

Traditional Practices Used By Infertile Couples In The City With The Highest Fertility Rate In Turkey

Türkiye'de Doğurganlığın En Yüksek Olduğu İilde İnfertil Çiftlerin Kullandıkları Geleneksel Uygulamalar

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ABSTRACT

Background: Infertility has cultural, religious, and class factors and may negatively affect the lives of couples. The eastern regions of Turkey retain their traditional culture; thus, having children is of great importance in eastern culture. Due to this culture, couples living in these regions are under a lot of pressure to have children. Şanlıurfa is located in this region and has the highest fertility rate in Turkey. Couples here, especially women, thus experience severe negative consequences of infertility. Couples have sought solutions for infertility to maintain their lineage and avoid negative situations for hundreds of years. The methods that infertile couples use should be determined and suitable interventions should be made after identifying the harmful ones.

Objective: This study aimed to determine the traditional fertility practices used by infertile couples living in Şanlıurfa, the factors that affect their usage, and their negative effects.

Methods: The sample of this descriptive study comprised 244 infertile women who had been treated by an infertility polyclinic. Data related to the use of this practice by men were obtained from their partners.

Results and Conclusions: The study found that traditional practices are common among infertile couples and that these practices are mostly used by women. The educational level of couples, language, socioeconomic status, secondary infertility, and previous unsuccessful medical treatment are the most important factors affecting the use of traditional practices. The preferred methods are generally spiritual, so few physical problems are encountered due to the use of traditional practices. However, the fact that almost half of the women in the sample used traditional practices at least three times means that they maintain this behavior, becoming open to various risks in doing so.

Keywords: Infertility, infertile couple, infertile woman, traditional practice

ÖZET

Giriş: İnfertilite, kültürel, dinsel ve sınıfsal yönleri olan, çiftlerin yaşamını olumsuz etkileyebilen bir durumdur. Türkiye'nin Doğu bölgeleri geleneksel kültürüne bağlı yörelerdir ve doğu kültüründe çocuk sahibi olmak büyük önem taşımaktadır. Bu bölgelerde çocuk sahibi olunması için çok fazla kültürel baskı vardır. Şanlıurfa'da Türkiye'nin Doğu bölgesinde yer alan ve doğurganlık düzeyinin en yüksek olduğu ildir. Dolayısıyla bu durum, bölgede yaşayan çiftlerin, özellikle de kadınların infertilitenin olumsuz sonuçlarını en ağır şekilde yaşanmasına neden olmaktadır. Çiftler nesillerini devam ettirebilmek ve infertilitenin yarattığı olumsuz durumlardan kurtulmak amacıyla yüzyıllardır çareler aramışlardır. Bu nedenle infertil çiftlerin başvurdukları yöntemlerin bilinmesi, zararlı olanların saptanarak uygun müdahaleler planlanması önemlidir.

Amaç: Çalışma, Şanlıurfa'da infertil çiftlerin kullandıkları geleneksel uygulamaları, bunları kullanmayı etkileyen faktörleri ve olumsuz sonuçlarını belirlemek amacıyla yapılmıştır.

Yöntem: Tanımlayıcı tipte yapılan çalışmanın örneklemini, infertilite polikliniğine başvuran 244 infertil kadın oluşturmuştur. Erkeklere ait bilgiler eşlerinden alınmıştır.

Bulgular ve Sonuçlar: Çalışmada, infertil çiftler arasında geleneksel uygulama kullanmanın yaygın olduğu ve bu uygulamaların çoğunlukla kadınlar tarafından kullanıldığı belirlenmiştir. Kadın ve eşin eğitim düzeyi, dil, sosyo-ekonomik durum, sekonder infertilite ve başarısız tıbbi tedavi geleneksel uygulama kullanımını etkileyen en önemli faktörlerdir. Tercih edilen yöntemler

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genellikle spiritüel yönü baskın olan yöntemlerdir. Bu nedenle geleneksel uygulama kullanımına bağlı çiftlerin fiziksel sorun yaşama düzeyleri düşüktür. Ancak kadınların yaklaşık yarısının en az 3 kez geleneksel uygulama kullanmış olması, bu davranışını sürdürmeye devam edeceğini ve pek çok riske açık olduğunu göstermesi bakımından önemlidir.

Anahtar kelimeler: İnfertilite, infertil çift, infertil kadın, geleneksel uygulama.

