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# Intergenerational transmission of traditional practices at newborn care: An explorative study NEWBORN CARE

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The study was conducted to reveal the cultural practices used in neonatal care as well as revealing the intergenerational transmission of these practices. This comparative and descriptive study was conducted between December 2015 and June 2016. The study sample consisted of 210 mothers, including 130 grandmothers and 80 mothers. Data was collected by the researchers with the face-to-face interviews with the mothers and analyzed by percentile and frequency. It was observed that 77.0% of the grandmothers cover the baby's face with yellow cloth for treating jaundice, 86.2% of them use olive oil for the infantile seborrhoeic dermatitis, 57.8% use breast's milk for thrush, 50.8% use powder to treat diaper rash, and 36.5% use fine-textured soil (*höllük*) for the treatment of diaper rash. 70.4% of the mothers were covering the baby's face with yellow cloth for treating jaundice, 77.8% were using olive oil for the dandruff (infantile seborrhoeic dermatitis) treatment, 37.8% were using breast's milk for thrush, and 57.7% were using medical cream for the treatment of diaper rash. According to the results of the study, even though the use of non-rational cultural health practices in neonatal care decreases, it is observed that their importance still remains.

Keywords: Health professional, Mothers, Newborn, Nursing, Traditional practices

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Lacking prenatal care, birth care and postnatal care in the world threatens children's health<sup>1</sup>. Considering the childhood mortality rates, it is seen that mortality rate is higher in newborn period. This can be due to poverty, ignorance, inappropriate conditions, lacking prenatal care and some cultural practices<sup>2,3</sup>.

Culture refers to acceptable or unacceptable behaviors, practices and values shared by members of society<sup>4</sup> Each person is a member of his/her own culture and exhibits behaviors appropriate for this culture<sup>5</sup>. The reflection of cultural practices can also be observed in health behaviors<sup>1</sup>. These practices, learned through trial and error, have been transferred to the next generations by the elders of the family or society until today<sup>6-9</sup> Cultural practices can also be observed in postnatal baby care<sup>10,11</sup>. Mothers can apply traditional practices to solve health problems such as jaundice, umbilical care, skin and breastfeeding problems, diaper rash and infantile seborrhoeic dermatitis during the newborn period<sup>6-12</sup> These practices are used more by older mothers, with lower education levels<sup>3,12,13</sup>, with more children<sup>3</sup>, living far away from health centers, who had delivered at home and had an extended family structure<sup>14</sup>.

Although some of the traditional practices used during the newborn period are not harmful, some practices may delay the treatment process by affecting neonatal health adversely<sup>1,9</sup>. It is reported in the literature that traditional practices increase morbidity and mortality in newborns by causing problems such as infection, anemia, hypothermia and hypoglycaemia<sup>10</sup> However, it is important to raise awareness of mothers regarding newborn care since the traditional practices applied to infants during the neonatal period, which is one of the most risky periods of life, may lead to permanent adverse effects in terms of physical and mental health<sup>10,12</sup>.

Healthcare professionals have important roles in realizing awareness activities in terms of protecting and improving neonatal health within the scope of preventive health services. Since the concept of multiculturalism is on the agenda all around the world, it is important for the healthcare professionals to know the cultural characteristics of the group they serve, to acquire cultural competence and to present their services in this direction<sup>3,9,12,15</sup>. Since the Anatolian region was a home to different civilizations, including Turkey, there is a cultural diversity observed in newborn care<sup>16</sup>. Revealing the rational and irrational cultural practices used in neonatal care and their transfer norms between the generations may contribute to the formulation of health care needs. The study aims to reveal the cultural practices used in neonatal care as well as revealing the transfer of these practices between generations.

# Methodology

# Study design

In this study qualitative-quantitative method was used. For this purpose mixed-model research design was utilized<sup>17</sup>. In this design, which helps to better understand the facts and alternative approaches, the qualitative and quantitative data were collected concurrently and analyzed together.

