



# Contemporary women towards ancient customs and superstitions regarding pregnancy, childbirth, and postpartum

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**Abstract:** The aim of the study was to investigate whether contemporary women believe in ancient customs and superstitions related to pregnancy, childbirth, postpartum, and infant care. A cross-sectional study was conducted using online surveys. The study involved 120 women aged 21 to 69 years. The Scale of Attitudes towards Superstitions related to Pregnancy, Childbirth, and Newborn Care, and the Attitudes to Fertility and Childbearing Scale were used for data collection. No significant relationship was found between place of residence, age, and education and the belief in perinatal superstitions among the surveyed women. However, it can be stated that the greater the belief in superstitions among the surveyed women, the more they value a child. The topic of contemporary women's belief in ancient advice, customs, and superstitions related to pregnancy, childbirth, postpartum, and infant care seems to be an interesting area of exploration. In further analyses, it would be worthwhile to ensure greater diversity of the respondents in terms of sociodemographic characteristics and to consider qualitative research model.

**Keywords:** psychology, history, superstitions, pregnancy, childbirth

## Introduction

Customs and superstitions are an important element of our culture and history. They are inextricably linked to the eras in which they functioned and the area where they were found. All of them were changing under the influence of science, and the medical community even considered them dangerous. In the 19th and early 20th centuries, Warsaw hygienists (Warsaw Hygiene Society) began to fight against the practices contrary to science present in society in the press and books, as well as during scientific meetings.

The concept of "superstition" was explained in the Psychological Dictionary as a widespread socially irrational view in any field of events or phenomena, explaining them by referring to mystical factors remaining beyond rational control, inconsistent with scientific knowledge (Szewczuk, 1979, p. 220). Researchers draw attention to the sources of various

types of superstitions and point to religious practices. They often refer to pagan beliefs and rituals. They are passed down from generation to generation without any thought given to their rationality. A type of superstition is superstition, which is defined by scientists as the belief in mysterious, supernatural connections between phenomena, in the destructive or saving power of words, things and signs (Metelska, 2016, p. 159).

In turn, custom is most often defined by representatives of various scientific disciplines as a rule of social behavior enshrined in the tradition of a given community, imposed on an individual under the pressure of social opinion. Customs constitute a normative system regulating a wide range of important matters for a group that are beyond the influence of law, morality, aesthetic patterns and religion. Customs

enabling the group to maintain unity and cultural continuity are a factor determining the formation of feelings and social bonds (Szewczuk, 1979, p. 183). Researchers emphasize that an individual's failure to comply with the required behavior may result in condemnation, unpleasant behavior towards him or her, and even exclusion. Ethnologists even use terms such as banishment or sanctions for punishments taken against a member of the community. The use of such a range of measures is intended to result in a change in the individual's behavior and his adaptation to the rest of society (Grad, 1987).

## **1. Customs and superstitions, as the elements of culture**

Research on customs and superstitions is conducted by scientists in various fields including ethnologists, anthropologists, regionalists, sociologists and psychologists. All researchers note that the above-mentioned forms of behavior are particularly related to important events in a person's life, which include entering new social roles, such as pregnancy and the birth of a child, marriage and death.

Dąbrowska-Wnuk (2018) states that from the moment a woman realizes that she is pregnant and will become a mother, she is confronted with many beliefs and views about the proper course of pregnancy and childbirth. The source of this information are not only professionals (e.g. doctors or midwives), but also "experts" from the future mother's environment. The information acquired becomes the main point of reference for the decisions a woman makes. The need to meet social expectations of being a good mother is so strong that it prompts us to take many actions aimed at optimizing the child's development, actions that are not always fully conscious and rational. As the researcher emphasizes, this is related to the activation of mechanisms aimed at ensuring safety and psychological comfort. A pregnant woman wants it to go smoothly and for the child she gives birth to be healthy and strong (Dąbrowska-Wnuk, 2018).

