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**Araştırma Makalesi \* Research Article**

**Perinatal Social Work in Neonatal Child Care**

**Neonatal Dönem Çocuk Bakımında Perinatal Sosyal Hizmet\***

**Esra AĞYAR ELBİSTANLI**

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**Abstract:** The purpose of this study is to identify traditional and cultural child care procedures used on newborn (0-29 day) newborns in Kahramanmaraş province that endanger their health. It is to make evidence-based of these identified approaches in order to characterize the intervention of perinatal social work towards child care. In Türkiye, there are no studies on perinatal social work. The case study method was employed in this qualitative investigation. The snowball sampling approach yielded a total of 53 men and women. MAXQDA 2020 was used to examine the data. Nineteen conventional child care strategies were found in the interview data collection. The data set derived from the interviews indicated 13 traditional and cultural child cares that endanger child health. It has been determined that these ancient procedures endanger the child's health, create permanent scars on their bodies, and in some cases are deadly. Recommendations on how to use this knowledge collected via advocacy activities in the field of perinatal social work in Turkey to preserve children's health through evidence-based practice are provided.

**Keywords:** Perinatal social work, social work, child care.

**Öz:** Bu araştırmanın amacı, Kahramanmaraş ilinde yenidoğan (0-29 gün) çocuğa uygulanan ve sağlığı tehdit eden geleneksel ve kültürel çocuk bakım yöntemlerinin tespit edilmesidir. Tespit edilen bu yöntemlerin kanıta dayalı ispatları yapılarak perinatal sosyal hizmetin çocuk bakımına yönelik müdahalesini betimlemeye çalışmaktır. Perinatal sosyal hizmetin kapsadığı konularda Türkiye'de henüz araştırmalar yapılmamaktadır. Nitel çalışma olan bu araştırma da durum çalışması kullanılmıştır. Kartopu örneklem stratejisiyle kadın ve erkek toplam 53 kişiye ulaşılmıştır. Veriler MAXQDA 2020 ile analiz edilmiştir. Görüşmelerden elde edilen veri setinde 19 tane geleneksel çocuk bakım yöntemleri tespit edilmiştir. Çocuk sağlığını tehdit eden 13 tane geleneksel ve kültürel çocuk bakımı tespit edilmiştir. Bu geleneksel yöntemlerin çocuk sağlığını tehdit ettiği, vücudunda kalıcı izler bıraktığı hatta ölümcül olduğu sonuçlarına ulaşılmıştır. Elde edilen bu bilgileri Türkiye için perinatal sosyal hizmet alanında savunuculuk çabalarında nasıl kullanabileceklerini kanıta dayalı uygulama sonuçlarıyla çocuk sağlığına korumaya yönelik öneriler verilmiştir.

**Anahtar Kelimeler:** Perinatal sosyal hizmet, sosyal hizmet, çocuk bakımı.

\* This article was prepared by summarizing the PhD thesis.

## INTRODUCTION

The newborn phase is the era of greatest child mortality in the globe and in Turkey. The majority of child fatalities occur between the ages of 0 and 29 days. 12.3 percent of newborns who died in 2019 perished on the first day, 29.6 percent died between the ages of 1-6 days, and 21.7 percent died between the ages of 7-29 days (TUIK,2019). Traditional child care approaches in the newborn era are observed to be used in various countries of the world, including Turkey. (Erkut & Yıldız, 2017: 268; Arabacı et al., 2016: 61, Dudu Karaman & Doğan, 2018: 1475, Karabulutlu, 2014: 295, Jarrah & Bond; 2007: 289; Kaewsom et al., 2003: 358, Özyazıcıoğlu & Polat; 2004: 30, Kahriman; 2007, Şenses & Yıldızoğlu, 2002:44, Uğurlu et al., 2013:342). A provision of the Convention on the Rights of the Child states that "States Parties should adopt all suitable and effective measures to eradicate traditional practices injurious to the health of children." (UNICEF, 2022). This study was conducted to identify people who injure children as a result of traditional and cultural practices in child care.

Perinatal social work appears to have begun in the 1970s as a result of a workshop on mother and child health held around 50 years ago (NAPSW, 2006). Perinatal social workers provide advocacy, educational/training services, and health-enhancing studies on a variety of concerns, including the health of the family and the child. Perinatal social work provides assistance in obstetric settings to mothers, children, and families. Perinatal social work services have not yet begun in Turkey.