# Sample

The study was conducted in a province located in a mountainous terrain in eastern Turkey, which has the lowest population in the country. The province, where the study was conducted, experiences out-migration because of the limited education and health facilities. The limited health facilities of the province also pose a risk for children's health. This especially affects children living in rural areas. Therefore, mothers who live in rural areas may prefer traditional practices since they do not have access to modern medical methods in neonatal care. These practices are especially preferred more by older mothers.

The study population consisted of mothers who reside in central villages of the province. All mothers and grandmothers who met the research inclusion criteria and agreed to participate in the study voluntarily were included in the research without any sample selection. Therefore, the study was completed with a total of 210 mothers, including 130 grandmothers and 80 mothers.

This research's inclusion criterias were mothers who agreed to participate in the study, have a 1-12 months old baby, have no language and communication problems; and volunteer grandmothers who have at least one child and have no language and communication barriers.

# **Data collection**

For data collection a questionnaire about traditional practices at newborn care was developed by the researchers, and applicated between December 2015-June 2016. The questionnaire consisted of 52 items to assess mothers' traditional practices at newborn care as well as their descriptive characteristics. An in depth effort was made to understand mothers' rationale as well as methods used to traditional practices at their newborns. The quantitative and qualitative data were collected by researchers and each interview lasted approximately 25 to 30 minutes. Data were collected through the face-to-face interview technique. The questions given below were asked to better understand the traditional practices of mothers and grandmothers.

"What were the methods you used for newborn care?"

"How did you decide to use traditional practices to your child?"

# Data analysis

The data of study was transferred to the IBM SPSS 18.0 program. The data was analyzed using percentiles and averages. Also mothers' expressions for tradational practices at newborn care were categorized using content analysis and some quantitaive category was supported with qualitative statements.

## **Ethical dimensions**

Before collecting the study data, approval of the ethics committee was obtained from the Firat University Non-Interventional Research Ethics Committee. Written permission from the studied institution and verbal consent of mothers and grandmothers were obtained in accordance with the Declaration of Helsinki.

## Results

Some introductory characteristics of the participants in this study, which was conducted to reveal the cultural practices used in neonatal care as well as revealing the intergenerational transmission of these practices, are shown in Table 1.

According to the findings obtained in the study, 70.5% of the grandmothers were using massage, 15.2% were using barleycorn and 14.3% of the grandmothers were using hand and feet massage (Table 2).

· · · ·	Table 1 — Som	e descriptive of	characteristics of the mothers		
Characteristics of grandmothers	n	%	Characteristics of mothers	n	%
Age	63.31±	9.95	Age	34.27±5.49 Min (21) Max(46)	
	Min(46) N	/lax(86)			
Education status			Education status		
Illiterate	86	66.2	Illiterate	3	3.8
Primary-Secondary school	40	30.8	Primary-Secondary school	47	58.8
High School	4	3.1	High school and above	30	37.4
Employment status			Employment status		
Employed	4	3.1	Employed	6	7.5
Unemployed	126	96.9	Unemployed	74	92.5
Family type			Family type		
Core	101	77.7	Core	73	91.3
Large	29	22.3	Large	7	8.1
Social security status			Social security status		
Yes	113	86.9	Yes	74	92.5
No	17	13.1	No	6	7.5
Total number of pregnancies	$6.60{\pm}2.86$		Total number of pregnancies	2.50±1.10	
	Min (1) N	fax(13)	1 8	Min (1) Max(7)	

"In our time, there were no doctor. My mother-in-law was saying that the baby was crying due to stomachache. She was rubbing baby's back, and doing some massages in the hands and feet of my baby; and, sometimes she was grinding barleycorn, dissolving it in breast milk and then she was giving it to my baby. I was trying to perform these practices when my baby was crying. This was good for my baby." (Grandmother, age 82).

"I saw hand-and-foot massage from my mother. She was massaging baby's palms and soles for several minutes. And, at the same time she was repelling the evil spirits. I tried the same practice in my own child's colic." (Mother, age 39).

When we look at the methods used by mothers in treating colic in newborns, it was observed that 75.4% were using massage, 11.4% were using herbal tea, 5.0% were using drops, 3.8% were using hand-foot massage and 2.6% were boiling barleycorn and walnut in water to give it to her baby (Table 2).

