

Traditional practices and beliefs regarding nutrition of children in the 0-5 age group in western Turkey: A qualitative study

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Abstract

Objective: To determine mothers' knowledge about infant nutrition and traditional influence on feeding practices which may affect the nutritional status of infants and young children.

Methods: The qualitative research was carried out from May to June 2009 at a community health centre in Western Turkey, and comprised 20 mothers. Observation and semi-structured in-depth interviews were used for collecting data, which was later classified into four categories: procedures affecting mothers' breastfeeding decision; knowledge and beliefs regarding breastmilk; breastfeeding practices; and mothers' knowledge of and attitudes towards complementary nutrients/foods. The data was evaluated by theme analysis method. Even if a mother expressed an opinion other than the main theme, her views were taken into consideration.

Results: The participating mothers had a mean age of 27.15±7.10 years (range: 18-40 years). Of the 20 participants, 8 (40%) had primary education; 10 (50%) were housewives; 13 (65%) had 1-2 children; and 6 (30%) had children 25 to 36 months old. Women generally had traditional beliefs related to breastfeeding practices and all of the infants were being breastfed. But the mother's anxiety about the sufficiency of breastmilk and social pressure led them to introduce complementary nutrients/foods early.

Conclusion: Before preparing community-based programmes to improve infant nutrition, the opinions, beliefs and needs of the mothers should be taken into account.

Keywords: Breastfeeding, Infant nutrition, Qualitative study, Mothers' opinions, Traditional practices. (JPMA 63: 173; 2013)

Introduction

The belief and practice of people relating to health is part of a society's culture in which they live. Culture and society are inseparable integrals. The effect of culture is observed in all areas, including health. Practices are often based on hearsay, and can be detrimental to general health. Infants represent the core group most affected by traditional practices.¹⁻³

Many traditional practices continue in the Turkish community as in other parts of the world.⁴⁻⁶ As various civilizations have ruled Turkey since the ancient times, traditional health practices are extensively used in most parts of the Turkish community, especially in villages, which have a very rich folklore.^{1,7} In Anatolian culture, as in many cultures, there are many beliefs, taboos and behaviours relating to women, babies and breastfeeding in the postpartum period.⁸ Traditional practices impeding early treatment and which are dangerous to health account for the great majority of them.¹ One of the major reasons for the mortality rate of infants and children being 10-15 times as high as that of the developed world is lack of good care and

malnutrition. According to Turkey Nutrition Research, 17.6% children in the 0-5 age group are undernourished; 24% of them are undernourished to the extent that they will need treatment in hospitals and they are underweight. The Turkey Population and Health Research (TPHS) 2003 data reflect that there are important problems in the nutritional practices of infants in the country. TPHS-2003 data showed that 97% of children are breastfed for just a while; 54% of them started to be breastfed in the first hour after birth; and 16% of them are never breastfed in the first 24 hours. Breastfeeding, as such, is prevalent, but it starts quite late.⁹⁻¹¹ The average breastfeeding period is 14 months. When regions are compared, the longest breastfeeding span is 15 months in the Eastern Anatolia region; less than 11 months in the west and North Anatolia. The breastfeeding span of illiterate mothers is 15 months, while in the more educated mothers, it is 5 months longer.^{10,11}

Since most of the mothers in Turkey believe that breastmilk isn't sufficient or because of the traditional methods of childcare, infants are nourished inadequately and face many health problems.¹² Mothers who don't breastfeed, especially in rural areas, are regarded as evil mothers. Boys are breastfed more than the girls due to the belief that

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the former need to be stronger.

The current study is part of a larger survey that examined the socioeconomic and cultural factors influencing child healthcare practices. It focuses on breastfeeding practices in rural parts of western Turkey and explores how tradition influences practices after delivery.

Subjects and Methods

The qualitative study was carried out in May and June 2009 in the District Community Health Centre No 1 that is connected to the primary healthcare mechanism in Odemis, western Turkey.

