Traditional practices for Turkish women’s Gynecologic complaints

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The traditional practices for gynecologic complaints of Turkish women were examined. The research population was comprised of patients admitted to the gynecology service at Health Ministry Ege Obstetrics and Gynecology Teaching Hospital. The sample included 143 gynecologic patients hospitalized for treatment between the ages of 18 and 59 yrs who agreed to participate. A questionnaire form was used for data collection in the research that was developed by the investigators according to related literature. It was used for data collection in face-to-face (revised) interviews with the women. It was found that, of the women with gynecological problems who were within the scope of the research, 23.8% employed traditional practices and used herbal products for gynecological complaints.

Keywords: Gynecological complaints; Women's health; Traditional practices, Folk practices, Folklore

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Individual health behaviors are embedded in patterns of cultural exchanges and are usually passed down from generation to generation1. The concept of health, illness and care are integral parts of general cultural values, beliefs and practices. Today, many traditional beliefs and practices influence parts of life from birth to death2,3. Reproductive health problems remain the leading cause of illness, health and death for women worldwide. Women’s health encompasses a broad range of issues. Major causes of mortality and morbidity affect women as well as men, and women also seek healthcare for normal life events, such as menstruation and menopause4.

Throughout their lives, every woman complains about discharge, bleeding or pain related with reproductive organs and their functions. Complaints related with reproductive system create both physical and psychosocial stress and anxiety in women. Because of these complaints, some women could experience feelings of fear, guilt, discomfort, shame or anxiety etc. which could avoid women from utilizing health institutions sufficiently, cause them to hide their problems and employ traditional methods that reduce their complaints5. All these could result in women losing their health, having gynecological diseases or even death6.

In Turkey, health services have been socialized since 1961, but traditional practices are still used for maintaining health and treating several diseases. The use of traditional practices is more prevalent in the East than in the West and in villages than in cities. The population and cultural structure is heterogeneous in Turkey. Great differences can be seen between population groups that contain ‘contemporary and traditional’ elements. People living in big cities lead a lifestyle similar to that in the Western world, whereas people living in rural areas are more religious and conservative, have strong family bonds, and continue their effect on the development of cultural values and aims7.

Traditional treatment practices are widespread in Turkish people, particularly among people with low socioeconomic levels8. Individuals who cannot adequately benefit from healthcare services and technological advances, cannot go to a physician because of economic difficulties or other reasons, or do not want to go to a physician, use traditional treatment practices for their diseases. Studies conducted on this subject have shown that there are significant percentages of individuals who use

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traditional treatment practices for their health problems. The majority of these traditional treatment practices however have been determined to be harmful to health or cause a delay in early treatment. In addition to, it was determined that in Turkey, women drink boiled onion skin water, put hibiscus (mallow) into their uterus, and sit over steam to induce abortion; they put blister plaster on their waist, sit on heat, and tie their waist to prevent miscarriage.

The prerequisite for serving a community is to know the community. Improving, protecting and maintaining health is accomplished by healthcare professionals, who have the important task of treating diseases, as they correct practices that can have a negative effect on people, complete the deficient ones, and reinforce the positive practices.

The number of studies conducted on determining the traditional methods employed by women in addressing gynecological complaints in Turkey and the world is insufficient. In order to improve women’s health practices, it is essential that health professionals perceive cultural values that shape health behaviors properly. In this sense this research was planned as a descriptive and cross-sectional study for the purpose of examining the traditional practices for gynecologic complaints of Turkish women.

The research population was comprised of patients admitted to the gynecology service at Health Ministry Ege Obstetrics and Gynecology Teaching Hospital between the dates of 02.01.2004-05.31.2004.

Methodology
Two hundred patients admitted for treatment during the study period, of which 176 hospitalized. In total, 176 women were invited to take part in the study, and 143 accepted the invitation; a recruitment rate of 81.3.

A questionnaire form was used for data collection in the research that was developed by the investigators according to related literature. The study included multiple choice and open-ended(revised) questions for the purpose of determining the gynecologic patients’ socio-demographic characteristics (6 questions), traditional practices for gynecologic complaints they had previously experienced (18 questions). The open-ended (revised) questions were grouped by the investigators. The women were specifically asked about traditional practices for the complaint for which they had been hospitalized, for amenorrhea, premenstrual discomfort, menstrual discomfort, spotting between periods, excessive menstrual bleeding, infrequent menstruation, menstrual cramping, groin pain, back pain, drainage. The questions were asked using words the general public would understand.

