



Placenta: motivations, uses, and meanings in south central Chile

Placenta: móviles, usos y significaciones en el centro-sur de Chile

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ABSTRACT Motivations, uses, and meanings given to the placenta by women and men in south central Chile are analyzed, following the implementation of Technical Standard 189 by the Ministry of Health, which allowed people to request their placentas after giving birth on hospital grounds. From an ethnographic approach to the sociocultural uses of placentas, in-depth interviews were carried out with women and their partners between July and November 2019; individual narratives were recorded, as well as conversations between Mapuche women and men who had requested their placenta in three Chilean regions (Araucanía, Metropolitan, and Arica and Parinacota). This article focuses on four cases that illustrate the diversity of practices and knowledge surrounding the placenta – inscribed in sociocultural, territorial, political, spiritual, and religious frameworks – according to actors' sociocultural origins. To conclude, the cases are compared in order to highlight both similarities and differences, and some challenges derived from the findings are considered.

KEY WORDS Anthropology; Indigenous Health; Placenta; Health Policy; Chile.

RESUMEN Se analizan los móviles, usos y significaciones atribuidos a las placentas por mujeres y hombres en el centro-sur de Chile, a partir de la implementación de la Norma Técnica 189 del Ministerio de Salud, que permite a las personas solicitar y disponer de sus placentas con posterioridad al parto en recintos hospitalarios. A través de una mirada etnográfica acerca del tratamiento sociocultural de las placentas, entre julio y noviembre de 2019 se realizaron entrevistas en profundidad con mujeres y sus parejas; se recogieron relatos individuales, así como conversaciones con mujeres y hombres mapuches, habitantes del territorio chileno de la región de La Araucanía, la región Metropolitana y la región de Arica y Parinacota, que habían solicitado la placenta. El artículo se enfoca en cuatro casos que dan cuenta de la presencia de diversas prácticas y conocimientos en torno a la placenta, estableciendo su inscripción en marcos socioculturales, territoriales y políticos, espirituales y religiosos, según la pertenencia sociocultural de los actores. Como conclusión, se contrastan los casos relevando tanto diferencias como similitudes y se proyectan algunos desafíos derivados de los hallazgos.

PALABRAS CLAVES Antropología; Salud Indígena; Placenta; Política de Salud; Chile.

INTRODUCTION

Global dynamics in relation to human sexuality and the legitimate exercise of sexual and reproductive rights have opened new horizons for understanding and adapting intra- and extra-hospital practices related to birth and delivery. This article discusses the findings of a study on the motivations, uses, and meanings given to the placenta after childbirth by women and men in south central Chile.

As in the case of multiple aspects of nature and the human body, the placenta has received much attention from human beings. New Zealand's Maori people bury the placenta next to a tree as a way of establishing a sacred and spiritual bond between the newborn and the land. The Navajo people bury the placenta to establish a connection between the baby, the land, and their ancestors. Similar practices exist in both Luo and Thai culture, as well as some cultures in Cambodia, Mexico, Turkey, Hawaii, Ukraine, and South Africa.⁽¹⁾

In Chile, official recognition of the placenta's social uses was granted by the Ministry of Health's Technical Standard 189, passed in large part due to the Mapuche movement's tireless activism around the issue since the late 20th century. For Chile's indigenous peoples, the placenta has held and continues to hold great significance, given that it symbolizes the original connection of the baby with their mother and with the land.⁽²⁾ According to numerous sources, at the beginning of the 20th century, the Mapuche people believed that the placenta had both beneficial aspects – such as protecting the baby and knowing their future^(3,4) – as well as malevolent ones, to cause harm.⁽³⁾ Although these manifestations fell out of use and continuity due to repressive policies, territorial displacement, evangelization processes, and the criminalization of Mapuche midwifery,⁽⁴⁾ the literature presented here suggests a reactivation of ritualistic, cosmovisional, and technical devices.

Although institutional change regarding the placenta was tied to the demands

of indigenous groups, its increasingly prevalent use in Chile is being fostered by new social agents who represent a novel culture surrounding childbirth. In this context, the recognition of the placenta's social uses in Chile has enabled the expansion of new political-philosophical views regarding gender and the body as creative expression, identity reaffirmation, bodily self-determination, and women's liberation within a patriarchal and capitalist system.⁽⁵⁾ In indigenous society, this process stimulates the expression of alternative rationalities that offer solutions to global needs derived from hopelessness and the ecological imbalances of capitalism.⁽⁶⁾

We approach this hegemonically-conceived phenomenon from a health standpoint, subjecting it to heterodox, pre-existing, and re-invented views, while simultaneously uncovering religious, political, and therapeutic needs that people manifest in relation to the uses they give the placenta. This study led us to explore the practices of urban midwifery and placental medicine, as well as processes of reclaiming and resignifying the placenta in intercultural contexts. Here, the concept of reclaiming takes on a double meaning: first, how Mapuche families and communities recover their knowledge and practices regarding the placenta; and second, how families – and in particular non-Mapuche women – assert and give meaning to their ownership of this organ, previously seized by healthcare institutions.