"The doctor said that babies may experience gas pains for sometime after birth. He said I could massage my baby's back and give carminative drop for this. I was breastfeeding and massaging her back when my baby was crying. " (Mother, age 39).

It was seen that 77.0% of the grandmothers were covering the newborn with yellow cloth, 15.6% were putting gold in the bath water and 7.4% were applying the frequent breastfeeding methods to treat jaundice, whereas 70.4% of the mothers cover the yellow cloth on the newborn, 4.2% puts gold in bathing water and 25.4% were using frequent breastfeeding methods for jaundice treatment (Table 2).

"My mother in law helps women of the village to deliver. She was knowledgeable about baby care. Everybody was visiting her for their problems. She told me I should cover the baby's face with a yellow cloth and breastfeed my baby frequently to prevent jaundice. I covered my baby's face with a yellow cloth." (Grandmother, 68 years old).

"Babies should be taken to the doctor when they get jaundice. I covered my baby's face with a yellow cloth and put some gold in the bathing water, not because it protects my baby from jaundice, but because my mother wants it that way. Because she would be upset unless I did this." (Mother, age 35).

It was observed that 86.2% of the grandmothers were using olive oil, 10.3% were using yogurt and 3.5% were using green soap in order to treat infantile seborrhoeic dermatitis, whereas 77.8% of the mothers was using olive oil, 18.5% were using yogurt and 3.7% were using green soap for infantile seborrhoeic dermatitis (Table 2).

"Our grandparents said that, in case of dandruff on the baby's head, take olive oil, if possible, or yogurt, then cream baby's head thoroughly, wait a few minutes and comb the baby's head. If you have none of them, then wash the baby's head with green soap, comb

Table 2 — Distrib	oution of prac	tices applie	ed by mothers in some problems in infants		
Grandmother	Mother				
Practices	n	%	Practices	n	%
Gas pain (n=119)			Gas pain (n=79)		
Massage	84	70.5	Massage	59	74.7
Barleycorn	18	15.2	Tea	9	11.4
Hand-foot massage	17	14.3	Drops	4	5.0
			Hand-foot massage	3	3.8
			Barleycorn	2	2.6
			I boiled walnuts in water and feed my baby with it	2	2.6
Jaundice (n=122)			Jaundice (n=71)		
Yellow cloth	94	77.0	Yellow cloth	50	70.4
Washing with water with gold	19	15.6	Washing with water with gold	3	4.2
Other (Breastfeeding)	9	7.4	Other (Breastfeeding)	18	25.4
Infantile seborrhoeic dermatitis (n=59)			Infantile seborrhoeic dermatitis (n=27)		
Olive oil	50	86.2	Olive oil	21	77.8
Yogurt	6	10.3	Yogurt	5	18.5
Green soap	3	3.5	Green soap	1	3.7
Thrush $(n = 90)$			Thrush (n=35)		
Mother's milk	52	57.8	Mother's milk	14	37.8
Carbonated water	15	16.7	Carbonated water	13	35.1
Sugar and salty water	13	14.4	Sugar and salty water	4	10.9
Plain water	7	7.8	Plain water	2	5.6
Drops	2	2.2	I took my baby to the doctor	2	5.6
Fodder grass	1	1.1			
Diaper rash (n=123)			Diaper rash (n=78)		
Powder	53	50.8	Cream	45	57.7
Höllük	45	36.3	Powder	24	30.8
Cream	9	7.3	Olive oil	9	11.5
Olive oil	7	5.6			

and rinse. This was treating dandruff (infantile seborrhoeic dermatitis)." (Grandmother, age 59).

For treating moniliasis in newborn, it was observed that 57.8% of the grandmothers were using milk, 16.7% were using carbonated water, 14.4% were using sugar and salt water, 7.8% were using plain water, 2.2% was using drops and 1.1% were using fodder grass, whereas 37.8% of the mothers were using breast milk, 35.1% were using carbonated water, 10.9% were using sugary and salty water, 5.6% were using plain water and 5.6% were using modern medicine.

