, 75.7% had 1–2 living children, 94.8% had no history of a stillbirth or miscarriage, 54.8% had a girl, 68.3% had a normal birth, and 59.6% of babies were delivered by doctor-midwife collaboration. It was also observed that 70.0% received information about pregnancy care, 63.5% received information about birth care, and 60.4% received information about postnatal care. When information was provided, 67.1% received information about pregnancy care from their doctor, 49.3% received information about birth care from their midwife, and 52.5% of them received information about postnatal care from their midwife (Table 2).

Table 2. Distribution of the Obstetric Characteristics of Women by Country

Characteristics	Poland (n=230)		Turkey (n=235)	
	n	%	n	%
First pregnancy age				
Younger than 18	23	10.0	20	8.5
18–25	144	62.6	185	78.7
26–35	63	27.4	30	12.8

Table 2 contd.

Characteristics	Poland (n=230)		Turkey (n=235)	
	n	%	n	%
Number of pregnancies				
1–2	132	57.4	96	40.9
3–4	89	38.7	102	43.4
5 and more	9	3.9	37	15.7
Number of living children				
1–2	171	75.7	164	70.7
3–4	48	21.2	56	24.1
5 and more	7	3.1	12	5.2
Number of stillbirths				
0	218	94.8	218	92.8
1	10	4.3	17	7.2
2	2	0.9	—	—
Number of miscarriages				
0	167	72.6	213	90.6
1	46	20.0	19	8.1
2	13	5.7	3	1.3
3	4	1.7	—	—
Gender of the latest baby				
Female	126	54.8	122	51.9
Male	104	45.2	113	48.1
Mode of delivery				
Normal	157	68.3	127	54.0
Cesarean section	73	31.7	108	46.0
The person who delivered the baby				
Doctor	25	10.9	108	46.0
Midwife	68	29.6	121	51.5
Doctor and Midwife	137	59.6	6	2.6
Receiving information about pregnancy care				
No	69	30.0	155	66.0
Yes	161	70.0	79	34.0
From whom information about pregnancy care was received n=240				
Doctor	108	67.1	25	31.3
Midwife	33	20.5	21	26.3
Interdisciplinary team (doctor + midwife + nurse)	20	12.4	34	42.5
Receiving information about birth care				
No	84	36.5	176	74.9
Yes	146	63.5	59	25.1
From whom information about birth care was received n=205				
Doctor	39	26.7	11	18.6
Midwife	72	49.3	22	37.3
Interdisciplinary team (midwife + nurse + doctor)	35	24.0	26	44.1
Receiving information about postnatal care				
No	91	39.6	162	68.9
Yes	139	60.4	73	31.1
From whom information about postnatal care was received n=212				
Doctor	8	5.8	5	6.8
Midwife	73	52.5	39	53.4
Health workers (doctor + midwife + nurse)	58	41.7	29	39.7

Main results

In Turkey, 40.3% of women perceived increased skin changes as a sign of pregnancy, and 90.8% of women predicted the gender of the infant according to the shape of their abdomen. These were found to be traditional practices related to pregnancy. In 86.4% of women, pressure was applied to the abdomen to prevent placenta retention, and 80.1% of women buried the umbilical cord. These were observed to be the most used traditional practices related to birth. In 42.1% of women, a depilatory agent was used for perineum care, and 62.3% of women prayed to be protected from the evil eye and

other bad situations. These were determined as the most common traditional practices related to puerperality (Table 3).

Over 43% of women in Poland perceived their pregnancy intuitively, and all of them predicted the gender of the infant intuitively. These were found to be the most common traditional practices used related to pregnancy. In 66.7% of women, massage was used to prevent placenta retention, and according to religious beliefs, all of the children were baptized to help the umbilical cord to heal. These were observed to be the traditional practices used related to birth. In 92.2% of women, taking a shower was used for perineum care, and 97.0% of women used red goods to protect them from the evil eye and other bad situations. These were determined to be the traditional practices related to puerperality (Table 3).