In literature, there is no specified rule determining the number of participants who will be interviewed in a qualitative research.^{4,13,14} In this study, there was initially no definite number of mothers at the beginning. It continued till it was felt that there was no difference regarding mothers' views and practices. The final study sample had 20 mothers, who were informed about the study and volunteered to participate. They belonged to different economic, education and age levels. Data was collected by means of in-depth interviews using a semi-structured questionnaire. The interviews were conducted by researchers having received extensive training on qualitative research. The interviews were conducted in a separate room at the health centre, and the participants were encouraged to fully express themselves. Each interview lasted about 60 minutes. All interviews were voice-recorded and were later transcribed. The participants were then requested to go through the transcription to reconfirm their statements.

The recordings were preserved by the interviewer, while the information obtained was evaluated by theme analysis method. Even if a mother expressed an opinion other than the main theme, her opinion was taken into consideration. The themes identified for analysis were: process affecting the mothers' decision about breastfeeding; knowledge and beliefs about breastmilk; breastfeeding practices; and mothers' knowledge and attitudes about complementary foods.

The study was approved by the ethics committee of the Odemis School of Nursing, while written approval for the study was obtained from the Health Department of Odemis, in addition to the informed written consent that was provided by the participants.

Results

The 20 participating mothers were aged between 18

and 40 years. The average age of the mothers was 27.15 ± 7.10 years; 8 (40%) of them had primary school education; 10 (50%) of them were housewives; 13 (65%) had 1-2 children; and 6 (30%) had 25-36 months old children.

As for the first theme — process affecting mothers' decision about breastfeeding — the mothers indicated that while they decided to breastfeed their infants, they were influenced by the elderly living in the same house and environment as well as by printed educational material disseminated by media, and by the information provided by health workers.

"My mother said that the breastfed baby doesn't get sick". "I will breastfeed until age two. They said so on TV." "During the check-up, the doctor said breastmilk is enough. Additional baby food isn't needed. My baby was crying too much. I gave a bottle. After that, my baby completely refused breastmilk." "My mother-in-law blames me for keeping the baby hungry, but at least I didn't give anything except breastmilk in the first 6 months." "A booklet about nutrition was given to me at the healthcare centre. I made use of it." "If there were one or two hours' meeting once a month about nutrition at the hospital or at the health centre and they called us for education, I would join willingly." "Our neighbour said that we should not give anything other than the breastmilk (not even water) and I did so." "I will breastfeed my son more than my daughter so that he can be as powerful as a lion."

Regarding the second theme — knowledge and beliefs about breastmilk — most participants expressed its benefits differently. However, the false belief regarding not giving colostrum to the baby was also one of the statements made by more than a few.

"As my mother-in-law believed that the initial milk was dirty, she got rid of it and then I breastfed my baby." "While I was breastfeeding, I conceived a baby. I think the taste of the milk changed, as the baby would suck the milk no more." "While my baby was sucking breastmilk during the first 3 months, its weight was good enough, but when I started to work, I gave up breastfeeding and weight loss has occurred after that." "I believe that breastmilk protects it from diseases." "Breastmilk contains all the vitamins. It's important for me that breast milk be watery, clean, warm and ready." "Breastmilk is already a natural antibiotic. My baby's eyes, they recovered." "First, yellow watery substance called colostrums comes, which is very useful." "Since there is enough water in breastmilk, while breastfeeding my baby, I didn't give any water."

In terms of the third theme — breastfeeding practices — traditional practices determined how to feed and how much to feed. It was indicated that published material prepared by the health sector was also taken into account.

"My neighbour says 'no' to breastfeeding my baby for a long time. It is said that a breastfed baby's mouth smells bad." "I waited 3 azans to be called after the birth. I gave my baby water with sugar during this period." "I waited 3 azans to be called before first breastfeeding and I breastfed my baby along with Hafiz prayer for the first time." "I didn't have any milk for the first 5 days and I gave water with sugar and syrup to my baby. Then the milk lactated." "As my baby cries, I breastfeed it." "My breast nipples hurt, but I kept on breastfeeding. It was written in the booklet that was given by the Health Centre." "I often breastfeed my baby so that it may not get tired very quickly." "My mother took mud from the shoes of my neighbour, who has twin babies, so that I could have abundant milk. After praying on that mud, she spread it on my breasts." "I'm planning to breastfeed my baby until the age of one-and-a-half." "Our elderly family member (my mother-in-law) wanted us to start additional baby food earlier. Yet, I breastfed for 6 months according to the manual I received from the Health Centre." "I started to feed my baby with other things in the 6th month." "I had no milk for the first 4 days, so I gave my baby water with sugar." "The longer my baby sucks my milk, the longer I think about breastfeeding it." "Midwives at the Primary Healthcare Centre said to awaken the baby and keep on breastfeeding and I did so. I often breastfed it."

