

## Original Article

## Traditional Baby Care Practices of Mothers and their Practices Reasons: A Sample From Turkey

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### Abstract

**Objective:** The aim of this study was to determine mother's baby care traditional practices and their practices reasons in a town of western Turkey.

**Methodology:** This descriptive study was completed with 176 mothers with 0-2 year old babies living in a town in western of Turkey. Ethical permissions were obtained. The data were collected face-to-face by the researcher in two Family Health Centers between December 2018 and February 2020 with a questionnaire. Data were analyzed using SPSS software, version 25.0 for Windows. Data are given as number and percent.

**Results:** It was determined that 16.5% of the mothers waited three or five azan to breastfeed their baby; 61.4% salted their baby; 84.7% of them made their baby sleep by shaking; 9.7% of them used a holluk; 36.9% of them did not cut their baby's nails until their forties; 55.1% of them swaddled their babies and applied to many traditional practices to protect them from flushing. Additionally, reasons for mothers to use traditional practices; 65.3% of mothers see and adopt traditional practices from their elders; 61.9% of them want their babies to be healthy; 58% of them applied because it was a part of their culture and 57.4% because it was easier to reach health institutions.

**Conclusion:** It was determined that some traditional practices that mothers follow, do not give any harm to babies. Some practices may cause serious health problems for the babies in the short term or long term.

**Keywords:** Turkey, Mother, Baby, Care, Traditional Practice

### Introduction

Tradition has multiple meanings. The common point of different definitions is explained as "the spirit wandering in the triangle of past-today-tomorrow" (Karadeniz, 2007). Traditional medicine is the use of cultural knowledge obtained through observation, trial and error for the purpose of improving the individual. Cultural knowledge has been transmitted from generation to generation through culture for centuries (Ozturk et al. 2020). One of the most applied periods of traditional practices is infancy. Traditional practices are commonly used for care purposes during infancy. Some of these applications used are applications that may threaten the health of the baby (Acikgoz et al. 2014; Sharma & Byrne, 2016; Tanriverdi & Erdem, 2018; Jimoh et al. 2018; Kanbur et al.

2020). In India, where one quarter of newborn deaths occur in the world every year, the reason for more than half of the deaths is the use of traditional practices in care (Reshma, Sujatha, 2014). In the systematic review examining the researches in Turkey it was determined that, 1.0-45.4% of newborns were given sugar water; 20.1%-89.8% of babies were swaddled; 6.4-86.5% of babies were salted; 9.2-35% use of holluk; 30.5-66% of bathing is not done until the navel cord of infant falls; 4.4-44.9% were rocked to sleep comfortably (Tanriverdi & Erdem, 2018). In a systematic review about traditional practices in newborns in Turkey was determined salting rates between 0.7 and 86.5%; swadling rates between 1.4-84%; using a holluk between 0.2-35%; late initiation of breastfeeding between 0.5-19.2% clipping between 3.5% and 73.7% (Ozyazicioglu & Polat, 2014). Among these

applications, it has been emphasized that salting causes irritation on the baby's skin, pain, redness, loss of fluid from the body and the development of infection in the baby; swaddling causes developmental hip dislocation in the infant; the use of a holluk can cause the development of tetanus in the baby (Ozyazicioglu and Polat, 2014; Tanriverdi and Erdem, 2018). In another literature, it has been pointed out that traditional practices increase the risk of death as a result of infection in infants and metabolic and infectious diseases in their future lives (Ozyazicioglu, 2004); it may cause prolongation of the treatment process of the baby, sequelae in the future life and even death (Dinc, 2005).

The reasons for resorting to traditional practices are different. Among these, reasons such as prolongation of life expectancy, increase in permanent and incurable diseases, naturalness being at the forefront, decreased trust in modern medicine and doctors, decreased trust in pharmaceutical industries, and inadequacy of modern medicine in curing some diseases were stated (Ozturk et al. 2020). In addition, believing that such practices are beneficial, having been tried, procedural barriers to accessing health institutions, negative experiences with health workers, and rejection of technology are among the reasons for resorting to traditional practices (Ozyazicioglu and Öncel, 2014). It has been reported that traditional practices are used in Africa and some developing countries for many cultural and historical reasons, such as being easily accessible and low cost (Sahan et al. 2019). It has been stated that the usage rates of traditional applications have increased over the years (Ozturk et al. 2020).

