Traditional practices used in infant care

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This descriptive study was conducted in order to determine traditional practices used in infant care. In total, 2,786 mothers with 0–12-month-old babies living in central Kars, Turkey were enrolled in the study and 2,060 mothers participated. The data were collected between June 3, 2006 and August 28, 2007 via an open-ended questionnaire to determine the mothers’ socio-demographic characteristics and what types of traditional approaches they used. It was found that 17.7% of the mothers were using traditional practices for jaundice, 33.2% for oral moniliasis, 28.3% for nasal obstruction, 27.3% for infantile colic, and 22.9% for napkin dermatitis. It was also found that mothers with a higher level of education referred to traditional practices less often and the difference was significant. The present study found that mothers refer to various traditional methods for infant care and this was influenced by their education levels.

Keywords: Infant care, Mother, Traditional practices, Newborn jaundice, Nasal obstruction, Infantile colic, Napkin dermatitis, Moniliasis


Health is a relative concept that varies with cultural differences. The health beliefs and practices of people are a part of the culture of the population in which they have been living1-3. Infants from different cultural practices are highly affected by the family, environment, and the health practices related to their care and these cannot be ignored1-5.

Kars is one of the most ancient regions situated in the farthest east of Turkey and has an extremely cold and snowy climate. Kars has very deep cultural roots dating back from 9000 BC and has seen many ruling civilizations. Today there are many different ethnic and doctrine groups located in Kars (Turkish Tribesmen from Eastern Anatolia and Transcaucasia, Locals, Turkomans, Azerbaijanis, Tatars, Circassians, Malakan Russians and German origin people) and these have contributed to a wealthy and colorful culture in health practices. As an example: a baby with gas symptoms is treated with a mixture of mold insect and mothers’ milk, and a newly born is treated for jaundice by piercing the upper lip and under the tongue to let blood. The results of various researches conducted in Turkey prove that traditional practices are frequently used. The most important effects of these practices are infections, delayed access to healthcare, and therefore delayed correct treatment, which all result in an increase in the child’s illness and subsequently can lead to very serious health problems6.

Nurse should know the cultural profile, beliefs, and practices of the population that they serve. Knowing the cultural beliefs related to health and disease is valuable with respect to eradicating harmful practices and to embrace the values of scientific and cultural heritage of humanity by supporting the beneficial practices in infant care7-8. This study was performed to explore the traditional practices used in infant care in a region of Turkey.

Materials and methods

No sample selection was performed in the study as all of the mothers (N: 2786) living in the city center of Kars with 0–12-month-old babies were initially included in the study. However, for various reasons (including leaving for higher ground in the summer and deciding to discontinue involvement with this study), it was not possible to reach all of the mothers. A total of 2,060 mothers completed the questionnaire as part of this study.
The data were collected between June 3, 2006 and August 28, 2007 by using a questionnaire. The questionnaire consisted of open-ended questions aimed at determining the socio-demographical characteristics of the parents and aimed to establish the prevalence and types of approaches employed by mothers in infant care. A few example questions are as follows:

What do you do first when your child has moniliasis?
What do you do when your child has jaundice?

The questions in the survey were prepared after reviewing relevant literature and obtaining the professional opinions of experts in the field (Public and Child Health). The mothers’ answers to the survey were classified by the same experts. Verbal and written approvals were obtained from the Departments of Health and Education in Kars prior to initiating the study. Data were evaluated by using percentages and chi-squares tests.

Results
It was determined that 51.7% of the mothers participating in this study were between the ages of 25 and 34 yrs, 59.3% were primary school graduates, 92.7% were housewives, 59.9% had nuclear families, 34.1% had only one infant, and 86.5% had social insurance.