In light of these considerations, we sought to explore the following questions: what are the motivations and expectations of people who affirm the right to claim their placentas? What actions or uses are planned for the placenta and which are effectively put into practice? What ideas, perceptions, feelings, and meanings do they attribute to the placenta?

In order to address these questions, we carried out an ethnographic study using a non-probability sample – more specifically, what is known as an “opportunistic sample”⁽⁷⁾ – based on a common interest in a subject or issue on the part of the researcher and the informant, leveraging encounters such that the

researcher can access evidence. In particular, the study was based on a sample of fourteen women and three men who had requested the placenta. Study participants were inhabitants of Chilean territory residing in the regions of Araucania, Arica and Parinacota, and the Metropolitan region, and may or may not have belonged to indigenous groups. Contact was established through prior conversations with pregnant women, with others who had already given birth and who had carried out placental practices, and lastly through interviews with representatives of *doula* training centers and placental medicine practitioners.

In-depth interviews were conducted with women and their partners between July and November 2019. Individual accounts were recorded, as well as conversations with Mapuche women and men. All in-depth interviews were scheduled and conducted at the homes of each family, using a guide made up of questions previously defined by the researchers and accepted and agreed upon by all study participants. Informed consent was obtained, and participants signed the corresponding documentation by placing their initials rather than their full names. Individual interviews and group conversations took place in informal settings, with no structured framework of questions. Audio recording was reserved for in-depth interviews. Other audio-visual sources on urban midwifery and placental medicine were reviewed, and observations were carried out in spaces for the preparation of placental by-products, which provided additional material that greatly enriched the study.

This article relies mainly on the information collected in structured in-depth interviews.

Field notes, photographs, and audio recordings were the primary methods of recording data. Verbatim transcriptions were prepared and processed with ATLAS.ti in order to differentiate and detect connections between the analytical categories of motivations, uses, and meanings. Terms in the Mapuche language (*mapuzungun*) were transcribed using the *Azümchefe* orthographic system.

The article focuses specifically on four cases that provide evidence of diverse practices

and concepts surrounding the placenta, contributing to the knowledge regarding on current ways of understanding and handling the placenta in Chile, beyond a biomedical conception. This diversity is intrinsically linked to the sociocultural affiliation of study participants (Mapuche-Chilean).

PLACENTA, CULTURAL DIVERSITY AND HEALTH POLICIES IN CHILE

At the beginning of 1990, intercultural health was institutionalized in Chile with an office under the direction of the Ministry of Health and with support from the Pan-American Health Organization (PAHO). This was a significant advancement in the recognition of sociocultural diversity in the field of health-disease-care in the country, and stimulated the development of various initiatives. Guaranteeing access to placentas was a significant demand, which was granted through the emblematic Technical Standard⁽⁸⁾ considered here. This demand was consolidated in 2017 after an arduous multidisciplinary effort, by many people who faced several obstacles. Among them was the Ministry of Health's 2009 Decree Number 6, called "Regulation of Waste Handling in Health Care Establishments" (REAS in Spanish). This regulation hindered access to placentas, in that they were considered a type of "waste" that could "contain pathogenic agents in sufficient concentrations to cause disease."⁽⁹⁾ Here, the terminology takes on a special meaning, because those interested in recovering their placentas would not accept a definition that negates – through suspicion or pathological risk – the varied motivations, uses, and meanings that they give it.

In this framework, an exception to the Regulation had to be made so that women who gave birth could request the placenta. Therefore, it was ordered that the placenta could be used for "cultural" purposes. Hence, "without prejudice to the provisions in article 6, paragraph 2 of Decree Number 6 of 2009 of the Ministry of Health, the placenta will be

given upon request by the woman,” as long as “it is meant for cultural practices that the woman considers relevant.”⁽⁸⁾

Until this standard was implemented, the possibilities for using the placenta in Chile were very restricted, specific, and clandestine. No matter what the placenta would be used for, it was limited and prohibited by a strictly biomedical health model that defined it within a context of pathological risk. Later, mothers and fathers – whether they were residing in the heart of *gulu mapu* (Mapuche territory of Chile, according to our Mapuche interlocutors) or in Chilean cities – could begin to (re)construct new *bio-psycho-socio-spiritual* practices and representations⁽¹⁰⁾ of birth and sexual and reproductive health.

MOTIVATIONS, USES, AND MEANINGS SURROUNDING THE PLACENTA

We understand motivations as the interests, expectations, and intentions people have which lead them to request the placenta. This allows us to address the question of what leads someone to act the way they do or why they do and/or say what they do. The second category refers to the uses given to the placenta, considering the various socio-cultural manifestations that actors currently display. The focus is on determining what people do with their placentas, who does it, with what means, and under what circumstances. Lastly, this conceptual triad is completed with the category of meaning or the meanings people give to placentas and that imbue individual and group actions with purpose. Consequently, we explored the contents of notions and positions regarding the placenta, as well as the practical implications they have as a sociocultural framework. In the sections that follow we consider these elements individually without losing sight of their connections.

Our placenta, our *choyün* (seedling)

We will begin with a Mapuche couple made up of MM – a multiparous 35-year-old Mapuche woman originally from *puel mapu* (Argentinian Mapuche territory, according to the conceptions of actors themselves) – and her husband VP, a 48-year-old Mapuche originally from the Coigüe sector of the Cholchol commune (La Araucanía) where they currently reside.