Despite changing socio-cultural conditions, the vast majority of future mothers consider the child's well-being the most important, which is why they

follow the known superstitions, advice and customs passed down from generation to generation. As Bielawska-Batorowicz (1999, p. 222) writes "although the biological process of human reproduction does not change, views on procreation change over time and are different in different cultural circles".

Superstitions, customs and advice are one of the oldest elements of culture and have accompanied people since the oldest religions they professed. When Europe became Christianized, it would seem that superstitions in particular would disappear under the influence of the Church's unfavorable teachings. However, they were too deeply rooted among the population to disappear and functioned alongside the orders and recommendations of the new faith.

Scientists became interested in the study of childhood late in life. Only works on pediatrics and women's health during pregnancy and the postpartum period were created. Old medics used the term "infantia" or "muteness" to describe the period of a child's life from birth to the seventh month or two years of age. However, research on how children were cared for, recommendations on how to raise them, and superstitions regarding their care began to be analyzed only in the 20th century. The first to take up the topic in the form of a compendium related to the third wave of the Annales school was the French historian Philippe Ariès in the book entitled "The Story of Childhood. Child and family in the old days" (published in 1960). In the circles of historians, sociologists and ethnologists, he is even referred to as the "discoverer of the child" as a research topic. In Poland, researchers also began to study customs, advice and superstitions about pregnancy, childbirth and infant care only in the second half of the 20th century (earlier publications concerned medicine and law). Over time, we began to take a closer look at the issues of recommendations, orders and prohibitions addressed to pregnant and postpartum women, as well as to newborn children. However, before scientific and research works were created, the source of information about them were private notes and later the press and printed guides (Żołądź-Strzelczyk, 2002).

In the oldest preserved treaties, the message was clear—the main purpose of marriage was procreation. The woman's role was to give birth to as many healthy

children as possible, according to the common opinion that “a good wife is a fertile wife.” In the light of Aristotle’s philosophy, a woman was supposed to be an “incomplete man”. The same thesis was later proclaimed by St. Thomas Aquinas. Until the 17th century, married women were almost always pregnant or in the postpartum period and this was a natural phenomenon (Bogucka, 2006).

### **1.1. Customs and superstitions concerning pregnancy, childbirth and infant care in ancient Poland**

The available literature on the subject contains descriptions of a very large number of superstitions, customs and advice regarding pregnant women and newborn care. The period of pregnancy, childbirth and the postpartum period has been treated as special since ancient times. Especially women expecting a child were accompanied by a very large catalog of prohibitions and recommendations, which was to protect them and their children from the effects of evil forces. The collected superstitions mainly come from historical monographs and articles.

The woman was most often blamed for the lack of an heir and was advised to pray to Saint. Jacek or Saint Giles, and preferably a pilgrimage to places of worship related to these saints. The absence of a child in marriage was considered a cause for shame and a lack of Divine Providence. During pregnancy, people prayed for health and a happy birth to Saint. Roch and Saint Margaret. During childbirth, the care of the woman giving birth and the midwife was entrusted to saints: Dorothy, Catherine, Margaret and Jacek (Żołądź-Strzelczyk, 2002).

Over the centuries, the list of superstitions, advice and customs regarding pregnancy, childbirth and infant care have changed, and some of them have disappeared. These included beliefs that were completely surprising from today’s perspective, but also some that still exist today. Żołądź-Strzelczyk (2002) in the book “Child in former Poland” describes, among others, the following superstitions, such as: “A pregnant woman should not eat hare meat, because the child will be timid and timid like a hare, or will have bulging eyes”; “A pregnant woman should only look at nice things

and people and surround herself with such objects so that she does not “stare” and give birth to a sick, ugly or dead child. However, if she looks at something she shouldn’t, it may leave a mark on the child”; or “The mental state of a pregnant woman has an impact on the child, she must not get upset, argue or scream. She should be nice and gentle.”