For the treatment of diaper rash in newborn, 50.8% of the grandmothers were using powder, 36.3% were using höllük (fine-textured soil), 7.3% were using cream, 5.6% were using olive oil, whereas 57.7% of the mothers were using cream, 30.8% were using powder, and 11.5% were using olive oil (Table 2).

"In our time we used powder if we could find it when the baby got diaper rash. However, when there was no powder, they would go to the village and bring fine textured soil (höllük). We were passing this soil through the sieve and scorch it on the hot sheet. We were allowing the soil to cool after scorching it thoroughly. After it cools, we were putting it in a clean bag for later use. We used to put it under the baby as needed." (Grandmother, age 76).

In this study, it was seen that all the participants had performed fortieth day ceremony for their babies. Considering the reasons for the fortieth day ceremony, 46.5% of the grandmothers had performed the ritual due to the recommendation by the elders, 33.4% had performed to make the newborn sublime and relax, 17.1% for avoiding sin and 3.1% had performed to get rid of the evil spirits, whereas 52.5% of the mothers had performed due to the recommendation of the grandparents, 21.3% had performed to purify newborn, 5.0% had performed for avoiding a sin, and 2.5% had performed to repel evil spirits. For the fortieth day ceremony, 94.3% of the grandmothers had used 40 spoons of water, lentils and wheat and 5.7% had used gold, whereas 81.6% of the mothers had used 40 spoons of water, lentils and wheat and 18.4% had used gold in the fortieth day ceremony.

*Question:* Why do you put grains or gold into the water of fortieth day ritual?

"I put a pinch of wheat, barley, and lentils in the water of fortieth day ritual, so that my child may have a fruitful life." I add a gold for wishing a wealthy life." (Grandmother, age 72).

"I was told that gold and cereals are added into bath water of the baby for a fertile and prosperous future. I don't believe it, yet it isn't harmful. I'm doing this for my mother." (Mother, age 30).

Of the grandmothers, 93.3% had swaddled their babies in the neonatal period; this percentage was 41.3% for the mothers.

"I was tightly swaddling my baby for straight development. My grandparents told me that I need to swaddle my baby tightly for a strong body structure. That's why I swaddled my child." (Grandmother, age 70).

"When I had my baby, my mother and mother-n-law wanted to swaddle my baby. However, the doctor said that swaddling is harmful for the baby. I guess it was causing the hip dislocation. So I didn't let my baby swaddled."(Mother, age 32).

For protecting the baby against evil-eye, 35.2% of the grandmothers were using traditional methods such as creaming behind the ears of newborns with black color, panning salt over baby's head (33.1%) or attaching evil-eye bead (31.7%), while39.1% of the mothers were using creaming behind the ears, 32.3% of them were panning salt over baby's head and 28.6% of them was attaching evil-eye beads (Table 3).

"We try to protect the baby from evil energy by panning around some salt over the baby's head and then throwing the salt on the burning fire." (Grandmother, age 59).

# Discussion

Although some of the cultural practices of communities which had become a lifestyle are changing in parallel with modern medicine, some may continue to be used in rural communities, despite their inefficiencies or adverse effects in health care. These practices, which are especially important in the newborn period, can affect the survival of infants<sup>7</sup>. This study attempted to reveal the diversity of traditional practices applied in the Anatolian geography during the newborn period. Despite the fact that the results have parallels with many other cultures, the findings obtained in the study can only

Tabl	e 3 — Sor	ne other p	ractices used by mothers in baby care			
Grandmother			Mother			
Practices	n	%	Practices	n	%	
Newborn's fortieth day			Newborn's fortieth day			
Saw that way from her grandparents	60	46.5	Saw that way from her family	42	52.5	
To make the child sublime	43	33.4	To make the child sublime	17	21.3	
Because it's a sin	22	17.1	To make the child develop	15	18.8	
Getting rid of the evil spirits	5	3.1	Because it's a sin	4	5.0	
			Getting rid of the evil spirits	2	2.5	
What have you used in the fortieth day ceremony? $(n=122)^{a}$	115	94.3	What have you used in the fortieth day ceremony? $(n=76)^{a}$	62	81.6	
40 spoon of water, a handful of grain <sup>b</sup>	7	5.7	40 spoon of water, a handful of grain <sup>b</sup>	14	18.4	
Gold			Gold			
Swaddle (n=130)			Swaddle (n=80)			
Yes	121	93.3	Yes	33	41.3	
No	9	6.1	No	47	58.7	
For evil eye $(n = 284)^{a}$			For evil eye $(n = 161)^{a}$			
Creaming black behind the ear		35.2	Attaching evil-eye bead	63	39.1	
Panning salt over the head		33.1	Panning salt over the head	52	32.3	
Attaching evil-eye bead		31.7	Creaming black behind the ear	46	28.6	
<sup>a</sup> There were multiple answers.			<sup>b</sup> Barley, wheat, lentils, etc.			

