

# Beliefs and Practices Related to Disposal of Human Placenta

D.N. KAKAR  
SUKSHAM CHOPRA  
S.A. SAMUEL  
KANTA SANGAR

**C**HILDREN below five and women in the reproductive age group (15-44 years) comprise about forty per cent of total population in India. Planning health services for women and children, therefore, requires a great significance, especially when these are linked with family planning services which depend on the reduction in infant mortality rate. It is a matter of common knowledge that during the past forty years or so the health status of women and children has not shown a significant material change. The sex ratio is still adverse to women. The maternal and child health services have developed rather slowly. Moreover, these services have operated in a cultural vacuum.

For proper development of these services, it is essential to understand people's beliefs and practices especially those related to disposal of human placenta. The relationship of disposal of human placenta to hospital and home deliveries needs also to be understood. Such understanding is crucial for the planning and execution of culturally relevant training programmes for various categories of health personnel including the nurses.

In the villages of north India, a majority of deliveries are still conducted by traditional birth attendants in the houses of their clients. These functionaries share with their clients many beliefs and practices including those related to disposal of human placenta<sup>1,2</sup>.

We have endeavoured to explore people's beliefs and practices related to disposal of human placenta in two selected villages of Haryana and Punjab. The selected villages were located at a distance of 10-15 kms from Chandigarh. The data were collected with the help of an especially prepared interview schedule. Interviews were carried out with 225 women selected on a random basis. Their socio-economic characteristics show that a majority of them were less than 35 years (64%), and belonged to lower castes (52.9%). Most of them were illiterates. We shall present here selected findings under topical headings.

## Terms Used for Disposal of Human Placenta

In the anthropological literature, one comes across a variety of terms which are used to describe

The authors are from the Postgraduate Institute of Medical Education and Research, Chandigarh. The paper is based on the experience of the PGI.

'placenta disposal'. For example, in Sanskrit, the placenta is called 'Apara', while the navel cord is known as 'Nadi'. Moreover, there is considerable regional variation. For example, in Oriya, the term used for placenta is 'Phul'; in Mysore, it is 'Masa'; in Tamil Nadu, it is 'Naju'. In the villages of Punjab and Haryana, where we conducted our study, the commonly used terms were 'Aul' or 'Jar'. Certain other terms used by the respondents were: 'Phul', 'Phure', and 'Kheri'.

## Modes of Disposal

Similarly, one comes across various modes of disposal of placenta among north Indians. For example, the general mode of disposal was burial in the case of a male child while the placenta of a female child was thrown on a heap of refuse. The placenta of a male child was normally buried with a handful of ritual material such as grains and salt. But the site for burial was chosen with utmost care because of its ritual importance. Quite frequently, the placenta of a male child was buried inside the house, while that of a female child outside the house. In some cases, the placenta of a male child was buried at the threshold of the main door of the house. In some other cases, the placenta of a male child was thrown outside the house believing that if it was eaten by a dog, it may make the mother 'as fertile as a bitch'.

This was supposedly based on the principle of sympathetic magic, that is, like produces like. The members of Vaish caste in Gujarat buried the placenta under the mother's cot in the belief that this will increase her fertility. At one time, in China, the placenta of a male child was placed in a sealed bottle which was kept under the mother's bed. This was meant to protect the child against any hazard. In Austria, the common method of disposal of placenta was to bury it under a green tree. And this was done in the hope of making the mother more fertile. But if no more children were desired, the placenta was placed in a dish and allowed to dry. In Italy, the placenta was either buried or thrown away in running water. In some parts of Europe, the placenta was also used as medicine.

## Findings of the Study

Our findings revealed that in a majority of the cases, the placenta of the youngest male child was buried inside the house (73.2%) and that of the youngest female child outside the house (51.6%).

**Table I**  
**Disposal of Human Placenta in Relation to the Sex of the Youngest Child**

<i>Place of Disposal</i>	<i>Sex of the youngest child</i>				<i>Total</i>	
	<i>Male</i>		<i>Female</i>		<i>No.</i>	<i>%</i>
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>		
Inside house	95	(73.2)	16	(16.9)	111	(49.3)
Outside house	20	(15.4)	49	(51.6)	69	(30.7)
Hospital delivery	15	(11.4)	30	(31.5)	45	(20.0)
<b>Total</b>	<b>130</b>	<b>(57.7)</b>	<b>95</b>	<b>(42.3)</b>	<b>225</b>	<b>(100.0)</b>

**Table II**  
**Caste-wise and Sex-wise Disposal of Placenta of the Youngest Child**

<i>Place of Disposal</i>	<i>Caste and sex of the child</i>						<i>Total</i>	
	<i>Upper Caste</i>		<i>Middle Caste</i>		<i>Lower Caste</i>		<i>Male</i>	<i>Female</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>		
Inside House	35 (50.1)	— (00.0)	8 (80.0)	3 (25.0)	35 (70.0)	30 (43.6)	78 (60.0)	33 (34.6)
Outside House	18 (25.7)	12 (85.5)	2 (20.0)	7 (58.3)	10 (10.0)	20 (28.8)	30 (23.1)	39 (41.1)
Hospital Delivery	17 (24.3)	2 (14.5)	—	2 (16.7)	5 (20.0)	19 (27.6)	22 (16.9)	23 (24.3)
<b>Total</b>	<b>70</b> <b>(100.0)</b>	<b>14</b> <b>(100.0)</b>	<b>10</b> <b>(100.0)</b>	<b>12</b> <b>(100.0)</b>	<b>50</b> <b>(100.0)</b>	<b>69</b> <b>(100.0)</b>	<b>130</b> <b>(100.0)</b>	<b>95</b> <b>(100.0)</b>