In ancient times, it was also believed that pregnant women were exposed to the forces of black magic, so they were advised to sleep with a piece of iron, e.g., a pin. They also had to pray to Our Lady every day, wear medals and crosses (magic is intertwined with pagan customs). However, this contradicts the superstition that wearing something around the neck is harmful because it could cause the umbilical cord to wrap around the baby’s neck. According to Żołądź-Strzelczyk (2002, p. 41): “Pulling and squeezing are unwise and dangerous, [stepping] is unpleasant, driving, walking up mountains, stairs, beds, lifting, stretching arms, hard-working movements, dancing, are very harmful, lying for long periods of time, frequent unhealthy sitting, crying and worrying when one of the white-headed women feels pregnant, beware of these things (...)”.

It was also recommended to untie knots, knots, unfasten belts, and open zippers to prevent the baby from getting stuck in the genital tract or wrapped in the umbilical cord. From the 17th century, cesarean section began to be used in Poland (recorded). A pregnant woman could not be a godmother due to the prevailing belief that “One of them [the pregnant woman or the baptized child—note] authors] will pay with death for this ceremony” (Żołądź-Strzelczyk, 2002, p. 60). This superstition is also present today.

The woman and the newborn were isolated from the world immediately after birth—it was believed that the greatest dangers awaited them at that time. The so-called nocturnal creatures that harassed children and made them cry. Unbaptized children were, according to legend, exposed to charms, black magic and more frequent diseases. It also explained all behaviors that could not be explained. The mother had to sleep facing the baby, she could not turn her back.

The choice of name was very important, because the saint whose name the child received was supposed to take care of him. The choice of name was deter-

mined by family considerations (dynastic names, after family members). It was also recommended to name the saint who celebrated his feast on the day the child was born (naming himself). A child was also often named after a previously deceased sibling (the belief that it was the same child in a different form). Godparents also had to be chosen carefully—their people were supposed to bring splendor and increase the prestige of the family. During baptism, the child was sometimes placed on the grave to ensure the care of the ancestors. During baptism, the godmother wears a white linen robe as a sign of the splendor and beauty received at baptism, i.e. freedom from sin and acceptance into the Church. The baptismal outfit showed the wealth of the parents, a hat was obligatory. It's good if the clothes and the crib came from another child.

Dirt was considered harmless to the child and even beneficial to health. Hygiene procedures were limited, cradle cap was considered a head protection, and children's heads were reluctant to be washed. Changing diapers was also restricted, and urine was considered a medicinal product and was also added to various medicines. It was also recommended that the mother feed the baby herself, if possible. Foreign food was supposed to cause the child to suck out the defects and diseases of another person. Other guides explicitly stated that sick mothers could pass the disease on to their children through food. When a woman was unable or unwilling to breastfeed, a wet nurse was hired. From the 18th century, it became common to send children to the countryside to be breastfed. The wet nurse had to be properly selected – have the right food, be good and not nervous. She also could not be quarrelsome, prone to alcohol, prone to anger, and should avoid marital passions.

Some beliefs said that you couldn't move the cradle because the baby would not sleep well, others said that you had to move it to deceive evil spirits. You must not put a stranger's baby in the cradle, and you must not rock an empty cradle. Superstition said that the owner of the cradle could then die. In turn, tying a red ribbon over the cradle or placing red beads on babies' hands was intended to protect the child from infatuation.

The customs and superstitions presented above related to pregnant and postpartum women from the 18th to the mid-20th century are the most widespread. The examples mentioned can, of course, be supplemented with further behaviors present in sources systematically discovered during subsequent queries. It is worth noting that some of them have survived to this day either directly or in a changed form and are an important element of our tradition.

## **1.2. The present study**

The aim of the study was to investigate the attitude of contemporary women towards ancient superstitions, customs, and advice on pregnancy, childbirth, postpartum, and infant care. Due to the exploratory nature of the study, no directional hypotheses were set. Only the following research questions were formulated: 1) Does belief in superstitions differ based on place of residence of the respondents? 2) Does belief in superstitions differ based on the education level of the respondents? 3) Is there a relationship between belief in superstitions and the age of the respondents? and 4) Is there a relationship between belief in superstitions and the attitudes of the surveyed women towards fertility and having children?

