



## Traditional practices on neonatal and puerperal care in Türkiye

Türkiye’de yenidoğan bakımı ve lohusalık konusundaki geleneksel uygulamalar

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### ABSTRACT

**Aim:** Understanding traditional care practices can provide in-depth knowledge and perspective within the scope of education and health services to be offered to the newborn and puerperal mother for welfare. This study investigated traditional practices and beliefs about the newborn and puerperal period.

**Methods:** Culture analysis, one of the qualitative research methods, was used in this study. The study group consisted of 35 women from six regions of Türkiye determined by an appropriate sampling method. The data was collected through a semi-structured interview form prepared by the researchers. The questions were directed to the participants face-to-face.

**Results:** This study, in which women in six different regions of Türkiye determined behavior patterns, perceptions and beliefs, and the similarities and differences of the practices and beliefs of women about newborn and puerperal. The findings showed some crucial areas in the similarities of traditional practices in neonatal and puerperal care in Türkiye.

**Conclusion:** Findings reflected the cultural richness and diversity of traditions. The research supported the view that traditional care practices in Türkiye continued to exist and were still significant in the neonatal and puerperal periods.

**Keywords:** newborn; postnatal care; postpartum period; Türkiye

### ÖZ

**Amaç:** Yenidoğan ve lohusa annenin esenliği ve iyilik hali için geleneksel bakım uygulamalarını anlamak verilecek eğitim ve sağlık hizmetleri kapsamında oldukça önemlidir. Verilecek olan hizmetler bağlamda geleneksel bakım uygulamaları kültürel anlamda farklılıkları ortaya koymakta konu hakkında bakış açısı kazanmanın yanı sıra derinleşme bilgi edinilmesini sağlamaktadır. Bu noktada bu çalışmada Türkiye’deki yenidoğan ve lohusalık dönemine ilişkin geleneksel uygulamalar ve inanışların incelenmesi amaçlanmıştır.

**Yöntem:** Araştırmada nitel araştırma yöntemlerinden biri olan kültürel analiz kullanılmıştır. Araştırmanın çalışma grubu, Türkiye’nin altı bölgesinden uygun örnekleme yöntemi ile seçilen 35 kadından oluşmaktadır. Veriler araştırmacılar tarafından hazırlanan yarı yapılandırılmış görüşme formu aracılığıyla toplanmış olup; formda yer alan sorular katılımcılara yüz yüze yöneltilmiştir.

**Bulgular:** Araştırmada Türkiye’nin altı farklı bölgesindeki kadınların yenidoğan bakımı ve lohusalıkla ilgili davranış kalıpları, algıları ve inançları belirlenmiş; ilgili uygulama ve inançlarının benzerlik ve farklılıkları ortaya konmuştur. Bulgular, Türkiye’de yenidoğan ve lohusalık bakımındaki geleneksel uygulamaların benzerliklerinde bazı önemli alanları göstermiştir.

**Sonuçlar:** Elde edilen bulgular geleneklerin kültürel zenginliğini ve çeşitliliğini de yansıtmıştır. Çalışma, Türkiye’de yenidoğan ve lohusalık dönemindeki geleneksel bakım uygulamalarının varlığını sürdürdüğü ve hala önemli olduğu görüşünü desteklemiştir.

**Anahtar kelimeler:** doğum sonrası bakım; postpartum dönem; Türkiye; yenidoğan

### Introduction

Culture, with its cumulative structure, is a system that is socially transmitted and connects people with society with certain behaviour patterns. On the other hand, tradition is embedded in cultural patterns, including health and care behaviours, and is a cultural heritage passed down from generation to generation. Traditions are closely related to well-being, including disease, recovery, and health. Also, traditional health and care practices in societies are among the most strongly adhered to beliefs in the first place (Aamodt, 1978; Hartrick, 1997; Spector, 1979). Almost every society believes in natural forces at different stages of life, from birth to death, sacred rituals, home care practices, celebrations and sacrifices. The neonatal and puerperal periods are also culturally important times that are common in traditional practices and are critical for the health of the mother and baby. This period, which includes pregnancy, childbirth, the puerperal period and early infancy, is also recognized globally as a key period for education and health intervention. In addition, this period forms a strong bridge