After the questionnaire was prepared, it was shown to five members of the teaching staff for expert opinions regarding its validity. Then the questionnaire was tested for understandability by giving it to 15 women who were included in the study and changes were made based on their recommendations. It was used for data collection in face-to-face (revised) interviews with the women.

The reason for collecting research data from this hospital is that it is the major obstetrics and gynecology hospital in Izmir, where the sample required for the research is available. Izmir is the third largest city in Turkey and is a metropolis where individuals live who has migrated from other region in the country and has different cultural backgrounds. The hospital in which the research was conducted is a public hospital in Izmir. Patients admitted to this hospital have low or average socioeconomic levels and are from different cultural backgrounds.

For the data obtained at the end of the research, a minimum maximum consistency control was conducted after coding. The statistical package for social sciences (SPSS version 16.0) program was used for data analysis. The analysis of the research data was carried out with numeric and percentage distribution, median, standard deviation.

Written permission to conduct the research was received from Ege University School of Nursing Scientific Ethics Committee and from the Medical Director of the hospital. Patients admitted to the gynecology service were told about the purpose of the research and the data collection tool contents and their verbal consent to participate was received.

Results
In this research 30.7% of the women were 31-40, 29.4% were 41-50, and 20.3% were 21-30 years old; 54.5% were primary school and 16.8% were high school and university graduates; 72.7% were housewives, 11.9% were independently employed, and 10.5% were laborers; 89.5% were in nuclear type families. The women’s longest place of residence was in the province center (45.5%), in large cities (31.5%), and in towns (16.8%). Almost all (96.5%) of the women had social security health insurance;
72.7% stated that their income and expenses were balanced and 22.4% that their income was less than their expenses.

It was found that, of the women with gynecological problems who were within the scope of the research, 23.8% employed traditional practices.

In the study, 55.9% of the women complained of amenorrhea (Table 1) and it was found that 7.7% employed traditional methods such as drinking water boiled with fennel and parsley, sitting over the steam from boiling milk and parsley, and putting parsley in their vagina (Table 2).

Premenstrual discomfort was experienced by 47.7% women (Table 1) and 19.1% of these women employed tradition methods such as heat application (n=8), drank herbal tea (n=4) and massage (n=1) (Table 2).

More than half (57.3%) women complained of dysmenorrhea (Table 1), and 22% of them used traditional practice methods. These practices included heat application (n=13), taking a warm shower (n=2) and drinking herbal tea (linden, quince, fennel, and garden sage) (n=3) (Table 2).

The majority (70.6%) of the women had complaints apart from menstrual period of groin pain/back pain (Table 1), and 18.8% of these women used traditional practice to alleviate their pain. These included heat application (63.1%), exercising (10.5%), crushing fish and tying it around their waist (5.3%), wrapping rice pudding around their waist (5.3%), massaging with bee venom or snake venom (5.3%), massaging with flax seed and milk (5.3%) (Table 2).

Forty nine per cent of the women complained of vaginal drainage (Table 1), and 4.3% of these women used traditional practice that included drinking water boiled with nettles and parsley (n=1), inserting boiled garlic in their vagina(n=1), and placing a mixture of apple butter and sugar in their vagina (n=1) (Table 2).

About the Traditional practices, 58.8% women learnt from their family-relative, 14.7% television, and 11.7% from newspaper-book. In the study, 20.6% of the women who had used traditional practice had consulted about gynecological problems to health professionals. Only 44.1% of the women they believed that the non-medical treatment method they used would cure them. In addition, 67.6% of the women thought that the method they used was beneficial.

### Discussion

In the study conducted in order to determine the traditional practices employed by Turkish women for gynecological problems, it was determined that one fourth (23.8%) of the women employed a traditional method in addressing gynecological problems.