It is thought that it is impossible for health professionals to offer a holistic approach without knowing the traditional practices and reasons that will threaten the baby's health. It is thought that it is important that public health nurses, who work in the community, are in touch with them, and stay in contact for the longest time, know traditional health practices and shape care accordingly. Traditional practices have been defined by researchers since the early 1980s in Turkey. Traditional practices vary from region to region, from city to city and even within the city. However, it is thought that the reasons for applying to traditional practices may be similar. We could not find a study describing why traditional practices were used in infancy in Turkey. This study differs from other studies

conducted in Turkey in this aspect. The reasons for resorting to traditional practices are mostly defined in the classical literature (Ozyazicioglu and Oncel, 2014) It is thought that the results of this research will lead to studies aimed at eliminating the causes of traditional practices. The aim of this research is to define traditional baby care practices of mothers and their reasons for applying traditional practices.

### Research Questions

1. What is mothers' traditional baby care practices?
2. Why do mothers practice traditional practices?

### Methodology

**Type of Study:** The study is a descriptive study.

**Population of the Study and Selection of Sample:** The population of the study consisted of women with at least one 0-2 year old baby living in a town in the western of Turkey. A total of 620 mothers with babies aged 0-2 were identified from the health institution records. Sample selection was not made. 100 mothers who were not citizens of the Republic of Turkey and 20 mothers who were illiterate were excluded from the study. 500 mothers suitable for the purpose of the study were determined. The criteria of being a Turkish citizen, being literate and knowing Turkish were sought for the mothers included in the study. The study was completed with 176 mothers (35.2%) who met these criteria, volunteered and filled out the questionnaires.

**Ethics:** Ethics committee approval (2018-19), institutional permission (93966460-044- E.113) and verbal and written consent from the mothers were obtained before starting the study.

**Data Collection:** Data were collected by the researcher in two Family Health Centers between December 2018 and February 2020, in appropriate settings, by interviewing face-to-face with a questionnaire. The questionnaire was composed of questions describing mothers and 21 questions describing traditional practices and reasons for baby care, which were created in line with the literature (Tanriverdi and Erdem 2018; Ozyazicioglu and Oncel, 2014).

**Evaluation of Data:** Data were evaluated by using SPSS 25 in computer environment by taking percentage and averages.

**Limitations of the Research:** The fact that mothers were not willing to fill out the questionnaire, the limited number of mothers who came to the family health center during the

time the researchers spared for this study, and the limited time as it was a thesis research prevented reaching the entire universe.

## Results

### Mothers' Sociodemographic Characteristics:

The mean age of the mothers was  $30.26 \pm 6.23$ , and the mean monthly income was  $5370.46 \pm 3096.04$  TL. The majority were graduated from a university ( $n=75$ , 42.6%); housewives ( $n=82$ , 46.6%), had health insurance ( $n=148$ , 84.1%) and lived in a nuclear family ( $n=136$ , 77.3%). It was determined that the majority of them were from the Marmara region in western Turkey ( $n=93$ , 52.8%), spent most of her life in the town ( $n=107$ , 61.1%) and has been living in this town (average of  $6.07 \pm 6.33$  years) (Table 1).

### Mothers' Traditional Baby Care Practices:

Mothers' traditional baby care practices are shown in Table 2. The most frequently conducted traditional practices were identified giving

sugared water to the baby as first food (24.4 %), not washing the baby until the umbilical cord falls off (53.4%), shaking baby to sleep (%84.7), rub with olive oil (%51.7), using olive oil for navel cord care (31.2%), shaking the baby for calming the baby (85.8%), swaddling the baby (92.6%), applying breast milk to baby's face for the baby to be beautiful (18.7%), trying to walk by holding the baby's hand for the baby to walk early (77.3%), praying for protection from evil eye (60.2%), praying for preventing 'Alkarısı' (64.8%).

### Reasons Mothers' Traditional Baby Care Practices:

Among the most common reasons for mothers to resort to traditional practices in infant care; It was determined that the elders of the family saw that, they thought that the practices were beneficial, and that there were no harm in the environment from these practices (Table 3).

