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Postpartum Placental Rituals: Perceptions of Midwives and Mothers in Selected Healthcare Centers, Southwestern Nigeria

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ABSTRACT
Background: Placental rituals refer to culturally set boundaries of observable series of actions that serve as solicitude-relieving process, which provides over the future health, a spiritual means of control.

Objective: This study aimed to assess the perceptions of midwives and mothers on postpartum placenta rituals at selected health centers in Ado-Ekiti, Ekiti State.

Method: A qualitative approach using an exploratory research design was used. The study was based on Madeleine Leininger Transcultural nursing theory of cultural care diversity and universality. Purposive sampling technique was employed in the recruitment of 25 participants (22 postpartum mothers and 3 midwives) and the sample size was determined by data saturation. Data collection was by means of audio-taped semi structured interview and Tesch's content analysis style was utilized for data analysis while the quantitative data was analyzed using the descriptive statistics.

Results: Findings from this study revealed that most of the participants were Yoruba women and were between the ages of 20-29 years. Findings showed that perceived postpartum ritual is generally viewed by midwives as humors and practices that should be respected. More than half of the mothers perceived placenta to be a thing of great value to the child and to his or her future. Majority of the mothers stated that the cultural significance of the disposal method they practice ensures the safety of the child's future. Most participant also indicated the used of polyethene bag for the collection of placentas and the common practice of its disposal was by burying which is normally performed by their husbands. This brings attention to the need for improvements in the standard placenta handling procedure in order to prevent the incidence of cross-infection. Provision of appropriate health education on placental disposal and other health practices is vital.

Conclusion: Nurses/midwives and other health care providers should ensure the design of interventions which are suitable to the various way of life of the people and also efficient in the reduction of maternal and neonatal mortality, health promotion of mother and child and improving public health through health education.

Keywords: Perception, postpartum placenta rituals, mothers, midwives

INTRODUCTION

The placenta is an organ that joins the uterine wall and the developing fetus together for the purpose of ensuring the continuous transmission of essential substances such as nutrient, oxygen and hormones between the mother and the fetus, also for the passage of waste products (Johnson, 2018; Reed, Gabriel & Kearney, 2019). Pregnancy and childbirths are events which are believed to signify a crucial phase in an African woman's life as they impart survival of mankind (Hlatywayo,2017; Yoshizawa et al, 2018). Traditions, superstitious beliefs, folk tales or practices, related to pregnancy and childbirth are peculiar to each society (Schuette et al., 2016). These are often interpreted as predetermination by a particular society what a woman should do or what not to do during the period of pregnancy, birth and/or the postnatal (Sharma,Teijlingen, Hundley, Angell & Simkhada, 2016).

As such, the interval of time of gestation is notable by countless practices and beliefs which are to safeguard the pregnant woman as well as her unborn baby (Johnson, 2018). In various cultures and traditions, the placenta and umbilical cord are considered as powerful vessels that were used in the creation of the earth and the sun (Knapp Van Bogaert, 2013; Hollister, 2018). Ritualistic ceremonies

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surrounding the placenta are predominant among multiple cultures, this is because traditional cultures have for a long time recognized and revered power of the placenta, the placenta is treated with great respect in many part of the world and often disposed in solemn ritualistic ceremonies (Knapp Van Bogaert,2013; Schuette et al., 2016; Campbell, 2019: Hollister, 2018).

World Health Organization (WHO, 2017) stated that the placenta is considered as a category of waste known as medical waste, which are unwanted products of human tissue, body part, organ, bone or fetus; and has the potential to be detrimental to the environment or jeopardize the safety and health of the people. In many modern hospitals, the placenta is considered as a waste to be disposed, whereas in some cultures it is reverenced as valuable or sacred (Yoshizawa, et al., 2013); Dickinson, Foss & Kroløkke, 2017). Likewise, instead of disposing the placenta, an increasing number of mothers considers atypical choice to it use such as the making of art objects or ingesting it (Dickinson, Foss & Kroløkke, 2017). The form of ingestion can be to eat it raw, make into baked dishes (such as a lasagna or casserole), or as a smoothie (Dickinson, Foss & Kroløkke, 2017).