For resolving jaundice, 69.0% of mothers used yellow colored things (gold, beads, and clothes); to treat oral moniliasis, 82.0% of mothers rubbed a mixture on the lesion created by crushing garlic together with a “kufle/resipih” (isopoda) insect (Isopoda is an order (group) of crustaceans that includes woodlice, sea slaters and their relatives. Isopods live in the sea, in fresh water, or on land, and most are small greyish or whitish animals with rigid, segmented external skeletons. Class: Malacostraca, suborders: oniscidea)⁹; to treat nasal obstruction, 79.2% of the mothers put breast milk, butter, or oil into the nose; for resolving infantile colic, 40.3% of the mothers mixed kufle insect together with breast milk and gave it to the baby and also put pigeon feces onto the baby’s abdomen to treat napkin dermatitis, while 51.2% of the mothers used powder (Table 1).

It was determined that 25.3% of the illiterate mothers were using traditional practices for jaundice, 50.2% for oral moniliasis, 41.1% for nasal obstruction, 37.5% for infantile colic, and 37.9% for napkin dermatitis. It was also established that mothers with higher education levels were less likely to resort to traditional practices. Specifically, it was noted that the correlation between a mother’s educational background and the incidence of using traditional practices to deal with infant care was statistically significant (p < 0.001) for all cases (Table 2).

Discussion
In the study it was determined that 17.7% of the mothers were using harmful practices, such as bleeding from the internal part of the upper lip, the sublingual, or subauricular sites (15.4%) for jaundice, which increases susceptibility to infections, and may even cause death. The mothers who expected they could relieve jaundice by dressing the baby with yellow clothes (69%) caused a delay in treatment and the follow-up of jaundice, and mothers who stopped breastfeeding the baby before investigating the cause of jaundice negatively affected the baby’s nutrition. In studies from eastern Turkey¹⁰,¹¹ and from different regions, similar traditional practices have been encountered for the relief of newborn babies’ jaundice¹²⁻¹⁵. Lafcı and Erdem found that 84% of mothers cover the baby with yellow cloth or place gold on the baby for relief of jaundice. In the current study, 61.2% of the mothers waited for the relief of jaundice without doing anything (Table 2). In their study Sreeramareddy et al. reported a rate of 2.7% of mothers who waited for the relief of the disease without doing anything.¹⁷

It was observed that of the mothers surveyed in this study, 33.2% resorted to traditional practices when their infant had moniliasis. Of those mothers, 82% applied a mixture obtained by crushing garlic with kufle insect on the lesion, 9.4% touched the lesion with the hair of a mother who had delivered a girl and then threw it away. The practice of wiping the monilial lesions with mother’s hair has been reported to be 16.9% by Özyazıcıoğlu & Polat¹⁰, and 51% by Çalışkan et al.¹⁸. The practice of putting flour, garlic, or sugar powder on the lesion after bleeding the lesion has been reported to be 5.04% by Özyazıcıoğlu & Polat. Such practices risk irritating the oral mucosa and may cause infection.

Of the mothers surveyed in this study, 27.8% used traditional practices when their infant had nasal obstruction. The practice of putting breast milk, butter, and olive oil mixed with sugar into the nasal cavity of the baby is carried out by 14.5% according
Traditional practices included dripping breast milk, butter, pomade, and oil into the nasal cavity, all of which might cause fat aspiration.

The current study also found that 27.3% of the mothers performed traditional methods for the relief of infantile colic. Some 40.3% of mothers gave a mixture of kufle tespih (isopoda)(ten) insect and breast milk to the baby and putting pigeon feces onto the baby’s abdomen, and then throwing it far away. Blowing out the lesion using a needle 59 8.6.

Nasal Obstruction n = 572*

Putting breast milk, butter, or oil into the nose 453, 79.2
Making the baby sweat 63 11.0
Applying sheep fat on the baby’s fontanel 56 9.8

Infantile Colic n = 563*

Mixing kufle/tespih (isopoda) insect together with breast milk and giving it to the baby and putting pigeon feces onto the baby’s abdomen 227 40.3
Putting hot cloths, stones, or soil in the cradle (höllük) 106 18.8
Massaging the baby’s abdomen with water containing vinegar, oil, or apple oil 92 16.3
Swinging and using a pacifier, or giving herbal tea 61 10.9
Feeding with butter and sweet formula (dadak) 40 7.1
Tie with a string in 7 different colors by an imam; putting on an amulet 37 6.6