This couple had always wanted a ceremony with the placenta and for that reason they made the request when she was admitted for labor and delivery at the *Nueva Imperial* Intercultural Hospital; they did not make this request during pregnancy because they were unaware of the procedure. After seven hours, MM was transferred to the Temuco Regional Hospital, where the childbirth ultimately took place. Her three previous deliveries had taken place in their hometown of Neuquén, Argentina, since her parents live there and it was more comfortable for her to recover, even though she had no access to the placenta there. The couple decided that the birth of their fourth baby in 2018 would be in Chile, because by then the regulation regarding placenta delivery was already in effect, enabling them to fulfill one of their strongest desires: to bury the newborn’s placenta in a place significant for them.

Mapuche placenta burial – or *rügalkuz-itun* – has several complexities that require knowledge and care in order to carry out the ceremony with the greatest responsibility, and consistent with the sociocultural connection within which its physical and symbolic nature is defined:

If bodily fluids are not handled with proper care [...] especially blood and the placenta, they can be used by people who envy the family to cause harm and disease to the woman or child.⁽³⁾

Therefore, the couple had contacted a close relative to perform the ceremony. This relative – a cousin of the husband on his father’s

side, who also resided in the territory – had never performed the ritual, but had knowledge handed down to him from elder women. The family that the placenta “belonged” to expressed willingness to perform this intimate ceremony according to custom. They performed it facing eastward at dawn on the fifth day, in order to strengthen the *nwen* (forces) of life and abundance. The mother, father, maternal grandmother and grandfather, the couple’s three older daughters, the father’s cousin, and the newborn baby participated.

For the couple, requesting the placenta stemmed from the desire to establish a spiritual connection with the territory. It was also framed in terms of a political interest in reaffirming a right denied by the biomedical model. These interests both complemented the need to create harmony with the territorial laws of the *az mapu* – or Mapuche cosmic order⁽¹¹⁾ – and thus to freely exercise a traditional practice that connects present descendants with their territory and their ancestors. Here the category of meaning was articulated with motivations and uses, since the couple openly expressed the performance of a ritual use in order to signify their domestic and territorial space by imbuing it with spiritual and political meaning.

According to accounts of those close to the couple, burying the placenta serves several purposes. One refers to the baby becoming a good *che* (person) in the future, as well as ensuring continuity on their land. Also, “*the ceremony serves to defend your descendants, the future; the places are defended, fought for, [because] it is where your ancestors are buried*” (MM).

Another fundamental aspect regarding the uses and meanings of the placenta concerns the different techniques used in the phases of handling and use. The couple was able to reclaim knowledge regarding the specific site the placenta should ultimately be buried. Both agreed that it could not be just anywhere because this could bring negative consequences for the child. The father thought the best thing to do would be to bury the placenta under a cinnamon tree, an idea which was rejected by his cousin. His

explanation was that the cinnamon tree (or *foye*) is a very strong plant with a lot of energy. To the Mapuche, the cinnamon tree is a “sacred tree” that plays a part in major religious and medical ceremonies.

The cinnamon tree has other implications, because if they bury it there that person will begin to have spiritual visions that can affect their life. The tradition used in this sector says that the placenta of a male child must be buried under a tree native to where he will tie his horse in the future. (VP)

In the case of girls, the decision of where to place the placenta is also related to the future that her parents hope for the newborn. For example, they could bury it next to the house, with the intention of her not moving away from her parents or the community in the future.

The actions taken throughout the process are associated with spiritual, cosmological, and territorial dimensions, and also have to do with projections for the newborn; nothing is improvised or left to chance.

Regarding the handling and itinerary of the placenta, there was minimal interference since the father had taken it from the hospital; it was kept at the house and days later transferred to the place that was chosen as its ultimate destination.

Lastly, during the ceremony each family member expressed their desires and feelings. The ceremony was conducted completely in *mapuzugun*. “*We spoke to the land, so it would receive it [the placenta] well, so that it would be transformed into a choyün [seedling]*” (MM).

As in every Mapuche ceremony where they pray for life, reciprocity is a fundamental value.⁽¹²⁾ In the *rügalkuzitun* that the family performed, while they prayed for the baby’s well-being, participants deposited grains of wheat, water, and yerba mate in the earth.

Seven months after the burial – according to what MM related to us – the *coigüe* trees grew at a surprising speed. The mother and father felt satisfied to have fulfilled a

desire they had put off with their three previous daughters. Finally, they stated that their main satisfaction was having made a mark on the territory for other women and families to take up this practice as a responsibility, as a way to drive new forms of resistance and existence in the territories.

Return to the origin of *kuziñ*

In the Mapuche couple made up of HM, 44 years old, and his wife GA, 38 – farmers residing in the Pikuta sector of the Cholchol commune (La Araucanía) – HM was responsible for directing the previously described ritual. Five months later the *rügalkuzitun* would take place for their second child.