Another rising popular practice is the process of manufacturing capsules from placenta otherwise known as encapsulation, this can be done by any person, either by the professional placenta-service provider, the mother, partner/spouse, or by any loved one. The process of encapsulating the placenta further involves the production of pills that mothers can take over several months, the placenta will be processed, dried, grinded and made into capsules or pills (Dickinson, Foss & Kroløkke, 2017). The significant responsibilities of the health professionals are to preserve and promote the health of the mothers and babies as well as to cooperate with the parents in preserving the culture of the communities particularly those that are beneficial to their wellbeing. It was envisaged that the findings of this study will highlight the cultural beliefs and placenta disposal practices of the people in the community. This will enlighten the health professionals who may not be conversant with the cultural practices in the community and may likely fall out with the patients. The knowledge may form a basis for the nurses' relevant intervention regarding placenta handling. The finding may inform the health managements' decision or policy on placental handling post-delivery. Additionally, the findings create an avenue for further researches.

THEORETICAL APPLICATION

The theoretical framework used for this study is the Madeleine Leininger Transcultural Nursing theory of cultural care diversity and universality (Leninger ,2002; Lune & Berg, 2017). The objective of the theory is to provide nursing care that is based on the knowledge of cultural values, beliefs and practices which can facilitate a culturally competent care. Thereby, ensuring a more ingenious and sensitive way of providing nursing care to clients that will not contradict but will significantly fit with their cultural lifestyles for optimal health and wellbeing (Leininger, 2006). Leininger (2002; Line & Berg, 2017) stated three approaches of decisions and actions of care for regulating nursing care to be more beneficial as well as culturally congruent to the values, beliefs, practices, and worldviews of clients. The three approaches of culture care are: culture care maintenance and-or preservation, culture care accommodation and-or negotiation, and culture care re-patterning and-or restructuring.

Culture care maintenance or preservation: this refers to the supportive, facilitative, creative care actions or decisions that aids the retention of culture, preserve or maintain the beneficial beliefs and values.

Cultural care accommodation and negotiation: refers to those assistive, facilitative and enabling care actions and decisions that help people of designated culture to negotiate with others for culturally congruent safe and efficient care for their health.

Culture care re- patterning and restructuring: refers to those assistive supporting and enabling professional actions and decisions that help to restructure their lifestyle and institution for better or beneficial health care, pattern, practice or outcomes.

In relation to this study, theory of Leininger transcultural theory was very much applicable; the study was based on the culture of people in Ado-Ekiti, their beliefs and practices. The theory explained the actuality of social and cultural norms of each client, family and the community. In the provision of nursing care as well as maternal and child health care, it helps in the development of expertise in implementing culturally acceptable strategies, and to determine and implement suitable materials for acceptable and significant health education.

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As seen in this study, participants were of various tribes but majorly Yoruba of which have a particular belief system that is peculiar to them, adequate and necessary knowledge about the client's values, norms, traditions and belief system will empower the nurse midwives to determine the aspects of the people's placental disposal practices that are beneficial and thus could be maintained and encouraged. In cultural care accommodation and negotiation, the nurses and midwives are in the position to determine when the handling of placenta may not be safe for the people, as in HIV seropositive mothers, the midwife will have to negotiate and explain to the patients why handling the placenta may constitute a hazard to the relatives while beliefs that are not safe to both mothers, babies and the community should be eliminated or restructured in such a way that it does not infringe on the health or cause harm to either the mother or child but with the understanding and consent of the patients.

In relation to this study, the authors deemed this theory as appropriate as it explained the actuality of social and cultural norms of the people and the community. It helps in the development of expertise in implementing culturally acceptable strategies, for example, if the midwife have adequate knowledge of the clients practice of postpartum placenta rituals, this will aid in the planning process of care with consideration to the cultural practices of the woman and implement the strategies of care that will still be culturally acceptable without totally ruling it out. The awareness of the client's cultural practices regarding postpartum placental rituals can assist the nurse/midwives to correct any belief or practice that can jeopardized the health of the woman or that of her baby in a culturally acceptable manner using the language that the client can understand. It could be used to determine and implement suitable materials for acceptable and significant health education. It could also be used to evaluate the quality of health care services from the aspect of the nursing staff's responsiveness to the cultural needs of the patients and the community.