between biological processes and socio-cultural structure (Raman et al., 2016). These practices may also differ from culture to culture in important ways. Although the birth and neonatal processes are physiologically the same everywhere, it is also noteworthy that each culture has interpreted the process dramatically differently from the others (Jordan & Davis-Floyd, 1993). Research shows that each society has different traditional beliefs and practices regarding neonatal care and maternity processes (Bulut, 2022; Callister, 2001; Gölbaşı & Eğri, 2010; Kim-Godwin, 2003; Moran et al., 2009; Sharma & Byrne, 2016; Withers et al., 2018).

It is important to investigate societies' traditional practices and beliefs with their cultural and personal meaning regarding neonatal and puerperal care, explain the historical process related to the subject, and reveal the interaction with different cultures. It is also necessary to explain the practices of current neonatal and puerperal care, develop appropriate policies, and determine cultural competence within the scope of neonatal and maternal well-being studies of the 21st century (Abel et al.,

2001). The cultural values, beliefs and behaviours adopted by society shape the living conditions of individuals and, therefore, closely affect their welfare status. In this general framework, traditional practices regarding the neonatal and puerperal period may lead to negative consequences regarding the mother's and baby's health status (Beşer et al., 2010). For example, Akçay et al. (2019) found that practices that would adversely affect a baby's health, such as salting and arson, continue at our age and that the low socioeconomic status and education level cause the practice to be widespread among mothers. On the other hand, the only aspect of such research is not only to understand, analyze, and protect these practices from harm but also to be able to protect useful cultural information that carries the risk of loss (Arisoy et al., 2014; Lamxay et al., 2011). These traditional practices have harmful and beneficial aspects, as well as those that do not affect the baby's well-being (Choudhry, 1997). Scientific knowledge that will emerge by determining traditional practices in neonatal and puerperal care is important for policies to be established in contemporary education and health services by considering the balance of benefit and harm. It can also enable education and health personnel to recognize the traditional practices adopted by the mass they serve and thus protect maternal and newborn health and improve care processes.

One of the most important factors affecting neonatal and puerperal well-being is the care practices that include healthy living and well-being. Care for the child to grow up healthy includes appropriate interventions for the mother and the child in the prenatal, birth and postnatal periods. Proper care protects the child from possible dangers and diseases and supports the child's healthy growth in all areas of development. The Turkish society for a baby needs to join the family. It stems from the belief in ensuring the family's continuity and the lineage's continuity (Başal, 2006; Dinç, 2005). On the other hand, pregnancy and birth in Anatolia also provide value and status to women. Just as motherhood increases the acceptance of women in the family and society, the father gains a reputation among family, relatives and friends. For these reasons, various traditional care practices are carried out to protect the health of pregnant and puerperal women. On the other hand, these traditional practices are not only aimed at protecting the baby and the mother and celebrated when the baby joins the family. In these processes, where the care of the newborn and the baby's participation in the family are celebrated, there are some culturally applied traditions, customs and beliefs (Kalafat, 1999). In this context, there are rules and prohibitions to be applied in traditions to prevent the dangers that may occur during birth and the neonatal period. In addition, it is thought that these practices will affect the child in terms of gender, character and physical aspects. Today, although these practices vary from region to region, they continue to exist (Başal, 2006).