**Table III**  
**Caste-wise Preference for Home/Hospital Deliveries**

<i>Reasons for Preference</i>	<i>Caste Status</i>						<i>Total</i>	
	<i>Upper Caste</i>		<i>Middle Caste</i>		<i>Lower Caste</i>		<i>No.</i>	<i>%</i>
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>		
Traditional Practice	32	(38.1)	9	(40.8)	94	(79.8)	135	(60.0)
Hospital too far off	10	(11.8)	5	(22.8)	9	(7.6)	24	(10.7)
Improper Care	14	(16.8)	3	(13.6)	1	(0.8)	18	(8.0)
Preferred Hospital Delivery	28	(33.3)	5	(22.8)	15	(11.8)	48	(21.3)
<b>Total</b>	<b>84</b>	<b>(100.0)</b>	<b>22</b>	<b>(100.0)</b>	<b>119</b>	<b>(100.0)</b>	<b>225</b>	<b>(100.0)</b>

Only in 20 per cent of the cases the deliveries took place in the hospital where the disposal of placenta was made in accordance with the hospital procedure (Table I). Caste-wise, there was no variation in regard to disposal of placenta (Table II).

However, an earlier study done by us showed certain variations regarding the disposal of placenta of a male child in different caste groups. For example, we had found that among the Rajputs, in particular, the placenta of a male child was buried outside the house and that of a female child inside the house. They believed that burying the placenta of a female child inside the house would prevent the birth of more female children in the family. On the other hand, among the Brahmins, the placenta of a male child was never buried outside the house because of the fear that somebody might obtain it and get it magically destroyed.<sup>3</sup> We also noted certain variations in regard to the disposal of placenta inside the house. These included: burying the placenta after wrapping it with a piece of cloth; burying it under mother's cot; and burying it in the courtyard.

Similarly, we noted some variations in regard to the disposal of placenta outside the house. These included: burying it in a specially dug out hole or throwing it away on a heap of garbage. There was a common belief that if the placenta was not instantly buried, ill luck will fall on the child or child's mother. There was also a belief that if the placenta was eaten away by an animal, something terrible may happen to the child. Many years ago, Frazer had pointed out that such beliefs clearly revealed that people have looked upon such discards to be the abodes of the external soul of man.<sup>4</sup> In fact, Smith had stated that the external soul or double of man finds its abode in the placenta and that it acts as a protecting spirit.<sup>5</sup>

In public health circles today questions are increasingly being asked about the advantages and disadvantages of conducting deliveries in the hospital. No worthwhile evidence is readily available to suggest that there is a definite long-term difference between a baby delivered at home and a baby delivered in a hospital. In our study, a majority of the respondents showed a clear preference for home deliveries (60%) mainly because of it being a traditional practice. Only 21.3 per cent of the respondents showed preference for hospital deliveries. Certain other factors for preferring home deliveries were (i) improper care at the hospital (8%) and (ii) hospital too far off (10.7%). Even in certain other countries, home deliveries are preferred to hospital deliveries.

In Holland, large number of deliveries are still being carried out at home, and yet it is reported to have a lower death rate among babies than either in United States or England. In 1973, as many as

1,96,974 babies were born in Holland, and significantly the bulk of them i.e. 99,000 home deliveries, the midwives or home helpers alone attended to 83,088 deliveries. Yet the death rate for babies delivered at home was less than one-third of the overall death rate for the whole Netherlands—4.5 per 1000 births as against 16.3 per 1000 births<sup>6</sup>.

In fact, the impression is growing that the incidence of depression is much more in hospital deliveries. One study has revealed that 'some depression occurred in 60 per cent of hospital deliveries'<sup>7</sup>. Many western women do not seem to be appreciating that it would be easier to deliver at one's own home, which offers a much more relaxed and harmonious atmosphere than the hospital can provide. For a healthy woman, home delivery may well be a normal choice.

### Conclusion

Evidently, a great deal of attention was paid to the disposal of human placenta in the north Indian villages on socio-religious considerations. The fact that not the same attention was paid to the disposal of placenta of a female child would show that her neglect begins right at the time of her birth. The roots of neglect of female children, therefore, lie much deeper in our culture than one can imagine. One can appreciate how people's beliefs about disposal of human placenta are intimately related to their preference for home deliveries and traditional birth attendants. Policy makers, health planners, nursing administrators, and all those concerned with the training programmes of nurses and other paramedical personnel can ill-afford to ignore these aspects.

### References

1. Kakar, D.N. (1972). The role of Midwife in North India with special reference to cultural factors, *The Nursing Journal of India*, Vol. LXII, No. 1.
2. Kakar, D.N. et al (1973) Role of Traditional Birth Attendants with particular reference to their knowledge, attitudes and practices related to family planning. *The Journal of Family Welfare*, Vol. XXV, No. 2
3. Kakar, D.N. (1980) Dais—the Traditional Birth Attendants in village India. New Asian Publishers, New Delhi.
4. Frazer, J.G. (1971) *The Golden Bough, A Study in Magic and Religion*. Macmillan Press, London.
5. Smith, E. (1974) *The Evaluation of the Dragon*, Oriental Society Publication, United Kingdom.
6. Kloosterman, G.J. (1972) Obstetrics in the Netherlands: A Survival or a Challenge? Paper presented at Tunbridge wells Meeting on Problems in Obstetrics Organized by the Medical Information Unit of the Spastics Society, Netherlands.
7. Macfarlane, A. (1977). *The Psychology of childbirth. The Developing Child*. Fontana/Open Books, Great Britain.