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Original Article

Determining the level of superstition belief in pregnancy

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A B S T R A C T

Objective: This study was conducted to evaluate the superstitions of pregnant women.
Method: This descriptive and correlational study was conducted with 278 pregnant women living in Agri between October 2021 and August 2022.
Results: It was determined that the total mean score of the pregnant women on the Superstitious Belief Scale was 36.16±13.75. A statistically significant difference was found between the educational status, monthly income, perception of pregnancy, and superstition levels of the pregnant women [p<0.05].
Conclusion: It was found that the total Superstitious Belief Scale scores of the pregnant women were moderate and unplanned pregnancy, income, and education level affected the superstition score means.
Keywords: pregnancy; superstition; pregnant

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Introduction

Although birth is a biological event, the pregnancy and birth experiences surrounding it are social structures that are mostly shaped by cultural perceptions and practices [1]. Pregnancy is at the center of all cultural traditions, as the survival of society is related to pregnancy and childbirth. In this period, there are many protection and prohibition rituals in all cultures aimed at protecting the woman and the fetus from all harmful effects of the outside world or the spirit world. Over time, a range of experiences and practices have been accumulated to promote the smooth running of pregnancy and childbirth in every culture [2]. The mentioned experiences and practices are called superstitions. According to the Turkish Language Association, superstition; Blind belief in supernatural events, mysterious and irrational forces, and prophecies means superstition [3].

The basis of superstitious practices during pregnancy is the curiosity of individuals, the desire to manage the setbacks they think they may face, the helplessness felt in case of illness, and coping methods. Superstitious practices are used to create good luck or prevent bad luck [4]. Scholars have argued that traditional beliefs and practices about pregnancy and childbirth often fail to influence maternal healthcare use. Traditional beliefs can override medical practices or go completely against medical practices, and medical risks or problems during pregnancy can delay the diagnosis of the disease [5, 6]. The baby's gender is estimated by taking the baby's playing time in the mother's womb [7] as a reference, and the pregnant's hip, abdomen, and breast size [8].

In addition, a common practice is to think that the pregnant woman will have a girl baby if the belly is flat, and a boy if it is pointed, and if the pregnant woman has become ugly in this process, it is thought that she will give her beauty to her daughter [9, 10].

In the study that compiles the beliefs about gender prediction in some settlements of the Black Sea Region, it is believed that a pregnant woman who craves bitter food will have a baby girl, a pregnant woman with a sweet craving will have a baby boy, and a pregnant woman whose urine has wheat and barley will be a girl baby if wheat turns green, and a boy baby if barley turns green. It shows that there is a belief that if the salt disperses on the head of the pregnant woman who is thrown salt on her head, she will have a baby boy, and if it does not, she will have a girl baby [11]. The application of superstitions during pregnancy may adversely affect maternal and fetal health. A healthy mother means a healthy baby and society. Recognition and prevention of superstitious practices by health professionals are important for healthy mothers, babies, and society. This study aims to evaluate superstitions during pregnancy.

Material and methods

This descriptive and correlational study was conducted with 278 pregnant women living in Agri between October 2021 and August 2022. The population of the study consisted of individuals registered in the Family Health Center No. 3 in Agri Province, located in the east of

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Turkey. In our study, the sampling method was not used, it was aimed to reach all individuals who applied to the Family Health Center, and 278 pregnant women were included in the study. The study was started after the Ethical comitee opinion of Ağrı İbrahim Çeçen University with the number of E-95531838-050.99-23072.

Data Collection Tools

The introductory Information Form and Superstitious Belief Scale were used to collect the research data. After explaining the purpose of the study and obtaining written permission from those who voluntarily agreed to participate in the study, the data were collected after the forms prepared by the researchers were given to the individuals who came to the Family Health Center.

Introductory Information Form: It consists of questions created by researchers and containing the introductory characteristics of individuals.

Superstitious Belief Scale: The Turkish validity and reliability of the scale, developed by Huque M. and Chowdhury AH. in 2007[12], was performed by Akin et al. in 2014[13]. The scale is in a 4-point Likert type as (1) I totally disagree, (2) I disagree, (3) I agree, and (4) I totally agree. The Cronbach Alpha internal consistency reliability coefficient of the scale was stated as 0.93. The lowest score that can be obtained from the scale is 20, and the highest score is 80. A low score indicates a low level of superstition, and a high score indicates a high level of superstition.

Data Analysis

Statistical analysis of the data was made in the SPSS statistical package program. The statistical significance level was accepted as $p<0.05$. In the evaluation of the data, Kurtosis-Skewness value, Independent Samples t, and One-Way Variance [ANOVA] tests were used. The Games Howell test was used for further analysis.

Results

It was determined that 62.2% of the pregnant women who participated in the study were secondary school graduates, 65.1% of the 65.1% of them had income equal to their expenses, 75.5% were not related to their spouses, 51.1% found pregnancy difficult and troublesome, the mean age of the pregnant women was 25.85±5.09 [years], and the total Superstitious Belief Scale means the score was 36.16±13.75 [Table 1].

