

Ethics and the law relating to post-birth rituals

Knapp van Bogaert D, PhD, Dphil

Steve Biko Centre for Bioethics, Faculty of Health Sciences

School of Clinical Medicine, University of the Witwatersrand

Ogunbanjo GA, FCFP(SA), MFamMed, FACRRM, FACTM

Department of Family Medicine and Primary Health Care, Faculty of Health Sciences

University of Limpopo (Medunsa Campus)

Correspondence to: Donna Knapp van Bogaert, e-mail: donna.vanbogaert@wits.ac.za

Keywords: placenta, taboo, rituals, tradition, ethics, law

Abstract

Placental rituals and other birth-by rituals are common in various societies. They often include culturally determined behavioural sequences which operate as anxiety-releasing mechanisms. They also serve to offer a spiritual means of “control” over the future health and welfare of mother, child, and even the community. As long as such rituals do not cause harm, they should be respected for the role that they play and be left alone. This article discusses the ethical and legal considerations regarding post-birth rituals and their relevance to South Africa, with special reference to the South African Human Tissue Act.

© Medpharm

Reprinted with permission from *S Afr Fam Pract* 2008;50(2):45-46

Introduction

Our ancient ancestors looked for explanations of cause and effect in an unscientific world, for example why women bled monthly, without being wounded. In seeking answers, they turned to the natural world and noted the similarity of many ancient cosmologies, between the lunar cycles and the cycles that were present in a woman's life: waxing (young and nubile), full (middle-aged and reproducing) and waning (old and wise). Moreover, women bleed in a cyclical pattern that was similar to the cycles of the moon. Menstrual blood was regarded by some as the origin of life and the source of wisdom.¹ It was also believed that during pregnancy, menstrual blood clotted to form a baby (Aristotle, philosopher and naturalist, believed the same). The sacred feminine was represented by natural phenomena: a cave represented the womb; mountains, the breasts; and rivers, the uterine fluids; manifesting the creative principle of all life.²

Discussion

Fertility myths and folk tales, as well as taboos surrounding the feminine, still abound. Taboos are manifestations of the sacred, i.e. that which counters the profane. Their intention is to provide protection from any threat to the cosmic order, as well as at to repair any disturbance of its order. Taboos are prohibitions or restrictions that are imposed on certain actions or words by social custom. Taboos set persons or objects apart as sacred, prohibited or accursed. Moreover, patriarchal societies are often constructed on and maintained by taboos.³

“Woman things” involving fertility myths and traditions are still widespread, and culturally influenced behaviour that is associated with placenta disposal remains a characteristic of various modern and ancient societies. In many cultures, the placenta and umbilical cord are regarded as holders of great power.⁴ Some myths postulate that pieces of placenta were used to create the earth and the sun.^{2,5}

New Zealand's indigenous Maoris call the placenta *turangawaiwai* or *whenua*, which also means a place or land. The land nourishes the people in the same way that the placenta nourished the baby, and after birth, it is ritually planted with a tree, thus establishing a personal, spiritual, symbolic and sacred link between land and child.⁶ Among Native American Indian Navajo tribes, it is customary to bury a baby's placenta within the sacred four corners of the tribe's reservation, thus binding the infant to the land and its ancestors.⁶

In the Kenyan Luo culture, the placenta of a girl must be buried on the left-hand side of her mother's house, while the placenta of a boy must be buried on the right.⁷ This is because within the Luo cosmological and symbolic system, the left side relates to impermanency and vulnerability, while the right signifies permanency and authority. Girls are regarded as impermanent tribal members as they will move outside the family when married, but boys will carry on as patriarchal authorities.⁷⁻⁹ In Thai culture, the placenta is salted and placed in a jar, before being buried under a tree that corresponds to the symbol of the Asian year of the child's birth.^{6,7}