Among the primary reasons for traditional care practices in societies are difficulty accessing health services, perception of modern health services, religious beliefs, and low socioeconomic level. Also, there are other reasons, such as young age and low educational status of mothers, having great parents as sources of information about baby care, and lack of health insurance (Sülü-Uğurlu et al., 2013). A recent culture- and health-oriented study shows that neglect to investigate the impact of culture on care and health is the biggest obstacle to the increase of the mother-baby welfare standard, making it difficult for society to accept arrangements made without being culture-sensitive (Napier et al., 2014). Pregnancy and childbirth

are natural health transitions, and biophysical, psychosocial, cultural and social factors are integral to this experience (Yeh et al., 2016). In this context, in the relevant literature, in addition to the general studies on neonatal and puerperal care in various regions of Türkiye. The focus of these studies is on giving birth as a transition ritual (Bulut, 2022), incubus (Aydın et al., 2014), mother care (Gölbaşı & Eğri, 2010), breast and neonatal care (Bölükbaşı et al., 2009; Gölbaşı & Eğri, 2010). Moreover, these studies generally used quantitative research approaches (Bölükbaşı et al., 2009; Geçkil et al., 2009). In this context, in the relevant literature, no study comprehensively addresses the traditional practices performed in neonatal and puerperal care in more than one region in Türkiye. Based on this gap in the literature, this study aimed to determine the traditional care practices that affect neonatal and puerperal well-being, which were still in practice in more than one region in Türkiye.

## Methods

### Study design

This study, which dealt with the views of 35 women from different regions of Türkiye on traditional methods performed in neonatal and puerperal care, used culture analysis, one of the basic qualitative research patterns. Culture analysis research aims to define and interpret the culture of a particular group according to the subject studied. This process was mostly based on concepts, perceptions and processes specific to that culture (Hancock et al., 2007).

### Study group

Maximum variation sampling, one of the purposeful sampling types, was used to determine the study group. In this context, participants from seven different regions of Turkey were invited to the research. However, the research was conducted with thirty-five women with child-rearing experience from six different regions (16 of them Central Anatolia, 6 of them Mediterranean, 6 of them Black Sea, 3 of them Southeast, 2 of them Aegean, 2 of them Marmara) of Türkiye. In this context, all women participating in the study have children. Accordingly, 4 of the women included in the study were 20-40 years old, 20 were 41-60 years old, 9 were 61-80 years old and 2 were 81 years old and over. Most of the participants (n=16) reside in towns, followed by villages (n=11) and city centers (n=8). In addition, most of the women participating in the study were primary school graduates (n=15). This was followed by illiterate (n=7), primary school graduate (n=4), high school graduate (n=4), literate (n=3) and university graduate (n=2) women, respectively.

### Data collection instruments

The study collected data through a semi-structured interview form which was developed by the researchers. The form prepared by the researchers was presented to the opinion of 4 field experts who had expertise in the subject. In this context, necessary improvements were made in line with expert opinions, and the form was finalized. There were 15 questions about traditional practices related to the neonatal and puerperal periods. A few sample questions has given in the below:

- What are the traditional practices for breastfeeding/feeding babies in your region?
- What are the traditional practices for caring for the puerperal mother who has just given birth in your region?

### Data collection procedures

While collecting the data, the research followed the following steps, respectively. Firstly, ethical approval was obtained. Following this, the participants of the study were invited. Women

with experience in child rearing from different regions recommended by students attending an undergraduate course conducted by one of the researchers in the fall semester of 2022-2023 were invited to the research. Then, informed consent forms were sent to the 50 candidates via the students. Thirty-five of them declared that they wanted to participate in the study. Interviews were made via phone or Zoom. The audio recording was taken during this process. The interviews lasted approximately 10-15 minutes.

**Data analysis**

In the descriptive analysis of this research, the aim was to present a ‘descriptive’ approach by being as faithful as possible to the original form of the data obtained and by applying directly to the statements of the participants when necessary (Patton, 2014). Codes were created for events and situations repeated in the answers or emphasized by the participant to examine the data in detail and reach the concepts, categories, and themes that best describe these data. Content analysis was performed by reaching the categories from the codes (Baltacı, 2019). Content analysis is a process used to determine the presence of certain words, themes, or concepts within some given qualitative data. Firstly, the audio recordings of the participants were transcribed, and each participant was given codes P1, P2, and P3. After coding, the data were placed in the frames created for data analysis. Later, the relationships of the codes determined the categories. The research used the analyst triangulation of Patton (2014) to ensure reliability. The researchers analyzed the data separately and agreed on the categories in this context.