The reasons for requesting the placenta were quite similar to those of the previous couple. The two families had met to carry out a *güxam* (conversation) and to recover knowledge on pregnancy, delivery, and burial of the placenta. Based on what they had heard from elders in their families and territories, in addition to what they had read on the subject, both couples reconstructed and assembled a polysemic knowledge and practice. They recognized that there were aspects that they would be unable to perform due to a lack of knowledge. Thus, *“pewütun [seeing the future] was not done, there was no use made of it other than burying it”* (HM).

HM’s motivations were spiritual and political in nature: recovery of *mapuche kimün* (Mapuche knowledge) and reinforcement of Mapuche identity. HM associated the recovery of *rügalkuzitun* with the continuity of the people in their territories, defining its practice as a political mobilization. Therefore, in the ceremony:

all the good desires of a chaw, which is a father, asking that my fotüm [son of a male] be attached to his mapu, although he can leave [the community] to live his life like everyone, but that in the end he will have a connection or at least will return to his mapu at some point. [Even though] we leave to make our life, we

take nampülkan [journeys], we do everything we want in life, we do not forget the land, that is the idea that is instilled there. (HM)

For the baby’s mother, it is about “the generations remaining here on this land, the children, that the fields don’t empty, that they continue working and being here, from where they have always been” (GA).

Evidently, the spiritual and the political are inseparable and are not the only motivations present in this case. In their accounts, actors merged the spiritual with the moral, political, and medical. In this way, *rügalkuzitun* is a complex act oriented toward “*there being a generation for succession*” in which “*health [and] vitality are incorporated, that they be a kümeche [good person], newenche [brave], that they are norche [just]*” (HM).

Moreover, GA explains that with her first daughter she did not request her *kuziñ* because there was no provision for it. Subsequently, by becoming familiar with the experience of her relatives (the previous case), she put in effort to find out more about it and had to insist that the medical staff give her the placenta, since she never received an affirmative response to her request.

To understand the use it was given by the family, we must consider the “placenta’s itinerary” or the route that it takes from a temporary place (the hospital) to a definitive one (*lof mapu*, the parents’ community), as well as its technical and ritual handling. In this sense, it is important to establish how and where the placenta is preserved, what importance time has, and how these variables take on a meaning that permeates shared actions and feelings.

After giving birth at 7 p.m., the father took her *kuziñ* at 9 p.m. to return home. His wife remained hospitalized after receiving a Caesarean section. The *kuziñ* was handed over to HM in a black polythene bag, who then stored it in a closed, dry place. The next day before dawn, HM performed *rügalkuzitun* alongside his 7-year-old daughter. At first light, they deposited the *kuziñ* in the place they had dug and an intimate *gillatun* (prayer)

took place. In the process “we made a *chalin-tukun* [presentation], the *kuziñ* is treated like a baby, tenderly and with extreme care, it is spoken to and presented to the land” (HM).

While this was happening, at the Temuco Regional Hospital, GA was standing in front of the window in the maternity ward, next to her newborn son, spiritually connected to the ceremony.

Meanwhile in the *lof mapu* – the *tuwün* (place of origin) of that *kuziñ* – the father and daughter performed the prayer, expressing their desires and hopes. The care, treatment, handling, and every act of contact with the *kuziñ* is executed from the perception that the placenta is a living being – not as a thing, and even less so as waste. This living being must be given back to its source of origin. Therefore, the *rügalkuzitun* is a form of reciprocity with nature, meant to maintain balance and forge connections between the human world and the various agencies that coexist in the territory.

In terms of meanings, there is a very interesting description that conveys the importance of the bond that exists between human beings and nature as an integrated whole, where matter transforms and generates life. This attribute is contained in the *kuziñ*, which is also symbolized as a seed.

Considering it a seed, a being, a subject, buried under a tree that will take on that energy, that in some way will gather that spirit, that newen possessed by that seed you buried, is symbolic: the tree will project it. (HM)

The burial of the placenta is simultaneously a spiritual and a political act, as well as an act of respect for the *az mapu* or “natural” order of the Mapuche universe, which expresses the endurance of a people and the sociocultural meanings associated with norms and values that its members inherit. The placenta is buried so that each new member of the family protects their *lof*, their territory, nature, and the harmonic coexistence of the beings who inhabit it.

For HM the placenta has *newen* (force) and *püllü* (spirit), and is therefore distinct from its solely biological qualities from the biomedical view. As Alarcón and Nahuelcheo⁽³⁾ note, the placenta “carries the spirit of the mother and the child,” which is why its final resting place must be protected. The authors agree with the actors that the placenta must be buried under a native or fruit tree “that would give the child protection and physical strength.”

Rügalkuzitun is a mechanism for preserving and restoring the balance among the beings who inhabit the different spaces and levels of the *wallmapu* (Mapuche universe); it is a return to the matrix of life, that renews the cycle of human and extra-human nature.