METHODOLOGY

STUDY DESIGN

The study used a qualitative, descriptive and exploratory research design to explore midwives and mothers 'perceptions of postpartum placental rituals in selected healthcare centres in Ado-Ekiti, Ekiti State.

SETTING

Ado-Ekiti is the capital of Ekiti State and the State is located in the Southwest region of Nigeria with 16 Local Government Areas. The two selected Comprehensive health centers are both public health organizations operating with the sole aim of reducing maternal and child mortality at the grass root level. The health centres comprised various units such as; antenatal clinic, labor ward, post-natal ward, pharmacy and laboratories. Personnel employed at the two health centres include; professional nurses, midwives, doctors, community health extension workers and health assistants. Services rendered include antenatal care, delivery, circumcision, family planning, treatment of childhood diseases (for under five children) and immunization services. Available clinic records showed an average clinic attendance for the centres to be 300 and 150 respectively.

SELECTIONAND DESCRIPTION OF PARTICIPANTS

The target population for this study were nurses/midwives working in the two facilities. The criteria for inclusion in the study were:

(i) Multiparous mothers

(ii) Must be attending antenatal and postnatal clinic at the selected comprehensive health centers

(iii) Midwives working at the selected comprehensive health centers and

(iv) Willingness to participate in the study.

To participate in the study, midwives and mothers who fulfilled the inclusion criteria (n = 25) were purposely invited by the authors. Participants were provided with necessary information about the purpose of the study, they were also informed about the participation being voluntary as well as their right to withdraw from the study anytime they no longer want to continue without fear of recrimination or coercion. All the participants that gave their consent were interviewed. Sample size for the study was determined by data saturation while paying attention to the scope of the study, quality of data obtained, nature and design of the research as well as the presence of shadow data (Morse & Polit, 2016).To also ensure data saturation, three more interviews were added before the completion of data

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collection as data was saturated when 22 participants had been interviewed. Twenty-two (22) interviews were analyzed in total with new categories and 3 interviews analyzed without new categories emerging. Referential adequacy was attained, partially fulfilling the requirement of trustworthiness (Lincoln & Guba, 1985).

DATA COLLECTION

Due to the qualitative nature of the data needed, twenty-five independent self-report using an audio-taped, semi-structured interviews of midwives and mothers at the selected comprehensive health centers in Ado-Ekiti were conducted by the researchers and field notes was taken. Data collection spanned from November-December, 2019. Prior to data collection, a pilot study was done so as to pre-test the interview guide using four individuals who had similar characteristics with the study participants, however information acquired were not added to study results but were used to ensure that the questions were able to capture the responses required to answer the research questions. The interview guide was revised accordingly before the main study. Before the actual data collection, informed consent was obtained while ensuring confidentiality and anonymity, goals and reasons for conducting the research were explained to all the participants as well as compilation of research materials such as the audio recorders, notebooks, and pens for the interviews. Scheduled appointments with the participants were on Tuesdays and Thursdays which were their postnatal clinic days. The interview was conducted in a private room after the clinic which took about 30 - 40 minutes. The interview questions were developed around the perception of midwives and mothers on postpartum placental rituals with baseline information on demographic profile of the participant which was gathered using a prepared questionnaire, this allowed for participants to ponder and therefore give more detailed account of events. This was aided by the use of open-ended questions which were used to initiate deeper conversions such as “Can you tell a little about what you know on placental postpartum rituals”, “What are your expectations on the outcome of the placental postpartum ritual you practice?”, “What does the placenta mean to you in your culture?”. The taped discussions were then transcribed in preparation for data analysis.

The interviews were conducted in the both Yoruba and English language. After data collection the researcher transcribed the taped interview that was then translated from Yoruba to English verbatim. The field notes taken by the researcher in the process of the interviews were gathered together with data generated from the audio recordings were analyzed by the researchers.