**Ethical considerations**

Prior to conducting this study, approval from the Ankara Yıldırım Beyazıt University Social and Humanities Ethics Committee was obtained (Decission No: 22-1356, Date: 30.01.2023). All participants provided written informed consent prior to the interviews.

**Results**

In this part, the study included the findings obtained from the descriptive analysis of the data from the interviews.

Table 1 presents the participants’ opinions on feeding newborns in two categories: Practices related to food and practices related to time. Giving food in different contents (9), rubbing sweets in the baby’s mouth or on a pacifier (8), and not giving water (3) are included in the category of practices related to the mother (3). On the other hand, waiting for a while for the first breastfeeding (4) and frequent breastfeeding (2) are in the category of practices related to time. Among the traditional

practices for feeding the newborn, the participants mostly preferred to feed with food in different contents such as starch and rice flour.

Table 2 presents participants’ answers to the question, “What are the traditional practices for increasing breast milk in your region?” According to the participants’ answers, there are practices such as other nutritional supplements (23), fluid supplements (19), dessert supplements (17) and puerperal syrup (5) in the category of practices related to mother’s nutrition. While frequent breastfeeding (7) is stated in practices related to breastfeeding, there is the opinion on the mother bathing (5) in subsidiary practices. To increase breast milk, the participants mostly used other nutritional supplements such as saladings, soups, and yoghurt.

Table 3 gives the participants’ answers to the question “What are practices for the care of the puerperal mother in your region?” in three categories. The category of practices related to self-care included keeping the puerperal mother warm (8), wrapping her belly with a sheet or cloth (5), not taking a shower for three days (4), washing her feet (2) and caring for the nipple of the mother (1). Additionally, the category of nutritional practices included practices such as eating sweet and nutritious foods (8), not eating certain foods (4) and drinking puerperal syrup (3). Also, the category of practices related to daily life included practices such as not taking the mother out of the house (6), not leaving the mother home alone(5), preparing a special bed for the puerperal mother (4), not allowing the mother to see another puerperal mother or woman in her period (3), and not going to condolences and funerals (1). The most common practice for caring for the puerperal mother was to keep the mother warm and eat sweet and nutritious foods.

Table 4 gives the participants’ answers to the question “What are traditional practices related to Incubus in your region?” in two categories: practices to protect the puerperal mother and practices related to the puerperal mother’s daily life. Practices such as putting the Holy Qur’an (16), putting men’s clothes (11), putting sharp iron tools (9), and hanging a besam or bush in the room (8) are in the category of practices to protect the mother. The category of practices related to the mother’s daily life included the practices of not leaving the mother home alone (20), wearing red clothes or accessories (10), not comparing with another puerperal mother (4), not turning off the light of the puerperal mother’s room (3), not going out for 40 days (2). The most commonly used method in traditional practices for Incubus was “not leaving the mother home alone”. A detailed examination of the table 4 reveals.

Table 1. Traditional practices for feeding the newborn

Category	Code	Participants	Sample opinions
Practices related to foods (23)	Giving food in different contents (9)	P3, P5, P6, P12, P13, P22, P24, P25, P26	“... wheat starch and milk are cooked and fed to the baby.” (P5)
	Rubbing sweets in the baby’s mouth or pacifier (8)	P2, P4, P7, P9, P11, P14, P18, P19	“... the pacifier is dipped in honey or molasses and given to the baby.” (P7)
	Not giving water (3)	P7, P17, P18	“Only breast milk is given until the baby reaches a certain age. Even water isn’t given. It is still believed that the angels give the baby its water, so the mother’s milk will be sufficient..” (P17)
	Practices Related to the Mother (3)	P2, P8, P10	“Something sweet is performed to the mother’s nipple for the baby to suck. When the baby grows up, something bitter and sour is put on the mother’s nipple for the baby to stop breastfeeding.” (P8)
Practices related to time (6)	Waiting a while for the first breastfeeding (4)	P14, P19, P28, P32	“... after the baby is born, no milk is given to it before the azan. It should be given after the azan.” (P19)
	Frequent breastfeeding (2)	P26, P35	“...often breastfed.” (P26)