As for the fourth theme — knowledge and attitudes of mothers related to additional supplementary baby food — some of the mothers had introduced early supplementary feeds because of the belief that breastmilk did not provide adequate nutrition and sustenance to their infants. The decision also related to mother's use of any drug or any contraception, mother-in-law's request, having to wake up often, and the nutritious quality of supplementary food.

"I was getting shots to get protected from pregnancy. For this reason, I stopped breastfeeding when my baby was three months old." "I started to feed my baby with additional baby food as it wakes up frequently." "When my baby was 3 months old, I got sick. The doctor prescribed injections of antibiotics for 5 days. In the meantime, the doctor told me not to breastfeed. My baby cried so much for 5 days. My baby didn't accept the milk after 5 days; little milk was coming, so I started additional baby food." "As it is light, I cooked pudding

with rice flour, but my neighbour said that I had to feed my baby on readymade baby food. It is said that readymade baby food has more nutritious value and my baby will gain weight."

Regional, environmental and economic conditions also affected their knowledge and attitudes regarding supplementary food.

"When I started working again, my milk lessened. My baby didn't get fed. I began to give my baby the readymade baby food that had similar ingredients to breastmilk thanks to a programme that I watched on TV." "We can give cow's milk to children after 2 months." "I watched it on TV. It is said that breastmilk should certainly be given to the children until the age of one." "Since it is easy to digest and helps the bones to develop, I firstly fed my baby with yogurt." "Firstly, I fed my baby with fruits since they are rich in vitamins." "I will feed my baby with a little of everything when it becomes 4 months old." "I don't give cow milk, because I may harm the child. Whatever we have tried on the baby since it was 3 months old, we are unable to cure it of the diarrhoea." "I started additional food with vegetable soup. I can't afford to buy anything else." "I put baby biscuits into the tea and the baby enjoys eating it." "As I couldn't afford to buy anything else, I fed the baby on cow milk up to a liter." "Since I can't afford to buy meat, I can't give it any. I think red meat would discomfort it." "My child is 15 months old. I don't give it fish since there is a risk of poisoning when they drink milk." "I feed it from our own soup and sauce out of the meals that we eat." "I got scared that food might get stuck in the throat, so I didn't give it any of the meals that we eat. I cut up some bread into the sauce of meals and gave it to the child." "I would give readymade baby food sold at the pharmacy instead of rice flour if I could afford it, I would feed my baby fish once every two days and give her meat, chicken, all kinds of vegetables in its soup, yogurt, and various fruits everyday for her to eat." "I don't give her any milk or dairy products lest they cause diarrhoea and my neighbours warn me about it."

Some of the mothers expressed that they made use of printed educational material, whereas others complained that there weren't any nutrition guidelines at the health centres. Most of the mothers expressed that the food which was the closest to breastmilk was readymade baby food sold in pharmacies and they wanted to give this food when their milk wasn't enough for the first 6 months. Almost all the mothers who gave baby food made of rice flour with water, sometimes diluted cow milk, were the ones who expressed economic difficulties. Some mothers

indicated that it wasn't right to use cow's milk in the early months since it could cause allergies and iron deficiency, and most mothers said that they preferred to use milk pudding and yogurt instead of cow milk after 6 months. It was indicated that yogurt was very important for bone development. Some of the mothers said they didn't add meat into vegetable baby food, while some said that broth made from boiled bones took its place. A great majority of others said they couldn't afford to buy meat. Because of the food eaten for breakfast was expensive, the majority of mothers told us they couldn't feed their children on enough cheese, milk or eggs and they mentioned that they gave them tea, baby biscuits and bread with tea. Mothers, whose judgment was about their children's preferences, stated with the words, "She doesn't like the taste." "She doesn't eat anything." "She likes junk food." and "She doesn't want it."

Discussion

In the Anatolian culture, women continue to adhere to a number of practices relating to the commencement of the first breastfeed. Although these practices vary from area to area, they are generally similar.