The burial of parts of the birthing matter is a common postpartum ritual in many cultures. In Cambodia, for example, the placenta (“the globe of the origin of the soul”) must be buried in a special location designed to protect the baby. The location is fortified with a spiky plant to prevent evil spirits from interfering with the baby’s good.¹⁰ In Malaysia, the placenta is considered to be a baby’s other sibling, whereas in Mexico it is viewed as its *el compañero* (companion). Due accord is given to its place of burial in both cultures. Placentas in Korea are given names that are dependent on the month of their “birth”, before undergoing ritual burial.¹¹ In Turkey, if parents wish their child(ren) to be devout, they may bury the placenta in the courtyard of a mosque.¹² For the Kikuyu in Kenya, the placenta and the umbilical cord are believed to symbolise the attachment of the child to the mother and its roots in the traditional society. As a symbol of fertility, the placenta is deposited in an uncultivated field and covered with grass and grains.^{13,14} Like the Kikuyu, native Hawaiians typically plant the placenta in the ground to bind the child to his or her homeland and ancestors.¹⁵⁻¹⁷

In the Ukraine, traditional midwives divine the number of further children a woman might expect to bear from the placenta.¹⁵ In Transylvania, if a couple desires not to have any more children, they burn their baby’s placenta and mix it with ashes, and to render himself infertile, the husband is obliged to drink this mixture.^{6,7,10}

In the Sekhukhune district of Mpumalanga, South Africa, approximately 10% of women who deliver in hospitals take their placentas and umbilical cords home with them when they are discharged. Pieces of the placenta and umbilical cord are selected and left to dry in the sun for the purpose of making *muti*. The remainder is buried. The *muti* is then used for two purposes: to stimulate the fertility of infertile women and to ensure congenial love or bonding between siblings (personal communication with Ramara P, an advanced midwife).

From such examples, it can be seen that the placenta and other birth-by rituals are common in various societies. “Placental rituals” refer to culturally determined behavioural sequences which operate as anxiety-releasing mechanisms. They serve to offer a spiritual means of “control” over the future health and welfare of mother, child, and even the community.¹⁶ As long as such rituals do not cause harm, they should be respected for the role that they play and left alone.

The South African Human Tissue Act

Chapter 2 of the South African Human Tissue Act states that:

“Human tissue, blood and gametes of living persons can only be used for medical or dental purposes (such as transplantation or the production of a therapeutic or prophylactic substance).”

The Act further states that “placenta, foetal tissue and the umbilical cord, except with the consent of the Minister, and subject to any condition mentioned in the consent, shall not be used for any of the purposes referred to earlier, namely the production of a therapeutic or prophylactic substance”.¹⁸

The Act is thus clear and specific. The traditional practice *sans* ministerial sanction is incompatible with the law. Yet, opponents of this view claim that to prohibit this traditional practice will result in women opting for home delivery, in order to be at liberty to follow their tradition. Thus, so goes the argument, women will be at higher risk of increased morbidity and mortality.¹⁹ Hence, this creates an ethical dilemma. While prohibition of the tradition might harm women during childbirth as home deliveries constitute a greater risk for women than skilled-care hospital deliveries, supporting the tradition might harm the community through exposure to a potential source of infectious disease.

Section 9(3) of the Constitution of the Republic of South Africa (Act 108 of 1996) prohibits unfair discrimination directly or indirectly against anyone on one or more grounds, including culture. Section 31(1a) supports the right to enjoy one’s culture.²⁰ It raises the question of whether the Human Tissue Act, in this regard, is anti-constitutional. From a medical and ethical point of view, the real question is: is the practice harmful? While the answer is not clear, it also raises the problem of traditions and traditional medicine. It has been argued that traditional medicine should have to submit to the same rules as Western medicine.²¹ It is argued that traditional medicine’s weaknesses is problems relating to autonomy and informed consent, as well as a lack of rigorous scientific auditing. On the other hand, its main strength is its holistic approach to illness which involves the next of kin, the community, as well as ancestors. However, if the weaknesses are to be overcome, there is a risk that the core of the tradition will be diminished.²² Thus from this perspective, acts of familiar binding are positive and should not be abolished unless there are sufficient good reasons to do so.

In the context of human immunodeficiency virus/acquired immune deficiency syndrome, viral hepatitis and syphilis that affect a large proportion of pregnant women in South Africa, it could be argued that the traditional practice constitutes a public health hazard, at least for the family and close community. Therefore, this practice should not be allowed. Yet, to fully understand the level and extent of infection risk, what the rituals entail requires closer examination and a

determination of whether the placenta is thoroughly cooked before it is eaten, whether it is sufficiently well buried to ensure that it does not contaminate the surroundings, and of the potential life span of any implicated virus or other potential pathogen.