It was observed that there are statistically significant differences between the two countries according to the use of traditional practices ($p < 0.05$). These practices included the sign used in predicting the pregnancy, predicting the gender of the infant, predicting a boy or girl baby, and predicting birth. Additionally, statistically significant differences were seen between the traditional practices used in easing the birth, preventing placenta retention, for the umbilicus, for perineum care, easing the return of the uterus to its former state, reducing swelling of the breasts, increasing breast milk, and in protecting the mother and baby from diseases and the evil eye (Table 3).

Table 3. Distribution of Women by Country According to Their Status of Performing Traditional Practices Related to Pregnancy, Birth, and the Postnatal Period

Characteristics	Poland (n=230)		Turkey (n=235)		Test and p-value
	n	%	n	%	
Using traditional practices as a pregnancy sign					
Yes	16	7.0	186	79.1	X^2=246.56
No	214	93.0	49	20.9	**p=0.000**
Traditional practices used as a pregnancy sign	**(n=16)**		**(n=186)**		
Intuitive	7	43.8	7	3.8	
Nausea	3	18.8	19	10.2	X^2=65.25
Inability to menstruate	6	37.5	11	5.9	**p=0.000**
Sticking/Proliferation of eyelashes	—	—	77	39.8	
Changes in the skin	—	—	75	40.3	
Using traditional practice in predicting the infant's gender					
Yes	3	1.3	174	74.0	X^2=260.86
No	227	98.7	61	26.0	**p=0.000**
Traditional practices used in predicting the infant's gender	**(n=3)**		**(n=174)**		
Intuitive	3	100.0	7	4.0	
If the abdomen is wide, it is a boy; if the hips are wide, it is a girl.	—	—	158	90.8	X^2=50.96
If the pregnant woman eats sweet food, it is a boy; if the pregnant woman eats sour food, it is a girl	—	—	5	2.9	**p=0.000**
If on the right side, it is a boy; if on the left side, it is a girl	—	—	4	2.3	
Using traditional practices to have a baby boy					
Yes	13	5.7	45	19.1	X^2=19.39
No	217	94.3	190	80.9	**p=0.000**
Traditional practices used to have a baby boy	**(n=13)**		**(n=45)**		
Intuitive	13	100.0	—	—	X^2=58.00
Sleeping on the right side after sexual intercourse	—	—	42	93.3	**p=0.000**
If the pregnant woman has a pointed abdomen, it is a boy	—	—	3	6.7	
Using traditional practices to have a baby girl					
Yes	12	5.2	33	14.0	X^2=10.35
No	218	94.8	202	86.0	**p=0.001**
Traditional practices used to have a baby girl	**(n=12)**		**(n=33)**		
Not too much nausea	12	100.0	2	6.1	X^2=16.43
If the abdomen is downward, it is a girl	—	—	2	6.1	**p=0.000**
Sleeping on the left side after sexual intercourse	—	—	29	87.9	
Using traditional practices as a sign of birth					
Yes	6	2.6	139	59.1	X^2=173.15
No	224	97.4	96	40.9	**p=0.000**
Traditional practices used as a sign of birth	**(n=6)**		**(n=139)**		
Intuitive	6	100.0	1	0.7	X^2=123.39
Lowering of the abdominal area	—	—	135	97.1	**p=0.000**
Changes in the color of the skin	—	—	3	2.2	
Using traditional practices to ease the birth					
Yes	11	4.8	158	67.2	X^2=195.95
No	219	95.2	77	32.8	**p=0.000**

Table 3 contd.