It was found that women applied heat treatment (moderate) for various gynecological complaints\(^\text{12}\). In another study on the traditional practices applied in Turkey, it was determined that women employed traditional practices to have miscarriage (42.6%), become pregnant (18.0%), have a male baby (62.0%), have a female baby (48.0%), and have a comfortable birth (18.0%).\(^\text{3}\) As is seen, traditional methods are

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**Table 1—Distribution of Gynecologic complaints previously experienced by women’s**

<table>
<thead>
<tr>
<th>Gynecologic complaints*</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea</td>
<td>52</td>
<td>55.9</td>
</tr>
<tr>
<td>Premenstrual discomfort</td>
<td>68</td>
<td>47.6</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>82</td>
<td>57.3</td>
</tr>
<tr>
<td>Metrorrhagia</td>
<td>40</td>
<td>28.0</td>
</tr>
<tr>
<td>Menorrhagia (hypermenorrhea)</td>
<td>49</td>
<td>34.3</td>
</tr>
<tr>
<td>Oligomenorrhea</td>
<td>26</td>
<td>18.2</td>
</tr>
<tr>
<td>Groin pain / back pain</td>
<td>101</td>
<td>70.6</td>
</tr>
<tr>
<td>Drainage</td>
<td>70</td>
<td>49.0</td>
</tr>
</tbody>
</table>

*(n=143) More than one choice was marked

**Table 2—Distribution Traditional practices for Gynecologic complaints experienced by women’s**

<table>
<thead>
<tr>
<th>Gynecologic complaints</th>
<th>Traditional practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea</td>
<td>Drank water boiled with fennel and parsley, sat over the steam from boiling milk and parsley put parsley in their vagina</td>
</tr>
<tr>
<td>Premenstrual discomfort</td>
<td>Heat application on abdomen drank herbal tea</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>Heat application on abdomen taking a warm shower drinking herbal tea (linden, quince, fennel, and garden sage)</td>
</tr>
<tr>
<td>Groin pain / back pain</td>
<td>Heat application on groin/back, exercising, crushing fish and tying it around their waist, wrapping rice pudding around their waist, massaging with bee venom or snake venom, massaging with flax seed and milk</td>
</tr>
<tr>
<td>Drainage</td>
<td>Drinking water boiled with nettles and parsley, inserting boiled garlic in their vagina, placing a mixture of apple butter and sugar in their vagina</td>
</tr>
</tbody>
</table>
employed for different conditions and the rates of traditional methods employed vary in a wide range.

In the study, it was determined that more than half of the women complained about amenorrhea and a little percentage (7.7%) employed a traditional method. Many women consider their sexual identity and role together with their menstrual functions. Therefore, they can perceive any change in these functions, especially amenorrhea, as a threat to their sexual identity\textsuperscript{13}. Thus, various practices could be applied in dealing with this problem. Inserting a foreign object in the vagina disrupts the vaginal flora leading to the transfer of pathogen microorganisms to the vagina which causes many health problems such as Pelvic Inflammatory Disease (PID) whose relation with vaginal practices is scientifically proven. Moreover, it is known that practices in which foreign objects are inserted in the vagina increases the risk of bacterial vaginosis, cervical cancer and sexually contagious diseases including AIDS. On the other hand, it is known that traditional practices such as boiling and drinking the herbs used for amenorrhea do not have any harm\textsuperscript{15}.

It was determined that almost half of the women suffered from premenstrual syndrome (PMS), almost one fifth (19.1%) of whom employed a traditional method. According to the studies conducted in Turkey (our country), it was determined that the prevalence of Premenstrual Syndrome (PMS) ranged between 21\%-71\%\textsuperscript{15,16,17}. PMS is considered a major health problem of women since it is observed in the majority of women who are in their sexually mature period and that it influences business life, social relations and family life at a significant level. Many women do not want to take medications because of side effects or personal wishes for more” natural therapies” for PMS\textsuperscript{18}. It was found that women boiled and drank herbs such as parsley, asparagus, linden, ginger, mint, chamomile and sage, and that drinking the juice of these herbs has a diuretic effect which is good for PMS\textsuperscript{19,20}.

More than half of the women in this research (57.3\%) had dysmenorrhea and quarter of them used traditional practice that included heat application, taking a warm shower, and drinking herbal teas from linden, quince, fennel, and garden sage. In a study conducted with Japanese women, 15.8\% of the women had dysmenorrhea and 51.5\% preferred to use their own treatment\textsuperscript{21}. In addition to, it is important that use of herbal medicines to treat primary dysmenorrhea in China\textsuperscript{22}. Traditional Turkish beliefs are mixture of Asian culture and spiritual/animistic beliefs although the exact origins of many concepts are uncertain. The study supports the view that cultural rituals are important in women’s health\textsuperscript{23}.