In the field of perinatal social work (PSW), Barret and Robinson (1990) with their study 'The Role of Adolescent Fathers in Parenting and Childrearing,' Mahan's study 'Social Policy Considerations in Perinatal Social Work' in 1997, and Ariane Cichley (2020) with their study 'The Lion's Den: Social Workers' Understandings of Risk to Infants' mentioned various aspects of neonatal child care.

In our country, the "Health Transformation Project" program adopted the most significant practices in the Republic's history, focused at safeguarding, developing, and enhancing mother and child health (Ministry of health of the republic of Turkey, 2003). Maternal and child death rates have fallen dramatically after the launch of the 'Health Transformation Project' initiative (TUIK, 2020). A comparable method is practiced in the Chinese state for the avoidance of maternal-child fatalities. As a result of the practice in China, infant mortality rates have fallen.

Despite reductions in infant mortality and gains in child health, research have found traditional child care approaches to be both useful and detrimental to children (Hachasanolu Vaccines et al., 2018: 1; Güzel et al., 2017: 108; Sivri Bilgen & Karataş, 2015: 39). Previous study findings showed that different education and support programs, as well as family assistance, should be implemented (Eğri & Gölbaş; 2006: 2, Eğri & Gölbaş; 2007: 313, Dinç, 2005: 53, Arsoy et al., 2014: 30, Çetinkaya et al., 2008: 45, Başer et al., 2005: 57, Işık et al., 2010: 63). At this point, while PSW is being developed for Turkey, it is expected to contribute to PSW development by gathering data from the field.

For decades, the notion of health has evolved (Lotfi, 2019: 24). As individual and social problems related to health, disagreements, technological developments in the field of health (Yıldız & Turan, 2010: 40), and evidence-based practices increase in the twenty-first century, on the plane where globalization is affected by social and environmental problems, the normal change in health science itself affects the definition of health and disease. Health is a "public obligation" that the public must recognize (Yıldız, 2008: 32). Humans are bio-psycho-social beings, and because human health includes physiological, psychological, and social elements, protecting his health and treating his sickness necessitate a multifaceted approach. Treatments that are not based on cultural, spiritual, or religious beliefs are insufficient when compared to a holistic approach. Social work in hospitals or other health institutions demonstrates the importance of perinatal social work in the neonatal period, as it improves the individual's well-being and social functionality by identifying, preventing, and resolving psycho-social problems that arise with the patient and his family (NAPSW, 2016).

## METHODOLOGY

This section of the research contains information regarding the research model, universe and sample, data collecting instruments, data collection, data analysis, and the research's validity and reliability.

## Research's Model

This is a case study, which is a qualitative study. Following a study of the literature, semi-structured interview questions were developed. In child care, interview questions are questions that may be used to acquire detailed information. It comprises of inquiries to identify what conventional methods are used on the kid, who uses them, when and how frequently, and what the expected advantages and results are.

## Population and Sample

The universe of the study is made up of women and men over the age of 18 who live in Kahramanmaraş, are familiar with the conventional child care approach, and volunteer to engage in the research using a snowball sampling procedure. The Adyaman University Social and Human Sciences Ethics Committee has approved an ethics committee dated 15.02.2021 and numbered 01.03.2021-69.

## Data Collection Instruments

With the consent of the ethics committee, interviews were done as a data gathering method in the research by asking semi-structured interview questions. Each interview lasted around an hour and a half to two hours.

## Data Collection and Analysis

The data information were sent to resource and guide individuals who are familiar with traditional child care in Kahramanmaraş, and interviews were conducted by meeting at a location and time that the participants thought acceptable. Permission was obtained from the participants for the audio recordings, and all participants granted their approval.

The obtained set of data was examined using the MAXQDA 2020 program. Listening to the audio recordings in the data set resulted in the creation of codes and themes. The data was subjected to descriptive and content analyses.

## The Research's Validity And Reliability

This similarity, known as internal consistency in Miles and Huberman's (1994) approach and conceived as encoder consensus, is calculated using the formula =  $C / (C + ) \times 100$ . In the formula, : Reliability coefficient, C: Number of subjects/terms on which agreement is reached, : Number of subjects/terms on which agreement is not obtained. The coding control, which provides internal consistency, predicts that at least 80% of coders would agree (Miles & Huberman 1994; Patton 2002). As a result, the field expert's judgment was used to estimate the similarity ratio between the codes in the research. The proportion of agreement between experts and codes was determined to be 81.25 percent.