Characteristics	Poland (n=230)		Turkey (n=235)		Test and p-value
	n	%	n	%	
Traditional practices used in easing the birth	**(n=11)**		**(n=158)**		
Massage	4	36.4	—	—	
Movement	7	63.6	93	58.9	X^2=62.01
To shower	—	—	49	31.0	**p=0.000**
For Eating-Drinking (Date/Olive Oil/Butter/Onion Water)	—	—	11	7.0	
To pray	—	—	5	3.2	
Using traditional practices to reduce vaginal bleeding					
Yes	2	0.9	7	3.0	X^2=2.72
No	228	99.1	228	97.0	**p=0.099**
Traditional practices used in reducing vaginal bleeding	**(n=2)**		**(n=7)**		
Movement	1	50.0	—	—	
To shower	—	—	2	28.6	X^2=9.00
Breastfeeding	1	50.0	—	—	**p=0.061**
To sit on the hot soil	—	—	3	42.9	
To raise the legs up	—	—	2	28.6	
Using traditional practices to prevent placenta retention					
Yes	3	1.3	22	9.4	X^2=14.83
No	227	98.7	213	90.6	**p=0.000**
Traditional practices used in preventing placenta retention	**(n=3)**		**(n=22)**		
Massage	2	66.7	1	4.5	
Breastfeeding	1	33.3	—	—	X^2=18.68
Applying pressure to the abdomen	—	—	19	86.4	**p=0.000**
Tying shoes to the edge of the cord	—	—	2	9.1	
Using traditional practices for the umbilicus					
Yes	8	3.5	191	81.3	X^2=287.37
No	222	96.5	44	18.7	**p=0.000**
Traditional practices used for the umbilicus	**(n=8)**		**(n=191)**		
Religious beliefs (baptism)	8	100.0	—	—	
Burying the umbilical cord	—	—	153	80.1	X^2=199.00
Hiding at home	—	—	33	17.3	**p=0.000**
Putting a coin and wrapping	—	—	5	2.6	
Using traditional practices for perineum care					
Yes	64	27.8	19	8.1	X^2=30.89
No	166	72.2	216	91.9	**p=0.000**
Traditional practices used for perineum care	**(n=64)**		**(n=19)**		
To shower	59	92.2	5	26.3	
Herbal remedies	4	6.3	—	—	X^2=52.03
Insulation	1	1.6	6	31.6	**p=0.000**
Using a depilatory agent	—	—	8	42.1	
Using traditional practices to ease the return of the uterus to its former state					
Yes	16	7.0	161	68.5	X^2=186.80
No	214	93.0	74	31.5	**p=0.000**
Traditional practices used in easing the return of the uterus to its former state	**(n=16)**		**(n=161)**		
Massage	1	6.3	13	8.1	
Breastfeeding	13	81.3	—	—	X^2=151.11
For eating and drinking (cabbage juice, olive oil)	2	12.5	3	1.9	**p=0.000**
To wrap cloth to the abdomen	—	—	145	90.1	
Using traditional practices to reduce swelling of the breasts					
Yes	48	20.9	141	60.0	X^2=73.71
No	182	79.1	94	40.0	**p=0.000**
Traditional practices used in reducing swelling of the breasts	(n=48)		(n=141)		
Massage	2	4.2	18	12.8	
To shower	4	8.3	51	36.2	
Breastfeeding	4	8.3	10	7.1	X^2=60.85
Herbal remedies (onion application)	18	37.5	5	3.5	**p=0.000**
Milking	20	41.7	30	21.3	
Combing with a comb	—	—	27	19.1	
Using traditional practices to increase breast milk					
Yes	45	19.6	211	89.8	X^2=231.63
No	185	80.4	24	10.2	**p=0.000**

Table 3 contd.

Characteristics	Poland (n=230)		Turkey (n=235)		Test and p-value
	n	%	n	%	
Traditional practices used in increasing breast milk	**(n=45)**		**(n=211)**		
Breastfeeding	14	31.1	3	1.4	
Herbal remedies/tea	13	28.9	69	32.7	X^2=69.99
Milking	3	6.7	—	—	**p=0.000**
For eating-drinking (stewed fruits, tea, pilaf with burghul, water, lentil soup)	15	33.3	139	65.9	
Using traditional practices to protect the mother and baby from diseases					
Yes	53	23.0	116	49.4	X^2=34.80
No	177	77.0	119	50.4	**p=0.000**
Traditional practices used in protecting the mother and baby from diseases	**(n=53)**		**(n=116)**		
To shower	6	11.3	—	—	
Breastfeeding	7	13.2	—	—	
Religious beliefs (putting bread and the Quran on the side/praying, making amulets)	—	—	13	11.2	X^2=144.76 **p=0.000**
House cleaning	40	75.5	6	5.2	
Not leaving home for 40 days	—	—	97	83.6	
Using traditional practices to protect the mother and baby from the evil eye, etc.					
Yes	33	14.3	207	88.1	X^2=253.06
No	197	85.7	28	11.9	**p=0.000**
Traditional practices used in protecting the mother and baby from the evil eye, etc. (n=240)	**(n=33)**		**(n=207)**		
Using red goods	32	97.0	—	—	
To pray	—	—	129	62.3	X^2=231.73
Baptism/evil eye talisman/to wear an amulet	1	3.0	49	23.7	**p=0.000**
To put bread/onion/the Quran, etc. on the side of the baby	—	—	29	14.0	

