SOME TURKISH WOMEN'S ATTITUDES TOWARDS SWADDLING*

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In recent years, members of the medical profession have indicated an increased interest in the practice of swaddling and the use of cradle boards. They have made some highly sophisticated and penetrating studies of the possible effects of these practices on congenital hip disease, motor activity and musculoskeletal behavior.[1] This paper attempts to classify the mothers' reasons for these usages, and to orient the practitioner making similar studies or attempting to alter these practices. Knowing the motivation, he will be in a better position to approach the mothers and explain his ideas within the mothers' frame of reference.

The data presented are of a qualitative nature, gathered in relatively informal interviews from twenty-one women in two villages within twenty kilometers of Muş during the summer of 1964. Classed by mother tongue, the women represented Turkish, Kurdish and Arabic. This paper is descriptive; no attempt to quantify the results is made. The women were, however, more or less consistent in their beliefs, some offering more detail than others. More recent studies of views on swaddling in a central Anatolian village near Ankara tend to reflect the same conviction.

According to the mothers' statements (in quotations in the following material) the length of swaddling time varied from 40 days to two years. The Turkish-speaking women tended to swaddle for longer periods. A tight, complete swaddle seemed most important for the customary first 40 days' period of danger when both mother and child should, but rarely do, remain to some degree in isolation. This is explained by the belief that the first 40 days is the period when both mother and child are most vulnerable to assorted ailments, usually defined in traditional terms; for example, the «40 days' disease», often associated with the mothers' loss of weight. (This pattern is found to be common in the Middle East.) A tight,

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complete swaddle involves near immobilization from the neck down: the legs are pressed firmly together with the knees straight; the arms are usually bound to the sides or slightly in front; the various layers of the swaddle are pulled tight and securely tied to allow a minimum of body movement. This type of swaddling, which may last up to six months, is utilized especially when the child is taken to the fields, on trips, and in the cold months. In summer the wrappings tend to be lighter in weight. In the fields the swaddled child is generally kept above the ground in a hammock suspended between trees or a tripod of poles, as it is thought the «earth's dampness» may affect the child. In some cases the cradle may be carried to the fields. Swaddling from the waist down continues for longer periods.

In the home the swaddling takes a different form. Generally the child remains in the cradle, well-covered to include the face which may be covered with a light netting or loose blanket to keep off flies, drafts, cold air or the evil eye, and to induce sleep through continual darkness. «Their own breath is good for them.» In winter the warm pocket of air thus formed has its advantages in the usually rather cool rooms of the houses. These cradles have, for all practical purposes, no sides to keep the child from rolling out, which means the child, within the loose wrapping of the swaddle, must be lashed down in an immobilized position, usually on its back. Functionally, then, the cradle is much like the Navajo Indian cradleboard with headguard, except that the former has legs, sometimes rockers, and remains in a horizontal position. The advantage of the Navajo cradleboard, which is often leaned against a wall in an upright position to allow the child to participate passively in the activities of the home, is lost and the child remains in social isolation for a good part of the day. This may result in retardation of sociopsychological development. Also unlike the Navajo method, and possibly relevant to hip problems, the weight of the child's body, which remains horizontal, never shifts onto the legs.

The child may be unswaddled three to five times daily for cleaning, but these periods tend to be short. Mothers felt this briefness to be important because of possible damage from flies, cold and light, especially if the child had a skin irritation, sores or a rash. Exposure to sun and air was often associated with sunstroke, diarrhea and pneumonia. A mother of seven children said, «I do not take it out in the open for two or three months unless I have to. During

this period the lad is like the yoke of the egg: it cannot stand either heat or cold; it is delicate.» Another said, «I never expose the babies to the sun in any season and I will not do it.» Such a practice may explain deficiencies and ailments which stem from lack of sunshine and fresh air.

Various methods are used to absorb or otherwise dispose of urine: for a male, one woman had attached a wooden relief-tube, carved from the branch of a poplar tree, which allowed the urine to drain off into a separate box of earth; others cut drainage holes in the bottom of the cradle; burnt earth was put inside the wrappings next to the body to absorb liquid wastes. While we found most health personnel campaigning against the use of this earth, still it serves the same function as diapers in a culture where cloth is valuable and the luxury of diapers still in the distant future. This earth, which is applied warm, is commonly of a special sort, possibly chosen for its ability to neutralize acids, and may be reheated and dried between periods of use. Lacking a suitable alternative, pressure of health personnel is not likely to eliminate the practice, but only to erect a barrier to free communication between those involved.

Besides the reasons already cited for swaddling, numerous women stated that this practice, aided by various charms, protected the child from the effects of the evil eye and being struck by jinns. Some of the mothers added that they did not have to worry about such consequences because their babies were weak and thin (the evil in the envious eyes of others only strikes the strong, beautiful and healthy), but they followed the practices anyway. Infant mortality is frequent; at the village level, most causes of death are as yet medically undefined and so traditional definitions persist. The charms used range from gold *maşallah,* glass eyes, *muska,* snake bones, blue beads attached to the cradle and small shells of a marine mollusk attached to the front lock of hair, to placing a copy of the Koran or a piece of iron under the child's pillow. Against the evil eye «we also smear their foreheads with some of the soot taken from the bottom of the pan.» Again, it probably does more harm than good for health personnel to campaign against or otherwise criticize these practices. Without examining the medical validity of these beliefs and usages, which in village terms are defined by religion, any questioning of them may lead to alienation. Such practices do no harm, and really effective medical services will broaden the villagers' view of modern medical concepts.

From the point of view of village conditions, some practical reasons for swaddling were given: the child is easier to handle and feed; he is not injured easily; he is protected from the dust and dirt; he does not eat dirty objects, touch the stove or fall into the *tandir*. (The *tandir*, in this region at least, tends to be flush with the floor and to cause a number of serious cases of burns among both children and adults.).

Referring to the study by E. L. Lipton et al, previously cited, one of the most frequent statements was that the child was not comfortable and would not sleep if left unswaddled: «I prepare Swaddling every day. The child will not go without it. The lad says, 'If only my mother and father fought me and wrapped me tightly', because the lads like to be swaddled. They would not stay quiet if uncovered; they would not sleep.» In this case, the scientific findings support the traditional beliefs.

Another recurring reason for swaddling corresponds to the mothers' concept of the physical development of the child. The following quotes illustrate their views: «If you do not swaddle them, the children will never become strong: they remain weak; they are not well. Babies are like water. They should be swaddled until they get thicker.»; «A delicate lad would not become shapely.»; «I swaddle them so that their back does not break; that they become strong and straight; that they become good lads; that their arms would be soft and loose. When swaddled their arms and legs become straight arms, legs and back so that they grow straight». One of the usual arguments against swaddling has been that it possibly retards physical development through lack of exercise. These women foresee the opposite result. One woman did indicate, however, that she sometimes warmed her child's legs by the fire and rubbed them with oil in an attempt to aid his development and his early walking. The baby appears to be seen as something that needs to be molded and shaped by external forces more or less constantly in its early stages of development.

In conclusion, more study should be done on the actual effects of swaddling, on the pattern of belief, and on the relationship between the two. Until greater knowledge is gained in these areas, health personnel should be cautious about criticizing or attempting to change village practices on the basis of their own biases and orientations. Many of the beliefs and usages seem practical in the village setting. Others may pass with the development of medical

services. Still others may at present be classed as unknown. All are important to the villagers, and an unenlightened or misdirected campaign against them might lead to a disintegration of the already marginal social environment in which health personnel must work.

Appreciation

To interviewers Gönül Erkan and Sevim Göksu

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