

Traditional Midwifery From Past to Present: Amasya-Tokat, Turkey Sample

Geçmişten Günümüze Geleneksel Ebelik: Amasya, Tokat Örneği

 Duygu MURAT ÖZTÜRK^a

^aDepartment of Midwifery, Amasya University Faculty of Health Sciences, Amasya, TURKEY

This study was presented as a oral presentation at 1st National Online Anatolian Midwives Congress, 20-22 November 2021, Turkey.

ABSTRACT Objective: This research aims to determine the views of traditional midwives in Amasya and Tokat regions about their past midwifery experiences. **Material and Methods:** The research is a qualitative one and a content analysis was conducted in line with the aims. A digitization concern was not aroused from the qualitative data obtained. The research was carried out in the central villages of Amasya and Turhal district villages of Tokat province. The data were collected by using in-depth interviews with 7 women who had been midwives in the past. The interviews were conducted by a single researcher. **Results:** Traditional midwives gave information about their practices about the profession, family planning, pregnancy, birth and postpartum period. It contains information about how they started their profession, where they learned midwifery and why they did this profession. They said that they learned by themselves and even had this experience at their first birth. They mostly made explanations about birth. Statements are common for the birthing position, although they mention different practices regarding the practices they perform during childbirth. They stated that they gave birth in sitting, squatting and semi-sitting positions. One of the important data is that only the traditional midwife who went to school until the 3rd grade at that time kept a record book. **Conclusion:** It is seen that women expressed that they do this job to help women. Traditional midwives, respecting the physiological natural process of labor, express that they give birth in upright positions such as squatting, especially during delivery. However, unlike current midwifery services, traditional midwives seem to focus only on childbirth.

ÖZET Amaç: Bu çalışmayla, Amasya ve Tokat bölgesinde bulunan geleneksel ebelerin, geçmişte ebelik yapma durumlarıyla ilgili görüşlerinin saptanması amaçlanmaktadır. **Gereç ve Yöntemler:** Çalışma, Amasya merkez ve Tokat'ın Turhal ilçelerindeki köylerde yapılmıştır. Veriler, geçmişte ebelik yapmış 7 kadın ile derinlemesine mülakat yöntemi uygulanarak toplanmıştır. Görüşmeler tek bir araştırmacı tarafından uygulanmıştır. Nitel bir çalışma olan bu araştırmada, amaçlar doğrultusunda içerik analizi yapılmıştır. Elde edilen nitel verilerden bir sayısallaştırma kaygısı güdülmemiştir. **Bulgular:** Geleneksel ebeler meslek, aile planlaması, hamilelik, doğum ve doğum sonrası dönem hakkında yaptıkları uygulamalara dair bilgi vermişlerdir. Meslekle ilgili olarak mesleğe nasıl başladıklarına, ebeliği nerede öğrendiklerine ve bu mesleği neden yaptıklarına dair bilgiler yer almaktadır. Kendi kendilerine öğrendiklerini ve hatta bu deneyimi ilk doğumlarında yaşadıklarını söylemişlerdir. Çoğunlukla doğumla ilgili açıklamalarda bulunmuşlardır. Doğum sırasında yaptıkları uygulamalarla ilgili farklı uygulamalardan bahsetmelerine rağmen doğum pozisyonu için ifadeler ortaktır. Oturma, çömelme ve yarı oturma pozisyonlarında doğum yaptıklarını belirtmişlerdir. Önemli verilerden birisi o dönemde sadece ilkökul 3. sınıfa kadar okula giden geleneksel ebeinin kayıt defteri tutuyor olmasıdır. **Sonuç:** Kadınların bu işi kadınlara yardım etmek için yaptığını ifade ettikleri görülmektedir. Geleneksel ebeler, doğumun fizyolojik doğal sürecine saygı göstererek, özellikle doğum anında hamile kadınları yürüttükleri, çömelme gibi dik pozisyonlarda doğum yaptıklarını ifade etmektedirler. Bununla birlikte, mevcut ebelik hizmetlerinden farklı olarak, geleneksel ebelerin sadece doğuma odaklandıkları görülmektedir.