## Finding And Discussion

Figure 1 Depicts the participants' responses to typical child care questions.

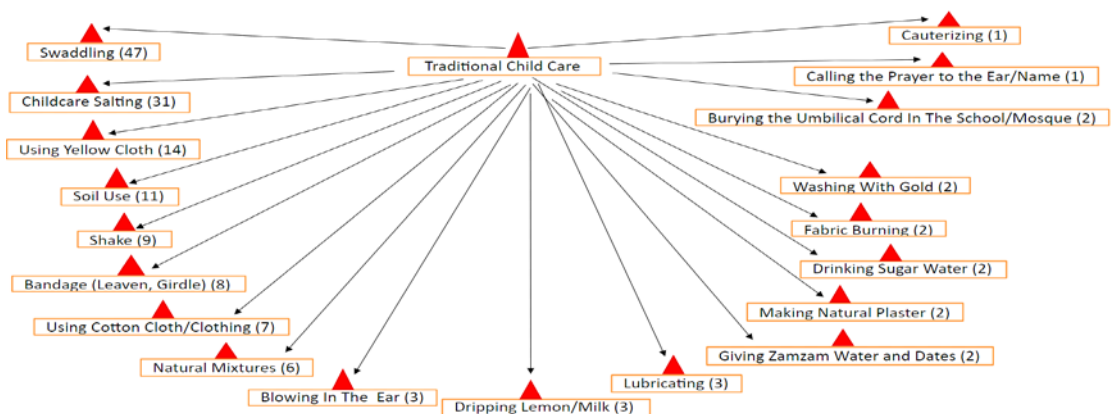


Figure 1. Ttraditional child care methods

Figure 1 depicts the hierarchical code sub-code sections model of the topic of conventional approaches in childcare.

According to the participants' responses, the classification of traditional techniques advised by adults was identified with 19 different codes under the topic of traditional ways in child care. Swaddling, childcare salting, using a yellow cover, shaking, tying (dough, belt), using cotton cloth/clothing, natural mixtures, blowing into the ear, dripping lemon/milk, lubricating, giving zamzam-palm, making natural plaster, drinking sugar water, fabric burning, burying the umbilical cord in the school/mosque, washing with gold, calling the prayer to the ear/name, and cauterizing are some examples.

Participants discussed extensively about classic swaddling tactics. Participants with the codes K34 and K48 describe swaddling in the following way:

*"We fold the swaddle in half and place the infant in it." We begin by folding one arm. The cover was then placed on the foot end. The opposite arm is then folded. Then we take it in our arms, breastfeed it, and rock it to sleep in the cradle." (K34)*

*"I usually do swaddling." I squeeze the baby's feet and between his or her legs. I'm going to peel her/his hand and arm. Normally, I bind it with swaddling cloth." (K48)*

Swaddling is a type of child's clothing that is also thought to prevent spine and limb abnormalities. Participants reported that the swaddle is securely tied in such a manner that it inhibits the children's mobility, assuming that the child's anatomy would be right. When swaddling was popular among the Turks, it was also done by the Romans, Greeks, and Jews. Swaddling, it is shown, is an application that helps the kid when used correctly, creates numerous difficulties such as hip dislocation when used incorrectly, and is a practice that is back on the agenda today (Erkut & Yıldız, 2017:268).

Swaddling, according to Bilalolu et al. (2001), causes hip dislocation. It should not be forgotten that swaddling can be harmful to children's health, especially when done poorly. Similar studies show that swaddling is prevalent, and our findings are consistent with other studies (Biltekin, 2004: 166, Bölükbaş et al., 2009: 164, Şenol et al., 2004: 47, Eğri & Gölbaşı, 2007: 313, Dinç, 2005: 313).

The traditional childcare salting is the participants' most passionate expression. Some participants claim to occasionally add sugar to their salt. Not only does the youngster take a bath by combining the salt with the stick and the water in the childcare salting procedure, but so do the participants who put this salty-sugar concoction into their mouths.