Thus, we have seen how young Mapuche families partially resume these practices as way of recovering and rebuilding cultural knowledge, social relations, and the connection with nature, in addition to affirming collective and territorial identity. This act also refers to the psycho-cultural resilience present among indigenous nations and peoples who have been subjected to genocide and colonization.^(13,14) In the understanding of Mapuche actors, the revitalization of *rügalkuzitun* or placenta burial represents a mechanism of collective reorganization aimed at rebuilding the ethos of the people consistent with the symbols and inherent spiritual rituality. Indeed, there is an idea of being in balance with the forces and spirits that make up the *wallmapu*; therefore, gratitude and ritual supplications are an integral part of an ongoing relationship that they must know how to preserve in order to prevent misfortune. As in the first case, this couple experienced feelings of great tranquility and joy; there was a sense of satisfaction and of having fulfilled a concrete objective to the benefit of the socio-spiritual realm, along with the conviction of having done the right thing according to Mapuche *rakizuam* (way of thinking).

In addition to the partial and increasing validity of knowledge and ritual practice, it is relevant to note the persistence of an expectation or a desire that mobilizes individuals

and groups to recreate a practice. This persistence is embodied on the one hand in the young Mapuche who, even as part of global society, conserve traditional knowledge and re-create new meanings around the structures of Mapuche thought.

Placental medicine and other herbs

TJ is a 33-year-old Chilean woman, professional and first-time mother. She is originally from the Valparaiso region, but is currently residing in a rural area in the Padre Las Casas commune (La Araucanía), where she lives with her partner, the father of her son. TJ had prior knowledge of the regulation on delivery of the placenta and the mechanisms to exercise this right.

Unlike the previous ones, in this case the relation with the placenta was oriented mainly toward therapeutic use. This case is representative of many women who currently involved with placental medicine. Before giving birth and using the placenta, TJ had extensive knowledge of herbal medicine, medicinal cannabis use, and mycotherapy. She produced plant extracts, ointments, and infusions. She also had knowledge of Chinese medicine, since her partner is a martial arts instructor, and together they use this knowledge in their daily life.

Prior to the birth of their son, TJ had no experience handling or making placental by-products. One of her primary motivations for obtaining her placenta was to make various types of by-products for her and her son. Additionally, she wanted to expand her knowledge of placental medicine, exploring new forms of health produced by the human body. Another reason was political, expressed in her positions on gender and bodily self-determination.

During delivery, TJ was questioned by obstetric personnel when she requested the placenta, endangering her right to obtain it; nevertheless, she managed to do so. She had to make quick decisions regarding the uses she would give it, considering dimensions such as its handling (hygiene, sterilization,

temperature) and temporality (storage time, drying, macerating). Here, technological devices such as equipment or the array of handling instruments were crucial: refrigeration, dehydrator, capsules, distilled water, different types and degrees of alcohol, tweezers, glass bottles, droppers, etc.

TJ had done research on how to prepare these by-products, which included making dehydrated placenta capsules for her own consumption in order to reintegrate minerals, to balance her estrogen and progesterone levels, and to prevent possible postpartum depression and improve milk production during lactation. She also made medicine for her son: patches and mother tincture. The patches are amniotic membranes used for healing wounds and burns. This membrane works under the principle of heat and is dried by dehydration. Mother tincture is a hydroalcoholic solution that can be consumed by both mother and child, and can be administered as drops when the child experiences physical or emotional distress.

At first, when TJ began handling, learning about, transforming, and consuming mother tincture, she did so from a functional standpoint or as a palliative measure for herself. Over time, she began to modify this use along with the meaning she gave it. TJ stated that initially she had no spiritual expectations regarding her placenta. This attitude changed early on in her childrearing:

During the first months [my son] would get a fever with some people and when I realized that, I said: "right, here's the tincture!" On top of that, he is so beautiful that everyone comes up to him, they look at him a lot. Then I said: "here I am going to start using it," and it was incredible. I immediately felt he was covered, protected, that's why I say that there's a spiritual concept, the placenta has a vibration and a maternal energy. (TJ)

This case reveals the relevance of beliefs (evil eye or curses) that persist to this day in Latin America.⁽¹⁵⁾ As Menéndez notes,⁽¹⁶⁾ these beliefs and practices are inscribed within urban

medical pluralism, where placental medicine is developing with increasing strength as a micro-group form of self-care.⁽¹⁷⁾

In this way, it was through placental medicine that TJ discovered new uses for mother tincture, which have been effective in protecting the baby from the “evil eye,” allowing both her and her son to relate to other people with greater safety and control with respect to possible negative energies that can affect the baby’s health. *“The placenta is so nutritious that it must be respected. I also think there is life there, I feel that it is living medicine”* (TJ).

The motivation behind these practices is the need to produce material from the placenta, which aids in maintaining the good health of the baby and their community. This practice is connected to the consolidation of new representations concerning health, disease, care, and suffering in urban and rural extra-hospital contexts, which evidence the re-invention of etiological and nosological ideas outside the hegemonic biomedical model.

This type of medicine applied to the baby also acts on the person who performs the act of protection, as it is precisely this person who is the conscious agent with the need to protect their baby from potential harm caused by a third party. Therefore, its validity, effectiveness, and success stem from the mother’s experience, and from other agents of placental medicine.