Table 2. Traditional practices for increasing breast milk

Category	Code	Participants	Sample opinions
Practices related to mother's nutrition (69)	Other nutritional supplements (23)	P1, P2, P3, P4, P5, P6, P7, P8, P10, P11, P12, P13, P14, P16, P17, P20, P21, P23, P28, P29, P31, P33, P35	"...The dill is consumed." (P1) "Green onion and yoghurt soup will increase the mother's milk." (23)
	Fluid supplement (19)	P1, P3, P4, P5, P8, P10, P11, P12, P13, P15, P16, P17, P18, P20, P22, P27, P28, P31, P35	"Mom consumes a lot of fluids. She drinks teas such as fennel, fenugreek, gihayir, and revia (elderberry)." (P5)
	Dessert supplement (17)	P1, P2, P7, P8, P10, P15, P16, P17, P19, P20, P21, P25, P26, P28, P29, P30, P31	"When the mother comes home after the birth, dessert is cooked with sugar, flour and butter. This dessert is given to the mother for a week." (P2)
	Puerperal sherbet (5)	P4, P6, P14, P19, P32	"The mother drinks "puerperal sherbet", which is a drink with a lot of sugar and is obtained by melting red sugar." (P32)
Practices related to breastfeeding (7)	Frequent breastfeeding (7)	P15, P18, P21, P30, P33, P34, P35 (7)	"It is believed that the mother should frequently breastfeed, then her milk will increase." (P33)
Subsidiary practices (5)	Mom bathing (5)	P4, P14, P16, P17, P34	"Bathing after childbirth is thought to help increase milk." (P34)

There is a Table 5 gives the participants' answers to the question "What are the traditional practices to protect the baby from jaundice in your region? " in three categories. Practices related to yellow colour were covering the baby's face or crib with yellow cloth (32), putting gold on the baby's clothes (5) and dressing the baby in yellow (4). In the category of practices related to feeding the baby, there were practices such as frequent breastfeeding (11), feeding the baby with sweet/sour or rubbing it in the baby's mouth (6). There were also practices such as turning on the yellow light or allowing sunlight in the baby's room (5) and tying garlic to the crib (2) in the category of practices in the baby's room. Moreover, covering the baby's face or crib with yellow cloth was the most preferred of all practices.

## Discussion

It is important to know and understand the traditions, which are a reflection of the culture that connects people to the society they live in with its accumulated structure, both by individuals living in that culture and by individuals who want to get to know that culture better. This study, conducted in line with this view and with the opinions of 35 participants, aimed to determine the traditional practices in the neonatal and puerperal periods, which are still in practice in six regions of Türkiye. In this context, traditional practices are frequently encountered in Türkiye's neonatal and puerperal periods. The reason for these practices, especially in the puerperal period, is for the general well-being of the mother and baby and to prevent all physical and mental hazards that may occur. These practices include eating and drinking habits, ceremonies, and rituals to protect the mother and baby from religious and evil spirits.

Nutritional supplements stand out in traditional practices for breastfeeding/feeding babies and increasing breast milk. In this context, giving food in different contents and rubbing dessert in the baby's mouth or on a pacifier are among the most used practices to increase breastfeeding and support the baby's nutrition. Different nutritional supplements, fluid supplements and desserts are the priority for the mother. Additionally, herbal tea was the preferred nutritional supplement for the breastfeeding mother. Other supplements were bulgur, onion, fruit, fluid supplement, and foods such as puerperal syrup and