In this study, depending on mothers' education and social levels, all of them know that breastmilk is the most useful food for children's development and disease prevention. It is known that breastfeeding is common in Turkey and 97% of all children are breastfed for a while.¹⁰ In our study, the main concerns related to the decision of the mothers about when to start complementary food. The suggestions of the elderly family members and relatives on this matter are thought to cause baby's move away from the breastmilk. Studies done on this matter show that mothers and fathers who have high levels of education have been informed about the adequacy of breastmilk and this has caused them to extend the time of breastfeeding. Also, social pressures on the matter need to be discouraged.^{5,10}

In our study, most mothers stated that they started to breastfeed immediately after birth, but most of them started breastfeeding after some kind of conventional applications such as not giving the initial milk, waiting for 3 azans to be called to start breastfeeding, giving water with sugar etc. In Turkey, especially in the eastern regions, due to the beliefs, mothers don't start breastfeeding their babies' immediately after birth and this deprives the babies from getting colostrum. Hizel et al. found in their research on traditional practices related to breastfeeding in the western, eastern and

middle Anatolian regions that 23,4% of mothers did not start breastfeeding after 3 azans to be called, and 30.8% did not give colostrums to their babies.¹⁵ In Diyarbakir, 921 women who had babies 6-8 months age were questioned, and 62.2% had waited for 24 hours before starting breastmilk. It was observed that nearly half of them gave water with sugar as the first food to their babies.¹⁶ According to Tümerdem et al., the first nutrition given immediately after birth was breastmilk in 70% cases.¹⁷

In Egypt, according to a study across Giza's rural areas, 68.8% of women gave colostrum to their babies: of these 61.4% of them were uneducated mothers, and 84.4% were educated (primary and higher education).¹⁸ According to a Diyarbakir study 41.4% of mothers indicated that they started breastfeeding immediately after birth.¹⁹ Another study reported that 67.5% of women gave breastmilk immediately after birth, while 28.4% gave water with sugar. Among the reasons cited by mothers who didn't give colostrums were thoughts that colostrums were dirty and harmful (25.5%), unwillingness of the baby to suck breastmilk (16.2 %), advice of the elderly family members (13.2%) and waiting for azans to be called in the mosque (13.2%).²⁰ According to another study, among the most common reasons for not giving colostrum were traditions (47.4%) and baby's unwillingness for sucking (31.6 %).²¹ In the study in Giza, among the reasons for the delay in breastfeeding was lack of milk (34.7%), religious reasons (6.2%), and mother's fatigue (4.1%).¹⁸ A study in Bangladesh detected that there were same practices such as starting breastmilk after three days following baby's birth.²² The common practice of giving milk powder or water during the first three days and continuing to supplement breastfeeding with milk powder throughout the postpartum period is in keeping with a study in China.²³ Kannan et al. found that Indian mothers delayed breastfeeding for 12 and 30 hours after the birth, whereas Anglo-American mothers started breastfeeding within the first hour postpartum. The mothers who delayed breastfeeding were feeding their babies with prelactal feeds, such as honey, water with sugar, various herbs and castor oil.²⁴ In Guinea-Bissau, mothers also had negative cultural perceptions about colostrum.²⁵ Nigerian women also claimed that water and herbal tea would purge the baby and clean its stomach.²⁶ There are similarities between these results and our study. We can say that such similarity is the result of similarities between our country's and other countries' cultural characteristics.

In our study, mothers shared mixed experiences related to their visit to clinics and hospitals. They said that they were trained verbally about child nutrition from time to time, but during the follow-up or when they took their children for vaccination to the health centres, they were not informed about breast milk and nutrition, but they did have access to printed material.