Keywords: Midwife; traditional birth attendants; traditional midwife

Anahtar Kelimeler: Ebe; geleneksel doğum refakatçisi; geleneksel ebe

Midwifery profession is one of the oldest ones. The first known birth attendants are women. In the last century, tribes researched by anthropologists were reported to have a mother or another woman

with the woman who gave birth.¹ Women have always been healers and midwives who went from house to house from village to village. They are wise women who convey their experiences from neighbor

Correspondence: Duygu MURAT ÖZTÜRK

Department of Midwifery, Amasya University Faculty of Health Sciences, Amasya, TURKEY/TÜRKİYE

E-mail: duygu.murat@hotmail.com

Peer review under responsibility of Journal of Traditional Medical Complementary Therapies.

Received: 26 Oct 2020

Received in revised form: 09 Feb 2021

Accepted: 13 Feb 2021

Available online: 12 Mar 2021

2630-6425 / Copyright © 2021 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).



to neighbor from mother to daughter.² It is seen that the first midwifery guidelines date back to the 1500s and that the midwifery profession is at the key point in issues such as the rise of professional medicine and the global pandemic and maternal health.³ Today, midwifery still is at the key point in maternal health and the pandemic.

World Health Organization defines the traditional birth attendant as a person who assists mother during birth and acquires her skills on her own or from another traditional birth attendant.⁴ Midwifery was seen as a profession that passed from one woman to another in the past. Today, the midwife is someone who has successfully completed a midwifery training program. Definition of midwifery was stated in the Law Regarding the Mode of Execution of Medicine and Medical Sciences as; “those who graduate from the faculties and colleges of universities that provide undergraduate education about midwifery and whose diplomas are registered by the Ministry of Health, and those whose equivalence is approved by completing their education in a school related to midwifery abroad and whose diplomas are registered by the Ministry of Health are given the title of midwife.”⁵ International Confederation of Midwifery defines some competencies for the midwifery profession. It has accepted midwives as responsible and accountable members of the profession who provide necessary support, care and advice during pregnancy, birth and postpartum, give birth under their own responsibilities, provide care for the new-born, work in cooperation with women.⁶ In contrast, the traditional midwife or traditional birth attendant is not legally authorized to work in their home country and did not complete a prescribed study program.⁷ Although there are research linking traditional birth attendants with maternal deaths, they are not fully proven. In the world and in our country, there are studies with traditional birth attendants or traditional midwives. Traditional practices contain different cultural characteristics in different regions.⁸⁻¹¹ As no research was found in the region where we conducted the study, the aim of this research is to determine the views of traditional midwives in Amasya and Tokat about their experiences.

MATERIAL AND METHODS

By using the phenomenological approach design, which is a qualitative research model, and the interpretative science approach, the experiences and events experienced by the people are discussed. Content analysis was made in line with the purposes of the research. A digitization concern was not aroused from the qualitative data obtained.

In qualitative research, the data obtained from the experiences of the people are evaluated without pursuing a digitization. Although it is not clear about the sample numbers, it is stated in the study that a number of 6 to 10 participants may be sufficient for fewer participants.¹² Data were collected by using in-depth interviews with 7 women who had traditionally performed midwifery in the past in the central villages of Amasya and Turhal district villages of Tokat province. These people were identified by interviewing the village headmen and the notables of that region. Traditional birth attendants don't work in our country today. There is no authority to reach them. For this reason, the study was conducted in the provinces of Amasya and Tokat, as the provinces where the researcher was present and accessible. This research was conducted over a one-month period in March and April 2019. Semi-structured interviews lasting approximately 25-45 minutes were conducted in the participants' own house. The interviews were conducted by a single researcher. During the interview, only the researcher and the participant are present. Only one meeting was held. Since people were illiterate, only verbal permission was obtained. They have given consent for study and recording. It is made in accordance with the Declaration of Helsinki principles.

Questions were asked, whose main topics were “having children” and “methods they used to have an abortion”, “childbirth practices”, “their beginnings in the midwifery profession” and “their own birth experiences”. The questions continued according to the course of the interview and the answers they gave.

While analyzing the content, 5 themes were determined based on the main topics.