In many societies, the placenta is considered to be “infectious waste” and is discarded appropriately, or in some cases sold to private companies for research. Yet, in the USA island state of Hawaii, heightened sensitivity to cultural practices resulted in a modification of the law in 2005, which permits women, should they so desire, to take their placentas home.¹⁷

In the South African context, given the multiplicity of rituals, taboos and traditions involving women and their placentas, reflection of medical, scientific, legal and ethical issues must be carefully unpacked before any sweeping decisions are made. Until then, it would seem that this particular tradition stands in conflict with the law.

References

1. Rings L. *Ancient symbols and ideas*. New York: Plentium Press; 1999.
2. Ashley M. *The book of myths and legends*. Bristol: Paragon; 2000.
3. Rolston H III. *Genes, genesis, and God: values and their origins in natural and human history*. Cambridge: Cambridge University Press, 1999; p. 311.
4. Morford MPO, Lenardon RJ. *Classical mythology*. 5th ed. New York: Longman; 1995.
5. Adamson PB. Some rituals associated with parturition in antiquity. *Folklore*. 1985;96(2):176-183.
6. Guthrie P. Many cultures revere placenta, by-product of childbirth. *Tides of Life* [homepage on the Internet]. 1999. c2007. Available from: <http://www.tidesoflife.com/placenta.htm>
7. Kibiti RN. Culture and gender. *Mila*. 1996;(1):60-73.
8. Nangendo SM. The tradition of Ramogi: beliefs and practices of the levirate amongst the Luo in Bondo Division, Bondo District, Western Kenya. *Mila*. 2005;(6):23-32.
9. Mulemi BA, Nangendo SM. Therapeutic strategies and traditional medical knowledge of the people of Bar Chando Sub-location Bondo District, Kenya. *Curare*. 2001;(24):47-56.
10. Kawango EA. Ethnomedicine remedies and therapies in maternal and child health among the rural Luo. In: Sindiga I, Chacha N, and Kanunah MP, editors. *Traditional medicine in Africa*. Nairobi East: African Educational Publishers, 1995; p. 80-93.
11. Sich D. Traditional concepts and customs on pregnancy, birth and postpartum period in rural Korea. *Soc Sci Med*. 1981;15B(1):65-69.
12. Tortello R. A time to live. *Jamaican Birth Rituals* [homepage on the Internet]. 2000. c2007.
13. Available from: <http://www.jamaica-gleaner.com/pages/history/story0079.html>
14. Mbiti JS. *African religions and philosophy*. Nairobi East: African Educational Publishers; 1969.
15. Finke J. *Traditional music and cultures of Kenya: Kikuyu Society (Mbari ya Mumbi)* [homepage on the Internet]. c2007. Available from: <http://www.bluegecko.org/kenya/tribes/kikuyu/society.htm>
16. Khushi A. The placenta and cord in other cultures. In: Rachana S, editor. *Lotus birth*. Yarra Glen, Australia: Greenwood Press, 2000; p. 53-60.
17. Davidson JR. The shadow of life: psychosocial explanations for placenta. *Cult, Med Psychiatry*. 1985;9(1):75-92.
18. Cook LN. Hawaiian law now permits parents to keep placentas. *WeNews* [homepage on the Internet]. 2006. c2007. Available from: <http://www.womensenews.org/article.cfm/dyn/aid/2841/context/archive>
19. Human Tissue Act No 65 of 1983, Human Tissue Act Amendment No 66 of 1984, Human Tissue Act Amendment No 51 of 1980. Pretoria. Government Printer; 1984.
20. Shah IH, Say L. Maternal mortality and maternity care from 1990 to 2005. *Reprod Health Matters*. 2007;15(30):27.
21. Constitution of the Republic of South Africa;1996.
22. Nyika A. Ethical and regulatory issues surrounding African traditional medicine in the context of HIV/AIDS. *Dev World Bioeth*. 2007;7(1):25-34.
23. Knapp van Bogaert D. Ethical considerations in African traditional medicine: a response to Nyika. *Dev World Bioeth*. 2007;7(1):35-40.