be generalized to this geography. In this study, participants' traditional practices in newborn care were discussed separately and compared with other study findings.

The fortieth day ceremony which is held in the first 40 days after birth can be performed for different purposes. In this last research, all the grandmothers and the mothers were observed to make fortieth day ceremony for their babies. According to the mothers and grandmothers, the purpose of the fortieth day ceremony is to give the baby a healthy, long and fruitful life. For this purpose, grains and metal fragments such as gold are added to the water of the fortieth day ceremony. The findings obtained in studies conducted in different regions of Turkey shows that the fortieth day ritual is a traditional practice widely used in Turkey<sup>18-20</sup>. Although the fortieth day ceremonies do not appear to be a harmful practice for the baby, the foreign materials added to the water can increase the risk of infection and allergic reaction. On the other hand, it can be considered that the fortieth day rituals have a positive effect in terms of strengthening the mother-infant attachment.

Colic is a common health problem that modern medicine is inadequate in its treatment<sup>21</sup>, which is why mothers resort to traditional methods. In this last study, it is seen that the massage, which is the most common method used by the grandmothers for the newborn's gas pain, is preferred by the mothers as well, whereas the methods such as grinding barleycorn and adding in mother's milk, or hand-foot massage practices were seem to be gradually decreasing. Grandmother's hand-foot massaging emerges the reflexology within method as contemporary modern medicine. Similar to this last study, some other studies have also revealed that methods such as massaging<sup>22,23</sup>, giving herbal tea<sup>22</sup>, using anti-flatulent drops, giving olive oil, applying massage with oil on abdomen were used by mothers for colic treatment<sup>22-24</sup>.

Jaundice is a common health problem during the neonatal period. It is important to treat it early and correctly since it may lead to kernicterus if left untreated. In this last study, the method of putting a yellow cloth on baby used by the grandmothers for jaundice treatment newborns was found to be widely used by the mothers; although there was a three-fold decrease in the practice of putting gold in the bath water of baby, there was a three times increase in the frequent breastfeeding method used by the mothers,

as in grandmothers, to prevent jaundice. It has been reported in some other studies that mothers used methods such as covering their babies with yellow cover<sup>1,3,15,19,20,25,26</sup> dressing their babies in vellow<sup>12,15,18,25,27</sup>, washing with gold water or applying gold water,<sup>18,25,27</sup> sunbathing their babies,<sup>1,24,28</sup> frequent breastfeeding<sup>3,27</sup>, giving herbal tea or sweetened beverages<sup>28</sup>, and making a small incision behind the ear for bleeding their babies for coping with jaundice<sup>29</sup>. While some of these methods are ineffective, some are irrational. Although the practices such as washing the baby with water with gold, covering a yellow cloth, wearing yellow clothes seem to be harmless, they may delay the treatment. Frequent breastfeeding is beneficial in preventing jaundice and should be supported<sup>19</sup>.

Infantile seborrhoeic dermatitis is an infectious condition caused by a disorder in the function of subcutaneous fat tissue seen in the scalp. The literature reports that mothers prefer to bring their baby to the doctor or to resort to traditional practices to treat the infantile seborrhoeic dermatitis<sup>30</sup>. In this last research, grandmothers were observed to use olive oil, yogurt and green soap to get rid of the infantile seborrhoeic dermatitis, which was practice continued also by the mothers. Similar to these recent research findings, it is seen that olive oil is the most commonly used traditional method in other studies for the treatment of infantile seborrhoeic dermatitis<sup>24,30</sup>. Olive oil is frequently seen in traditional health practices. However, the use of olive oil without removing the acid may be harmful for the baby. Therefore, raising awareness about the use of olive oil in the mothers is among the responsibilities of health workers.