## **2. Method**

### **2.1. Procedure and participants**

The research was cross-sectional. The data were collected between September to October 2022. Participants were recruited through advertisements on social media platforms such as Facebook and Instagram devoted to women, family life, parenting, and childcare. The only inclusion criteria were 18 years old and Polish nationality. Each participant had to provide their consent to participate by signing electronic informed consent form. Subsequently, they received a personalized link to the web-based survey. The research procedure adhered to the principles of the Helsinki Declaration of Human Rights (WMA, 2013). The study was approved by the university advisory board. As the study was of an informative cross-sectional purely

descriptive nature, no formal ethical approval was required under the country's legislation. Participants were informed of the purpose, risks, and benefits of the survey. They were told they could withdraw from the study at any time and for any reason without a penalty. All participants provided electronic informed consent prior to participate in the study. Electronic informed consent was prepared in accordance with the Ethics Guidelines for Internet mediated Research (British Psychological Society 2017).

After the survey was completed and approved by the participant, the responses were automatically sent to the researcher. If any of the participants had questions or doubts about the study, they could send them to the researcher at the e-mail address provided in the form. None of the participants in the study reported any problems related to the study.

The sample consisted of 120 women. Since there were no errors or missing data when filling out the questionnaires, the responses of all the surveyed women were included in the analysis. The women ranged in age from 21 to 69 years ( $M = 37.7$ ,  $SD = 10.5$ ). The majority of respondents had higher education ( $n = 104$ ; 86.7%) and lived in cities with over 500,000 residents ( $n = 57$ ; 47.5%).

## **2.2. Study measures**

To address the research questions, a sociodemographic profile was used, including questions about age, place of residence and level of education, the Scale of Attitudes towards Superstitions related to Pregnancy, Childbirth and Newborn Care, and the Polish-language version of Attitudes to Fertility and Childbearing Scale (AFCS-PL) adapted by Kossakowska and Söderberg (2021).

### **2.2.1. The Scale of Attitudes towards Superstitions related to Pregnancy, Childbirth and Newborn Care**

This questionnaire was developed for the purpose of the study based on selected old superstitions described in the theoretical part of the article. The original version consisted of 20 statements. However, after pilot testing of the tool, five items were removed based on

exploratory factor analysis (EFA). The final version consisted of 15 items to which respondents responded on a scale from 1 (*I agree with the statement*) to 5 (*I disagree with the statement*). EFA also identified two factors called Superstitions about pregnancy and childbirth (Subscale 1) and Superstitions about the neonatal period (Subscale 2). Subscale 1 included 10 items, for example: "A pregnant woman cannot be a godmother, because it heralds the death of the pregnant woman or her godson" or "Putting corsets, clothes with strings and jewelry around the neck of a pregnant woman exposes the baby to the umbilical cord wrapping during childbirth." Subscale 2 consisted of 5 items, for example: "A child who is breastfed for too long is not very intelligent" or "A red ribbon should be tied over the baby's bed/stroller so that no one can charm him." Total scores ranged 15-75, where a higher score indicates a lower tendency to believe in superstitions. Cronbach's alpha reliability coefficients in the study sample were 0.87, 0.67 and 0.89 for the first and second subscales and the total score. In the case of the second subscale, the value of the Cronbach's alpha coefficient turned out to be slightly lower than the recommended value of 0.70. However, subscale two consists of only five items, and because internal consistency coefficients are sensitive to the number of items, the values obtained appear to be acceptable. Additionally, the summary score showed satisfactory internal consistency.