In our study, complementary food was started for various reasons. Some studies done on this topic subject in Turkey have characteristics supporting our findings and observations. One such study related that the person who had the right to speak about baby's nutrition was often the mother-in-law.²⁷ The same study highlighted that breastmilk contains the most useful nutrition for the first 6 months and this was known by 91.2% of mothers. In Ethiopia, majority of the mothers studied stopped breastfeeding when they became sick or pregnant or their child fell ill.²⁸ A study revealed that social-cultural factors (such as the diet preference of one's partner and elderly family members, the diet practices of friends, the type of birth, place of birth, health problems) can affect the start of breastfeeding.²⁹

The place where our study was carried out displayed rural features. People in Odemis live in small houses in joint families. The oldest person is the one who has the right to decide about every issue that arises within the household. Grandmothers are influential in the materialisation of women's motherhood roles. The grandmother is everyone's mother and her practices are acceptable. Hizel et al.¹⁵ established that mothers stopped breastfeeding because of the belief that their own milk wasn't useful for their babies. It caused diarrhoea and prevented baby's growth. In the same study it was found that among the reasons mothers started complementary food, was the belief that babies were still hungry; or the babies did not suck breastmilk; or mothers started to take some drugs; or they conceived a baby; or they had nipple problems. That the pregnancy leave is short in Turkey is a factor that forces working mothers to start additional food before the 6th month. Despite this, the endeavours of working mothers to breastfeed their babies are remarkable. A study has shown that returning to work or school earlier, being younger than 20 years, and regional habits were the conditions which affected the start of complementary food.³⁰ There are qualitative studies indicating that if the mother is multipara, experienced about breastfeeding, the practice is common in family and friends, the father supports the mother on this

issue, mother's workload in other field/s is shared, the breastfeeding period is extended.³⁰

One important limitation of this study is that it presents only the mother's views relating to the local beliefs and cultural practices. Views of healthcare providers, particularly post-natal nursing staff and midwives, were not collected, which could have provided greater understanding of the social and cultural context in maternal and child healthcare practices postpartum.

Conclusion

From the family, especially the mother-in-law, to the nurses and midwives, a comprehensive approach is essential to separate facts from myths related to breastfeeding. Denial of colostrum and forced introduction of supplementary food are key areas that need to be addressed post-natal follow up visits can be used for proper guidance, while media should be encouraged to run awareness campaigns in this regard.

References

1. Senol V, Ünal D, Çetinkaya F, Öztürk Y. Traditional practices about public nursing in the city of Kayseri. *Clin Develop* 2004; 17: 47-55.
2. Bölükbaşı N, Erbil N, Altunbas H, Arslan Z. Traditional practices about child care of the mothers who own 0-12 month baby. *Int J Hum Sci* 2009; 6: 166-76.
3. Meriç M, Elçioglu O. Practices of public medical science aiming at children. The 1st Public Science Symposium Eskisehir: Osmangazi University Printing House, 2004; 133-41.
4. Oksel E, Ertem G, Dönmez Y. The Investigation of life experiences of nursing students whose mothers or fathers developed cancer. *Agean University Investigation* 2008; Unpublished Scientific Investigation Project. (Fund Project No: 08-OSYO-002).
5. Açık Y, Dinç E, Benli S, Tokdemir M. The knowledge attitudes and practices of women living in the city of Elazığ and having 0-2 age groups children as to baby nutrition and breast milk. *Pediatr J Turkey Clin* 1999; 8: 53-62.
6. Bostancı M, Açık Y, Oğuzöncül F, Sezer E, Öztürk SZ, Bilgin N. The focus group negotiations which aim at determining the practice, attitudes and knowledge of pregnant and nursing women about breast milk and baby nutrition in the city of Elazığ. *Constant Med Educ J* 1996; 5: 199-202.
7. Engin R. Traditional beliefs and practices of infertility in Erzurum and the vicinity of it. (graduate degree thesis), Atatürk University Health Science Institution, Obstetrics and Gynecology Department. Erzurum, 2000.
8. Gerçekli E, Sahin T, Ege E. Traditional postpartum practices of women in infants and the factors influencing such practices in South Eastern Turkey. *Midwifery* 2009; 25: 62-71.
9. Yigit EK, Tezcan S. Babies' nutrition habits. The situation of mothers and children's nutrition. *Turkey Population and Health Investigation in 2003*. Hacettepe University Population Etudes Institution 2004; 149-151.
10. Ergenekon OP, Elmaci N, Ertem M, Saka G. Breastfeeding beliefs and practices among migrant mothers in slums of Diyarbakir, Turkey, 2001. *Eur J Public Health* 2006; 16: 143-8.
11. Turkish Population and Health Survey (TPHS). Turkey Population and Health Research, 2004. Hacettepe University