Moniliasis is a common problem emerged with the growth of candida albicans in neonates, causing difficulties in sucking. In this study, the majority of participants mentioned the presence of moniliasis in their babies. Grandmothers and their mothers were observed to put mother's milk, carbonated water, sweetened and salty water droplets in the mouths of baby in order to treat moniliasis. However, it was seen that mothers did not use the ink drops and forage used by the grandmothers to treat moniliasis, instead mothers were observed to go to the doctor for this purpose. Other studies have shown that similar methods have been used in the treatment of moniliasis<sup>24,25,27,31</sup>. Unlike the findings of this study, it has been found that mothers try methods such as

rubbing baby's mouth with a pregnant or primiparae woman's<sup>3,27</sup>, applying ground garlic on moniliasis.<sup>12</sup> However, application of mixtures of salt, sugar, carbonates and dirty substances into the mouth of the newborn may lead to negative consequences such as fluid electrolyte imbalances and worsening of the wounds in the mouth. For this reason, no other method should be used other than the doctor's recommendation in the treatment of moniliasis.

The diaper rash is a skin problem caused by inflammation of perineum caused by lacking hygiene. Grandmothers were found to use powder, höllük (finetextured soil), and rash cream to treat diaper rash. Among these practices, mothers' use of diaper rash cream were found to be increased, whereas höllük was never used and the use of powder was decreasing. Some other studies reported that methods used for diaper rash treatment include powder and diaper rash cream, olive oil, salting the baby, applying dry ash, yogurt, butter and margarine on baby's bottom <sup>9,12,20,24,25,31-33</sup>. Although scorching the fine textured soil (höllük) or ash before use may reduce the number of microorganisms, they may still delay the healing of the diaper rash by irritating the skin. Powder has the risk of escaping into the respiratory tract. Therefore, it is necessary to raise awareness of mothers in order to prefer modern methods in diaper rash treatment.

Mother sometimes use certain traditional methods to protect the newborn from evil-eye<sup>19,25</sup>. In this last study, almost all the participants reported that they believe in evil-eye. The practices such as creaming behind the ears of newborns with black color, panning salt over baby's head or attaching evil-eye beads used by grandmothers for protecting the newborn against evil-eye were also found to be used mothers as well. Some other studies reported that mothers were attaching blue beads<sup>22,25,27</sup>, amulets<sup>19,20,25</sup>, applying black mascara to baby's eyes<sup>1,23</sup> applying black color to baby's face<sup>25</sup>, pouring lead (to repel evil-eye)<sup>20</sup> splitting a tree branch and putting on the baby's bed<sup>19</sup>, putting a knife under the bed<sup>33</sup>, tying a black rope to baby's arm<sup>1</sup>, using smoke of Trachy spermum ammi (ajowan seeds)<sup>34</sup> and keeping mother and baby in a small room<sup>35</sup> for protecting their babies from the evileye. Newborns may be exposed to chemical effect and develop allergic reaction due to the practices such as applying black colored dye behind their ears, attaching blue beads on their outfits for repelling evilenergy by color. Attaching blue beads can increase the risk of trauma and aspiration. However, panning salt over the head of the baby may be considered harmless since it doesn't touch the baby, but gives a spiritual support to the mother.

In some societies, swaddling, which is intended to make the muscles and extremities of babies smooth and strong, increases the risk of hip dislocation. In this last study, although swaddling a newborn was a common practice in grandmothers, it was significantly decreased in mothers significantly. The majority of cultural studies on infant care reports that a significant portion of the mothers swaddle their babies<sup>19,25,27,31,32,36</sup>. In this last study, the swaddling application was found to be lower than other research results.