1 INTRODUCTION

Infertility has cultural, religious, and class factors, and changes couples lives negatively. The incidence frequency of infertility, a common problem in various nations at the present time, is between 5% and 30% (World Health Organization, 2011) worldwide. In Turkey, this rate ranges between 10% and 15% (Taşkın, 2016:559), though there are no concrete figures.

Couples have sought solutions for infertility to maintain their lineage and avoid negative situations caused by the stigma of infertility for hundreds of years. The frequency of infertility is similar in men and women; however, women are more negatively affected, experience stress, and feel quilt more than men, regardless of its cause (Sezgin-Hocaoglu 2014:165) Women without children are exposed to many types of violence (emotional violence, physical violence, stigmatization, isolation, live with fellow wife (illegal marriage/polygamy) etc.) in traditional societies, especially in rural areas (Tabong- Adongo, 2013:72). Even if the cause of infertility is with the male partner, women are directly associated with the childbearing role. Therefore, practices to aid in having children are generally for women. Women adopt various traditional/non-medical practices that can negatively affect their health in order to get pregnant, and they sometimes continue to use these practices throughout their pregnancy until the birth of the child (Engin-Pasinlioğlu 2002:2; Kurdoğlu, 2011:217).

The eastern regions of Turkey maintain their traditional culture; thus, having children is of great importance in eastern culture. Due to this culture, couples living in these regions are under a lot of pressure to have children. The city of Şanlıurfa is located in this region and has the highest fertility rate in Turkey (Turkey Statistical Institute 2018). Moreover, women's educational level is quite low there. One of the most important factors that determine women's status in this region is fertility (Kaya, 2008; Ökten, 2009:302) which means that couples, especially women, experience severe negative consequences from infertility and adopt risky behaviors to remedy this problem (Kurdoğlu, 2011:217).

To protect and improve women's health in particular and community health in general, the traditional fertility practices that are commonly used should be identified and suitable interventions should be planned after determining the harmful ones. This study was conducted to determine the traditional practices used by infertile couples living in Şanlıurfa, the factors that affect their usage, and their negative effects.

2 MATERIALS AND METHODS

2.1 Setting and Sample

This descriptive study was carried out between August and October 2017 in Şanlıurfa, a city in the Southeastern Anatolia region of Turkey. In a study conducted by the State Planning Organization, Şanlıurfa was ranked 73rd out of 81 cities in terms of socioeconomic development (Republic of Turkey Ministry of Development 2011). According to the Turkish Statistical Institute's data for 2018, the total fertility rate in Turkey is 1.99 while it is 4.13 in Şanlıurfa. The crude birth rate in Turkey is 15.3 per thousand and 31.3 per thousand in Şanlıurfa (Turkey Statistical Institute 2018).

This study was conducted in the infertility polyclinic of the gynecology polyclinic at the Harran University Research and Training Hospital in Şanlıurfa, the only state hospital that has an in vitro fertilization center and one of the first places infertile couples go for treatment.

The study population comprised women who had been treated at the infertility polyclinic. A pilot study was conducted with 67 women who were being treated at the polyclinic between 4th and 9th September 2017 to calculate the sample size. As a result of the pilot study, the appropriate sample size was calculated as 244 participants based on an 80.3% usage rate and an 8% margin of error. Data related to the use of this practice by men were obtained from their partners.

2.2 Data Collection Tools

The study data were collected via face-to-face interviews using a data collection form which included 13 questions on sociodemographic characteristics (ages, place of birth, educational level, economic status, employment status, educational level and employment status of spouse, social insurance, language most commonly used in the home, family type), eight questions on obstetric aspects (marriage age, pregnancy age, number of pregnancies, number of living children, number of miscarriages, number of stillbirths, number of unwanted pregnancies, and use of contraceptive methods), and 18 questions about using traditional practices (knowledge of, use of, effects, usage frequency, post-use complaints, making suggestions, effectiveness and results of traditional practices, use by spouse) and receiving medical treatment.

2.3 Variables

The dependent variable of the study was "use of traditional practices." The independent variables were



sociodemographic characteristics, obstetric features, and features of the traditional practice(s) used.

2.4 Definition

Receiving blessings from a religious person/sheikh: A religious person/sheikh prays and blows upon the person seeking a blessing. As a result, people believe that they are protected from physical and spiritual harm.

Tying the waist: A rope over which a prayer has been said is tied around the waist and not removed until one's wish comes true.

Visiting mausoleums: Praying and making a wish at the burial places of holy individuals.