rice pudding as desserts. In Pakistan, mothers are fed a traditional dessert containing milk, almonds, various soups and halva to quickly return to their health during the puerperal period and protect their future health. Also, they are given very little water to drink in order not to cause indigestion and gas in the stomach (Khadduri et al., 2008). Similarly, in South Asian countries, the 45-day period after the baby's birth is important for the mother's recovery. In this process, it is preferred to provide hot drinks and hot and sweet foods for mothers (Maimbolwa et al., 2003). In their research, Hancıoğlu-Aytaç and Yazıcı (2020) revealed that mothers with enough potential for two babies physiologically prefer traditional practices during breastfeeding because their milk is not enough at the rate of 47.9%. In addition, mothers believe that their milk increases with desserts, fluid supplements and green vegetables (Bozkuş-Eğri & Konak, 2011). However, the Turkish Ministry of Health recommends that mothers feed their babies only breastfeeding during the first six months. In this regard, the ministry carries out many studies within the scope of baby-friendly hospital studies and offers breastfeeding consultancy services to pregnant women and mothers (Yalçın et al., 2018).

The power of beliefs about the mother's care and daily life are noteworthy in caring for the mother and protecting her from evil spirits. Moreover, keeping the puerperal mother warm, eating sweet, nutritious foods and not seeing another puerperal mother or woman in her period for 40 days are important for the care and necessary to prevent the mother from getting sick. Although postnatal health beliefs and practices among non-Western cultures differ, they have many similarities. These practices are generally shaped around the "importance of heat and cold" and the "necessity of home closure for a certain period after birth" (Kim-Godwin, 2003). Tan et al. (2022) found that puerperal home closure practices continue today, similarly in their study investigating the puerperal experiences of first-time mothers of Chinese, Malay and Indian origin in Singapore. In Turkish culture, 40 days of puerperal rest in bed and not being home alone are accepted among important traditional practices to care for women and protect them from evil spirits (Çevik & Alan, 2020).

Table 3. Traditional practices in puerperal care

Category	Code	Participants	Sample opinions
Practices related to self-care (20)	Keeping the puerperal mother warm (8)	P3, P6, P13, P16, P17, P25, P26, P29	"It is ensured that the mother stays warm by covering her with a blanket. Apart from this, the puerperal mother must wear a vest and socks constantly." (P3) "The soil is sifted and heated. It is spilt under the puerperal mother so that she does not bleed too much and her wounds heal quickly." (P16)
	Wrapping her belly with a cloth (5)	P14, P21, P22, P23, P34	"After birth, the puerperal mother's belly is wrapped so that the belly does not sag down." (P14)
	Not taking a shower for 3 days (4)	P2, P3, P13, P31	"The puerperal is not allowed to take a bath for a few days after birth." (P3)
	Standing up bathing (2)	P1, P28	"The mother takes a standing-up bath for 40 days following birth to prevent any infection." (P28)
	Caring for the mother's nipple (1)	P3	"Onions are rubbed on the mother's nipple so that it does not hurt." (P3)
Nutritional practices (15)	Eating sweet and nutritious foods (8)	P4, P5, P6, P8, P16, P18, P26, P30,	"The mother eats molasses in butter to relieve labour pains." (P8)
	Not eating certain foods (4)	P4, P13, P25, P34,	"It is not desirable for the mother to eat cold, sour, bitter, and meat." (P4)
	Drinking puerperal sherbet (3)	P1, P23, P34	"The puerperal mother drinks puerperal sherbet, and this syrup is also served to the guests." (P23)
Practices related to daily life (19)	Not taking the mother out of the house (6)	P4, P7, P9, P14, P15, P21	"Mother and baby are not taken out of their house for 40 days." (P4)
	Not leaving the mother home alone (5)	P15, P18, P30, P32, P35,	"The mother and the baby are not left alone until forty days after the birth. The grandmothers stay with the mother and baby. In this process, they help the mother in baby care and teach baby care."
	Preparing a special bed for the puerperal mother (4)	P1, P5, P15, P34,	"A special bed is prepared for the puerperal mother." (P34)
	Not allowing the mother to see another puerperal mother or menstrual woman (3)	P14, P27, P30	"No woman, except those living in the house, can enter the house with her menstrual cycle." (P14)
	Not attending condolences and funerals (1)	P15	"Puerperal mothers do not go to condolences and funerals. It is thought that the mother will become depressed." (P15)