## Conclusion

Considering the results of the study, even though the use of nontraditional cultural health practices in neonatal care decreases, it is observed that they are still being used. In line with these results, it is important to raise awareness of mothers about harmful practices in baby care in order to prevent future risks by taking into account the intergenerational transfer of cultural practices. In this respect, it is recommended that healthcare workers should identify the cultural health practices of the community they serve and plan their services accordingly. On the other hand, there is a need to reveal the effectiveness of some cultural practices (such as hand-foot massage) through scientific methods and promote their use in a proper way.

# Limitations

Since the study was related to traditional practices of grandmothers and mothers at newborncare, grandmothers of who had at least one child were included in the study. The study data is based on the testimonies of the mothers. Therefore, the memory factor is a limitation of the study.

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#### **Conflict of interest**

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#### References

- 1 Reshma R & Sujatha R, Cultural practices and beliefs on newborn care among mothers in a selected hospital of Mangalore Taluk, *NUJHS*, 4 (2) (2014) 21-26.
- 2 World Health Organization (WHO). Global Health Observatory (GHO) data 2015.Infantmortality. Situation and

trends. Available from: http://www.who.int/gho/child\_health/ mortality/neonatal\_infant\_text/en/[cited 2018 Jan 25].

- 3 Zeyneloğlu S & Kısa S, Traditional practices for maternal and newborn care among Turkish postpartum women, *Appl Nurs Res*, 39(2018) 148-153.
- 4 Nayak MG, Sharada & George A, Socio-cultural perspectives on health and illness, *NUJHS*, 2 (3) (2012) 61-67.
- 5 Shamaki MA & Buang A, Sociocultural practices in maternal health among women in a less developed economy: An overview of Sokoto State, Nigeria, *Malaysian Journal of Society and Space*, 10 (6) (2014) 1-14.
- 6 Aliefendioğlu D, Hızel S, Mısıroğlu ED, Şanlı C, Albayrak M & et al., Traditional child care procedures in an anatoliancity, *Gazi Medical Journal*, 20 (1) (2009) 17-20.
- 7 Abuidhail J, Rural Jordanian mothers' beliefs, knowledge and practices of postnatal care, *Quality in Primary Care*, 22 (6) (2014) 285-93.
- 8 Arisoy A, Canbulat N & Ayhan F, Traditional methods applied in caring for infants of mothers in Karaman, *Journal* of Anatolia Nursing and Health Sciences, 17 (1) (2014) 23-31.
- 9 Sener Parlak A & Bayat M, Dangerous traditional practices known to be true regarding newborn care, *JACSD*, 5(5) (2016) 67-82.
- 10 Peterside O, Duru CO & Anene N, Harmful traditional practices in a newborn: A case report, *Niger J Paed*, 42 (2) (2015) 151-153.
- 11 Silvaa C S, Limab Marilia C, Sequeira-de-Andradec LAS, Oliveiraa JS & et al., Association between postpartum depression and the practice of exclusive breastfeeding in the first three months of life, *J Pediatr (Rio J)*, 93 (4) (2017) 356-64.
- 12 Polat S, Özyazıcıoğlu N & Bıçakcı H, Traditional practices used in infant care, *Indian J Tradit Knowle*, 14 (1) (2015) 47-51.
- 13 Al-Sagarat AY & Al-Kharabsheh A, Traditional practices adopted by Jordanian mothers when caring for their infants in rural areas, *Afr J Tradit Complement Altern Med.*, 14 (1) (2017) 1-9.
- 14 Shah BD & Dwivedi LK, Newborn care practices: A case study of tribal women, *Gujarat Health*, 5(8A4) (2013) 29-40.
- 15 Yeager KA & Bauer-Wu S, Cultural humility: Essential foundation for clinical researchers, *Appl Nurs Res*, 26 (4) (2013) 251-256.
- 16 Aydin D, Karaca Ciftci E & Karatas H, Identification of the traditional methods of newborn mothers regarding jaundice in Turkey, *J Clin Nurs.*, 23 (3-4) (2014) 524-530.
- 17 Creswell JW, Research design: Qualitative, quantitative and mixed methods approaches (2nd ed.). Thousand Oaks, CA, Sage, 2003.
- 18 Karabulutlu Ö, Determining of the traditional practices at postpartum period which is applied to maintenance of infant in Kars, *DEUHYO ED.*, 7 (4) (2014) 295-302.
- 19 Okka B, Durduran Y & Değerli Kodaz N, Traditional practices of Konya women during pregnancy, birth, the postpartum period, and newborn care, *Turk J Med Sci.*, 46 (2) (2016) 501-511.
- 20 Lafçı D & Erdem E, Traditional practices regarding mother and infant care of 15-49 year old married women in the