For the mother, this solution is not inert, it has a life force, it possesses matter from the baby and from the mother and father, which is reinforced and acts synergically to protect them from possible negative energies that could bring them harm. The production of placental medicine by these agents integrates symbolic, psychological, ritual, and social components that are consistent with aspects of psychoanalysis and allopathic medicine.⁽¹⁸⁾ In this case, therapeutic use could be understood as an act capable of ordering the universe to put it in favor of the agent, thereby affecting the safety and health of the beneficiary or beneficiaries.

Indeed, the experience of the mother and her child, conveyed as a testimony to their social group, could rearrange the meanings

of this therapeutic procedure, while at the same time opening new horizons for innovation among the population practicing placental medicine. Here, women and men are receptive to trends that involve the metaphysical, and that symbolize and ritualize birth and the body from spaces with greater power of emotional, spiritual, collective, and political containment.

The libertarian placenta: Body, art, and politics

VD is a mother of two boys in Santiago who requested the placenta of her second son; she is a visual artist, 37 years old, and married. In the last four months of her pregnancy, she was in touch with a *doula*, with whom she managed labor in her home and arrived at the clinic only for delivery, reducing her chances of having an involuntary Caesarean section and therefore being the victim of obstetric violence as much as possible.

Among other motivations, her request for the placenta was linked to the decision of how, where, when, and with whom to give birth, based on her feminist views and political perspective of bodily self-determination.⁽¹⁹⁾ VD did not want to be subjected to the power and control of the hospital agents who would decide the type of delivery for her, as it was her first experience. This time she wanted to ensure a vaginal childbirth and without anesthesia. Like other Chilean and Latin American women,^(20,21) VD actively resisted subjecting her body to the observation and control of unknown people who could make her feel vulnerable and passive.

Home labor lasted from 2 p.m. to 9:30 p.m., at which point the *doula* negotiated with VD and her husband to make the decision to move her to the clinic. After three days, the placenta was retrieved from the clinic with no problems in compliance with the Technical Standard and taken home, where it remains stored in the freezer.

VD knew that the placenta could be used to produce medicines. She researched the by-products that she could obtain and

what interested her most were the capsules, mainly for their benefits in terms of mineral restoration. She contacted a person who led placental medicine workshops with a group of women. The first session was cancelled, as was the second, and VD lost motivation to participate in the workshops. Finally, she decided to use it – although she has still not done so – according to her own idea, in a cutting edge and nonmedicinal way: artistically. *“I intend to use it in my artistic production, I believe I can print it a thousand times, leaving it as a matrix; embroidering a placenta, I don’t know, I would like to see how it turns out”* (VD).

VD also had the idea of planting a piece of placenta under a tree. Her motivation is related to the respect indigenous peoples around the world have for it. She considers it a personal, spiritual, and intimate act to achieve a connection. VD stated that it gives meaning to the placenta from the point of view of care, regarding a relation that humans should have with nature. Up to the writing of this article, the placenta remains in hibernation in the hopes that it will be given a use and a definitive home. The meanings presented by VD are circumscribed by feminist autonomy and spiritual artistic revelation, with a political aesthetic content.

These projections notwithstanding, the governance of one’s own body, expressed in the resistance to the hegemonic hospital model, endowed this placenta with political-feminist meanings. Prior to the delivery of the placenta, in the cases where the women had wanted to receive them, this organ suffered both symbolic and material appropriations with respect to ownership. Ownership of the placenta was defined exclusively by a Regulation, disregarding mothers’ expectations or motivations. The State unilaterally took control of the placenta because it viewed it as biological waste, which had to follow a biosafety protocol, with its final destination being incineration. This legal separation was, for the women interested in their placenta, a kind of kidnapping and forced disappearance. In this sense, according to the accounts of our interviewees, there was

an evident presence of obstetric violence, which they attempted to avoid every step of the way. From the moment they entered the hospital or clinic, they knew their ability to decide for themselves and about their own bodies would be diminished,⁽²²⁾ and in particular with respect to their placentas, an issue they were not prepared to accept. The important thing is that, when the Technical Standard entered into force, women and their families would at least have access to their placentas. Nonetheless, cases of obstetric violence in Chile continue and cases have even increased in hospitals and clinics,⁽²³⁾ which implies a challenge for States. Society as a whole has changed and the demands in terms of sexual and reproductive health require policies that are in line with the recommendations of international health agencies as well as social demands; not only from singular perspective, but also from a perspective of equity, defense of human rights,⁽²⁴⁾ and respect for diversity.

CONCLUSIONS

The cases analyzed here give an account of the diversity of motivations, uses, and meanings with which mothers and father imbue the placenta. Rather than being understood solely as medical waste with pathogenic properties that must be eliminated, they have come to be conceived of as a polysemic material meant for other purposes and benefits. It should be noted that although it is not possible to generalize from the cases analyzed, we believe that the following conclusions may be applicable to some families, mothers, and fathers in their relation with the placentas.

Our analysis identifies these as emergent constructions and/or constructions that are being resumed after the entry into force of the regulation making delivery of the placenta to the mothers possible. As the cases suggest, this regulation offered both a stimulus to recuperate customs and traditions among Mapuche families, and bred sociocultural

creativity of non-Mapuche families. Both trends involve differentiated processes according to the sociocultural context of the actors who represent them. The recovery of traditional knowledge and practices surrounding the placenta is found mainly among the Mapuche parents, whereas feminist political leanings and the discovery of the organ's therapeutic properties mainly resonate with the needs of Chilean mothers.