DATA MANAGEMENT AND ANALYSIS

Data collection and analysis were conducted simultaneously. Data from the individual interviews were analyzed using the qualitative thematic content analysis (Bernard, 1994). The interview transcripts were analyzed in numerous steps, the initial step commenced with naïve reading of the transcribed data. Transcripts were then divided into meaningful components and statements that are in line with the central meaning and purpose of the study. The meaning units were summarized, abstracted and categorized with codes. The codes were then compared for their differences and similarities so as to enable the development of themes. Quotes were transcribed verbatim, finally, the scripts were returned to some of the participants for validation. Descriptive statistics were used for the presentation of participants’ demographic data.

TRUSTWORTHINESS

To ensure trustworthiness, all interviews were recorded using an audio taped. The interviews were transcribed word for word and field note was used. Credibility was ensured by using purposive sampling techniques to include participants who will provide the richest information required to attain the aim of the study. Other strategies such as building of trust and interpersonal relationship with participants, peer debriefing, triangulation of data gathering methods, dense description, authority of the researcher and dependability audit were employed (Lincoln & Guba, 1985). Participants were given a copy of their interview transcripts to review and comment on.

ETHICAL APPROVAL

The research proposal was approved by the Research and Ethics Committee of Afe Babalola University Ado-Ekiti. Also, ethical approval to conduct the study was obtained from the Chief Matron of the two selected Health Centres.

Prior to each interview, participants were assured of confidentiality and anonymity for any information provided. Also, information about the nature and the purpose of the study were provided, thus

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informed consent was obtained. Likewise, permission to use audio recorder was obtained. To guarantee privacy, the interviews were conducted in a private room with only the participant and the researcher present. The right to self-determination and autonomy was ensured.

RESULTS

A total number of 25 participants participated in the study. As shown in Table 1, majority of the participants (14 of 25) were within the age range of 20-29, while 21 were Christians, more than half (17 of 25) were self-employed, and about 15 participants attained tertiary education. All the participants were married with the majority (20 out of 25) having between 1-3 numbers of children

Table 1: Demographic profile of participants (n=25)

VARIABLES	FREQ(N=25)	PERCENT (%)
Age:		
20-29	14	56.0
30-39	11	44.0
Religion:		
Christianity	21	84.0
Islam	4	16.0
Ethnicity:		
Yoruba	17	68.0
Igbo	5	20.0
Others	3	12.0
Educational status		
No education	1	4.0
Primary education	1	4.0
Secondary education	8	32.0
Tertiary education	15	60.0
Occupation:		
Unemployed	2	8.0
Self-employed	17	68.0
Civil-servants	6	24.0
Marital status:		
Married	25	100.0
Number of children:		
1-3	20	80.0
4-5	5	20.0

QUALITATIVE DATA

Four major themes were generated from the data. These were:

1. Knowledge of midwives regarding placenta post birth rituals.
2. Perceptions of mothers regarding placenta post birth rituals.
3. Traditional practices regarding placenta handling.
4. Various placental disposal methods

KNOWLEDGE OF MIDWIVES REGARDING PLACENTA POSTPARTUM RITUALS

Participants described placenta postpartum rituals as what is done to the placenta and umbilical cord after delivery, a midwife had this to say:

Some of the comments were:

> *"Yes, it is what they do to the placenta and umbilical cord after delivery, and you give the placenta to the husband, life and direct that is, it must be complete and the husband must*
>
> *know where he disposes sit"* (MP3).

Probing further, the midwives were asked on what placenta postpartum rituals they are aware of, all of the midwives (3 of 3) described the burying of the placenta by the father or the disposing of the

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placenta into a pit latrine, one of the midwives described the dissolving of the placenta in chemicals as a placenta postpartum ritual she is familiar with.

> *"Well, we usually give the placenta to the relative and some will take it home and bury it, some can decide to throw in a pit latrine, I don't think I have seen anyone that decides to leave it in the hospital. I have witnessed in some hospitals, where they provide them with a particular chemical in which they would use to dissolve /decay the placenta"* (MP2).

When asked about their opinion on placenta postpartum rituals, the midwives stated that placenta postpartum ritual can be counted as humor but the beliefs should be respected although it is not a concern to them as midwives because once the placenta is handed over to the family, the role of the midwife has come to an end. They also stated that if the placenta is not handled appropriately some postpartum placenta rituals could lead to infection such as the practice of soaking in water baby's dried umbilical cord so as to give the water to the baby as remedy for colic pain. Two of the midwives had this to say:

"*Well, I count it as humor, some say they use it for ritual, some say they cook it, that they sell it and use it for ritual to make money or to harm the family or the child but I count it as humor. In my experience as a midwife, I have heard that they would keep the umbilical cord (dried up) and soak it in water for the baby to drink according to their belief, but here in the hospital we educate them to clean the baby's cord and apply*

Chlorhexidine" (MP1).