postpartum period, Gaziantep Med J., 20 (3) (2014) 226-236.

- 21 Cohen-Silver J & Ratnapalan S, Management of infantile colic: a review, *Clin Pediatr (Phila)*, 48 (1) (2009) 14-17.
- 22 Acikgöz A, Orsal O, Orsal O & Balci-Alparaslan G, Traditional practices used by Turkish mothers in the care of their babies, *Holist Nurs. Pract.*, 28 (3) (2014) 198-207.
- 23 Kumar N, Unnikrishnan B, Rekha T, Mithra P, Kulkarni V, Papanna MK & et al., Infant feeding and rearing practices adapted by mothers in Coastal South India, *IJCRIMPH*, 4 (12) (2012) 1988-1999.
- 24 Çalışkan Z & Bayat M, Baby care applications of mothers and the acting factors of these applications: A sample on Kapadokya, *Journal of Anatolia Nursing and Health Sciences*, 14 (2) (2011) 23-30.
- 25 Capik C & Capik A, Traditional infant care practices of mothers with 6-12 month-old infants in Turkey, *Indian J Tradit Knowle*, 13 (2) (2014) 266-274.
- 26 Çetinkaya A, Özmen D & Cambaz S, Traditional practices associated with infant health among the 15-49 aged women who have children in Manisa, *Journal of C.U. School of Nursing*, 12 (2) (2008) 39-46.
- 27 Bölükbaş N, Erbil N, Altunbaş H & Arslan Z, Traditional practices about child care of the mothers who owner 0-12 month baby, *International Journal of Human Sciences*, 6 (1) (2009) 164-176.
- 28 Moawad EMI, Abdallah EAA & Ali YZA, Perceptions, practices, and traditional beliefs related to neonatal jaundice among Egyptian mothers, A cross-sectional descriptive study, *Medicine*, 95 (36) (2016) e4804.
- 29 Dinc S, To determine the traditional practices which mothers, having 0-1 years old children, registered to health center no 4 in Şanlıurfa center, *Journal of Research and Development in Nursing*, 1(2) (2005) 55-63.
- 30 Güzel A, Uçan Yavaş S & Kara F, The evaluation of the applications used in baby care by them others with first babies, *Balıkesir Health Sciences Journal*, 6 (3) (2017) 108-117.
- 31 Arabacı Z, Yıldırım JG, Dündar BM & Kadam Z, Traditional applications administered in infants, *Çocuk ve Medeniyet*, 1(2016) 61-86.
- 32 Özyazıcıoğlu N & Polat S, Traditional practices frequently used for the newborn in Turkey: A literature review, *Indian J Tradit Knowle*, 13 (3) (2014) 445-452.
- 33 Subba NR, Traditional practices on mother and child health care in Rajbanshi community of Nepal, *AJHR*, 3 (5) (2015) 310-317.
- 34 Chaturvedi A, Tiwari AK & Mani RJ, Traditional practices of using various medicinal plants during the postnatal care in Chitrakoot district. *Indian J Tradit Knowle*, 16 (2017) 605-613.
- 35 Randrianarivony T, Randrianasolo A, Andriamihajarivo T, Ramarosandratana AV, Jeannoda VH & et al., Useful plants and tradition for pregnancy, child delivery and for postpartum care used by people living around Analavelona forest in South West Madagascar. *Indian J Tradit Knowle*, 15 (2016) 68-78.
- 36 Jarrah S & Bond AE, Jordanian women's postpartum beliefs: An exploratory study, *Int J Nurs Pract*, 13 (5) (2007) 289-295.