In terms of the results obtained, the analysis suggests the presence of at least four types of motivations that underlie use of the placenta, which are associated with the meanings given to it. First, we found motivations, uses, and ancestral meanings that operate in the name of recovery and the projection of Mapuche customs and traditions surrounding birth and the postpartum period in post-reductional times. This atavism is expressed particularly through the placenta burial ritual, *rügalkuzitun*, and by its representations as a seedling, *choyün*, which is perceived as a mechanism that ensures the regeneration of life, continuity in the territory, and the maintenance and/or reestablishment of the natural order of existence.

Second, we noted the presence of motivations, uses, and meanings of a political nature, which go in two directions: on one hand, Mapuche parents integrate the placenta into the array of actions meant to affirm and reclaim indigenous rights, especially the need to exert and recover *az mapu*. Thus, they articulate a custom that had been suppressed by the assimilationist policies of the Chilean State with the process of territorial reconstruction deployed by the Mapuche people since the 1990s. The meaningful management of the placenta is recorded, therefore, among the practices of territorial recovery and different ways of life, enriching the possibilities for action in political-cultural terms. On the other hand, for (non-Mapuche) Chilean mothers, the placenta symbolizes a feminist urge to fight and resist in pursuit of bodily self-determination and reproductive health. This position includes a critique of the biomedical model and obstetric violence in particular. In addition, the sense of political

activism associated with *az mapu* brings together religious elements ritually expressed through *rügalkuzitun*.

A third configuration around management of the placenta is therapeutic, which represents an extension of the practices and knowledge regarding health and well-being, which combines allopathic and spiritual elements associated with life and energetic qualities attributed to the organ. We found nuanced manifestations of this medical pluralism present among Mapuche parents and Chilean mothers who make use of the placenta in order to seek health solutions for their babies and for themselves. Among Chilean mothers, various specific uses derived from the technical manipulation of the placenta area also present; according to these women, they experience and integrate knowledge of the placental industry. It is worth noting that these uses are consistent with positions on the free self-determination of the female body, which can be understood as an extension of feminist political motivations. Unlike the specific character granted to uses of the placenta among Chilean mothers – distributed according to physical and emotional-energetic ailments – for Mapuche mothers and fathers the beneficial health effects of the placenta are comprehensive and extend to the family and the *lof mapu* (territory). It should be noted that this is only a difference of degree, as Chilean mothers can collectivize the beneficial effects of the placenta outside the inner circle of the couple and the family. Beyond these differences, we observed in three of the four analyzed cases an agreement on seeing the placenta as a living being which must be treated with respect and extreme care. In addition, among the Mapuche families, this concept conforms to ancestral linguistic developments.

Lastly, we noted a fourth type of motivation, in this case related to art, as evidence of the multiple possibilities for use – and which is framed in line with feminist action – in terms of the free destination or final resting place that people choose to give the placenta.

The entry into force of a technical standard therefore created possibilities for the

creative and reinventive exercise of previously forbidden knowledge and sociocultural practices. What the champions of the standard did not anticipate was that the placenta would be an object of interest not only for indigenous women in the country but also for non-indigenous women. This necessitates a heterodox differentiation of motivations, uses, and meanings according to the identify and political position of mothers and fathers. By virtue of this right, indigenous peoples can resume and recreate an ancestral form of connection to new generations and, more generally, to life in all its manifestations. Those who are not indigenous can also explore and structure new horizons of autonomy and expansion with respect to institutionalized forms of birth.

The placenta is therefore positioned within a much more complex architecture, that articulates temporality, self-determination, the body, identity, and territory. Thus, its management transcends the individual or family arena: it advances towards the group, fortifies preexisting symbolic structures and rituals, and also encourages the development of other new ones, and gives meaning to the current identity and feminist struggles against

neocolonialism (race, patriarchy, and class). The demands of new generations regarding the placenta are rationally confined developments within a logic related to the exercise of political, sexual and reproductive rights. This involves an ethical, political and epistemological challenge for the State and the citizenry, who must question their role of indoctrination of people in hospital and academic settings.

Although the implementation of the technical standard is a great step, much remains unresolved and work must continue. Obstetric violence will persist in care centers as long as health care workers – in particular in midwives and gynecologists – are not given comprehensive training, allowing them to articulate individual and collective requirements regarding birth, health, the body, and the law.

This turning point forces to us to rethink the challenges we face as human beings, accepting that the current global era demands openness to new intra- and intercontinental perceptions, techniques, and technologies in relation to the body, sexualities, gender, and intercultural relations. The challenge is to build societies that are more tolerant and democratic towards birth.

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CONFLICT OF INTEREST

The authors declare that they have no ties or commitments that condition what is expressed in the text and that could be understood as a conflict of interest.

AUTHOR CONTRIBUTIONS

Both authors contributed to the design, conceptualization, methodological development, organization of the research project, writing of the original draft and formal analysis. Rodrigo Contreras was in charge of data collection, field interviews and data processing. Theoretical and methodological supervision was handled by Marcelo Berho. Rodrigo Contreras and Marcelo Berho participated in all stages of research and in writing, revising, and editing the final manuscript. Both authors had full access to the data and accepted the final manuscript and the responsibility of submitting it for publication.