- Population Institution. Ankara, Turkey, 2003.
12. Samli G, Kara B, Ünalın PC, Samli B, Sarper N, Gökalp AS. The applications, beliefs and knowledge of mothers regarding nutrition of foster children and breastfeeding. A qualitative study. *Marmara Med J* 2006; 19: 13-20.
 13. Emiroglu NO. "Qualitative Investigation Ideas" Investigation, principles, period and methods in nursing; Editor Erefe, I; HEMAR-GE Publications issue, 2002; 1: 103-11.
 14. Winterbottom A, Harcourt D. "Patients" experience of the diagnosis and treatment of skin cancer. *J Adv Nurs* 2004; 48: 226-33.
 15. Hizel S, Ceyhun G, Tanzer F, Sanli C. Traditional Beliefs as Forgotten Influencing factors on Breast-feeding Performance in Turkey. *Saudi Med J* 2006; 27: 511-8.
 16. Saka G, Ertem M, Musayeva A, Ceylan A, Koçtürk T. Breastfeeding patterns, beliefs and attitudes among Kurdish mothers in Diyarbakir, Turkey. *Acta Paediat* 2005; 94: 1303-9.
 17. Tümerdem Y, Ayhan B, Alnigenis E, Saygili H. The patterns of breastfeeding in the suburban areas of metropolitan city (an Epidemiologic Study). The 3rd National Public Health Congress Bulletin Summary Book. Hacettepe University Medicine Faculty Public Health Department, Ankara, 1992; 164.
 18. Hakim IA, El-Ashmawy IA. Breastfeeding patterns in a rural village in Giza, Egypt. *Am J Public Health* 1992; 82: 731-2.
 19. Toksöz P, Özkaynak V, Ertem M, Ilcin V. The role of education level of mother regarding practices of breastfeeding. *Nutrit Diet J* 1991; 20: 171.
 20. Yücecan S, Pekcan G, Açık S, Baysan M, Rakicioglu N, Oguz N, Karabudak E, et al. Ankara'da yaz okullarına devam eden çocuk ve gençlerin beslenme alışkanlıkları. *J Nutrit Diet* 1994; 22: 179-94.
 21. Beyazova U, Tüysüz B, Benli D. Mothers in a rural part of Turkey. *Turkish Pediatrics Archive* 1993; 28: 166-70.
 22. Amin R, Khan AH. Characteristics of traditional midwives and their beliefs and practices in rural Bangladesh. *Int J Gynaecol Obstet* 1989; 28: 119-25.
 23. Raven JH, Chen O, Tolhurst RJ, Garner P. Traditional beliefs and practices in the postpartum period in Fujian Province, China: a qualitative study. *BMC Pregnancy Childbirth* 2007; 7: 8.
 24. Kannan S, Carruth BR, Skinner J. Neonatal feeding practices of Anglo American mothers and Asian Indian mothers living in the United States and India. *J Nutrit Educ Behav* 2004; 36: 315-9.
 25. Gunnlaugsson G, daSilva MA, Smedman L. Determinants of delayed initiation of breast feeding: a community and hospital study from Guinea-Bissau. *Int J Epidemiol* 1992; 21: 935-40.
 26. Davies-Adetugbo AA. Sociocultural factors and the promotion of exclusive breastfeeding in rural Yoruba communities of Osun State, Nigeria. *Soc Sci Med* 1997; 45: 113-25.
 27. Koçoğlu G, Polat H, Özgür S. The nutrition opportunities of families and the relationship between the knowledge of mothers regarding children nutrition and the physical development of children. *J Nutrit Diet* 1990; 19: 11-22.
 28. Woldegebriel A. Mothers' knowledge and belief on breast feeding. *Ethiop Med J* 2002; 40: 365-74.
 29. Duang DV, Binns CW, Lee AH. Breastfeeding initiation and exclusive breast feeding in rural Vietnam. *Public Health Nutr* 2004; 7: 795-9.
 30. Carmichael SL, Prince CB, Burr R, Nakamoto F, Vogt RL. Breastfeeding practices among WIC participants in Hawaii. *J Am Diet Assoc* 2001; 101: 57-62.
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