- Professional information
- Family planning practices
- Pregnancy related practices
- Childbirth practices
- Postpartum practices

RESULTS

Seven traditional midwives from the villages of Turhal and Amasya were interviewed. Their mean age are 76.85 (range 61 the youngest and 90). One of the midwives does not know her length of midwifery experience. Other midwives stated that they had been midwives for at least 30 years and at most 57 years. Mean working time is 44.5 years. Traditional midwives stated that they had at least 4, at most 10 and an average of 6.4 pregnancies. One traditional midwife is a primary school graduate, another could study until 3rd grade, while others said they were illiterate.

The data consist of information about the profession, family planning, pregnancy, birth and postpartum period.

PROFESSIONAL INFORMATION

In this section, there are interviews about how they started their profession, where they learned midwifery and why they did this profession. They stated that they did not receive much in return for their work, either took cracked wheat or received a scarf or small amounts of money. When asked why they did not earn money from this job, Traditional midwife 2 said **“people cannot be valued by money”**. Midwife 1 said *“I was receiving kerchiefs as gifts. I don't get money. I am a neighbour. To help. I enter their house, eat their food. Which money should I get from that people?”*

They have not received any professional training. One of the traditional midwives stated she learned the profession from her mother and the other from her neighbour, others stated that they learned it on their own and even experienced this experience at their first birth.

They stated their reasons for being a midwife as *“there was no one, the woman needed help, because of necessity, there were not enough midwives”* (Tra-

ditional midwife 3). Traditional midwife 2 stated as *“I didn't want to be a midwife. Do you know how it happened? The reason I am a midwife is because I had the first birth myself. I had the first birth myself (repeats). Nobody took care of me. After that, I continued”*.

One of the most interesting statements in the interview is that Traditional midwife 6, who studied until the 3rd grade, had more than 2,000 births at the age of 82, had midwifery experience for 30 years, stated and kept a record as follows: *“I had a notebook, I was always writing. I wrote everything down. Where did I go, where did I come from, I wrote it all. I recorded it myself. I said this is an ephemeral world, I recorded it, anything could happen”*. Keeping records is more important today.

They stated they have done different health-related practices outside the midwifery profession. Some midwives also dealt with navel displacement, fracture dislocation, some bathed deceased (there is a practice of washing dead people in Muslim countries).

FAMILY PLANNING PRACTICES

They stated that they did not have any practice regarding pregnancy demands, abortion or contraceptive methods. In general, they stated that they weren't addressed for such matters. Traditional midwife 5 stated as *“I was just involved in the birth. I did not interfere with the first pregnancy. They were calling me when the birth time came.”* All of the traditional midwives gave similar expressions. Traditional midwife 6 stated that she didn't do anything in this regard that and said, *“They were coming and saying “take a look, do not reject, do midwifery and let her have a baby.” “I used to say no, I would never interfere with such interventions.”* All of them stated that they were called to give birth and did not interfere with other issues.

PREGNANCY RELATED PRACTICES

They did not do follow-ups throughout pregnancies. They did not make any interventions during pregnancy. They just made a few statements about only detecting pregnancy. Regarding this situation, traditional midwife 3 said, *“I understood pregnancy by*

rubbing her belly when the baby was 6 months old. My hand got used to it, I also understood it when the baby was 3 months old.” while Traditional midwife 6 said *“I understood it in the 3rd month”* and they revealed that they did not do anything about the pregnancy period.

CHILDBIRTH PRACTICES

They mostly made statements about birth. These statements for the birthing position are common, although they mention different practices regarding the practices they perform at birth. They stated that they delivered birth in sitting, squatting and semi-sitting positions. Their statements are as follows:

Traditional midwife 1 *“I was using gloves, I wasn't applying olive oil or anything. I was not spreading anything. I was sitting and putting the cushions behind her. If the baby was a boy, I would cover him otherwise I would not. I was taking the baby when it came out, I was cutting the baby's belly. There was nobody at birth. We wouldn't put someone else in”*

Traditional midwife 2 *“I wasn't letting her lay down until the birth started. Movement is very good at birth. There would be days when I was with her until morning. When the baby approached, I would walk her around, take her arm, and when she laid down, her pain would cease, I was not touching until the baby fell right into the birth canal and appeared. The moment the baby fell into there, if the canal was narrow, I was applying olive oil to expand it. To soften it.”*

Traditional midwife 3 *“We were laying the woman to give birth on her back on our knees, rubbing and we were pouring medicine into her mouth. From our own medicines. I rubbed her back and her stomach. I had the birth done.”* She did not remember the medication because this traditional midwife was ill with Alzheimer and at times had difficulty remembering things. She explained some things as she spoke.