Eating bugs: Eating a dried stag beetle is believed to help women to get pregnant.

Herbal mix with honey: Herbs and spices regarded to be natural aphrodisiacs that increase sperm count are mixed with honey.

Flint tea (Ferula Communis): A tea is made from dried giant fennel, which is regarded as a natural aphrodisiac that increases the sperm count.

Fellow wife: A fellow wife in a polygamous relationship.

Traditional midwives: A midwife who has acquired knowledge and skills from experience and does not have professional health education or a diploma.

Large family: A family in which more than two generations live together (spouses, children, grandparents, and other relatives such as aunts and uncles).

2.5 Data Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS) for Windows 16.0 statistical package program, using percentages, means, standard deviation of descriptive statistics, and the Chi-squared and *t*-test of univariate analysis. The results were assessed at 95.0% confidence interval and at 0.05 significance level.

3 RESULTS

The mean age of the women was 28.2±6.1; 45.1% had not received a primary education; 40.6% spoke Turkish, the official language, in the home; 84.0% were unemployed; 61.1% perceived their economic status as "medium level"; 28.7% did not have social insurance; 45.9% lived in the city center in a nuclear family (64.3%). Of the men, 32.4% had not received a primary education and 21.3% were unemployed.

The mean age of marriage of the women was 20.8±4.4; 59.4% had been pregnant before (secondary infertility); and 75.9% of these pregnancies were unplanned. Their mean age at their first pregnancy was 21.2±4.2. The mean number of total pregnancies was 5.3±3.2 and the mean number of miscarriages was 1.6±1.0.

A majority of the couples, 60.8%, had wanted to have children for more than two years; thus, 84.0% primarily sought treatment at the hospital; 65.2% had received medical treatment for infertility but failed to have children.

Almost all of the women, 97.1%, said that a child is necessary for their lives and among the women who stated this necessity, 65.4% wanted to have children to maintain their family, 46.7% said that their supposes wished to have children the most, and 41.0% said that their husband would take a fellow wife if they could not have children.

More than three quarters of the women, 77.0%, had used a traditional practice to cure infertility. The most common traditional practices were receiving blessings from a religious person/sheikh and tying the waist (33.0%). Almost half of the women, 47.3%, had used three or more traditional practices (Table 1).

Half of the women, 49.5%, had learned the traditional practice they used from relatives and 39.4% said that their spouse was active in deciding to use it. Only 5.9% of the women had experienced physical problems after using a traditional practice, the most common being pain (63.6%).

Regarding men, 26.2% had used a traditional practice to cure infertility. The traditional practice most commonly used by men was an herb and honey mixture (96.9%). Three quarters of the men, 73.4%, had not experienced any physical problems after using a traditional practice (Table 2).

This study analyzed various factors that can affect men's use of traditional practices. The level of use was high in couples who did not have any education, spoke Arabic in the home, were unemployed, had no social insurance, perceived their economic status as poor, lived in the county in an extended family, had previous pregnancy history, and had failed to get pregnant with medical treatment, and the statistical analyses indicate that the intergroup difference was statistically significant ($p < 0.05$) (Table 3).

The study found no significant differences between the individuals who used traditional practices and those who did not in terms of age, mean number of total pregnancies, the number of marriages, or the decision-making process about having children ($p > 0.05$).

4 DISCUSSION

The mean age (28.2±6.1) of the women in the study was within the age range when the chances of getting pregnant are highest. One in two had not received any education and the majority were unemployed. These primary indicators showed similarity to the Southeastern Anatolia Region data of the Turkey Population Health Research (2013). Educational and socioeconomic levels should be improved to protect community health and raise healthcare awareness. The profile of women in Şanlıurfa shows a low educational level, fewer women joining the workforce than men, and families with a patriarchal structure and traditional beliefs; thus, women here experience the most severe gender inequality (Akin, 2015:127; Engin-Pasinlioğlu, 2011:2



Ökten, 2009:302; Turkey Demographic and Health Surveys 2013.).