Table 1. Descriptive Characteristics of Pregnants [n=278]

Demographic features		n	%
Educational status	Primary education	59	21.2
	Secondary education	173	62.2
	High education	46	16.5
Monthly income status	My income is less than my expenses	78	28.1
	My income is equal to my expenses	181	65.1
	My income is more than my expenses	19	6.8
Kinship status with spouse	Yes	68	24.5
	No	210	75.5
How do you perceive your pregnancy?	Too much physical ailment	30	10.8
	Untimely	54	19.4
	Difficult and troublesome	142	51.1
	Pleasant/comfortable	52	18.7
$\overline{X}$ ±SD [Min-Max]			
Age	25.85±5.09 [18-39]		
Superstitious Belief Scale	36.16±13.75 [20-73]		

A significant difference was found between the total mean score of the Superstitious Belief Scale of the pregnant women and their educational status, monthly income, and perception of pregnancy [$p<0.05$] [Table 2].

Table 2. Comparison of Demographic Characteristics of Pregnants and Total Scores of Superstitious Belief Scale [n=278]

Demographic features			Superstitious Belief Scale	
		n	$\overline{X}$ ±SD	Test and Significance
Educational status	Primary education	59	32.88±12.08	F=7.669 p=0.001
	Secondary education	173	38.58±13.66	
	High education	46	31.23±14.19	
Monthly income status	My income is less than my expenses	78	40.43±15.42	F=7.436 p=0.001
	My income is equal to my expenses	181	35.10±13.01	
	My income is more than my expenses	19	28.68±7.17	
Kinship status with spouse	Yes	68	34.60±14.15	t=-1.075 p=0.283
	No	210	36.66±13.62	
How do you perceive your pregnancy?	Too much physical ailment	30	29.56±8.60	F=12.444 p=0.001
	Untimely	54	44.87±15.78	
	Difficult and troublesome	142	35.73±13.51	
	Pleasant/ comfortable	52	32.09±9.92	

In the post-hoc [Games Howell] analysis carried out to determine which group caused the difference between the Superstitious Belief Scale total score mean and educational status, it was determined that the mean score of individuals with secondary education was higher than all groups.

In the post-hoc [Games Howell] analysis carried out to determine which group caused the difference between the total score mean of the Superstitious Belief Scale and the monthly income; it was determined that the mean score of the individuals whose income was higher than their expenses was lower than the mean score of all groups.

In the post-hoc [Games Howell] analysis performed to determine which group caused the difference between the total score of the Superstitious Belief Scale and the perception of pregnancy, it was determined that the mean score of the individuals who stated that they were timeless was higher than the mean score of all groups.

Discussion

A significant difference was found between the total mean score of the Superstitious Belief Scale of the pregnant women and their educational status, monthly income, and perception of pregnancy [$p<0.05$].

In the post-hoc [Games Howell] analysis carried out to determine which group caused the difference between

the Superstitious Belief Scale total score mean and educational status, it was determined that the mean score of individuals with secondary education was higher than all groups. In the study of C. Gokkaya, in which the superstitions of pregnant women were examined, it was found that individuals with low education levels had higher superstition tendencies [14], Sultana et al. [15]. It was found that illiterate people had a higher total Superstitious Belief Scale score compared to individuals with primary, secondary, and higher education. In a study conducted to determine the beliefs of pregnant women, it was stated that as the level of education increases, the rate of belief in the evil eye and craving decreases, and the belief that nutrition will affect the physical and mental development of the baby increases [16]. In a study investigating traditional practices in pregnant women, they stated that women with low education levels had a higher rate of swaddling their babies [17]. Some studies have stated that women with low education levels often experience a dangerous pregnancy period with various taboos and beliefs [18, 19]. The results of the study suggest that high education level increases the tendency to scientific knowledge and decreases belief in myths.

In the post-hoc [Games Howell] analysis carried out to determine which group caused the difference between the total score mean of the Superstitious Belief Scale and the monthly income; it was determined that the mean score of the individuals whose income was higher than their expenses was lower than the mean score of all groups. In their study, Sultana et al. stated that the scoring of the Superstitious Belief Scale decreased as the socioeconomic status improved. In C. Gokkaya's study, there was no significant difference between them [14]. Some studies have stated that women with low socioeconomic status often experience a dangerous period of pregnancy together with various taboos and beliefs [18, 19]. The results of the study suggest that there is a lack of awareness about scientific knowledge associated with low socioeconomic status and low education levels.

In the post-hoc [Games Howell] analysis performed to determine which group caused the difference between the total score of the Superstitious Belief Scale and the perception of pregnancy, it was determined that the mean score of the individuals who stated that they were timeless was higher than the mean score of all groups. Although there is no study in the literature that directly examines the perception of pregnancy and the Superstitious Belief Scale, in the study, in which traditional beliefs in pregnant women were examined, considering the methods used by the participants in case of unintentional pregnancy, it was determined that 1.3% tried to drink drugs, 2% tried to lift heavy objects such as bricks and stones, and 0.7% tried to abort by inserting objects such as soap, skewers, chicken feathers, etc. [17]. The results of the study suggest that unplanned pregnancy is associated with unconsciousness and inability to access the scientific information.

Conclusion

The mean scores of the pregnant women from the Superstitious Belief Scale show that their superstitions are moderate. It has been determined that the education and income levels of pregnant women and their perception of pregnancy affect their superstitions.

Disclosure

Authors have no potential conflicts of interest to disclose.

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