Traditional midwife 4 *“While giving birth, women were gathering. They were calling, we were going, we were helping each other. There was only the God. Even if it seemed breech delivery, we made it”.*

Traditional midwife 5 *“I looked. I said I can't deliver your baby; the baby's hand on the head. I said to the woman that this baby hand salutes. They went to the hospital. Also the doctor said, this baby hand salutes”*

Traditional midwife 6 *“I was giving delivery by making her crouching, sitting down, I did not make her lie down. I don't like it anyway. We were laying nylon under her, and she was crouching on it. ”*

Traditional midwife 7 *“She was wandering, wandering, and when she strained, I immediately brought her to my hands. When I saw that the baby was coming, I was saying stop, I was coming just before her; she was crouching and she was giving birth.”*

Apart from these statements, they were talking about situations where they had twin deliveries or where the presentation was different.

Traditional midwife 1 *“The woman who taught me about breech delivery said to me “put your finger in, it happens when you reach the baby's head, her/his chin”*

Traditional midwife 2 *“But one of the women pushed me hard. When the baby was crooked, I had a chance to straighten her/him. I was straightening it if it turned backwards. When it turns to mother's waist, her back hurts very much. Turning it with one finger, I was bringing it forward.”*

Traditional midwife 4 *“There was no doctor. I delivered to a twin pregnancy.”*

Traditional midwife 5 *“You know when it's breech; comes with its feet; when once I pressed it from here (showing it on her belly) it was coming crouching. It was coming two-fold. I thought it was head but not, it was soft; she was pushing on, then he was a baby boy he seemed. If we sent her in that situation, he would die until they reach hospital. What was going to happen if we didn't send her, the baby was two-fold. I said “Come, let me push from the top and hold your hands.”The baby came two-fold but I made delivery. She was lying when the pain came and wandering when it stopped.”*

Traditional midwife 6 *“I was making her walk when it did not open. I was giving delivery by crouch-*

ing. *I would make her wander.*” “*Wander around my girl, wander*” I said. *If I saw that she was trying to sit down, I was giving massage. I helped upper side. It varied from woman to woman. I wouldn't get her eat apples. I was getting her drink milk. I said “don't eat roasting, especially don't take medicine too much. I said “let the blood leak, dirty blood should leak”.*

Traditional midwife 7 “*Nothing happened at breech cases. I was turning it on the belly without putting my hand inside.*”

POSTPARTUM PRACTICES

They stated that they usually did not have specific interventions at the postpartum period and that they had the baby breastfed.

Traditional midwife 2 “*When bleeding seems to be very dangerous, I make her lie low, I do not make her move too much. It will not be hot, it will be cool; blood is lost too much when it's hot.*”

Traditional midwife 6 “*I was putting cold water, ice, when bleeding occurred. When she puts ice, bleeding stops, this finishes her pain. I put her on dry earth (usually used instead of diapers under a baby's swaddling clothes) and if still the blood didn't stop, I would put cold water. I was making her breastfeed the baby right away.*”

DISCUSSION

Midwifery is arguably one of the oldest professions. Undoubtedly, it is a professional profession with doctorate education today. I think there are experiences that we can learn from every period by following its historical development. In the past, the profession of midwifery was seen as a profession that passed from mother to daughter. In a research conducted in Şanlıurfa, traditional midwives stated that they learned from old women in their families or from their mothers, in this research we see that midwifery is usually learned alone.¹³