Practices such as sufficient sleep, heat treatment, warm shower, exercise, walking and taking the suggested painkiller are beneficial in curing the complaints that emerge during menstruation\textsuperscript{12,13,24}. The local application of heat treatment (moderate) and hot bath during menstruation increases circulation by reducing muscle contractions and cures ischemia. Furthermore, by increasing the menstrual blood flow, heat avoids regional congestion and provides comfort\textsuperscript{13}. The studies conducted showed that it was possible to eradicate the monthly uterus muscle pains with heating pads which continuously yield a low level of heat and are commonly used in many European countries\textsuperscript{25,26}. As for Turkey, benefits of heat treatment realized at home are widely known and observed. In another study, it was found that 41\% of the women applied heat treatment and 25\% practiced hot bath and injection in cases of pelvic pain\textsuperscript{27}.

The majority of the women in this research had complaints apart from menstrual period of groin pain/back pain and many of them used traditional practice that included heat application. The inguinal/low back pain that women experience except the menstruation period could be a symptom of a disease related with the reproduction system. The heat treatment applications of women with inguinal/low back pain could cause the picture to get worse in cases of acute abdomen whose etiology is unknown and threaten the women’s lives. Furthermore, the women may procrastinate applying to a health institution since heat treatment mitigates their pain.

A small percentage of women who complained of discharge used traditional practice such as drinking water boiled with nettles and parsley, placing boiled garlic in their vagina, and placing a mixture of apple butter and sugar in their vagina. It was determined that women used practices such as drinking nettles, daisy, and parsley tea for abnormal vaginal discharge after childbirth\textsuperscript{3}. Vaginal practices change the pH of the vagina and increase the risk for infection. In addition to diagnosing and treating vaginal infections health care professionals need to be aware of causative factors and inform women about their incorrect practices. If these incorrect practices are not
changed there is a high likelihood that the disease will return even when it is treated medically.

Turkish cultures have developed knowledge of local plants and foods that can be used to promote health and cure illness. It was determined that women generally used herbal products for gynecological complaints. Herbs are used by women around the world for a variety of reproductive health problems, including menstrual problems and infertility discomfort and dysfunctions of pregnancy, labor, and menopause. Various herbs are used in different ways for gynecological complaints such as leucorrhea, menorrhagia, dysmenorrhea, menstrual problems, amenorrhea, and menstruation irregularity. Similarly, it was determined that various herbs specific to gynecological complaints such as amenorrhea, leucorrhea, menstrual disorders, menorrhagia and dysmenorrhea are used in various ways. While herbal therapies or herbal essences are more frequently resorted to than other folk medicine methods as a cultural habit in Turkey, the reason they are more popular might also be because they are more readily available, inexpensive, natural and safe.

More than half of the women had learned about traditional practice from their family and relatives. This result provides more evidence that information is passed down from generation to generation. In the study both the family and the media were identified as primary sources of information.

It was found that one fifth of the women consulted health professionals for their gynecological complaints. Either the majority of Turkish women are late for consulting a related health professional or they do not apply at all. The sexist viewpoint of women could be influential on their habit of having gynecological examination.

Conclusion

In this study, it was found that women applied traditional practices for various gynecological complaints. It was determined that women generally used herbal products for gynecological complaints. In our country, traditional practices were used for the treatment of acute, chronic diseases. There are some studies about treat for cancer, and some diseases. However, studies are insufficient the number of studies conducted on determining the traditional methods employed by women in addressing gynecological complaints in Turkey and the world.

The findings from this study may seem significant; however, the design and sample do not provide an adequate basis from which to generalize to a larger population of women living in urban area in Turkey. Further work would be needed to generalize more broadly to other regions. Limited research has been undertaken with samples of Turkish women in general. Research databases that provide vital information about women health needs to be established and sustained.

It is important for healthcare professionals to discuss the use of traditional methods with their patients. Healthcare professionals/researchers need to learn about the traditional practices used in the areas where they work, reinforce the positive elements and find those which are harmful to health and change them.

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