> *"Postpartum placenta ritual can lead to some strange illnesses if not properly disposed, some traditional practices on umbilical cord care can have adverse health effects on the baby, such as soaking of dried up placenta into water for the baby to drink can cause infection in the baby and also drinking of herbs by the mother and the baby"* (MP3).

In addition, midwives explain their perceived health related benefits and risks placenta postpartum rituals on both mother and child. Two midwives described the perceived health benefit and health risk as occurrence of illnesses in the child if not properly disposed and if harmful practices were performed, and if disposed properly it can prevent cross-infection. When quizzed about the possible complications of certain postpartum placenta rituals, two of the three midwives described that cross-infection or gastroenteritis can be a complication of certain postpartum placenta rituals.

The midwives were further asked about their perceived roles in postpartum rituals, two of the three midwives mentioned the provision of adequate health education on hygienic practices and avoidance of harmful practices to the mother or the baby.

> "*As a midwife, it is important you give health education on some of the practices that can have adverse effects on the baby or the mother and also to respect their traditions"* (MP3).

PERCEPTIONS OF MOTHERS REGARDING PLACENTA POST BIRTH RITUALS

According to mothers, placenta is what follows the baby after delivery, baby's twin or baby's second and the medium in which the baby feeds as it ties the baby to the mother. This is what some of the mothers say:

"Well, it is called obi-omo, known as the baby's second or the baby's twin" **(**P4**).**

"*Placenta is "olubi-omo, when the baby is born placenta comes next immediately, but some*

people's own usually waste time and this can be dangerous "(P5).

"It is what connects the baby to the mother and it transfers the food for the baby, it is what ties the baby to this world, and without it the baby will not live" (P15).

When asked about the significance of the placenta in their culture, majority of the mothers (20 of 22) described that the placenta is considered a very important thing to the child and should be handled with care, some mothers described the placenta as an object that can determines the fate of the baby.

Some of the comments include:

"It is very important, so it is important that it must be kept somewhere safe and not just throw it away anyhow" (P9).

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"Like I said previously, it is very important in Yoruba land, we treat it with care because it is what determines the fate of the baby, whether the baby lives or not" (P8).

Furthermore, when probed about their source of information, almost half of the mothers (10 of 22) were taught by their mothers, some (7of 22) heard from people and elders around them, four mothers were taught by health-workers.

When asked what they think the advantages and disadvantages of the postpartum placenta rituals they practice. Participants mentioned that placental postpartum rituals serve as a means of protection for the baby, it ensures the safety of the baby, prevents the bad smell of the placenta and they all mentioned that are no disadvantages to their postpartum placenta practices.

"It has plenty advantage, and it is very important because some people use it for ritual, as we are told, if a dog eats a child's placenta, such a might be promiscuous but the rituals do not have any disadvantage" (P1).

"There is no serious ceremony actually, but the things like burying that we do, is just to protect the baby and make sure that he has good future by burying it in a secret place and planting a tree over it" (P2).

In addition, when asked about what they perceive any related health benefits and risks, participants described the health benefit as one that helps to improve the baby's health in present and in future. All participants (22 of 22) stated that there is no health risk to placenta postpartum rituals.

Therefore, when asked if they would seek health care services if there are complications of the postpartum placenta rituals they practice, more than half of the mothers (12 of 22) stated that they would seek health care services while five mothers stated that they will use herbs and few also stated that they will seek healthcare services and also use herbs.

"Well, there is time for hospital, and time for taking herbs, some cases like if the baby has convulsion or malaria you can bring the baby to the hospital" (P5).

"In my own case, herbs can cure many illnesses and when I give my baby herbs, he do not have any problem or fall sick for a long time, some say it is not good to give herbs, but my baby does not have bad effects" (P18).