In addition, in a study conducted in Nepal, cultural practices, taboos and beliefs largely overlap with those reported worldwide. Women are also taken to seclusion for a long time against physical and mental dangers after childbirth (Sharma & Byrne, 2016). All these findings show that traditional practices to protect the mother in the puerperal period have similar characteristics, especially in eastern cultures and Asian societies. According to the answers of the participating women, the primary methods used to protect the newborn from jaundice is performed using yellow color. It is also believed that the newborn baby will not have jaundice by covering the baby's face or crib with a yellow cloth. Similar studies show that this practice is still the most frequently used by mothers for neonatal jaundice (Bölükbaş et al., 2009; İnci et al., 2019). The results of a cross-sectional descriptive study on the perspective, level of knowledge, and traditional practices of neonatal jaundice in over 400 women in Egypt show that traditional newborn care practices related to cultural beliefs and jaundice are still effective on mothers regardless of their education level (Moawad et al., 2016).

In traditional care practices in Türkiye, women prefer to put some items and tools on the bedside or in the room for 40 days to protect the newborn and the puerperal mother from evil

spirits, evil eyes, or Incubus. They believe they are protected from evil spirits, evil eyes and Incubus by putting evil eye beads, Qur'an, men's clothing and sharp tools in the room or bedside and praying. In India, the black substance called "kujul", prepared in the items gifted by religious leaders, is performed to the forehead of the baby. It is also believed that they are protected from evil spirits and evil eyes by placing iron items next to the bed of the mother and the baby (Choudhry, 1997). Religious and spiritual beliefs strongly influence behaviours during the puerperal period. Due to the prevalence of beliefs in supernatural influences, especially malevolent forces in Africa, pregnancy is kept secret and religious symbols were strongly believed at that time (Raman et al., 2016). Similarly, Turkish society's first 40 days of the newborn are very important and performed in a wide geography. For example, according to the belief in different regions of Türkiye, "if a puerperal mother sees another puerperal mother, she will have "kırk basması" which is a different form of Incubus. "Kırk basması" means that the newborn and puerperal mother get sick during this period. On the other hand, Incubus is a supernatural power that causes birth distress and is thought to be fundamentally against reproduction (Demirel-Bozkurt et al., 2014; Kalafat, 1999). Therefore, in the beliefs of protection, in this special period, the

Table 4. Traditional practices for incubus

Category	Code	Participants	Sample opinions
Practices to protect the puerperal mother (44)	Putting the Holy Qur'an (16)	P1, P2, P4, P5, P6, P11, P12, P14, P15, P16, P19, P22, P25, P32, P33, P34	"The Qur'an is put in the room where the puerperal mother sleeps." (P34)
	Putting men's clothes (11)	P4, P6, P10, P11, P12, P14, P16, P18, P19, P20, P22	"The puerperal woman's husband's clothes are placed near her bed. It is thought that the clothes prevent the puerperal mother from an incubus." (P19)
	Putting a sharp iron tool (9)	P1, P4, P5, P10, P13, P22, P26, P27, P30	"The mother is not left alone in the room. If she is going to sleep alone, a sharp tool is kept at her bedside." (P5)
	Hanging a besom or bush in the room (8)	P14, P16, P17, P18, P22, P30, P33, P34	"... a besom is placed next to the mother's bed." (P6)
Practices related to puerperal mother's daily life (39)	Not leaving the puerperal mother home alone (20)	P1, P2, P6, P7, P8, P9, P10, P11, P12, P13, P21, P25, P26, P27, P28, P29, P30, P32, P34, P35	"... a puerperal mother is not left home alone until she turns 40 days" (P10)
	Wearing red clothes or accessories (10)	P4, P6, P12, P13, P14, P23, P25, P30, P32, P33	"The mother puts a red ribbon or red scarf on her head for 40 days from birth." (P14)
	Not comparing to another puerperal woman (4)	P5, P14, P28, P32	"A puerperal woman is not compared to another puerperal woman for 40 days." (P14)
	Not turning off the light in the puerperal mother's room (3)	P20, P28, P32	"The light is left on where the mother and baby sleep." (P20)
	Not going out for 40 days (2)	P19, P34	"Mom and baby don't leave the house for 40 days after the birth. If they go out, it is thought that the puerperal woman may experience Incubus." (P19)

mother and baby should not be left alone, the lamp should be lit in their rooms, and there should be someone with the mother and baby (Demirel-Bozkurt et al., 2014).