Participants' phrases labeled K21 and K44 characterize childcare salting as follows:

*"You bathe the infant with warm water and then apply salt water to it." (K21)*

*"We used to add a little salt and sugar to the water." We used to apply it in his lips and behind his ears... So it does not stink. Then we'd add a little water." (44)*

Particularly in the context of newborn skin, salt water produces skin redness (Dinç, 2005: 53, Eğri & Gölbaşı, 2007: 313, Geçgil, Şahin & Ege, 2009: 62, Işık, Akçınar & Kadolu, 2010: 63). According to studies, childcare salting has a deleterious impact, even needing therapy in children (Peker et al. 2010: 204). Previous research have also shown that childcare salting was used to protect the infant from acquiring diaper rash and not smelling perspiration in the future. Unlike in earlier research, sugar was added to the water in this one. Other research appear to support the use of saline on babies.

Soil is the third application indicated by the participants. The act of placing earth beneath a kid is known as holluk. Participants' expressions tagged K3 and K49 summarize soil usage as follows:

*"The soil treatment is another option." They used to use soil and mud to massage the child's body. That has benefited me personally." (K3)*

*"We sifted the soil, which our moms prepared like bulgur." We used to put it in bags. It was heated initially in the winter. It was put in any container and set on the stove. They would change the child's diaper when the burner became too hot. They would remove the one under the infant, lay a clean cloth over it, and*

*then cover it with warm soil. He kept the kid warm. The youngster would quickly fall asleep in his bed with him. neither shaking nor anything else like the present..." (K49)*

The soil is teeming with microorganisms. Tetanus group bacteria are relatively common. There is an immediate need for intervention to avoid the application of holhole. According to research, the hall is still in use today (Meriç & Elçioğlu, 133). In a research done by Özen and Özger (2006), which evaluated three instances, it was discovered that two of three newborn children who were hospitalized in the hole died from tetanus despite therapy (Özen & Özger, 2006: 132).

According to them, the participants shook the youngsters in various ways. Participants reported that they thought the shaking approach was helpful, especially when the infant was in discomfort or not sleeping. The participant programmed K32's expressions describe the shake as follows:

*"It used to be put in a diaper by my mother-in-law." We'd shake it by holding it by both ends. She was praying and shake at the same time. Then we'd roll the youngster over while shaking the diaper. This would be done three times. The youngster was relieved after three repetitions. So we reasoned. We used this procedure anytime there was pain and the youngster would sleep and calm." (K32)*

Previous research found that moms utilized a variety of techniques to help their infants transition to sleep. It is said that they shake youngsters between a cloth, on a lap, on a swing, in a cradle, and by laying a pillow on their feet, and this approach is often used. (Çınar et al., 2015: 378) This study's findings are consistent with the literature. Because the neck muscles that support the newborn baby's head have not yet matured, the youngster cannot fully support his head. The child's head shakes as a result of shaking, and the vessels leading to the brain can be injured, resulting in blindness, deafness, learning problems, brain damage, and even death (Hacıhasanoğlu Aşilar & Bekar, 2018: 12).

Participants said that they employed natural combinations in traditional child care. The participants reported that they brew natural herb mixes as tea and drink them, and that they massage their bodies with various liquid concoctions. The statements of the individual coded K23 summarize the natural mixes as follows:

*"I applied olive oil and make drank him mint tea while he was unwell with a cold." I also make drank him something like thyme tea. Because these approaches are effective, I used them on my child every time." (K23)*

There are agricultural and chemical wastes in plants that are not produced under healthy conditions and these can harm the child (Efe, Öncel, & Yılmaz, 2012: 74).

Another traditional childcare activity reported by participants is ear blowing. When a child's ear ached, the participants thought it would be advantageous for an adult who smoked to blow into the child's ear. Blowing into the ear is summarized by the participant's expressions coded K10 as follows:

*"When the child's ear hurt, our elders used to say, 'Take it to someone who smokes so that he can blow it.' The pain of cigarette cuts the earache." (K10)*

Participants stated that when a child's ear hurts, a cigarette smoker blows cigarette smoke into the child's ear and drips milk or lemon into the eye. In previous studies, it was seen that participants made alternative applications to children with earache (Polat, 1995). In another research, 3, 0.3% of the participants stated that they put breast milk in the ear of a child with earache. Again, in the same research, cigarette smoke is mentioned and it is mentioned that it should not be applied to infants as it will cause asthma, respiratory and allergic reactions in children (Efe, Öncel & Yılmaz, 2012: 74). Cigarette smoke in the ear appears to be a harmful method for children.