Discussion

For ages people in every culture attached great importance to the so-called "transition periods" like birth, entry into adulthood, marriage, and death. Pregnancy and the birth of a new member of society have always remained shrouded in mystery, and the accompanying rituals reinforce the belief that it is an exceptional time, having a "mystical element" to it [12]. The conducted research confirms that despite medical progress, folk rituals and customs as well as superstitions related to the perinatal period are still deeply rooted in culture.

Pregnancy

Comparing the practices used in both countries during pregnancy, it can be seen that in Turkey many women still rely on folk beliefs, e.g. 79.1% of Turks pay attention to pregnancy symptoms such as eye stickiness and changes of the skin. Ozsoy and Katabi have described other symptoms believed by Turks and Iranians such as: "If her shoulders move while breathing or if she does not enjoy drinking tea". Foreseeing a child's sex, which is declared by 74% of Turkish women, is most often made based on the shape of the abdomen, which has also been reported by Ozsoy and Katabi [11]. Polish women rely less on unconventional traditions and the knowledge deficit is replaced by intuition and good feelings [12].

Labor

With regard to labor, women from both countries indicate activity and movement as methods of accelerating childbirth. As reported by Ozsoy, mothers in her paper also indicated a bath and prayer. According to Polish women, massage was helpful in giving birth to the placenta, and according to Turkish women pressing on the abdomen was helpful as reported in a previous study [11].

Our research confirms that in both countries despite women having medical knowledge, 81.3% of Turks still use traditional methods like the burial of the umbilical cord in the ground that in their conviction works for faster healing of the umbilicus.

During puerperium, many Turks stay at home for 40 days, a tradition similar to Indonesia and many other Asian countries [7, 13–17]. This custom was prevalent in old Poland, where young mothers were recommended to stay with their child at home until their baptism but is no longer practiced. In China, the province of Fujian has a tradition called "doing the month" (*zuo yuezi*) which requires women to stay

in bed for 30 days after birth [12]. In other reports, authors point out that isolation has several positive aspects, because apart from limiting contact with the environment (prophylaxis of infections), it gives the mother time to relax and adapt to a new life situation and, as confirmed by other researchers, influences postnatal depression [18–20].

Diet

The WHO recommends a balanced diet for women during lactation, as well as an increase in the daily caloric intake by 10–20% in "The Guide for Nursing Mothers" [21]. According to research, women in Turkey pay more attention to an appropriate diet during puerperium which affects both postpartum wound healing [11, 22, 23] and maintenance and stimulation of lactation [11]. Polish researchers have shown that sociodemographic, environmental, lifestyle, and pregnancy-related determinants affect the mother's quality of diet [24].

Hygiene

Almost half of Turkish and 23% of Polish women apply traditional practices to prevent infections. Mothers in both countries pay attention to the maintenance of personal hygiene as well as hygiene of the environment for the prevention of diseases and infections at home and in their child. In Ozsoy's study, surveyed mothers washed their crotch "with cologne or vinegar" [11]. Raven, in turn, describes that China's hygiene practices during puerperium are limited to intimate areas, deliberately omitting bathing the whole body and even brushing teeth [15]. Undoubtedly, body hygiene of women during the postpartum period prevents infections, including infections of the crotch [25, 26].