**Table 1: Demographic Characteristics of Mothers (n=176)**

Demographic Characteristics	Min – Max	X ± SD
Age	18-48	30.26 ± 6.23
Duration of Living in Sarkoy (Years)	1-41	6.07 ± 6.33
Total Income	1000-20000	5370,46 ± 3096,04
	<b>n</b>	<b>%</b>
<b>Region (n=176)</b>		
Marmara	93	52.8
Aegean	14	8.0
Mediterranean	11	6.3
Black Sea	11	6.3
Central Anatolia	16	9.1
Southeastern Anatolia	10	5.6
Eastern Anatolia	21	11.9
<b>Educational status (n=176)</b>		
Literate	4	2.3
Primary school	17	9.6
Middle School	20	11.4
High school	60	34.1
University	75	42.6
<b>Occupation (n=176)</b>		

Housewife	82	46.6
Sivil servant	61	34.7
Tradesman	2	1.1
Employee	29	16.5
Other	2	1.1
<b>Family structure (n=176)</b>		
Nuclear family	136	77.3
Extended family	37	21.0
Broken family	3	1.7
<b>Settlement (n=175)</b>		
Village	28	16
Town	107	61.1
City	40	22.9
<b>Health insurance (n=176)</b>		
Yes	148	84.1
No	28	15.9

**Table 2. Traditional Baby Care Practices of Mothers (n=176)**

Traditional Practices	Yes	
	n	%
<b>Nutrition</b>		
Waiting for three or five azan to breastfeed the baby	29	16.5
Starting solid food six months before	38	21.8
Failure to deliver/discharge colostrum	31	17.5
Giving sugared water to the baby as first food	43	24.4
Peppering, gluing hairs to cut off the baby from the breast	37	21.0
<b>Bath time</b>		
Not washing the baby until the umbilical cord falls off	94	53.4
Waiting forty days to bathe the baby	81	46.0
Waiting forty days to bathe the baby	82	46.6
<b>Easy way to sleep</b>		
Shaking baby to sleep	149	84.7
Breastfeeding to sleep	146	83.0
Put to sleep with a sugar pacifier	100	56.8
Put baby to sleep with lullaby	146	83.0
Swaddling the baby to sleep.	123	59.9
<b>Cradle cap care</b>		
Olive oil rubbing	91	51.7

Mixing olive oil and baking soda	65	36.9
Combing	86	48.9
<b>Navel cord care and related applications</b>		
Using olive oil for navel cord care	55	31.2
Using coffee for navel cord care	33	18.7
Tar application for navel cord care	33	18.7
Using breast milk for navel cord care	43	24.4
Using tomato paste for navel cord care	32	18.2
Using penicillin powder for navel care	31	17.6
Using butter for navel care	30	17.0
Using burnt rag navel care	34	19.3
Burying the baby's umbilical cord in the garden of the mosque.	48	27.3
Burying a baby's umbilical cord in the garden of school	47	26.7
Preserving the baby's umbilical cord at home	50	28.4
<b>Calming the baby</b>		
Shake the baby	151	85.8
Massage	151	85.8
Bounce	129	73.3
Drinking mint tea	93	52.8
Drinking fennel tea	107	80.8
Drinking anise	89	50.6
Drinking cumin	95	54.0
Breastfeeding	147	83.5
Praying	148	84.1
Giving sugary foods to the baby	96	54.5

Continuation of Table 2. Traditional Baby Care Practices of Mothers (n=176)

Traditional Practices	Yes	
<b>Other Traditional Applications</b>		
Salting the baby	152	86.4
Holluk	56	31.8
Not cutting the nails of the baby for forty days	108	61.4
Swaddling the baby	163	92.6
Making the forties	159	90.3
<b>For the baby to be beautiful</b>		