Napkin Dermatitis n = 471*

Using powder 241, 51.2
Applying ash, covering with warm soil (höllük) 83 17.6
Bathing with soap and applying breast milk 79 16.8
Applying oil, butter, yogurt, and clotted cream of milk 68 14.4

*Some mothers gave more than one answer to this question

The current study showed that 51.2% of the mothers who were practicing traditional methods for napkin dermatitis were using powder. Powder can cause irritation by collecting on the neck, axilla, and inguinal areas, as well as causing a pneumonia-like disease by entering and penetrating the baby’s airways. Other studies by Çalışkan et al. and Çalışkan & Bayat have also shown that powder is used for relief of napkin dermatitis 48%; 15.7% respectively. There were (17.6%) mothers who used other harmful practices such as applying ash (dry bulrush ash) and “höllük” for the relief of napkin dermatitis. Çalışkan et al. found that 49% of the babies are laid onto the soil.

The knowledge and care of the mother are of great importance in the healthy development and growth of infants, as well as in the prevention of diseases. In the present study, it was observed that the practice of
traditional methods decreased with the increase in the level of education of the mother and the differences between the levels of education of the mothers and all of the traditional practices were statistically significant. It can be said that the structure of Turkish families is a very important factor in child health in that those women who are educated are able to independently decide about their infant's healthcare. Uneducated or women with a lower education level are generally forced to accept their families' elders or their husbands' concepts in child healthcare. The studies performed by Özyazıcıoğlu & Polat and Sreeramareddy et al. also determined that as the education level of the mother increases, she takes her infant's disease seriously and makes proper attempts for its treatment.

Nurses have a key role in informing the mothers, supporting and guiding them to make appropriate choices, and to make them aware of the consequences and side effects of traditional practices

