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A comparison of traditional practices used in pregnancy, labour and the postpartum period among women in Turkey and Iran

Süheyla A. Özsoy, PhD (Associate Professor)[a,*], Vida Katabi, Msc (Lecturer)[b]

[a]*Public Health Departmant, Ege University Nursing High School, Bornova, Izmir, Turkey*
[b]*Tabriz Azad University, Tehran, Iran*
*Corresponding author. *E-mail address:* suheyla.ozsoy@ege.edu.tr (S.A. Özsoy).

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Abstract
Objective: to examine and compare women's traditional practices regarding pregnancy, labour and the postpartum period.
Design: descriptive and comparative field research.
Setting: face-to-face interviews with women at home in Turkey and Iran.
Participants: 300 women over 15 years of age from rural areas of Turkey ($n = 150$) and Iran ($n = 150$).
Finding: Turkey and Iran, two Middle Eastern countries, generally have similar traditional practices. It is surprising that some traditional practices are still used, although, in both countries, a number of contemporary practices have replaced them. Although some of the traditional practices, such as consuming low/high caloric food and herb drinks, may be harmless, others, such as jumping from a high place and pressing on the abdomen, may be completely harmful. Iranian women use traditional practices to reduce engorgement of the breast, and Turkish women use traditional practices to increase the amount of breast milk. Although traditional practices are less commonly used to reduce vaginal bleeding in both countries, they pose danger to the health of both mother and baby.
Conclusions: various traditional practices about pregnancy, labour and the postpartum period take place in these two countries. Health professionals should be aware that pregnant women sometimes act on questionable advice concerning traditional practices.

Keywords Traditional practices; Pregnancy; Labour; Postpartum periods

Introduction

Individual health behaviours are embedded in patterns of cultural exchanges and are usually passed down from generation to generation (Kaewsarn et al., 2003). The concept of health, illness and care are integral parts of general cultural values, beliefs and practices. Culture is an active concept that contains dissimilarities and changes. In today's world, human culture serves some of the aims of globalisation. Cultural values, such as attitudes and beliefs, affect the lifestyles, and therefore health conditions, of individuals. Unlike rapid changes in technology, changes in belief are quite slow (Güvenç, 1976; Cortis, 2003).

Today, many traditional beliefs and practices influence parts of life from birth to death. Some of

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them vary from region to region, family to family and person to person, but they are still of great importance (Cilalı, 1985). The World Health Organization has identified several health problems, including nausea, pain and asthma, that can benefit from acupuncture or moxibustion (Chen, 2001; WHO, 2002, 2005). Traditional health practices, such as rubbing olive oil over the abdomen and perineal area to make the birth canal slippery to facilitate deliveries were common in the USA in the late 1890s; these practices are still commonly practised in underdeveloped countries (Fikree et al., 2004). Health workers should recognise people's reactions, attitudes and cultural values towards health services in order to provide an active and effective health service (Leninger, 2001).

Raisler and Kennedy (2005) assessed the midwifery care received by poor and vulnerable women from 1925 to 2003 through a systematic review of the literature. They reviewed 44 studies and showed that midwives played a vital part in helping young, poor, vulnerable women, immigrants or members of racial and ethnic minorities (Raisler and Kennedy, 2005). The family is a useful tool with which to evaluate cultural differences and similarities, and nurses and midwives are best positioned to evaluate these (Abdullah, 1995; Clair and McKenry, 1999; Abushaikha and Oweis, 2005).

General information about Turkey

In Turkey, health services have been socialised 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 new socialised health services require one health centre to be established per population of 5000 in rural areas and per population of 10,000 in urban areas. Integrated health services are provided by a team composed of a medical doctor, a nurse and a midwife per population of 2500. Most of the nurses and midwives work together in health-care areas in Turkey; they play a primary role in caring for healthy and sick individuals. Nurses and midwives provide support, information and instructions for maternal care.

Turkey's population is 71 million, 65% of whom live in urban areas and 35% in rural communities. Women aged 15–49 years comprise 25% of Turkey's population (13 million). The total fertility rate is 2.2; women who receive antenatal care comprise 68%, and 50% of pregnant women are booked within the first 3 months of pregnancy. Labour care delivered by trained health-care practitioners accounts for 78% of all births in Turkey (The State of The World's Children, 2001; TNSA, 2003).

Over the past 2 decades, Turkey has made remarkable progress in the provision of health-care services, particularly for children and pregnant women. Although this trend is encouraging, the current levels of infant and maternal mortality remain unacceptably high. In Turkey, infant deaths were 29 per 1000 live births, and maternal deaths were 100 mothers in 100,000 live births in the year 2000. Thus, of the annual 1,400,000 live births, nearly 1500 women die. Over 23% of maternal deaths occur during pregnancy and 47% during delivery. One explanation for poor health among women and children is the failure of many women to use modern health-care services (Erci, 2003; TNSA, 2003).

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 aims (Hatcher et al., 1990). Although the social and cultural structure in Iran seems similar to that of Turkey, Iran is more conservative and religious, because of its governmental system. Islam is a major determinant of the socio-cultural profile in Iran as in other countries of the Middle East (Hasna, 2003).

General information about Iran

The Islamic Republic of Iran is the 17th largest country in the world and is located in South West Asia in the Middle East region. Iran's population is 68 million, 61% of whom live in urban areas and 39% in rural areas. Health services have been socialised since 1950 (Ministry of Health, Iran, 2001). The mean age of first marriage is 24.4 years for men and 19.7 years for women. The total fertility rate is 2.8. The percentage of pregnant women having less than two antenatal visits during pregnancy is 23.5%, and the percentage of pregnant women having six or more antenatal visits is 64%. The expansion of medical services and the implementation of family planning programmes in the past 20 years have decreased the maternal mortality rates from 240 (per 100,000 live births) before the revolution to about 40 a few years ago, and then reached 37.4 in recent years (1999). In Iran, the infant mortality rates were about 26/1000 in 1998. The percentage