REFERENCES

- Herrera DM. La placenta, un vínculo de conexión entre el neonato y la pachamama gestionado como residuo. *Revista de Bioderecho*. 2016;4:1-31.
- Bustos B. La regulación de la placenta en Chile: Reflexiones antropológicas en torno a las políticas públicas y la legislación sanitaria. *Maguaré*. 2021;35(2):127-160.

3. Nahuelcheo Y, Alarcón A. Creencias sobre el embarazo, parto y puerperio en la mujer mapuche: conversaciones privadas. *Chungara, Revista de Antropología Chilena*. 2008;40(2):193-202.
4. Quidel J, Pichinao J. Haciendo crecer personas pequeñas en el pueblo mapuche. Temuco: Ministerio de Educación; 2002.
5. Butler J. *Deshacer el género*. Barcelona: Paidós; 2006.
6. García Puelpan M. Colonialidad y epistemologías: el impacto de los modos coloniales en la invisibilización de los conocimientos indígenas. *Anales de la Universidad de Chile*. 2018;13:115-132.
7. Guber R. *El salvaje metropolitano: Reconstrucción del conocimiento social en el trabajo de campo*. Buenos Aires: Paidós; 2005.
8. Gobierno de Chile, Ministerio de Salud. Norma General Técnica N° 189 para la entrega de la placenta. Santiago: Ministerio de Salud; 2017.
9. Gobierno de Chile, Ministerio de Salud. Reglamento sobre manejo de residuos de establecimientos de atención de salud (REAS). *Diario Oficial*, 4 dic 2009.
10. Ibacache J, McFall S, Quidel J. Rume Kagenmew Ta Az Mapu, Epidemiología de la Transgresión en Makewepelale [Internet]. Working Paper Series 2 Ñuke Mapuförlaget; 2002 [cited 4 Jan 2022]. Available from: <https://tinyurl.com/mwb7cyus>.
11. Antona J. Los derechos humanos de los pueblos indígenas: El az mapu y el caso mapuche. Temuco: Ediciones Universidad Católica de Temuco; 2014.
12. Pichinao Huenchuleo J, Mellico Avendaño F, Huenchulaf Cayuqueo E. Kisu güneluwün zugu mapunche rakizuam mew. Gülu ka pwel mapu mew. In: Comisión Verdad Histórica y Nuevo Trato [Internet]. 2003 [cited 22 Mar 2022]. Available from: <https://tinyurl.com/yc72cmzh>.
13. Brave Heart-Jordan MYH. The return to the sacred path: healing from historical trauma and historical unresolved grief among the Lakota. Northampton Massachusetts: Smith College School for Social Work; 1995.
14. Duran E, Duran B. *Native American postcolonial psychology*. New York: State University of New York Press; 1995.
15. Idoyaga Molina A, Gancedo M. El mal de ojo como enfermedad: elitelore y folklore en Iberoamérica. *Disparidades, Revista de Antropología*. 2014;69(1):77-93. doi: 10.3989/rntp.2014.01.004.
16. Menéndez E. Salud y género: aportes y problemas. *Salud Colectiva*. 2002;2(1):5-7.
17. Menéndez E. Autoatención de los padecimientos y algunos imaginarios antropológicos. *Desacatos*. 2018;58:104-113.
18. Pérez P. *Antropología psiquiátrica y psiquiatría transcultural: Bases prácticas para la atención*. Bilbao: Editorial Desclee; 2004.
19. Castro R, Frías S. Introducción: Violencia simbólica, violencia obstétrica y ciencias sociales. In: Castro R, Frías S, coord. *Violencia obstétrica y ciencias sociales: Estudios críticos en América Latina*. México: UNAM, CRIM; 2022. p. 9-33.
20. Sadler M. Así me nacieron a mi hija: Aportes antropológicos para el análisis de la atención biomédica del parto [Internet]. Santiago: Universidad de Chile; 2004 [cited 10 Mar 2022]. Available from: <https://tinyurl.com/yc2ffudy>.
21. Soares M. Geografías brasileñas del dolor: la violencia obstétrica como un castigo sexual a las mujeres. In: Castro R, Frías S, coord. *Violencia obstétrica y ciencias sociales: Estudios críticos en América Latina*. México: UNAM, CRIM; 2022. p. 69-100.
22. Lagarde M. *Democracia genérica: Por una educación humana de género para la igualdad, la integridad y la libertad: México y Mujeres para el Diálogo*. México: REPEM; 1994.
23. Cárdenas M, Salinero S. Violencia obstétrica en Chile: percepción de las mujeres y diferencias entre centros de salud. *Revista Panamericana de Salud Pública*. 2022;46:e24. doi: 10.26633/RPSP.2022.24.
24. Ramírez SMD, Hernández MC, Ceballos GGY. La violencia obstétrica en la vulneración de los derechos humanos de las mujeres. *Revista CONAMED*. 2021;26(3):149-155. doi: 10.35366/101680.

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