The practice that the participants expressed as the traditional method in child care is lemon/milk dripping. The participants stated that methods such as dripping milk into the ear when the children's ears hurt or lemon drops are used to keep the child's eyes healthy and bright. The statements of the participant coded K45 summarize lemon/milk dripping as follows:

*"They would put lemon in their eyes. A drop each. For it to be beautiful, to be bright." (K45)*

In newborn babies, eye burring is a very common condition. For eye cleaning, it should be wiped at once from the eye socket to the outer end, using a soft cheesecloth moistened with boiled and warm water. If the burring lasts for a long time or continues in only one eye, a doctor should be consulted. For ear, with the help of a cheesecloth, only the parts of the ear that you can see should be cleaned. Wipe around and behind the ears with a wet cotton swab. Nothing outside of national standards of care should be applied to the eyes, ears, and nose.

Natural plaster manufacturing is another old approach mentioned by the participants. Participants underline that natural plaster may be manufactured at home using simple ingredients. The following are the participant statements coded K10 that summarize the natural plaster cast:

*"They used to create plaster out of eggs when a child's foot was broken or anything." They also fastened it with little sticks to keep it straight." (K10)*

Giving sugar water, sugaar water, and dates were also mentioned as traditional approaches by participants. Participants underlined the need of using sugar water to prevent the establishment of buds in a child's mouth. Participants characterize participant K37's remarks regarding drinking sugar water as follows:

*"They give the kid sugar water so he doesn't get buds in his mouth." They dissolve a teaspoon of sugar in around a tablespoon of water and give the infant licks. But only a few drops, maybe three or five, fall." (K37)*

The statements of the participant with the code K37, who gave zamzam water and dates, summarize these methods as follows:

*"The child's first sip of water... Because zamzam water is considered holy water in our beliefs, it is poured in the first place. The date is cut in half, and the honeyed, delicious center is rubbed into the baby's mouth and tongue. The youngster is given zamzam water and dates to taste." (K37)*

For babies, the most ideal food to be given is breast milk in the first six months of their life. Breast milk, an ideal food provides nutritional services for infants (Samur, 2008). They don't need different nutrients.

Aside from breast milk, no other food, including water, should be provided to the kid. Breast milk is the most natural, fresh, clean, germ-free, and inexpensive meal (Irmak, 2016: 28; Akşit, Kuşku, Oktay & Demirsoy, 2017: 73; Uygun, Konak & Soylu, 2018: 62).

Thrush is a recurring fungal infection of the mouth's mucous membrane. Thrush in the mouth of breast-fed children affects the mother's breast and is passed from mother to baby.

Another traditional method mentioned by the participants was fabric burning. Participants stressed the importance of this strategy in preventing diaper rash in newborns. The following are the participant K53's remarks about fabric burning:

*"When the youngster had a rash, they burned a cotton rag." They'd whacked him on the kid's buttocks, which were nearly ash. That kid's bottom wouldn't be developed a rash very good after that." (K53)*

Another application that the participants refer to as the traditional method is cauterizing. The statements of the participant coded K45 summarize the cauterizing as follows:

*"In the cauterizing method, for example, a large needle is heated in the fire. We'd rub it on the kid's heel or chest." (K45)*

It is obvious that touching any hot metal or a burned object to a youngster would have negative health implications. The youngster will burn and create lifelong scars using fabric burning and cauterization procedures.

Participants discussed burying the umbilical cord at school/mosque, bathing with gold, repeating the call to prayer/name in the ear, wearing a yellow veil, and tying cloth. However, it has been concluded

that these activities are part of tradition and culture, as are other practices mentioned by any of the field inquiry participants. It is the truth that religious practices and cultural rites have existed from the beginning of society and will continue to exist in the future.