### **2.2.2. Attitudes to Fertility and Childbearing Scale – AFCS (Söderberg et al., 2013; adapted by Kossakowska and Söderberg, 2021)**

AFCS is used to measure fertility attitudes and having children, where fertility is understood in it as a human ability to conceive a child. However, having a child refers to pregnancy, motherhood, parenting and building a family. The Polish Version of the AFCS consists of 26 statements, comprising three factors (Fertility and The Child as an Important Value, Child as a Barrier, and Personal Awareness and Responsibility Concerning Having a Child), which have demonstrated satisfactory internal consistencies (Cronbach's alfa 0.98, 0.93, 0.81, respectively).

The examined person responds to the statements given on a five-point scale, where 1 means *completely disagree*, and 5 means *completely agree*. AFCS has no general result. Obtaining high results means a high level of each dimension. The described study only uses the subscale 1 entitled Fertility and the Child as an important Value. This is since it represents the only dimension in the AFCS scale, which does not contain claims regarding the planning of offspring during the present time, so it can be used in the study of women after the age of childhood.

### 2.3. Data analysis

Statistical analyses were conducted using SPSS 27. Descriptive statistics, including frequency, percentage, mean and standard deviation, were used to describe demographic and variables characteristics. The Kolmogorov-Smirnov test was used to check the normality of distributions for all analyzed variables. Due to the lack of normality of the distribution, the non-parametric U Mann-Whitney's test and Kruskal-Wallis's test (with the Dunn's pairwise tests adjusted by the Bonferroni correction) was applied to compare the results between study subsamples. The Spearman's *rho* correlation coefficient was used to assess a possible association between continuous variables. The level of statistical significance for the study was set at  $p < 0.05$ .

## 3. Results

### 3.1. Descriptive statistics of the study variables

Considering the range of points for the analyzed variables, the mean score concerning superstitions related to pregnancy, childbirth, the neonatal period and the total score indicate results that are in the middle of the scale, which means a moderate belief in superstitions (see: Table 1). However, remember that the higher the score, the lower the tendency to believe in superstitions. The average score on the Fertility and the child as an important value as measured by AFCS subscale ( $M = 37.2$ ;  $SD = 11.70$ , range 11-55)

indicates that the respondents have a positive attitude towards fertility and having children. The results of the Kolmogorov-Smirnov test indicate a deviation of the distribution of the analyzed variables from the normal distribution, therefore non-parametric statistical tests were used in further analyses.

### 3.2. Belief in superstitions and place of residence in a study sample

As the first aim of the study was to investigate whether the surveyed women differed in terms of their belief in superstitions based on their place of residence the three groups of women were compared. The Kruskal-Wallis test results for belief in superstitions scores showed that there is no differences between the mean ranks of the superstitions about pregnancy and childbirth ( $H(2) = 3.35$ ;  $p = 0.187$ ), superstitions about the neonatal period ( $H(2) = 2.77$ ;  $p = 0.251$ ), and superstitions' total score ( $H(2) = 2.91$ ;  $p = 0.234$ ). However, including individual superstitions in the analysis indicated differences concerning two superstitions (see: Table 2). The first of them was: "A pregnant woman cannot be a godmother, because it heralds the death of the pregnant woman or her godchild". According to Dunn's pairwise tests, this difference exists only between the residents of city below (small to medium) and over 500.000 (big city) residents. The median score for women from city below 500.000 was 49.07 compared to 65.81 for big city residents ( $p < 0.050$ ). W przypadku itemu "The mother who doesn't breastfeed loses the most herself" the Dunn's pairwise tests, found the difference between the countryside and city below 500.000 groups. The median score dla countryside residents wyniosła 64.94 w porównianiu z 47.37 dla pozostałej grupy ( $p < 0.05$ ).