The secondary infertility level was quite high in the sample, whereas this rate has been found to be quite low in similar studies (Çelik-Kırca, 2018:178 Engin-Pasinlioglu, 2011:2; Kızılkaya, 1987). The mean number of pregnancies, 5.3, can be associated with efforts to maintain fertility regardless of "increasing age." Most of the women said that they had received medical treatment to get pregnant which failed. Similarly, Kurçer et al. (1999) conducted a study in Malatya, in the east of Turkey, and found that incidence of previous medical treatment was very high (98.5%) (Kurçer et al.1999:329). Incidence has found to be lower in the studies conducted in the western regions of Turkey. For instance, the studies conducted in İstanbul by Üner and Sunal (2018) and in İzmir by Durmazoğlu (2015) found lower rates of previous treatment among women (Üner-Sunal, 2018:1; Durmazoğlu, 2015). Having children is of great importance in eastern culture and couples are under a lot of cultural pressure to have children (Engin-Pasinlioglu 2011:2). Therefore, infertility is perceived as a significant problem in these regions, and it is not surprising that couples who have failed with medical treatment are inclined to try traditional practices. These results show the importance of providing medical counseling to infertile couples in eastern regions.

The women said that having children is important in their lives and that if they do not bear children their husbands will take a fellow wife. This shows that the family status of women in Şanlıurfa is determined by their fertility, that failure to bear a child has negative consequences, and they feel social pressure to be a mother. The women in the study by Üner (2018:1) said that their reason to have children was to make their family happy (41.7%), to be comfortable in society (32.1%), and to make their husbands happy (23.3%). Ried et al. conducted a study in Australia (2013:13) and found that women compromise on their quality of life due to infertility. Okunofua et al. (1997:205) conducted a study in Nigeria (1997) and found that infertile women encountered physical and psychological violence, abandonment, and economic deprivation. Although these studies were conducted in different regions, these results show the importance and necessity of having children for families and the negative effects of infertility on family life and on women's mental health.

This study found that use of traditional practices is common among couples due to infertility and that these practices are mostly used by women. Similar studies have also indicated that use of traditional practices is much lower among men than among women (Çakırer-Çalışkan, 2010:343; Çelik-Kırca, 2018:178; Edirne et al. 2009:110; Günay et al 2005:105; James et al. 2018:11; Kızılkaya 1987). Couples all around the world refer to traditional practices, but women's use is higher. The frequency of infertility is similar between men and women; however, women suffer more negative effects of infertility than men, and treatment practices are generally for women (Öncül 2011; Weinger 2009:45) Additionally, women are exposed to more social pressure regarding fertility than men (Fata, 2019:806). Thus,

women try numerous methods to solve their fertility problems. Women in Şanlıurfa gain status through fertility. Thus, infertility is a significant problem for them. It is not surprising that they are prepared to go to any lengths to solve this problem.

This study found that the use of traditional practices was higher in couples who were illiterate, unemployed, had no social insurance, had low economic status, and lived in villages in extended families. Various studies in the literature show that socioeconomic factors affect the use of traditional practices (Edirne et al 2009:110; Engin-Pasinlioglu 2002:2; Günay et al. 2005:105). Educational level is an important factor in protecting health and accessing and using healthcare services. Similarly, economic status and social insurance are important in the availability of healthcare services and increasing the usage rates of these services. Living in rural areas limits access to healthcare services. Infertile couples of low socioeconomic status living in rural areas are thus disadvantaged. Extended families are generally found in rural areas, have a patriarchal structure, and adhere to traditional beliefs. Therefore, individuals living in extended families may take greater recourse to traditional practices.

Although the official language in Turkey is Turkish, there were some couples in the sample who spoke only Arabic or Kurdish. Linguistic discrepancies may cause problems in the delivery of healthcare services. Additionally, the language used gives information about ethnicity and the cultural structure of a society. This study found that the use of traditional practices was higher among individuals whose ethnicity was Arab and who spoke Arabic in the home. Delivering services compatible with language and culture is crucial for the successful delivery of healthcare services.

The couples in the sample experienced few problems after using traditional practices, though similar studies have found higher rates (Edirne et al. 2009:110; Engin-Pasinlioglu, 2002:2 Günay et al. 2005:105; Kızılkaya, 1987). This result might have been caused by the fact that couples mostly used spiritual methods rather than physical practices that are applied to the body. However, the fact that almost half of the women had used traditional practices at least three times means that women will continue to try every possible method until they get pregnant and make themselves open to various risks.