Tying up baby's head	23	13.1
Applying breast milk to baby's face	33	18.7
Squeezing baby's nose	25	14.2
Pinching the baby's nose	18	10.2
<b>For the baby to walk early</b>		
Trying to walk by holding the baby's hand	136	77.3
Trying to walk the baby face down	112	63.6
Crawling towards toys	128	72.7
Tying a ribbon to the baby's foot and cutting it	79	44.9
Giving sugar water to a newborn	81	46.0
<b>Protection from the evil eye</b>		
Casting lead for evil eye	62	35.2
Oouring lead, sugar, salt for the evil eye	56	31.8
Wearing evil eye beads / amulets / blue beads	97	55.1
Praying	106	60.2
Dressing dirty clothes	55	31.3
Wearing amulets	68	38.6
<b>Preventing 'Alkarısı'</b>		
Not leaving baby alone	107	60.8
Placing Quran on the bedside	95	54.0
Not to dry the baby's wet clothes outside at night until they are forty days old.	85	48.3
Not showing the baby to the menstruating woman until she is forty days old	78	44.3
Not taking baby outside the house for twenty days	97	55.1
Not taking baby outside the house for forty days	94	53.4
Praying	114	64.8
Prayers of hodjas	78	44.3
Burning of chamomile and incense	70	39.8
Attaching eye beads and blue beads	97	56.1
Wearing verse, cevşen, Quran on baby	90	51.1

**Table 3: The Reasons of Mothers' Traditional Baby Care Practices (n=176)**

Reasons	n	%
That's how I saw it from my mother and other family elders and adopted it.	115	65.3
I think practices are useful.	114	64.8
No one is harmed by such practices.	111	63.1
I use it to make my baby healthier.	109	61.9
I practice traditional practices because they are part of my culture.	102	58.0
It is easier to reach such applications than to reach health institutions.	101	57.4
It is easier to make such applications.	88	50.0
Such applications are cheaper than health institutions.	83	47.2
I apply it in situations where I think medicine is helpless.	83	47.2
I apply it because traditional applications are more painless.	77	43.7
My family elders insisted that I do the applications.	62	35.2
I am afraid of the side effects of medical treatment.	62	35.2
I do not want to deal with procedures in health institutions.	50	28.4
I have had negative experiences with healthcare professionals.	25	14.2
I am far from the health institution and cannot reach it.	25	14.2
I don't think modern medicine is effective.	25	14.2
I could not get results from modern medicine practices.	25	14.2
I am not satisfied with health services.	23	13.1
I am afraid of the health institution.	19	10.8
I don't trust healthcare workers.	16	9.1
I do not trust the health institution.	15	8.5

## Discussion

The results were discussed under two headings.

**Mothers' Traditional Baby Care Practices:** In this study, it was determined that mothers gave sugary water to their babies in the first six months, started solid food before six months old, did not give colostrum, and waited 3-5 azan to breastfeed the baby (Table 2). In a study conducted in rural Nigeria, it was found that the majority of mothers (76.3%) started breastfeeding early (Jimoh et al. 2018). It has been stated that Georgians living in Turkey start breastfeeding the baby immediately, care is taken to breastfeed the baby for two years, and complementary foods are started 2-3 months after birth (Kahraman and Akyil, 2020). Among Albanians, breastfeeding is started as soon as the

baby is born (Turkmen, 2020); Among Kurds, 62.2% of mothers wait at least 24 hours before starting to breastfeed and almost half of the babies are given sugar water at the first feeding (Tasci Duran, 2020). It has been determined that the first food given to babies among Arabs is usually sugar or honey (Kahraman, 2020). It was determined that; in Cretan culture, the baby was breastfed by holding three azan (Bayık Temel, 2020); in Arab culture, sugar or honey is usually given to the baby as the first food (Kahraman, 2020); in Pakistani culture, 71.3% of newborns were given additional formula, 30.9% delayed the first feeding, 28.7% gave honey and 11.8% water (Fikree et al. 2005). It was determined that water, sugar, cow's milk, honey and rice soup were given to newborns in Egypt (Osman et al.