VARIOUS TRADITIONAL PRACTICES OFHANDLING PLACENTA

Mothers were asked about their traditional postpartum placenta practices, they mentioned digging of ground in an area and burying of the placenta or throwing it into a pit latrine.

"Traditionally, the father goes to dig the ground and bury it in a property that is owned by the family not on a strange land" (P19).

"After I delivered the placenta, I was very tired and I cannot even remember very well, but my first child, the placenta was buried very early in the morning in our backyard and nobody should see it, then later we planted trees like orange or plantain on that spot, so that later in life the orange belongs to the baby"(P12).

Participants mentioned that placental are usually given only their husbands/father of the child and sometimes grand parents can also collect the placenta after birth.

In addition, mothers were probed if they had any positive feelings about the placenta handling procedures, all the participants stated that they are comfortable and have positive feelings about the placenta handling procedure. Mothers also mentioned that polyethene bag, bucket with cover or wrapper can be used to received their placenta after delivery.

When mothers were asked if there were any other practices done to mother or child after giving birth**,** some of the participants stated that they carry out traditional umbilical cord care to the baby after disposal of the placenta while some give herbs to both mother and child after the disposal of the placenta. Some of the participants had this to say:

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"It just that after the disposal of the placenta you give the baby herbs, so that the baby will be strong and healthy, when the umbilical cord dries up, you will collect it and keep it for the child in the future if the baby needs it"(P22).

"*After delivery and I carry the baby home, when you want to bathe the baby, you rub the baby's body with palm oil, to cleanse the baby's body, the umbilical cord is heated with herbs wrapped in a wrapper, when it falls off, it is kept and soaked in water whenever the baby has stomachache and it will cure it"* (P13).

DIFFERENT METHODS OF PLACENTAL DISPOSAL

When mothers were probed if there are specific in which they must dispose the placenta in their culture, more than half of the mothers (12 of 22) stated to have a specific area for placenta disposal while others do not.

"Usually, according to my culture it should be buried in a secret place, where no one knows but, in my family, we bury in our backyard" (P2).

All participants mentioned burying and disposal of placental in a pit latrine as the common methods of placenta disposal.

DISCUSSION

Midwives that participated in the study had various perceptions on placental postpartum rituals although the practice was viewed as a humor but yet they regarded it as what must be considered necessary as patients' beliefs and practice must be respected. Based on the findings, it shows that they are aware of placenta postpartum rituals, this is similar to a study conducted by Sharma, et al (2016) in which 100% of the midwives were aware of postpartum placenta rituals and the majority of the participant perceived postpartum placenta ritual to be practices that is done to the placenta after delivery.

This study showed that the mothers generally perceived the placenta as what follows the baby after delivery and the placenta is considered a very important thing to the child and should be handled with care, this is similar to a study by Yoshizawa et al(2015), in which (76% of the respondents expressed that having the knowledge of the outcome of the placenta after birth is very important. As seen in the study, participants believe the placenta to be the baby's twin, while some indicated that it is the connection of the child to the world. Young and Benyshek (2010), Knapp van Bogaert and Ogunbanjo (2013) also observed similar findings in their studies.

Mothers in the study perceived that placental postpartum rituals serve as a means of protection for the baby and can also help to improve the baby's health in the present and in future, this is in line with a similar study conducted by Young and Benyshek (2010). Participants expressed that the method of placental handling as well as its disposal can influence a person's life. Sharma, et al (2016) also observed similar response in their study.

Yoshizawa et al (2015) reported in their study that women received no information from their health care providers about the placenta, this is slightly differing from the findings of this study as few participants mentioned health workers and midwives as their source of information. While a greater number of the participants learnt about placental disposal from their families. Most of the mothers would seek health care services in case of any complication according to the findings from our study although some prefer to use herbs (Shewamene, Dune & Smith, 2017; Ahmed, Hwang, Hassan & Han,2018).

Findings from this study portrayed the various traditional practices regarding placenta handling, most participants used polyethene bags, buckets with cover and personal wrapper or any piece of clothing to receive their placentae after delivery. This is consistent with the study by Chikako and Joseph (2017) where the process of for handling placenta involves a detailed procedure of disposing traditionally was maintained in most regions and these methods are well respected by local health care facilities and health workers. At the hospital or health center, after the baby and the placenta has been delivered, the spouse or family members provides the midwife with a covered plastic bucket, in which the placenta is placed in, coated with chlorine-based bleach such as jik which is commonly used in households, the bucket containing the placenta is then covered and returned to the family.