5 CONCLUSION AND SUGGESTIONS

This study has found that traditional fertility practices are common among infertile couples and these practices are mostly used by women. The low educational level of women and their husbands, language problems, low socioeconomic level, secondary infertility, and previous unsuccessful medical treatment increase the use of traditional practices. The practices used by the individuals in the sample were mainly spiritual, and so few physical problems were experienced. There was also repetitive use of traditional practices. Accordingly, the results suggest the following:



- Healthcare professionals should be aware of the traditional practices used to increase fertility in the community to which they provide services.
- While taking patients' medical history, use of traditional practices should be probed and their possible negative effects on health should be explained.
- Healthcare staff providing services to infertile couples should assess individuals holistically: physically, psychologically, socially, and culturally, to determine their needs and plan suitable intervention.
- Counseling should be rearranged considering that people live in different geographical regions, have different cultural structures, and speak different languages.
- Interventions should be planned and implemented by ministries or higher institutions to raise women's educational level.
- Considering that infertile couples are open to abuse, effective counseling should be provided to protect them from physical and spiritual harm, and their access and use of healthcare services should be increased.

LIMITATIONS OF THE RESEARCH

The data on traditional practices used by men were obtained by asking their partner. Therefore, there may be practices that men use that women do not know about.

CONFLICTS OF INTERESTS

The authors have no conflicts of interest to declare.

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TABLES

TABLE 1 Features of the traditional practices used by women

Characteristics	N	%
Using Traditional Practices		
Yes	188	77.0
No	56	23.0
Type of Traditional Practices Used*		
Drinking onion juice	26	13.8
Using a home-made herbal mixture	12	6.4
Receiving blessings from a religious person/sheik/tying the waist	62	33.0
Visiting mausoleums/praying	42	22.3
Sitting on a warm brick	1	0.5
Eating bugs	2	1.1
Having a <i>hodja</i> make a medicine/mixture	9	4.8
Having an traditional midwife make a medicine	34	18.1
Frequency of Usage*		
1 time	33	17.6
2 times	66	35.1
3 times or more	89	47.3
Experiencing Physical Problems after Using a Traditional Practice		
Yes	11	5.9
No	147	78.2
Unknown	30	16.0

* This was assessed based on the responses of 188 women who had used a traditional practice.

TABLE 2 Features of the traditional practices used by men

Characteristics	N	%
Using Traditional Practices		
Yes	64	26.2
No	180	73.8
Type of Traditional Practices Used*		
Herbal mix with honey	62	96.9
Having a <i>hodja/sheikh</i> make a medicine	1	1.6
Drinking flint tea	1	1.6
Experiencing Physical Problems after Using a Traditional Practice		
No	47	73.4
Unknown	17	26.6
Total	244	100.0

* This was assessed based on the data for 64 men who had used a traditional practice, as reported by their female partner.



TABLE 3 Distribution of the informatory characteristics of infertile couples based on the state of using traditional practices

Characteristics	Yes		No		X ²	p
	N	%	N	%		
Educational Level of Woman					44.426	<0.0001
Illiterate	73	92.4	6	7.6		
Literate	29	93.5	2	6.5		
Primary school	49	80.3	12	19.7		
Secondary school*	27	50.0	27	50.0		
University and higher education*	10	52.6	9	47.4		
Commonly Used Language in Home					39.945	<0.0001
Turkish*	56	56.6	43	43.4		
Kurdish	63	88.7	8	11.3		
Arabic	69	93.2	5	6.8		
Employment Status of Woman					53.152	<0.0001
Employed	12	30.8	27	69.2		
Unemployed	176	85.9	29	14.1		
Social Insurance					8.312	0.004
Yes	125	71.8	49	28.2		
No	63	90.0	7	10.0		
Perceived Economic Status					54.892	<0.0001
Good*	16	35.6	29	64.4		
Moderate	126	84.6	23	15.4		
Poor	46	92.0	4	8.0		
Residence					37.406	<0.0001
City*	67	59.8	45	40.2		
Village/Town	63	86.3	10	13.7		
District	58	98.3	1	1.7		
Educational Level of Man					46.389	<0.0001
Illiterate	10	100.0	0	0.0		
Literate	65	94.2	4	5.8		
Primary school	61	85.9	10	14.1		
Secondary school*	38	61.3	24	38.7		
University and higher education*	14	43.8	18	56.2		
Employment Status of Man					5.722	0.017
Employed	141	73.4	51	26.6		
Unemployed	47	90.4	5	9.6		
Family Type					18.321	<0.0001
Nuclear family	107	68.2	50	31.8		
Large family	81	93.1	6	6.9		
Previous Pregnancy					4.417	0.036
Yes	119	82.1	26	17.9		
No	69	69.7	30	30.3		
Receiving Medical Treatment					4.991	0.025
Yes	130	81.8	29	18.2		
No	58	68.2	27	31.8		

* Groups that caused difference.