2018). In a study conducted in Turkey, it was found that 23.3% (n=71) of mothers gave sugar water to their newborns for the first time and 52% breastfed their baby in the first half hour (Akçay et al. 2019). In a systematic review examining the studies dealing with traditional practices in infant care in Turkey, giving sugar water to babies was 1-45.4%; waiting for three azan for breastfeeding 0.5-23.4%; not giving colostrum to the baby was determined as 4.2-30.7% (Tanriverdi & Erdem, 2018). In a systematic review about traditional practices in newborns in Turkey, it was found that 0.7-86.5% of babies were salted, 4-84% were swaddled; 0.2-35% were holluk; 0.5-19.2% were started breastfeeding late and 3.5-73.7% were performed traditional practices such as made forties (Ozyazıcıoğlu and Polat, 2014). In the literature, it is pointed out that waiting 3-5 azan to feed the baby after birth causes hypoglycemia in the baby and may damage the brain tissue (Egri and Konak, 2011). It has been shown that starting complementary foods before the sixth month may lead to undesirable problems such as an increase in diarrhea and allergic diseases, and a decrease in breast milk (Tokatlı, 2003). Although breastfeeding with breast milk is an inexpensive and easy method, not starting breastfeeding as soon as the baby is born, not giving colostrum, early transition to additional foods and giving food and drinks such as sugar, honey, water, sherbet are purely due to cultural reasons, and considering the changeability of culture, these practices should be changed. The effectiveness of the work done for it is questionable. In this study, it was determined that mothers shaking their babies in order to put their babies to sleep and calm them down (Table 2). In a study conducted in Mugla, it was determined that mothers used the methods of standing (32.1%), shaking the cradle or swing (30.8%), waiting by placing them on the bed (29.8%) and giving sweetened pacifiers to put their babies to sleep (Akçay et al. 2019). In the systematic review covering the studies in Turkey, shaking to sleep was 4.4-44.9%; shaking calming rates were determined as 8.7-78.2% (Tanriverdi & Erdem, 2018). It has been stated that among Georgians living in Turkey, traditional practices such as singing lullabies and standing, shaking are used to help the baby sleep easily (Kahraman & Akyıl, 2020). It has been pointed out that vigorous shaking of the baby can lead to serious brain damage (Shaken Baby Syndrome) and death (Deles 2018). In a study it was determined that, 50.3%

of parents did not know whether shaking was harmful to the baby; 45% of them said that shaking will not kill but can maim; 24% of them thought that it would not cause a serious problem (Cansever et al. 2012). It is thought that this practice, which has the potential to harm the health of the baby, may increase the potential of harming the health of the baby according to many variables such as the way it is done, its speed, the duration of the baby's past illness, and it can be said that these traditional practices are applied by considering it as an unconscious and unconventional harmless practice. One of the common traditional practices applied to babies in this study is swaddling (Table 2). In a qualitative study conducted in Jordan-Amman, it was stated that mothers tightly swaddle their babies (Al-Sagarat & Al-Kharabsheh, 2017). It has been stated that babies are swaddled in Syrian culture (Gulyenli and Tanriverdi, 2020). In a systematic review of researches in Turkey, it was determined that swaddling rates ranged from 20.1 to 89.8%. Pekiğit et al. (2020) determined that 90% of babies are swaddled. It has been stated that Laz babies are swaddled as soon as they are born and stay in swaddle for 2-3 months (Eren and Kuguoğlu, 2020). Among the pomaks, it was stated that babies were swaddled for 20 days in the past, and then half swaddled, but they were no longer wrapped tightly (Cetin and Kostak, 2020). Egri and Golbasi (2007) found that 69.9% of mothers mostly swaddle for the baby to sleep comfortably and 59.8% for the baby's legs to be straight. In Dinc's (2005) study, 62.8% of the mothers did not know why they swaddled their babies, 24.3% of them stated that they swaddled so that their hands and feet would be smooth, and 12.8% of them stated that they would not feel cold while sleeping. Similarly, in the study of Sulu Ugurlu et al. (2013), it was stated that the baby's hands and feet were smooth and the baby was not cold as the reason for swaddling. However, since swaddling is a risk factor for congenital hip dislocation, it is shown as a harmful traditional practice. Babies whose arms and legs are tied feel distressed and restless because they cannot move freely (Ozyazıcıoğlu & Oncel, 2014). In the literature, wrapping is recommended instead of swaddling (Donmez and Temel, 2015). It is thought that wrapping is important in terms of protecting the health of the baby as well as protecting the cultural practice. Another practice that may harm babies in this study is salting the baby (Table 2). Adding salt to the baby's water during bathing or applying salt