Although it is not legally possible for people who have not received midwifery training in our country to perform this profession, according to Turkey Demographic and Health Survey 2018 data, 1% of women gave birth accompanied by relatives or acquaintances while 0.2% gave birth alone.¹⁴ This sit-

uation still goes on in some countries around the world. A research reports the reasons for choosing traditional birth attendants over formal health services as cultural suitability, interpersonal communication and flexible payment conditions.¹⁵ A research conducted in Bangladesh reports similar reasons for such preference in terms of payment conditions, home birth and traditional opinions; in addition to these, fear of caesarean section and the absence of a female doctor were reported in the same report.¹⁶ There are similar findings in our research such as non-payment, living and in the same region, acquaintance and giving birth at home. One research reports the mother saying, “I don't know how much time passed as the birth progressed and she became the person closest to me. She came to my house. She helped a lot with my birth.”¹⁷ There is an emphasis here on helping and also giving birth at home, in line with our research. A research conducted in Kenya reports that traditional birth attendants limit food intake during pregnancy, cannot manage obstetric complications, and potentially harmful situations may be encountered. On the other side, it is reported that they are seen as an important part of the society in terms of being accessible and providing emotional support.¹⁸ Being accessible and providing support may be seen as of the results of this research. A research conducted in Uganda reports that traditional birth attendants try to help young women by using their resources to receive pregnancy care.⁸ A quantitative research of traditional birth attendants in China reports as “Women previously gave birth at home. Occasionally they gave birth on their own. Nobody was helping them. If there was a complication, people went unnoticed until they found the woman unconscious.”⁹ This research also highlights that the reasons for women helping during childbirth are generally because they were alone in their own births.

It was reported that the majority of traditional midwives help pregnant women to cope with possible birth injuries and complications, but only a few provide antenatal care and family planning services.¹⁹ Traditional midwives stated that they did nothing for family planning or child wishes in our research. However, in another research, it was reported that traditional midwives used methods such as massaging

around the navel with olive oil, placing the woman in the steam by putting various materials such as cow's milk and juniper leaves in hot water, providing vaginal opening by placing the woman's legs on another woman's shoulder.¹⁰ Additionally, in an interview with a traditional midwife, it is stated that she performed practices such as pressing her belly or doing vaginal touch for the child demand.²⁰

A research conducted in Sivas, Ağrı, and Erzurum regions reported a traditional midwife stating that women invited her to give birth but did not follow the pregnant woman before and they were in constant communication with the pregnant woman.¹¹ Similar results were obtained in this research.

Among the practices regarding delivery, one reported from an interview with a traditional midwife/traditional birth attendant in Mersin that "the woman whose birth has started should be walked around until her uterus is fully opened."¹⁰ In our research, women stated that they were making the pregnant walk and even emphasized that "I was making her walk when it was not opened". In another research, they stated that they understood that the baby is settled when the woman was sweating and unable to walk.¹¹

CONCLUSION

This research indicates two main outcomes. First, we see that women did this job to help women at those times. Another important outcome is that traditional midwives express that they gave delivery in upright

positions, such as squatting, by walking the pregnant women, especially at the time of birth, by respecting the physiological natural process of birth. However, unlike the current midwifery services, the midwives at that time were of course birth-oriented because they did not receive training on these issues. The profession of midwifery today is a profession that covers many issues starting from the preconceptional period to pregnancy, birth, postpartum maternal and baby health, women's health, family planning and public health in our country and in the world.

Acknowledgments

Author would like to thank İbrahim Türker for English translation of the manuscript.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

REFERENCES

1. Drife J. The start of life: a history of obstetrics. *Postgrad Med J.* 2002;78(919):311-5. [PubMed] [PMC]
2. Seamen B, Eldigre L, eds. Bora A, Akşit EE, Coşar S, Tokdoğan N, Şimşek B, Aydınligil S, çeviri editörleri. *Kadın Sağlığı Hareketinden Sesler. Cadılar, Ebeler, Hemşireler: Kadın Şifacıların Tarihi.* 1st ed. Ankara: AYızı; 2014. p.22-45. [Link]
3. Royal College of Midwives [Internet]. The History of Midwifery-How Far We've Come Available from: [Link] (Accessed: 01.10.2020)
4. World Health Organization. Traditional birth attendants: a joint WHO/UNFPA/UNICEF statement. Geneva: World Health Organization; 1992. [Link]
5. Resmî Gazete (11/4/1928, 1219) 863 sayılı Tababet ve Şuabatı San'atlarının Tarzı İcrasına Dair Kanun; 1928. cited: 10.10.2020 Available from: [Link]
6. International Definition of the Midwife. Core Document International Definition of the Midwife. 2017. Cited: 10.10.2020. Available from: [Link]
7. Dietsch E, Mulimbimba-Masururu L. Learning lessons from a traditional midwifery workforce in western Kenya. *Midwifery.* 2011;27(3):324-30. [PubMed]
8. Turinawe EB, Rwemisisi JT, Musinguzi LK, de Groot M, Muhangi D, de Vries DH, et al. Traditional birth attendants (TBAs) as potential agents in promoting male involvement in maternity preparedness: insights from a rural community in Uganda. *Reproductive Health.* 2016;13(1):1-11. [Link]
9. Jiang H, Qian X, Chen L, Li J, Escobar E, Story M, et al. Towards universal access to skilled birth attendance: the process of transforming the role of traditional birth attendants in Rural China. *BMC Pregnancy and Childbirth.* 2016;16(1):1-9. [Link]