### 3.3. Belief in superstitions and educational level in the study sample

Next, we investigated whether the surveyed women differed in terms of their belief in superstitions based on their educational level. Two groups of women were compared. The U Mann-Whitney test results for belief in superstitions scores showed that there are

Table 1. Descriptive statistics concerning superstitions related to pregnancy, childbirth, and infant care (N=120)

	M	SD	Min	Max	skewness	kurtosis	K-S
Superstitions about pregnancy and childbirth	36.46	7.42	16	45	-0.714	-0.586	<0.001
Superstitions about the neonatal period	28.37	2.37	18	30	-2.202	6.021	<0.001
Superstitions – total scores	64.22	8.99	40	75	-0.674	-0.543	<0.001
Fertility and the child as an important value (AFCS)	37.17	11.69	11	55	-0.217	-0.914	0.026

Table 2. Comparison in terms of belief in superstitions related to pregnancy, childbirth, postpartum, and childcare depending on the place of residence in the study sample<sup>1</sup> (N=120)

	Countryside n=35			City below 500,000 residents n=28			City over 500,000 residents n=57			H test results	p- value
	m	sd	Mean rank	m	SD	Mean rank	m	sd	Mean rank		
A pregnant woman cannot be a godmother, because it heralds the death of the pregnant woman or her godchild	4.38	1.02	59.26	3.96	1.23	49.07	4.60	0.82	65.81	6.770	0.034
The mother who doesn't breastfeed loses the most herself	4.68	0.73	64.91	4.11	1.12	47.37	4.63	0.67	62.00	7.047	0.029

1. Due to the large number of items and the extensive table that would take them into account, it was decided to present in the article only the results in which a statistically significant difference was obtained. The remaining results are available from the authors at the request of the Readers.

Table 3. Comparison in terms of belief in superstitions related to pregnancy, childbirth, postpartum, and childcare depending on the educational level in the study sample<sup>1</sup> (N=120)

	University degree n=104			High school and lower n=16			z test results	p- value
	m	sd	Mean rank	m	sd	Mean rank		
Restricting a child's movement by tightly wrapping them in blankets protects them from harming themselves	4.57	0.79	62.64	4.19	0.91	46.56	-2.114	0.035
Putting corsets, clothes with strings and jewelry around the neck of a pregnant woman exposes the baby to the umbilical cord wrapping during childbirth	4.59	0.83	62.34	3.94	1.29	44.91	-2.416	0.016

1. Due to the large number of items and the extensive table that would take them into account, it was decided to present in the article only the results in which a statistically significant difference was obtained. The remaining results are available from the authors at the request of the Readers.

no differences between the mean ranks of the superstitions about pregnancy and childbirth ( $Z = -1.17$ ;  $p = 0.242$ ), superstitions about the neonatal period ( $Z = -1.12$ ;  $p = 0.263$ ), and the total superstitions'

score ( $Z = -0.91$ ;  $p = 0.259$ ). However, when we compared individual superstitions, we found several differences. From the conducted analysis, it appears that the compared women differ in terms of their be-

lief in two superstitions. The first concerns the belief that pregnant women should not wear corsets, strings on clothing, or neck jewelry. The second pertains to the belief that a child must be tightly wrapped in swaddling clothes or blankets to prevent them from harming themselves (restricting movement). Higher scores were noted among women with higher education. Since the scores on the scale measuring attitudes towards superstitions are inverted, this indicates that women with higher education believe less in the mentioned superstitions than women with medium-level education. Table 3 presents the results of the comparison of beliefs in those superstitions that proved to be statistically significant in terms of the respondents' level of education.

#### **3.4. Belief in superstitions and age in the study sample**

Next study aim was to evaluate whether there is a relationship between the age of the surveyed women and their belief in superstitions concerning pregnancy, childbirth, postpartum, and childcare. No correlation was found between the age of the surveyed women and their belief in superstitions, either in terms of overall results ( $rho = -0.01$ ;  $p = 0.921$ ) or specifically regarding superstitions about pregnancy ( $rho = -0.03$ ;  $p = 0.752$ ) or superstitions about the neonatal period ( $rho = 0.14$ ;  $p = 0.152$ ).