to the parts of the baby's body that sweat the most (armpit, feet, neck) is known as salting (Egri and Golbasi, 2007). In a qualitative study conducted in Amman, Jordan, it was determined that babies were salted every other day until the first week or fortieth day (Al-Sagarat & Al-Kharabsheh, 2017). It is stated that the Cretans salt the child so that it is clean, smells good and does not smell of sweat when he grows up (Bayik Temel, 2020). In Circassians, the child's mouth, armpits, and back of the ears are salted every day for a week, with the thought of not sweating and smelling too much in his old age (Ozsever Kaymak et al. 2020). In Alevi culture, 8-10 days after birth so that the baby does not smell, does not sweat, does not have a rash body and is not arrogant. It is washed after salting and waiting for an hour or two on days (Cinar and Aslan, 2020). In Manav culture, immediately after the baby is born, salt or salt water is applied to the armpits, neck, behind the ears and under the feet of the baby, and washed after waiting for a while (Eren and Kuguoglu, 2020). In a study conducted in Mugla, it was determined that the most common traditional practice of mothers in baby care was salting with 59.9% (Akcaay et al. 2019). In a systematic review examining the studies conducted in Turkey, it was determined that the rates of not salting the baby ranged from 6.4 to 86.5% (Tanriverdi & Erdem, 2018). It has been reported in the literature that salting causes problems such as pain, redness, rash, itching, deterioration of skin integrity, and excess fluid loss in the body of the baby whose skin is sensitive (Ozyazicioglu and Polat, 2014; Cinar et al. 2015). Despite these harms, it can be thought that the fact that the harms for the baby are not known and it is a common practice that has become a tradition in the application of salting, which is still applied at substantial rates today.

Another traditional practice applied by mothers in baby care in this study is the application of holluk (Table 2). In the systematic review evaluating the studies conducted in Turkey, it was determined that the application rate of the holluk is between 9.2-35%. Holluk, which is defined as very fine sand prepared to put under the swaddled child, is known as a method widely used in the Central and Eastern Anatolian regions. It is also described as a diaper put under babies. In terms of health, it has been stated that the application of the holluk is one of the most important causes of neonatal tetanus (Ozdemir, 2020). In a study, it was determined that mothers

applied to the holluk application to avoid diaper rash and gas pains (Ergun et al. 2019; Altay and Bicakci 2019). The fact that mothers continue to use the holluk application to cope with health probes rather than as a diaper suggests that they ignore the possible risks.

In this study, mothers were expected to wait twenty to forty days (half forty or forty days) to have the baby's first bath; the baby's nails are not cut for forty days; applying substances such as butter, coffee, olive oil, tomato paste, tar for navel cord care; smearing the baby's eyes to protect from the evil eye (Table 2) can be considered as applications that are unhygienic and have a potential risk of infection. In a qualitative study conducted in Jordan-Amman, it was determined that the seeds of olive and date palms were ground into powder (Kahlo) and used in navel cord care (Al-Sagarat and Al-Kharabsheh, 2017). It has been determined that 82.1% of newborns in Pakistani culture are bathed immediately after birth (Fikree et al. 2005). In Egypt it has been determined that traditional practices such as water, powder, oil, alcohol, henna, flour, antibiotics are used in the navel cord care of newborns; kohl, onion, lemon, salt, and hot pepper are used in eye care (Osman et al. 2018). In a systematic review of the studies conducted in Turkey, it was determined that the rate of not bathing the baby until the navel cord fell ranged from 30.5-66%, and the rate of using olive oil in navel care ranged between 6.1-49.2%. In the study of İnci et al. (2019), it was found that 7.2% of babies had rubbing on their eyes. In the study of Pekyigit et al. (2020), it was determined that olive oil was used in the navel cord care of 53.3% of babies; 70% of the baby's nails were not cut until he was forty days old. In the Laz, it was stated that the child is bathed as soon as he is born; they do not wash on Tuesday, preferably on Mondays and Thursdays, and it is not preferred for boys to wash on Friday (Eren and Kuguoglu, 2020). It is seen as a dangerous practice as it will cause infectious diseases in the eyes of the baby (Kahrman et al. 2011). The risk of infection of the baby's navel cord is quite high. For this reason, hygienic navel cord of infant care is very important (Can, 2002). A wet and humid environment is seen as important as it delays the fall of the cord and causes infection (Cinar et al. 2020). In the literature, it has been emphasized that the newborn should not be bathed for at least 6 hours after birth and that only the body should be given a wiping bath (Pekyigit et al. 2020). The

results of this study are partially similar to the literature.