### Table 2—Traditional approaches of mothers to infant care related to mothers’ educational background

<table>
<thead>
<tr>
<th>Practices</th>
<th>Illiterate*</th>
<th>Primary school*</th>
<th>Secondary/ high school*</th>
<th>University*</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jaundice (χ² = 66.958; df = 9; p &lt; 0.001)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Traditional</td>
<td>64 (25.3)</td>
<td>238 (19.6)</td>
<td>56 (12.1)</td>
<td>6 (5.0)</td>
<td>364 (17.7)</td>
</tr>
<tr>
<td>Contemporary</td>
<td>34 (13.4)</td>
<td>218 (17.8)</td>
<td>104 (22.4)</td>
<td>48 (39.7)</td>
<td>404 (19.6)</td>
</tr>
<tr>
<td>Traditional-contemporary</td>
<td>3 (1.2)</td>
<td>20 (1.6)</td>
<td>8 (1.7)</td>
<td>-</td>
<td>31 (1.5)</td>
</tr>
<tr>
<td>No action taken</td>
<td>152 (60.1)</td>
<td>746 (61.0)</td>
<td>296 (63.8)</td>
<td>67 (55.3)</td>
<td>1261 (61.2)</td>
</tr>
<tr>
<td><strong>Moniliasis (χ² = 145.778; df = 9; p &lt; 0.001)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>127 (50.2)</td>
<td>438 (35.9)</td>
<td>101 (21.8)</td>
<td>17 (14.0)</td>
<td>683 (33.2)</td>
</tr>
<tr>
<td>Contemporary</td>
<td>64 (25.3)</td>
<td>519 (42.5)</td>
<td>286 (61.6)</td>
<td>93 (76.9)</td>
<td>962 (46.7)</td>
</tr>
<tr>
<td>Traditional-contemporary</td>
<td>9 (3.6)</td>
<td>42 (3.4)</td>
<td>13 (2.8)</td>
<td>2 (1.7)</td>
<td>66 (3.2)</td>
</tr>
<tr>
<td>No action taken</td>
<td>53 (20.9)</td>
<td>223 (18.2)</td>
<td>64 (13.8)</td>
<td>9 (7.4)</td>
<td>349 (16.9)</td>
</tr>
<tr>
<td><strong>Nasal Obstruction (χ² = 118.422; df = 9; p &lt; 0.001)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>104(41.1)</td>
<td>375 (30.7)</td>
<td>83 (17.9)</td>
<td>10 (8.3)</td>
<td>572 (27.8)</td>
</tr>
<tr>
<td>Contemporary</td>
<td>108(42.7)</td>
<td>622(50.9)</td>
<td>327(70.5)</td>
<td>102(84.3)</td>
<td>1159(56.3)</td>
</tr>
<tr>
<td>Traditional-contemporary</td>
<td>13 (5.1)</td>
<td>95 (7.8)</td>
<td>24 (5.2)</td>
<td>3 (2.4)</td>
<td>135 (6.6)</td>
</tr>
<tr>
<td>No action taken</td>
<td>28 (11.1)</td>
<td>130 (10.6)</td>
<td>30 (6.4)</td>
<td>6 (5.0)</td>
<td>194 (9.4)</td>
</tr>
<tr>
<td><strong>Infantile colic (χ² = 73.825; df = 9; p &lt; 0.001)</strong></td>
<td></td>
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</tr>
<tr>
<td>Traditional</td>
<td>95 (37.5)</td>
<td>365 (29.9)</td>
<td>93 (20.0)</td>
<td>10 (8.3)</td>
<td>563 (27.3)</td>
</tr>
<tr>
<td>Contemporary</td>
<td>104 (41.1)</td>
<td>589 (48.2)</td>
<td>282 (60.8)</td>
<td>94 (77.7)</td>
<td>1069 (51.9)</td>
</tr>
<tr>
<td>Traditional-contemporary</td>
<td>45 (17.8)</td>
<td>227 (18.6)</td>
<td>78 (16.8)</td>
<td>15 (12.4)</td>
<td>365 (17.7)</td>
</tr>
<tr>
<td>No action taken</td>
<td>9 (3.6)</td>
<td>41 (3.3)</td>
<td>11 (2.4)</td>
<td>2 (1.6)</td>
<td>63 (3.1)</td>
</tr>
<tr>
<td><strong>Napkin Dermatitis (χ² = 83.061; df = 9; p &lt; 0.001)</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>96 (37.9)</td>
<td>289 (23.7)</td>
<td>69 (14.9)</td>
<td>17 (14.0)</td>
<td>471 (22.9)</td>
</tr>
<tr>
<td>Contemporary</td>
<td>98 (38.8)</td>
<td>663 (54.3)</td>
<td>297 (64.0)</td>
<td>94 (77.7)</td>
<td>1152(55.9)</td>
</tr>
<tr>
<td>Traditional-contemporary</td>
<td>56 (22.1)</td>
<td>256 (20.9)</td>
<td>92 (19.8)</td>
<td>9 (7.4)</td>
<td>413 (20.0)</td>
</tr>
<tr>
<td>No action taken</td>
<td>3 (1.2)</td>
<td>14 (1.1)</td>
<td>6 (1.3)</td>
<td>1 (0.9)</td>
<td>24 (1.2)</td>
</tr>
</tbody>
</table>

*The percentage for total subjects is the column percentage

### Conclusion
The present study determined that mothers refer to various traditional practices for infant care. Yet some of these practices are not only of little value for the infant, but also cause delay in getting professional help by concealing the main cause, whereas some of them are directly harmful to the infant’s health. The mother’s education level was found to have a significant impact on the use of traditional practices for infant care. All health workers, nurses, and midwives in particular, have important roles in encouraging the discontinuation of traditional practices that threaten the infant’s health and in addressing the mothers’ information deficit by training them as a way to create healthy generations in the future.

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References
11. Beşer A et al., Traditional child care practices among mothers with infants less than 1 Year old, DEUHYO ED, 3 (2010) 137-145.