**Limitations of the study**

The most important limitation of this research is that the participants included in the research were from 6 regions of Türkiye. Two participants from the Eastern Anatolia region were reached. However, those women wanted to leave the research after the interview for different reasons. Thus, no participants from the Eastern Anatolia region of Türkiye could be included in the study. In this context, the results obtained represent six regions of Türkiye. Another limitation of the research is related to the ages of the women included in the study. The age range of the women included in our research is 61 and over. In this context, age can be considered a control variable in future studies, or more homogeneous age groups can be created. Thus, the differences between generations may be evaluated.

**Conclusion**

According to the results of this research, supported by studies conducted in recent years, there is a rich and diverse repertoire of cultural practices in rural and urban environments in the care of newborns and puerperal mothers in Turkish culture. These practices still exist and are still strongly valid. Given the prevalence and importance of traditional practices, it is clear that the proposed changes in cultural practices should be handled with precision, and community stakeholders, trusted leaders and educators should be involved. In this context, public education, health planners, and practitioners should take culture seriously and not ignore culture's contribution to shaping women's behaviours and choices during birth. Moreover, they should offer traditional, context-specific, culture-sensitive care to optimize the mother and baby's well-being. The conclusion reached in this qualitative study is that the role of women in traditional practices is central to preserving life.

Table 5. Traditional practices to protect the baby from jaundice

Category	Code	Participants	Sample opinions
Practices related to the yellow colour (41)	Covering the baby's face or crib with yellow cloth (32)	P1, P2, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18, P19, P20, P21, P22, P23, P24, P25, P26, P27, P28, P29, P30, P32, P32, P34, P35	"The crib is covered with a yellow cloth to protect the baby from jaundice." (P24)
	Putting gold on the baby's clothes (5)	P4, P14, P16, P18, P27	"It is thought that putting gold on the baby will protect jaundice." (P11)
	Dressing the baby in yellow (4)	P1, P2, P14, P16,	"The baby is dressed in yellow." (P1)
Practices related to feeding the baby (17)	Frequent breastfeeding (11)	P1, P4, P6, P10, P12, P13, P20, P25, P31, P32, P34	"The baby is frequently breastfed." (P34)
	Feeding the baby with sweet/sour or rubbing it in the baby's mouth (6)	P3, P11, P14, P24, P28, P30	"... molasses is rubbed in the baby's mouth after birth." (P3)
Practices in the baby's room (7)	Turning on the yellow light or allowing sunlight in the baby's room (5)	P20, P21, P28, P3, P32	"... the baby is placed in a sunny place. If there is no sun, it is recommended to keep the baby under yellow light." (P11)
	Tying garlic to the crib (2)	P8, P30	"...garlic is strung up on a rope and hung on the crib of the baby." (P30)



The intergenerational care practices are maintained for fear of evil gazes, diseases and supernatural forces. Traditional practices and rituals continue to be practised in different cultures with their therapeutic effect and are thought necessary for the mother and baby's well-being. Additionally, although scientific achievements are increasing, there is a change in beliefs and practices and strong intergenerational support for maintaining the cultural heritage of the mother and baby's care. It is important to consider this situation for basic education and health interventions to be high, continuous and fair.

### Conflict of Interest

No potential conflict of interests was reported by the authors.

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### Ethics Committee Approval

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### Informed Consent

All participants provided written informed consent prior to the research.

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### Author Contributions

G.K.: Literature search, Data Analysis and Interpretation, Writing Manuscript.

K.B.K.E.: Literature search, Design, Data Collection, Data Analysis and Interpretation, Critical Review.

Z.K.: Literature search, Design, Data Collection, Critical Review, Supervision.

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