According to the results of this research, mothers give some herbal teas to calm their babies (Table 2). It is thought that it is important not to give such teas to babies who should be given only breast milk in the first six months, especially in terms of preventing unpredictable results in babies. Another application among the research results is the applications for babies who are thought to be late in walking (Table 2). These practices are thought to be a situation that should be emphasized, as they may harm the baby and prevent the early identification of a pathological condition.

In this study, it was determined that a wide variety of traditional practices were used to protect the baby from the evil eye and flushing (Table 2). Conditions such as weight loss, rash, fever, crying, restlessness, jaundice, eye infection, loss of appetite and injury in the body are considered as flushing. If the baby has flushing, practices such as weighing the baby, praying of hodjas, pouring lead, and doing charity work are done in order for the baby to have flushing. In Bulgarian immigrants; In order to protect children from the evil eye and to protect them from evil eyes, diseases and spells, amulets, evil eye beads and lead casting practices are applied (Yalcin Gursoy and Tanriverdi, 2020). The most common practice against the evil eye among Cretans is to wear evil eye beads (Bayik Temel, 2020); In Romans, it is to equip the baby in swaddling with needles and amulets to protect it from evil eyes. In addition, in Balıkesir Romans, a menstruating person is prevented from visiting a baby in his forties (Sogut, 2020). It is another practice to apply the black at the bottom of the cauldron behind the baby's ear to protect from the evil eye (Bolçay, 2011). It was stated that the postpartum and the baby did not go out in order to prevent the Cretans from turning forty, and the puerperant and the baby were not left alone in the dark for 40 days (Bayik Temel, 2020). It has been reported that in Laz culture, the Qur'an is recited until the baby turns forty to protect the baby from flushing (Eren and Kuguoglu, 2020). In Iranian and Turkish cultures, similar practices have been determined in which blue beads are worn, prayers are recited and the baby is not shown to foreigners in order to protect the mother and her baby from the evil eye (Ozsoy and Katabi, 2008). These traditional practices may delay the

application to health services and prevent early diagnosis (Sulu et al. 2015; Sivri and Karatas, 2015). Needle used etc. penetrating and cutting material may harm the baby. However, it is thought that these applications made in order to protect and improve health can be reviewed with appropriate techniques, and by remodeling, an environment can be created to remain both harmless for health and a continuous practice for culture. It is thought that allowing the use of amulets, especially reciting the Qur'an, and evil eye beads to be used in a way that will not harm the baby can prevent cultural conflict and cultural gap that may arise between health workers and parents.

In this research, among the applications that will not harm the baby and can be supported; practices such as putting the baby to sleep by singing a lullaby, praying, not leaving the baby alone, rubbing breast milk on the baby's face, burying the baby's navel cord in the school or mosque wall, hiding the navel and making the forties were determined (Table 2). In the study of İnci et al. (2019), it was found that 20.3% of the babies were affixed with evil eye beads; 54.5% of the praying. It has been stated that Pomaks sing lullabies for babies to sleep (Cetin and Akgun Kostak, 2020). It is not seen as a harmful practice to apply breast milk to the baby's face (Kahriman et al. 2011). Traditional practices such as hiding the navel cord of the newborn or burying it in different places are frequently used (Ozsoy and Katabi, 2008). These traditional applications for hiding the navel cord are applications that do not harm the baby's health (Sivri and Karatas, 2015). Making the forties is the most common and harmless practice among the traditional practices applied after birth in Turkish culture and many cultures (Bolçay, 2011). Cretans celebrate the fortieth day of birth (Bayik Temel, 2020). In Romans, gold is thrown into the water on the 40th day of birth and the baby and mother are bathed with that water (Sogut, 2020). The process of making the forties is a harmless traditional practice and can be considered as an application that allows the mother to go out of the house and mix with the society and to relax psychologically (Sivri and Karatas, 2015).

According to the results of the research, if the nose and forehead tightening applications made to make the baby beautiful are done tightly, it may cause undesirable results such as deterioration of tissue integrity in the baby; It is thought that baby massages, especially without

using the right massage technique, may cause permanent sequelae in the baby. However, it has been stated in the literature that massage, which is done correctly, strengthens the communication between the baby and the mother, increases the baby's serotonin, reduces the stress and increases the motor development (Withers et al. 2018).