10. Erer MT, Can D. Mersin ilinde bir kadın şifacı [A woman healer in Mersin]. *Lokman Hekim Journal*. 2017;7(2):82-90. [\[Link\]](#)
11. Yıldırım G, Şahin SA. Halk ebelerinin doğum hazırlığı ve eylemi sırasındaki uygulamalarının modern tıp ve tarihi tıp kaynaklarındaki uygulamalarla karşılaştırılması. [Comparison of public midwives' practices during the preparation of labor and birth with practices stated in modern and ancient medicine resources]. *National Folklor International and Quarterly Journal of Cultural Studies*. 2014;26(103). [\[Link\]](#)
12. Morse JM. Determining Simple Size, Qualitative Health Research. 2000;10(1):3-5. [\[Crossref\]](#)
13. Kabcıoğlu F, Kurçer MA. Niteliksel bir araştırma: Şanlıurfa'da geleneksel ebeler ve doğuma yönelik geleneksel yöntemleri [A qualitative study: Traditional midwives and their traditional delivery methods in Şanlıurfa, Turkey]. *Journal of Clinical Obstetrics & Gynecology*. 2018;18(6):377-82. [\[Link\]](#)
14. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. *Türkiye Nüfus ve Sağlık Araştırması*. Ankara: Elma Teknik Basım Matbaacılık; 2018. cited: 10.10.2020. Available from: [\[Link\]](#)
15. Owolabi OO, Glenton C, Lewin S, Pakenham-Walsh N. Stakeholder views on the incorporation of traditional birth attendants into the formal health systems of low-and middle-income countries: a qualitative analysis of the HIFA2015 and CHILD2015 email discussion forums. *BMC Pregnancy Childbirth*. 2014;14:118. [\[PubMed\]](#) [\[PMC\]](#)
16. Sarker BK, Rahman M, Rahman T, Hossain J, Reichenbach L, Mitra DK. Reasons for Preference of Home Delivery with Traditional Birth Attendants (TBAs) in Rural Bangladesh: A Qualitative Exploration. *PLoS One*. 2016;11(1):e0146161. [\[PubMed\]](#) [\[PMC\]](#)
17. Rishworth A, Dixon J, Luginaah I, Mkwandawire P, Prince CT. "I was on the way to the hospital but delivered in the bush": Maternal health in Ghana's Upper West Region in the context of a traditional birth attendants' ban. *Social Science and Medicine*. 2016;148:8-17. [\[Link\]](#)
18. Byrne A, Caulfield T, Onyo P, Nyagero J, Morgan A, Nduba J, Kermode M. Community and provider perceptions of traditional and skilled birth attendants providing maternal health care for pastoralist communities in Kenya: a qualitative study. *BMC Pregnancy Childbirth*. 2016;16:43. [\[PubMed\]](#) [\[PMC\]](#)
19. Oshonwoh Ferdinand, E, Nwakwuo Geoffrey C, Ekiyor Christopher P. Traditional birth attendants and women's health practices: A case study of Patani in Southern Nigeria. *Journal of Public Health and Epidemiology*. 2014;6:252-61. [\[Link\]](#)
20. Yıldırım G, Işık T. Kayseri ilinde bir halk şifacısı [A woman healer in Kayseri]. *Folklore/Literature*. 2014;20(78):239-52. [\[Link\]](#)