#### **3.5. Belief in superstitions and the attitude towards fertility and having a child in a study sample**

The final aim of the study was to check whether there is a relationship between the attitude towards fertility and having children and the belief in superstitions. The results of the Spearman's rho correlation analysis showed that there is a negative correlation between the overall score of belief in superstitions ( $rho = -0.26$ ;  $p = 0.007$ ), superstitions about pregnancy and childbirth ( $rho = -0.26$ ;  $p = 0.004$ ), and the attitude towards fertility and having children. Despite the negative values of the correlation coefficients, the interpretation of the result is positive. This is due to

the fact that the scoring on the superstitions scale is inverted. This means that the greater the value of fertility and having a child was in the lives of the respondents, the stronger was their belief in superstitions about pregnancy and childbirth and the overall score of beliefs in superstitions. No correlation was found between attitudes towards fertility and having children and superstitions about the neonatal period ( $rho = -0.12$ ;  $p = 0.209$ ). However, the obtained correlation coefficients possess weak strength.

## **4. Discussion**

Customs, and superstitions over the centuries (in a historical perspective) do not seem to be a popular topic of research among psychologists. They appear much more often in the works of ethnologists, cultural scientists, and historians (*cf.* Bołdyrew and Sosnowska, 2015; Kowalczyk, 2021; Popiołek et al., 2018; Popiołek, 2022; Putek, 1947). The period of pregnancy, childbirth, and postpartum is one of the pivotal events in the life of a woman, a family, and in the past, the entire community. The aura of mystery surrounding new life means that it is probably one of the three (in addition to marriage and death and funeral) most popular topics of advice, customs, and superstitions.

In response to the research question, we found that the place of residence of the surveyed women does not affect the belief in ancient advice, customs, and superstitions about pregnancy, childbirth, and postpartum. This result differs from the study by Dąbrowska-Wnuk (2018). The author also examined – apart from the degree of pregnancy advancement and perceptions of superstitions about it, socio-demographic differences – whether they can influence differences in superstitious beliefs. She noted that in the studied sample, rural women showed a stronger belief in superstitions than city dwellers. It seems that the lack of differences between the residents of villages and cities might be due to the relatively high percentage of respondents with higher education. Indeed, the very fact of undertaking higher studies is often associated, in the case of residents of smaller



localities, with the need to live in a larger agglomeration, where – as the study by Dąbrowska-Wnuk (2018) shows – belief in superstitions is weaker.

The second research question concerned the differences in belief in superstitions among the surveyed women depending on their education. Similarly to Dąbrowska-Wnuk's (2018) study, among the surveyed women, no difference was found in terms of overall belief in superstitions. In the author's study (Dąbrowska-Wnuk, 2018), the age of the respondents (16-51 years) and education were not statistically significant for the intensity of pregnancy superstitions. Moreover, among those surveyed by Dąbrowska-Wnuk (2018) there were pregnant women (while in our study we did not control this variable), which could additionally influence interest in the topic. However, minor differences noted in detailed analysis of individual superstitions (such as that putting corsets, clothes with strings and jewelry around the neck of a pregnant woman exposes the baby to the umbilical cord wrapping during childbirth) and beliefs may suggest that the relationship between belief in superstitions with the respondents' education exists, especially in the case of the most popular superstitions in our country, to which the indicated superstition belongs.

The third research question addressed to evaluation whether there is a relationship between age and belief in superstitions. The assumption that belief in superstitions, customs and advice decreases with age has not been confirmed. It seems that this is also related to the education and awareness of the surveyed women. A study on superstitions and differences in the perception of them with age among respondents was described by Krajewska-Kułał et al. (2011). The aim of their study was to check whether there are differences in the attitudes of patients towards traditional superstitions and superstitions in the group of adults (from 20 to 80 years of age) and adolescents (from 16 to 19 years of age). The results of the study showed that compared to adults, adolescents had less knowledge about superstitions and were less likely to follow them. Adults believed in talismans, the power of horoscopes and numerology more often than young people (Krajewska-Kułał et al., 2011). It should be emphasized, however, that

although the mentioned work included a catalog of superstitions (e.g., superstitions related to bad luck after breaking a mirror or a black cat running across the street), only a few related to pregnancy, so it is difficult to literally compare the obtained results with the results of the current study.