The usage of a yellow veil is the other code, which the participants described as the customary approach. According to other individuals, the yellow light was also turned on. Participants' expressions coded K2 and K37 summarize the use of the yellow veil as follows:

*"We put a yellow light on for three or four days so that it wouldn't turn yellow." (K2)*

*"They cover his bed with a yellow cheesecloth in case he gets jaundice." It is made of yellow cheesecloth and has embroidered ends. He's making a connection. Or, if there is a yellow blanket, it is obscured. If nothing else is discovered, it may be a yellow towel or a piece of fabric." (K37)*

*"They tie a yellow cheesecloth over his crib in case he has jaundice. It has a yellow cheesecloth with embroidered ends. He is connecting. Or if there is a yellow blanket, it is covered over. If nothing is found, it could be a yellow towel, even a piece of cloth." (K37)*

It has been determined that the traditional practice of wearing yellow clothes by emphasizing the color yellow, covering yellow writing-blankets, leaving it to yellow light, wearing gold, and washing with gold water/egg yolk, is applied to neonatal children whose skin color turns yellow (Geçgil et al., 2009: 62, Biltekin et al., 2004: 166, Özyacıoğlu & Polat, 2004: 30, Yalçın, 2012: 19, Dinç, 2005: 53). In other investigations, it is shown that jaundice is the most disturbed practice with the old approach.

## Result And Conclusion

In this study, traditional child care techniques used in Kahramanmaraş that affect children were identified using evidence-based practice outcomes. It has been determined that 13 of the conventional child care procedures used in Kahramanmaraş may hurt or even kill the kid. The following are some of the damaging approaches utilized in conventional child care.

**Table 1.** Traditional child care methods found to be harmful to child health as a result of research

Methods that are harmful to health	Practices
	1. Swaddling
	2. Childcare Salting
	3. Shake
	4. Using yellow cloth
	5. Soil Use
	6. Natural mixtures
	7. Blowing in the ears
	8. Dripping Lemon/milk
	9. Giving Zamzam Water and Dates
	10. Making natural plaster
	11. Drinking Sugar Water
	12. Fabric burning
	13. Cauterizing

As shown in Table 1, it was established that 13 traditional child care approaches acquired from participants and validated are hazardous to health.

Children's rights advocates largely for the preservation of children's health. A child's right to health includes responsibility for access to healthcare, sickness treatment, and the reduction of health hazards (UNICEF, 2022). This is a right that all children have. The traditional child care methods that harm health, including blowing cigarettes in the ear, burning cloth, childcare salting, and shaking, are among all traditional child care methods that pose a deadly risk, according to the findings of this study. It is obvious that the kid should be safeguarded in the framework of children's rights.

According to the findings, the most extreme responses include swaddling, childcare salting, using yellow cover, and using soil (höllük). It has been demonstrated that the traditional techniques that are

most strongly advocated are also the approaches that pose the greatest risk to health. Fabric burning and cauterizing are the applications with the most destructive outcomes, although they attract the fewest responses. In this scenario, it is assumed that such a judgment would not be incorrect. Burning and cautery, which have detrimental outcomes from conventional procedures, can be stated to be dangerous and are used less commonly than swaddling, childcare salting, utilizing yellow cover, and soil.

In the relevant paragraphs of the Convention on the Rights of the Child, they have imposed the obligation of developing policies on the governments, emphasizing that all children under the age of 18 should be safeguarded from harmful customs. It should not be forgotten that protecting children is the responsibility of states, laws, policies, society, families, and all individuals. According to the findings of childcare research, childcare training should be provided, and it should be provided by experts ( Eğri & Gölbaşı; 2006: 2, Eğri & Gölbaşı; 2007: 313, Dinç, 2005: 53, Arısoy et al., 2014: 30, Çetinkaya et al., 2008: 45, Başer et al., 2005: 57, Işık et al., 2010: 63.). Turkey has a moderate need for perinatal social work. It is believed that the profession should be defined and that the profession should begin in this subject.

Perinatal social work encompasses the first year following birth, beginning with the perinatal period (NAPSW, 2006). Before PHSU takes on this duty, the perinatal social worker should undertake personal value research and acquire childcare information. They can collaborate with child development specialists, pedagogues, physicians, and pediatric nurses in this area. With the instructional and supporting responsibilities of a PSW for child care, they may develop a psychosocial support plan to empower women, children, and families.

The first evaluation is the perinatal social worker's first and most crucial responsibility (Cook, 2008). In child care, the social worker must comprehend the psychological, physical, social, cultural, and familial aspects (Cook, 2008). Every family's requirements are unique. It is suggested that PSWs deliver information throughout perinatal and postnatal discharge processes, given their educational and planning duties.

It is believed that by utilizing the system-building power of perinatal social workers, the social worker may fulfill their advocacy duty by having knowledge and competence about newborn child care to construct a reliable argument for critical policy reforms.

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