During puerperium, the process of uterus involution occurs and in the opinion of Polish women (81.3% use traditional methods) breastfeeding helps this process, and according to Turkish women (90.1%) the best method is to use oppressive underwear and half of the respondents admitted to using such underwear [27].

Evil eye

In the tradition of many cultures, there is the belief in the so-called "Evil eye", i.e. a situation when someone who wishes the mother, child, or family harm can bring disaster or illness to them. This conviction has survived in many cultures over time, which has also been confirmed by our research as 14.3% of Polish and 88.1% of Turkish women practice some form of protection. In order to protect against the "evil eye", Turks most often use prayer or special amulets, and Polish women use a red ribbon which they hang on a pram. Karahan et al. similarly reported that Turkish mothers use evil talismans, amulets, or prayer [28]. Similar behaviors are described by other authors, in many countries like Spain, Pakistan, and India where people use the color red to protect children for instance red thread on the wrist or a bracelet made of red beads [29–31]. In Goa, India, 50% of mothers believe and protect their family from the devil's eye [27]. In Dagestan, there is a custom to put silver coins, a small knife for boys or scissors for girls, or a small Qur'an under the child's pillow to protect newborns from the "evil eye" [16].

Pregnancy, childbirth, and motherhood is a special time in every woman's life, in which she tries to maintain the best possible health for herself and her child. In times when knowledge of obstetrics was negligible and medicine did not cope with problematic situations, people relied on beliefs, folk customs, or religion. With the passage of time, both spheres began to interweave creating superstitions that are still visible in the practices of women during pregnancy, birth, and puerperium in many cultures [30]. Some superstitions are not taken seriously today, but some are still cultivated with a pragmatic approach "just in case" as they do not cause any harm but can help. On the other hand, Demirel's results show that the incidence of postpartum depression was lower amongst women who used traditional practices [32].

Our research confirms that there are still many traditions and unconventional practices regarding the perinatal period, hence the important role medical staff, doctors, and midwives play in raising the knowledge and awareness of women through education.

Sometimes traditional, unconventional practices are treated with disdain. However, it is important to remember that they should not supplant evidence-based actions and behaviors. Lulling health care provider vigilance by believing that traditional approaches are harmless can lead to a variety of maternal and child complications. In the future, it is necessary to recognize the impact rituals have on the health of mothers and children from the point of view of current medical knowledge.

Limitations of the study

The conducted research provides important knowledge that is subject to a few limitations. A face-to-face interview with the patient may have caused embarrassment and talking about intimate activities is often difficult for the interviewee. This may cause respondents to avoid telling the full truth out of fear

of ridicule. Some women, even though they are educated in the understanding of their physiology and the perinatal period, may be influenced by women in their families and neighborhoods when faced with pregnancy and becoming a mother. As a result, they may engage in activities that are closer to superstition and beliefs than to scientific evidence.

Conclusions

It was found that there are various traditional practices belonging to pregnancy, delivery, and the postpartum period in both countries as well as differences between them. Turkish women support traditions related to pregnancy and the perinatal period to a greater extent than Poles. During pregnancy, Polish women more often rely on intuition, whereas Turkish women use folk beliefs, e.g. the determination of a child's sex depends on the position during sleep after intercourse. During labor, women in both countries know and apply some methods consistent with current obstetric knowledge (lowering the abdomen before childbirth, movement as a method to speed up labor). In the puerperal period, hygiene and diet are important for women from both countries. In both countries, religion during the perinatal period is important, though not decisive, and often appeals to mothers in difficult situations. The deficit of professional knowledge in difficult situations is replaced by practices derived from folk beliefs and religious rites. In both cultures, there is a belief in evil powers (evil eye) for which in Turkey the remedy is prayer and amulets, and in Poland red ribbons.

In both countries, there is a deficit of medical knowledge regarding pregnancy, delivery, and puerperium. This is why a woman's education should be optimized during these periods in accordance with current medical knowledge.

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Correspondence address:
Małgorzata Nagórska
Institute of Medical Sciences,
Medical College of Rzeszow University, Poland
E-mail: mnagorska@ur.edu.pl

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