### **Reasons for Mothers' Traditional Baby Care Practices :**

In this study, it was determined that among the common reasons for mothers to resort to traditional practices, they were seen by family elders as such, they thought the practices were beneficial, and there were no harm in the environment from these practices (Table 3), and these reasons were consistent with the literature. Among the reasons for resorting to traditional practices in the literature, believing in and adopting traditional practices, being quick and easy, being tried, low socio-economic cultural level, negative experiences with health institutions and personnel, inability to get results from modern medical practices, dissatisfaction in medical health services, high demand for health services. The reasons such as waiting for a long time, distrust of the institution, not allocating enough time to the patient, painful treatment methods, traditional methods are not very painful, and rejecting medicine and technology are included (Tanriverdi & Erdem, 2018; Ozyaziciog & Oncel, 2014). Limited availability or accessibility of conventional drug-based healthcare services; the availability and low cost of such practices in Africa and some developing countries (for example, the ratio of traditional healers to the population in Africa is 1:500, while the ratio of medical doctors to the population is 1:40 000); cultural and historical influences (for example, in some countries, such as Singapore and the Republic of Korea, where conventional healthcare systems are fairly well established, 76% and 86% of these populations, respectively, still commonly use traditional medicine). It is used as complementary therapy in Europe and North America, where the healthcare system structure is typically well developed. In Australia, it has been shown that the failure of conventional medical treatments and the desire for a healthy lifestyle are the main reasons for the use of such practices. At the same time, it has been reported that consumers want to take a more active role in their own health and many people turn to such practices and natural health products based on the assumption that "it is harmless because it is natural" (Sahan and Ilhan, 2019).

However, despite the prevalence, power and promise of modern medical science, a large part of humanity either cannot access these applications or they prefer not to. With globalization, the change in the phenomenon of disease, the idea that naturalness is free from side effects, the inadequacy of conventional medicine in treating some diseases, the increase in the side effects of drugs, etc. Many people apply to these applications for reasons (Oztur et al. 2020).

In a systematic review that deals only with studies on nutritional behavior in South Asia, priests' advice, mother-in-law's opinion, lack of information, low access to media and health services and misperception, lack of support and milk, accessibility and accessibility through mothers' participation in the decision-making process are the barriers to healthy behaviors (Withers et al. 2018). In a systematic review, it was determined that grandmothers have an effect on breastfeeding behaviors (Negin et al. 2016). It has been emphasized that individuals apply traditional practices not only because they are beliefs and traditions, but also because they have meaning for society and individuals (Maimbolwa et al. 2003; Egri and Konak, 2011). However, according to the results of a study conducted, it was determined that mothers had a lack of knowledge about infant care (Asilar & Bekar, 2018). In this context, it is thought that the destruction of traditional practices is a difficult process, it has not only a material but also a spiritual dimension and this should not be ignored. Again, it is thought that the mothers' lack of knowledge is completed by encouraging cultural practices by family elders and the environment.

**Conclusion and Recommendations:** This research was carried out with mothers living in the westernmost part of Turkey, in a town where there are no geographical barriers to accessing the health institution, with the least literate level of education, most of whom are university graduates, and who have health insurance. It was determined that among the traditional practices applied by mothers for baby care, there were practices that could harm the baby. It has been determined that among the practices that have the potential to harm the baby, there are practices such as salting the baby, swaddling, waiting for three or five prayers to breastfeed, giving sugar water to the newborn, making the baby sleep by shaking, using teas such as fennel, cumin and anise to calm the baby. It was determined that the

most common reasons for mothers to resort to such practices were that their own mothers and family elders had done the same practices and that the mothers thought that these practices were beneficial for their babies.

In line with these results; Awareness should be created in mothers about the harms of practices that are likely to harm their babies. Mothers should be presented with evidence of the harms of traditional baby care. Non-harmful traditional practices of mothers in baby care can be supported. Interventional research and projects can be carried out to reduce the traditional non-harmful practices of mothers in infant care. Initiatives can be planned to reduce the reasons for mothers to resort to traditional practices in infant care. For example, nurses can organize training programs that contain evidence of negative consequences that may occur in the baby when the baby is salted.

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