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Majority of the participants in the study expressed positive feelings about the placenta handling procedure. It was established that culture is what determines the traditional custom they practice in which men are majorly in charge of handling and disposal of the placenta. This is similar to the findings from a study by Yoshizawa, et al (2015) where women either do not participate or passively participate in the discarding of the placenta.

A greater number of the participants in this study, stated that the postpartum placenta rituals that they were familiar with were burying disposing in a pit toilet. This finding is consistent with the policy of the Royal Women Hospital (2013) which was designed majorly to permit women to take their placentae home for burial. Another method of disposal that a midwife in the study mentioned was the practice of dissolving the placenta in a chemical solution provided to them by the hospital. Altogether, comparing with other studies the details are considerably similar studies (Sharma, et al 2016; Knapp van Bogaert and Ogunbanjo, 2013).

This study also revealed that there is usually a specific area for placenta disposal and majority of the participants mentioned family own properties (preferably) such as backyard or an empty part of the building. According to Young and Benyshek (2010), findings showed that in a large number of culture bury placenta in a particular location such as the back of the house or at the place of birth, some were more vague and identifying the location only as a special place while some could not recollect and therefore did not state any specific location for the burial of the placenta. Knapp van Bogaert and Ogunbanjo (2013) also stated that the placenta must be buried in a special location to protect the baby.

Young and Benyshek (2010) stated that the most common disposal method carried out by most culture was the burial method with about (55.0%) of the reported practices identified as burial of the organ and in correlation, most of the participants from this study stated that the placenta disposal method they practice is burying. Likewise, the study revealed that the cultural significance of the disposal method practiced by the participants were done to ensure the safety of the child's future from strange illnesses, to prevents the bad luck or to prevent evil usage of the placenta for rituals by ritualists and also prevent the child from being promiscuous if the placenta was eaten by a dog. These findings are similar to conclusions of Young and Benyshek (2010) whereabout 8.9% of their participants belief in the special treatment of placenta so as to prevent witchcraft. The culture of the Gusii of Africa and other similar cultures believe that harm to the mother or child could be caused by action carried out with the placenta if it is found in the possession of a malevolent individual**.**

CONCLUSIONS AND RECOMMENDATIONS

As revealed in the study, the midwives have prior knowledge of placenta postpartum rituals, they are familiar with the common methods of placenta disposal such as burying, disposing in the pit latrine as well as dissolving the placenta in a chemical solution as provided by the hospital. Midwives in the study mentioned that their roles include the provision of health education and respecting clients' cultures as long as they do not cause harm to either the mother or the child.

In addition, it was shown in the study that mothers perceived the placenta to be an object of great importance that must be handled with care as it could determine the protection of the child's health status. Also, it was revealed that placenta handling was majorly carried out by the father of the child and placentae are received in either a polyethene bag, a plastic bucket with cover or the mother's personal wrapper or any other piece of clothing. Mothers reported positive feeling towards their placenta disposal methods.

In effect, it is of great importance that midwives and other health professionals understand the cultural beliefs of their clients so as to provide effective and culturally appropriate antenatal and postnatal care. Consequently, this could boost client satisfaction thereby promoting optimal health of both mother and child.

Furthermore, awareness of midwives should be raised on harmful traditional postpartum placental practices.

Governmental awareness should be raised concerning the issue of provision of appropriate placenta disposal method such placenta pits, solutions for the dissolution of placenta and so on.

Finally, policy makers and healthcare professionals should create public enlightenment and awareness to encourage mothers and the community at large on the abolishment of harmful postpartum placenta rituals and other postnatal practices.

LIMITATIONS OF THE STUDY

The study was conducted in a comprehensive health centre located in the southwestern Nigeria and majority of the participants were Yoruba tribe hence, the study findings cannot be generalized to all tribes or ethnic groups. However, the objectives of the study were met as adequate data was generated. Secondly, in the process of translating from Yoruba to English some of the original meaning of the Yoruba word were lost.

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