The last research question concerned the relationship between belief in ancient customs and superstitions, and attitudes towards fertility and having children. In the research carried out for this study, we found that the more the surveyed women believe in superstitions, the more valuable they consider having a child. This seems to be related to caring for the child, taking (or being willing to take) actions that will protect it and ensure its good development. Gawlina (2003) comes to similar conclusions in the article "Motherhood as a value in the context of social changes". The author checked whether the following attitudes are true and valuable for the respondents nowadays: "True, mature love wants to be fertile and strives to start a family. Love that excludes the child is not yet mature love. This stereotype is called the three M stereotype: love – marriage – motherhood (Gawlina, 2003). For this purpose, she conducted research on a group of 212 students aged 19-26 who did not have children. The results show that for the respondents, a happy family life means having children, and 96% of the respondents would like to have children in the future, although 74% of them not yet. Another result was also significant, in which 58.8% of respondents believed that the stereotype that motherhood is the next step after marriage is correct. In her study, Gawlina (2003) also raised the issue of attachment to the teachings of the Catholic Church, which is related to the traditional family model, which assumes a model of a happy marriage with offspring.

The latest research on the superstitiousness of Poles, called "Superstitious like a Poles", was conducted by CBOS in 2018. According to the published report, 46% of Poles admit to not believing in superstitions. The majority of respondents (54%) declare that they follow at least one superstition, although – according to the report – compared to the 2011 survey, the number of people who believe in superstitions the most has decreased (from 12% to 9%). According to the source, the average respondent

believes in approximately two out of 10 superstitions analyzed. The most superstitious people are professionally inactive – especially the unemployed (average 3.27) and homemakers (2.88), those with primary or lower secondary education (2.32) and basic vocational education (average 2.13), respondents aged 45 to 54 (2.09) and slightly older (average 1.93) and practicing religion irregularly (2.04). Belief in superstitions, horoscopes and elements of magic is more clearly visible in women (2.13) than in men (1.43), (CBOS, 2018).

## Study limitations and conclusions

Although the presented research addresses a rarely explored topic, it is not free from limitations. The cross-sectional nature of the study allows only for analyzing the co-occurrence of variables and not relationships of an influential nature. Data was collected online, which poses a limitation in the selection of the group. The group of surveyed women was not very diverse, especially considering education. To infer about differences or their absence in terms of analyzed sociodemographic variables, it would be worthwhile to reach out to residents of smaller towns and villages who do not have internet access and could not participate in the study.

The current research was quantitative, and – due to the deeply humanistic nature of the tackled issues – a valuable complement could be a qualitative study, using structured interviews or focus groups. Particularly interesting could be interviews conducted

with respondents about their experiences related to counseling, customs, and superstitions. This could then reveal an interesting mosaic – a map of regional practices and traditions. Additionally, the historical perspective on customs, advice, and superstitions, especially in relation to the perinatal period, might not be of interest to everyone, which could have also influenced the selection of the group. The historical and cultural context is also a limitation. The described superstitions are tied to a specific area and population group. Many of them are strongly associated with pagan religion and ethnic issues. Most of these superstitions might be understandable only to the inhabitants of Polish lands or representatives of other Slavic nations with a similar culture. For people from Western Europe and other parts of the world, it might be challenging to understand the rationale behind such practices. The reverse would likely be true as well.

It's worth monitoring the procreative experiences of the respondents. The research material might also have limitations for readers outside Polish lands or the closest culturally related nations because it is tied to the traditions and culture of these areas. The catalog of advice, customs, and superstitions about pregnancy, childbirth, and the postpartum period from the 18th to the mid-20th century cannot be considered complete. With ongoing research, new data on this topic are being discovered by scholars.

Studies on superstitions concerning perinatal issues should be continued by ethnologists, historians, sociologists, and psychologists. For such research material to be thoroughly examined, work on it should be interdisciplinary.

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